Caribbean Region

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

CARIBBEAN REGION

Project Title Caribbean Region FY 2013 Regional Operational Plan (ROP)

I. REGIONAL CONTEXT

The Caribbean has higher HIV rates than any region outside of sub-Saharan Africa. The adult HIV prevalence of 1.0 percent is almost twice that of North America (0.6), and more than twice that of Latin America (0.4). Unprotected sex between men and women—especially paid sex—is believed to be the main mode of HIV transmission in this region; however, evidence indicates that substantial transmission is also occurring among men who have sex with men. In the eleven countries of the Caribbean Regional Program , data is limited and prevalence rates are missing for the general population and key populations. However, in the countries with data, prevalence rates in the general population range from a low of 1 percent in Suriname to a high of 2.8 percent in the Bahamas . An estimated 60,000 people live with HIV in the eleven countries of the Caribbean Regional program. The HIV epidemic varies within countries and across the region. For example, HIV affects young women 1.2 to 3 times more than young males in the Bahamas and Barbados, while in Jamaica, Suriname and Trinidad and Tobago the reverse is true.

Progress has been made in the general population. In 2012, UNAIDS reported a decrease in the incidence of HIV infection among adults in Jamaica and Trinidad and Tobago by 26-49 percent, and over 50 percent in the Bahamas, Barbados, and Suriname. 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 reality. There is also a decrease in the number of persons dying from AIDS-related causes in three countries (decrease of 25-49 percent in the Bahamas and Jamaica, and by more than 50 percent in Suriname). Other gains are not fully understood but may be a result of better data collection methods that now more accurately represent the true epidemic.

Despite these gains in the general population, much work needs to be done to improve outcomes for key populations. 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. The prevalence rates for MSM in the Caribbean are the highest documented rates in the world. A comprehensive review of HIV disease burden among MSM worldwide found that pooled HIV prevalence ranged from a low of 3% in the Middle East and North Africa to a high of 25.4% of MSM in the Caribbean (Beyrer et al, 2012). FSW prevalence is reported to be as high as 24 percent in Suriname.

Stigma and Discrimination affect People Living with HIV/AIDS (PLHIV) and key populations in the region. Homosexuality is criminalized in ten countries in the region (the Bahamas is the only exception) and life imprisonment exists in the penal code in several countries in the region.

The Caribbean Community (CARICOM) Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) Caribbean Regional Strategic Framework (CRSF) upon which the Partnership Framework is based, was evaluated and is being re-issued for 2013 – 2018. The preliminary recommendations call for several changes including: a greater contribution from national governments in their national HIV/AIDS programs; stronger investment in health systems; inclusion of human rights issues and integration of sexual and reproductive health and HIV/AIDS; universal access and capacity building for civil society and key populations; and shared ownership and developing a sustainability framework. The PEPFAR Caribbean Region program has programed in ROP 2013 to support these new priority areas.

The global economic crisis and decline or withdrawal of donor resources has negatively impacted the Caribbean Region HIV/AIDS Programs. Currently only PEPFAR and the Global Fund are the major contributors to supporting national HIV/AIDS programs in the region. The Global Fund's reclassification of Caribbean countries into the "Country Band 4, Targeted Pool" higher-income, lower-burden group will further limit resources. PEPFAR coordinates program activities with the Global Fund and serves on regional and country coordinating mechanisms to ensure planning is taking place together on how to meet the continued needs. The World Bank has ended their relationship with most countries in the region and is ending loan arrangements with Jamaica in March 2013 and Barbados in November 2013. Under this new scenario there is potential for slippage in country HIV/AIDS program progress. National governments will need to be supported to take stronger ownership of their HIV/AIDS programs through increased financial support, leadership and program management.

Jamaica and the countries in the OECS (Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines) rely more heavily on donor support for the National AIDS Program and ARVs costs are covered almost 100 percent by the Global Fund (See Annex, Table I). The Bahamas, Suriname, and Trinidad and Tobago programs are supported much more financially by their national governments. In both cases, PEPFAR supports those countries where there may be gaps in key population prevention, civil society strengthening, strategic information, laboratory and health systems strengthening.

II. PEPFAR focus in FY 2013

A mid-term evaluation of the PEPFAR Caribbean Region program in 2012 recommended the following:

? Define country ownership and specific goals for reaching country ownership by 2014;

? Develop country specific and regional entity specific transition plans;
? Strengthen the role of civil society organizations in the HIV response, especially for key populations; and,
? Ensure that capacity building and transition plans transfer to country counterparts.

A theory of action was created for the portfolio to represent the work the PEPFAR Caribbean Regional Program is currently doing to bolster the four dimensions of country ownership (See Annex, Figure I). This theory of action illustrates how the mechanisms work with specific Caribbean stakeholders to build capacity in each dimension of country ownership to achieve the overall goal. The Caribbean Regional Program aims to achieve technical improvements in the region's HIV response while moving countries further down the continuum of ownership and sustainability.

The priorities for the ROP 2013 are responsive to these recommendations and the portfolio has aligned itself to support sustainable country ownership plans. While this does mean a shift in focus, the recommendations are in line with the four areas of work in the Partnership Framework (PF) and Partnership Framework Implementation Plan (PFIP). The specific PEPFAR program focus in ROP 2013 thus continues to be on 1) Prevention for Key Populations, 2) Strategic Information, 3) Laboratory Systems and 4) Health System Strengthening, all with the end goal of a sustainable Caribbean regional response to HIV/AIDS.

As a Technical Assistance program that focuses on building capacity and enhancing sustainability of country and regional programs, the PEPFAR work is not reflected in the results of the APR with the Next Generation Indicators. While numbers are small, they do not represent the indirect numbers that the program supports through capacity building of local Ministries of Health, CBOs, and health care providers to serve key populations. The PEPFAR program will develop a model with estimates of donor and government reach for key populations in each country to share with headquarters in June 2013, as requested in the Funding Level Letter. This information will also provide critical data for sustainability planning for the region.

Since the ROP 2012 submission, the PEPFAR USG team has worked towards better integration of activities and improving internal communication especially given the challenges of managing a regional program that spans 11 countries. The USG team has formed a senior technical team (STT) that is comprised of one representative from each USG agency. The STT meets weekly to discuss program activities, challenges and make decisions and recommendations for the wider USG team, and reports regularly to the Ambassador.

III. Progress and Future

The PEPFAR Caribbean Regional program is working with countries and other donors to coordinate sustainability meetings and country transition plans for sustainability. UNAIDS is facilitating a sustainability meeting in Jamaica in the spring of 2013 with PEPFAR participation. PEPFAR will model a similar meeting in one or two other countries later in the year. Using the lessons learned from these meetings, in FY 2014 PEPFAR will support sustainability meetings in all the remaining countries in the region. Donor mapping exercises have been completed by PANCAP. By the end of FY 2013, Health Systems 20/20 will have completed National Health Accounts exercises in three countries so it will now be possible to track resource decisions in HIV/AIDS and improve efficiency. PAHO and other agencies continue to gather regional data to help focus the PEPFAR program further. We will continue to combine and analyze government, PEPFAR, Global Fund and other donor resources to identify program gaps for key populations in the Caribbean. We will work with government financing officers to determine the amount of government funds invested in the National AIDS Programs and report on percent increase in the national contribution to the program in 2013.

Given the above mentioned information, a key activity with ROP 2013 and 2014 funds, will be the development of “Sustainability Plans” in conjunction with governments, civil society and other donors. Following these plans, in FY 2013/2014, the Caribbean Regional PEPFAR team will design a PEPFAR Sustainability Plan to strategically define the follow-on to the Partnership Framework which ends in FY 2014. This sustainability plan will include priorities for the region and specific countries; benchmarks for phasing down in some countries while rationalizing continued resource allocations in others. These decisions will be based on epidemiology, host country government financing and capacity, civil society capacity, and other donor and Global Fund involvement and proposed budget numbers from USG, local governments and stakeholders, including the private sector, for the next five years.

IV. Program Overview

Prevention for Key Populations

"The Caribbean leads the world in the rates of its reduction in new HIV infections and AIDS-related deaths. From 2001 to 2011 there was a 42 percent decline in the number of the region’s people becoming infected with HIV. AIDS deaths dropped by 48 percent from 2005 to 2011. This is directly due to the fact that 67 percent of people living with HIV in the Caribbean now access life-saving treatment." UNAIDS recently reported (Dec. 2012) Caribbean progress against HIV/AIDS is due in part to PEPFAR efforts through the Partnership Framework and overall USG investment in the region. While these statistics are encouraging, there is still a need for continued and targeted efforts in MSM and CSW populations and to strengthen in-country capacity to sustain progress. In this regard, PEPFAR will continue to partner with

host country governments and key population civil society partners to develop and support complementary prevention activities that bridge service and programmatic gaps.

The vast majority of the PEPFAR prevention programming in the Caribbean region goes to capacity building and stigma reduction activities. There is limited direct service provision done in the majority of the countries in the regional program. The exception is in Jamaica and in targeted ways in seven other countries where PEPFAR provides more direct service provision of a combination-prevention approach. The interventions include: peer-based outreach and targeted behavior change communication interventions coupled with condom and lubricant distribution to MSM, CSW and clients of CSW; targeted community and facility-based testing and counseling, in close collaboration with the Ministries of Health and civil society partners, to increase the number of individuals who know their HIV status; positive prevention services (PwP) to increase access and delivery of services for PLHIV; support efforts to integrate HIV/STI and family planning services; strengthen linkages to treatment, care and support services for PLHIV; and systems to track and monitor these services over time in both the military and civilian populations.

These direct activities are always coupled with strengthening the capacity of civil society partners to effectively engage in the HIV response; facilitating appropriate HIV, human rights and gender based violence advocacy efforts and policy reform; and supporting focused efforts to mitigate stigma and discrimination in all prevention activities in all countries. USG agencies will promote and support institutional capacity building, related to the integration of gender-based programming into national programs; key population civil society involvement in HIV prevention program implementation, national policy dialogue and policy analysis. Technically skilled volunteers will continue to be placed in governmental and non-governmental organizations assisting with capacity strengthening to manage administrative and programmatic operations. This valuable human resource remains a major support to host countries. Similarly in military settings, the integration of HIV computer-based post-test counseling programs will be supported as a contribution to sustainability efforts in response to human resource constraints.

Reliable costing data for prevention interventions and services is generally unavailable in the region. This makes it challenging for national programs to adequately determine the costs associated with implementing a strategic, targeted and effective HIV/AIDs prevention response. PEPFAR will conduct costing studies in collaboration with the University of the West Indies to determine what constitutes the minimum package of acceptable services for key populations and help facilitate discussions regarding long term, sustainable HIV prevention programming costs.

PEPFAR supports directly in Jamaica and Suriname, and indirectly in other countries, HIV/AIDS

programs being integrated into family planning and primary health care systems for efficiency and cost savings. Integration also helps to address stigma and discrimination by including HIV testing and counseling (HTC) along with the usual screenings of diabetes, high blood pressure, and other NCD services. HIV clients are treated at chronic care centers alongside other chronically ill persons. HIV/AIDS care and treatment information will continue to be integrated into training health care providers to address shortages and retention of HIV/AIDS human resources for health.

Policies that affect stigma and discrimination related to HIV/AIDS and with key populations within the region are being addressed by USG programming to reduce barriers to program implementation for HIV/AIDS prevention, care and treatment. Policy monitoring continues to be an area that needs continued attention and strengthening in the Caribbean Region. PEPFAR builds capacity in policy monitoring for regional partners, national governments and civil society organizations. Many care and treatment adherence and retention issues are related to stigma and discrimination and could be better addressed with appropriate policies. The Caribbean Region participated in the PF Policy Monitoring workshop last year and will continue to provide technical assistance for partners to help build capacity in policy monitoring in the region.

Prevention for Key Populations Program Changes

In addition to previously identified key populations, prevention activities will be expanded to include marginalized mining populations who frequently are clients of CSWs in remote areas in Suriname and Jamaica that are underserved. Ministries of Health have begun to expand their reach to these high risk populations in a concerted effort to provide greater access to HIV education, treatment and care services. Further, prevention program advisory groups comprised of national stakeholders, including civil society partners, have been established in each of the Eastern Caribbean countries to facilitate greater programmatic buy-in, country ownership, and to facilitate plans for transitioning USG and other donor assistance.
This year there will also be a renewed focus on sexual and gender-based violence and its relationship to HIV/AIDS. This relationship is now better understood and appreciated within the region. The USG team will work to enhance the coordination of policies and programming across sectors to address GBV, stigma and discrimination and harmful gender norms; increase the availability and direct use of data on GBV, stigma and discrimination and harmful gender norms to inform HIV health system strengthening priorities in policy and programs; and strengthen institutional capacity at the community level to address GBV, stigma and discrimination, and harmful gender norms within HIV programs. Overall, prevention programs will focus to further promote appropriate knowledge transfer for long-term sustainability.

Health Systems Strengthening

There continue to be persisting challenges facing the region including weak leadership and management, human resources for health (HRH) shortages, lack of sustainable HIV and health financing, and shortage of strategic information together with a culture of not using evidence for decision-making. The strategies and activities for 2013 will continue to address identified gaps in these areas and work towards sustainability of the programs.

At mid-point in Partnership Framework implementation, the need to prioritize country ownership and sustainability is supported by a recently concluded mid-term evaluation of the program. The report indicates that although the “Caribbean Regional Program has brought concrete technical assistance and capacity building to the region, and enhanced countries' abilities to manage their HIV programs and resources through training and technical assistance in the areas of prevention, strategic information, laboratory systems and services, and health systems strengthening, there is a need to build capacity for greater country ownership and sustainability”. The strategies outlined in the PF and PFIP remain relevant to 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. Strengthening health systems will also improve equity and access to quality affordable health services for key populations. Ultimately program integration and the focused interventions in HSS will lead to intentional spill over in evidence based planning for health services other than HIV, and improved policies to address gaps in other diseases.

ROP 2012 HRH activities related to quality improvement, integrating community health workers into the continuum of the response, strengthening regulatory bodies and professional associations and developing and implementing HRH policies and guidelines will continue in 2013. HRH capacity building activities for ROP 2013 include strengthening of the governance infrastructure to support human resource development, recruitment, retention planning (including task shifting) and management of the health workforce based on countries’ identified needs. In ROP 2013 the PEPFAR program will work alongside PAHO and National Governments to implement a Road Map for Strengthening the Caribbean Health Workforce (2012-2017), reorienting professional competencies and reorganizing work processes and standards toward primary health care, disease prevention, and management of long-term chronic health conditions, particularly in terms of improving the capacity of ministries of health to better plan, manage and retain their existing human resources. Capacity has been built in Ministries of Health to implement HIV training related to the national needs in all sectors. TrainSmart and other appropriate training data bases are being adopted as national training databases in several countries. Towards this end in 2013, the Caribbean HIV/AIDS Regional Training program (CHART) will provide TA to adapt or link tracking of health care workers with a national HRIS.

Workforce policy development and revision as applicable will be scaled up in the military populations and led by the militaries with PEPFAR technical assistance. This approach places ownership in the hands of the partner military to direct each stage of support and appropriately address military-specific requirements. Military leadership training will strengthen the management and sustainability of long term strategic HIV programming. Assistance with integrated electronic medical records systems, where applicable, and training for medical personnel who treat PLHIV are also priorities.

Recent private health sector mapping lays the ground work to better integrate private health care providers into a more holistic national management of health care human resources. A new twinning partnership between the University of the West Indies (UWI) and the University of South Carolina to develop an Infectious Disease Post-Graduate Fellowship Program at UWI is starting up and is a significant public-private partnership leveraging well over 100% of the amount invested by PEPFAR. This partnership will increase the number of qualified infectious disease doctors as well as improve the overall system of care for all infectious diseases in the region.

The USG also aims to support greater private sector engagement in ROP 2013. Recent work in the region shows a nascent understanding or inclusion of the Private Sector, including the not-for-profit sector, across all health systems areas. 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 strengthen the ability to strategically leverage private sector resources.

In order to address limited regional capacity in collecting, analyzing and using health financing data , continued capacity building opportunities will be provided for conducting National Health Accounts (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 health sector services. Further support will be provided for ensuring ongoing, sustainable financing. Several areas of technical cooperation have emerged including: (1) providing financial training courses with Ministry of Health officials to assist them in understanding how to better communicate budget needs to Ministry of Finance officials; (2) conducting costing and cost-benefit analyses to support governments in understanding their costs of running facilities and potential packages of services. Cost-benefit analysis will assist governments who are currently contemplating health financing reforms and still are unsure of which benefits should be covered. In the Caribbean, this is important for PLH because while governments are trying to streamline HIV services into primary care they may not be properly allocating necessary funds to ensure that the quality of service is maintained; and (3) supporting regional bodies in developing business plans for the future beyond Global Fund eligibility.

In the area of leadership and governance, leadership training provided by the Caribbean Health

Leadership Institute (CHLI) at the UWI, will be sustained by integrating it into other programs at the institution. In Jamaica, the integration of sexual and reproductive health and HIV/AIDS into a new entity that combines the National AIDS Program with the National Family Planning Board to improve coordination and service delivery will be prioritized. The establishment of one sexual and reproductive health authority, a government led initiative with PEPFAR support, advances country ownership. PEPFAR will continue to support the PANCAP Coordinating Unit in its' regional coordination role in policy development, information sharing, and monitoring of the Caribbean Regional Strategic Framework on HIV and AIDS.

Health System Strengthen Program Changes

The Caribbean Public Health Agency (CARPHA) became an official entity on January 1, 2013 to "improve the effectiveness of key public health work, boost collaborative initiatives, enhance evidence-based public health policy and achieve greater efficiency in Regional Public Health." The Caribbean Regional Epidemiology Center (CAREC) and the Caribbean Health Research Council (CHRC) are current PEPFAR partners and are now part of the CARPHA infrastructure. Existing programs at PANCAP continue to need support. Capacity building for these new and existing institutions will be an enhanced focus in ROP 2013.

Two new activities in ROP 2013 include: (1) Technical support to catalyze sustainability planning and to draft Sustainability Plans, in collaboration with other donors and partners, in two/three countries this year with the remaining country and regional program transition plans to follow next fiscal year; and (2) The Twinning Project is starting a new infectious disease fellowship at the University of the West Indies with the University of South Carolina, School of Medicine.

Strategic Information

Given that the epidemic in the Caribbean is concentrated, data is critical for decision making and focused programming is necessary in key populations. The PEPFAR Team has worked collaboratively with national governments and regional entities to assist in filling some of the data gaps and this will continue to do so with ROP 2013 funding. PEPFAR provides technical assistance to Ministries of Health to implement SI activities build capacity within the region. The SI objectives of the PFIP include increasing the capacity of Caribbean national governments and regional organizations to collect and use quality, timely HIV/AIDS data to better characterize the epidemic and improve programs, policies, and health services. With 11 national governments to assist, PEPFAR has made strides with several of the national governments and continues to reach others with TA. Given the various levels of capabilities within the MOHs, uptake of programming is varied. To date, PEPFAR has assisted several countries in developing

data standards and standard operating procedures (SOPs) as well as in strengthening data collected by studies in key populations. Formative assessments have been completed in The Bahamas and are underway in Antigua and Barbuda. These will inform the development of larger bio-behavioral surveillance studies. BSS surveys for MSM and FSW are currently underway in Trinidad and Tobago and Barbados. A prison survey was completed in Dominica in FY 2012.

Continuing efforts under the PFIP, PEPFAR will work with the MOHs in updating HIV case reporting forms, developing SOPs for implementation, and developing high quality HIV annual surveillance reports. Both Jamaica and the Bahamas have completed annual surveillance reports with TA from PEPFAR. In ROP 2013, a new cooperative agreement with Suriname will assist with strengthening surveillance and monitoring and evaluation. Additionally, PEPFAR will support M&E activities with various MOHs and other regional entities and continue to conduct BSS focused on key populations (e.g. MSM and FSWs) in collaboration with regional partners.

Strategic Information Program Changes

The only new IM under strategic information is to support CARPHA to identify technical assistance needs in laboratory strengthening and strategic information.

Laboratory Strengthening

A tiered laboratory network has been developed in the 11 Partnership Framework countries for the purpose of increasing the capacity of national and regional organizations to provide quality diagnostic and monitoring services for HIV/AIDS, sexually transmitted and opportunistic infections, and other communicable and non-communicable diseases. Specifically, this network allows laboratories to provide timely, accurate, and reliable results to support surveillance, prevention, care, and treatment in response to the PEPFAR Blueprint document. This USG effort focuses 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 Systems (LQMS) and accreditation, e) supporting training, procurement, supply chain management systems, and Laboratory Management Information Systems (LMIS).

The laboratory strategy for FY 2013 will build on the achievements of the past year. This program will continue to use the recently developed "Caribbean Regional Laboratory Quality Management Systems Stepwise Improvement Process (LQMS-SIP) towards accreditation" tool and SLMTA training package to support laboratories in improving their quality systems as they prepare for accreditation. Countries in the

region will continue to benefit from PEPFAR Laboratory support through the purchase of Proficiency Panels (PT) and preparation and distribution of Dry Tube Specimen (DTS) HIV technology as important EQA tools. The PEPFAR supported Laboratory Informatics Systems (LIS) recently installed in Barbados and Grenada has significantly improved service delivery by reducing the turnaround time for providing results to patients and fewer laboratory errors. LIS systems are also being installed in Suriname, St. Vincent and the Grenadines, and Dominica. In FY2013, this support will expand to include Jamaica and the remaining four OECS countries. The goal is to provide a LIS that is linked to the country's Health Information Management System (HIMS) and ensures prompt patient data tracking, national and cross-sectional data analysis and reporting to inform key interventions and policy decisions. The Program will continue to support countries in laboratory operational research to generate data needed to enhance current activities as well as guide future efforts at building quality integrated Laboratory Health Systems within the region. This includes the evaluation of new HIV rapid test kits and CD4 point of care platforms, estimation of HIV incidence rates, and determination of HIV drug resistance patterns.

The PEPFAR supported Barbados National Reference Laboratory construction will serve Barbados and the six OECS countries. The laboratory Schematic Design is being developed and groundbreaking is expected to occur in September 2013. The project currently needs additional financial support since the cost has changed considerably from initial estimates. In FY2013, the PEPFAR program plans to provide additional financial support, with significant cost-sharing from the Barbados MOH to ensure timely completion of this project. This activity is an essential part of establishing a regional referral laboratory network particularly for molecular testing-DNA PCR, viral load, and HIV drug resistance. The OECS countries do not have the capacity for conducting these tests.

The PEPFAR Caribbean Regional Program will continue to identify and train laboratory staff in relevant technical areas as well as support the recruitment of national laboratory strengthening and quality managers as key workforce development and retention strategies. Furthermore, the current drive towards developing National Laboratory Strategic plans as a key policy tool that provides road maps for improving and strengthening laboratory services in all the countries will continue.

V. GHI, Program Integration and Central Initiatives

Global Health Initiative (GHI)

While there is no GHI Regional Strategy for the Caribbean Region, the program is in line with the GHI principles, primarily with the focus on country ownership and the alignment of our portfolio with the four dimensions of country ownership (see Annex Figure 1). This is supported through the sustainability planning that the region is undertaking in FY 2013/2014 with countries and as a program overall.

Integration

The PEPFAR Caribbean Regional HIV/AIDS Program works closely with local governments, in some cases directly funding Ministry of Health in Jamaica, the Bahamas, Barbados, St. Lucia, Dominica, Suriname, and Trinidad and Tobago to support the HIV/AIDS response. Coordination and integration of PEPFAR planning and programming is closely linked with governments and the Global Fund programs in Jamaica and with PANCAP. In FY 2013, this coordination will be enhanced through sustainability planning meetings happening in three countries in the region. These meetings will bring together governments, civil society, donors and the private sector.

Central Initiatives

The Gender Challenge Fund project continues to focus on integrating gender and HIV in policies, including strategies to increase awareness of gender-based violence (GBV) related to HIV transmission. HPP developed tools and processes related to gender assessment, training, and monitoring that will eventually be available across the region. HPP piloted the Positive Health, Dignity, and Prevention (PHDP) curriculum that contains modules that address gender norms, sexual and reproductive rights, and Stigma and Discrimination (S&D)/Violence. HPP also developed a GBV Screening Tool and referral system in partnership with Woman, Inc. The tool pilot takes place in the Comprehensive Clinic in Kingston, Jamaica and will be used with clients including men who have sex with men (MSM) and transgender persons. Woman, Inc. completed a mapping of referral resources available to respond to GBV experienced by women living with HIV, MSM, transgender persons and CSWs. In preparation for the pilot, HPP and Woman Inc., in coordination with CHART, conducted a two-day workshop on gender, S&D, and GBV among key populations for the staff at the Comprehensive Clinic. The deliverables for this program include a final GBV Screening Tool and a report on the pilot which are expected in March 2013.

Local Capacity Initiative

The PEPFAR Caribbean Regional HIV Program is applying for the Local Capacity Initiative (LCI) funding to build capacity of key population CSOs to become more sustainable and actively engage in policy dialogue and resource decision making. This is coupled with support for a key population CSO consortium of regional partners who are made up of and/or serve MSM, CSW and PLH to help coordinate efforts in the region and enhance the collaboration across organizations and countries. The Intermediate Results are: 1. Coordination Improved through a Regional PLH, MSM and CSW Consortium, 2. Capacity built of PLHIV, MSM and CSW CSOs and Regional Bodies to be Sustainable and Engaged. It is anticipated that this proposal will work at a regional level, as well as conduct activities and work with local

country specific CSOs in the eleven countries of the PEPFAR Caribbean Regional Program. The work in each country will leverage existing activities that are currently happening in each location so as to minimize costs.

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Time Frame: October 2013 to September 2014

Population and HIV StatisticsAntigua and Barbuda

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	2,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women	00	2011	WHO			

living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	not reported			
The estimated number of adults and children with advanced HIV infection (in need of ART)		0				
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsBahamas

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	6,200	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	03	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of	5,000	2010	UNICEF State of			

pregnant women in the last 12 months			the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	00	2011	WHO			
Number of people living with HIV/AIDS	6,500	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	00	2011	WHO			
Women 15+ living with HIV	3,000	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsBarbados

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	1,400	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Deaths due to HIV/AIDS	100	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	100	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	3,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	00	2011	WHO			
Number of people living with HIV/AIDS	1,400	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	500	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	00	2011	WHO			
Women 15+ living with HIV	500	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsBelize - Caribbean

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	4,400	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	02	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	8,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	150	2011	WHO			
Number of people living with HIV/AIDS	4,600	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	3,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with	00	2011	WHO			

advanced HIV infection (in need of ART)						
Women 15+ living with HIV	1,800	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsDominica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	1,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV	00	2011	WHO			

needing ART for PMTCT						
Number of people living with HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	00	2011	WHO			
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsGrenada

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in	2,000	2010	UNICEF State of the World's			

the last 12 months			Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT		0				
Number of people living with HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	00	2011	WHO			
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsJamaica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	29,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	02	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to	1,600	2011	AIDS Info,			

HIV/AIDS			UNAIDS, 2013			
Estimated new HIV infections among adults	2,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	2,000	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	51,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	750	2011	WHO			
Number of people living with HIV/AIDS	30,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	22,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	15,388	2011	WHO			
Women 15+ living with HIV	10,000	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsSt. Kitts and Nevis

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	1,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	00	2011	WHO			
Number of people living with HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV	00	2011	WHO			

infection (in need of ART)						
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsSt. Lucia

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	3,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for	00	2011	WHO			

PMTCT						
Number of people living with HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	00	2011	WHO			
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsSt. Vincent and the Grenadines

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	00	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	2,000	2010	UNICEF State of the World's Children 2012.			

			Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	00	2011	WHO			
Number of people living with HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	00	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	00	2011	WHO			
Women 15+ living with HIV	00	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsSuriname

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	3,100	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	500	2011	AIDS Info, UNAIDS, 2013			

Estimated new HIV infections among adults	100	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	10,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	150	2011	WHO			
Number of people living with HIV/AIDS	3,400	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	3,800	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,405	2011	WHO			
Women 15+ living with HIV	1,700	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsTrinidad and Tobago

Population and HIV		Additional Sources

Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	13,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	02	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	1,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	00	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	20,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	00	2011	WHO			
Number of people living with HIV/AIDS	13,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	2,600	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of	00	2011	WHO			

ART)						
Women 15+ living with HIV	6,800	2011	AIDS Info, UNAIDS, 2013			

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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period

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	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
		P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
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	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
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.	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
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
2.3	Strengthen the capacity of partner countries and Caribbean regional entities to strategically generate, collect, interpret, disseminate, and use quality strategic information	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period

	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	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
3.2	Coordinate with governments and regional public health agencies to improve the scope and quality of HIV diagnostic and laboratory services and systems	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
4.2	Strengthen partner country and regional entity capacity to measure quality and outcomes of Caribbean HIV-related training and human capacity development programs	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
4.3	Enable governments and regional educational institutions to establish standardized HIV and AIDS training curricula and competency standards for HIV-related service delivery	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
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	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period

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

How is the USG providing support for Global Fund grant proposal development?
PEPFAR is in constant contact with the GF awardees in the region in Jamaica Round 7 award, Suriname Round 5 award, and with PANCAP, the regional Round 9 award. We serve on the CCM in Jamaica and the RCM with PANCAP. We provide input into proposals and reports and submissions for Phase II funding. PEPFAR has provided support for consultants and technical assistance through the GMS program with PANCAP. PEPFAR is an activie partner with the GF countries and regional program in the Caribbean.

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

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).
The Jamaica Round 7 grant is due to end in March 2013. The Jamaica MOH and NAP have asked for additional PEPFAR support for their Prevention program and assistance with procuring more Rapid Test Kits. They are in the process of merging the NAP with the National Family Planning Board to operate more efficiently under one authority. This will save the program approximately $1 million annually. The Jamaican MOH is integrating HIV/AIDS into the Primary Care system. PEPFAR is coordinating with UNAIDS, PAHO, the World Bank, University of the West Indies, and PANCAP to organize a high level meeting in Jamaica with the health and finance sectors addressing sustainability of the National AIDS Program and developing a Transition Plan for the program. Jamaican authorities are in negotiations with the GF on follow-on awards under the new GF criteria. Jamaica is in Band 4, higher income, lower burden countries.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?

Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2013 COP	Infectious Disease Fellowship Twinning Program	16660:AIHA Infectious Disease Program	TBD			CARRIED OVER INTO APR 2013. The goal of this Twinning Center project is to increase the number of qualified infectious disease doctors and improve the overall system of care for infectious diseases, including HIV, throughout the Caribbean region. The objectives are: 1) To build the institutional capacity of UWI

						to effectively manage an infectious diseases fellowship program; 2) to strengthen the competencies of UWI faculty in support of the infectious diseases fellowship program; and 3) to design and implement a quality regional infectious disease fellowship program hosted at UWI. The Fellowship program will begin at the UWI/Mona campus in Jamaica in July 2013, but students will be accepted from throughout the Caribbean region. The target students will be medical

						school graduates with a desire to specialize in infectious diseases. The Twinning Center strategy to become cost efficient over time is already in place.
	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.
2013 COP	LIME Dominica Mobile Data Collection Partnership	12691:Strengthening Health Outcomes Through the Private	TBD			Mobile phones offer a powerful channel to improve disease surveillance through real-time

		Sector (SHOPS)				reporting of infectious diseases and other health risks. In a partnership with Dominica's Ministry of Health, the United States Agency for International Development (USAID) Strengthening Health Outcomes through the Private Sector (SHOPS) project, led by Abt Associates, is piloting a mobile data collection initiative in Dominica. The pilot is aimed at increasing the participation in, and improving the efficiency of, reporting of communicable disease symptoms, including

						HIV/AIDS. SHOPS collaboration with LIME, the leading mobile operator in the Caribbean, helps ensure that health surveillance programs are designed and deployed to take advantage of the advances in mobile technology. Under the MOU, LIME will provide technical and other assistance to optimize design and future scale up of mobile data collection activities in Dominica and the broader Caribbean region.
2011 APR	TBD	12691:Strengthening Health Outcomes Through the	TBD			Please see narrative

		Private Sector (SHOPS)				

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	A&B - Formative Assessment and Size Estimation for Integrated Biological-Behavioral Surveillance of HIV Among High Risk Populations in Antigua & Barbuda--CDC	Behavioral Surveillance among MARPS	Men who have Sex with Men	Development	03/01/2013
Survey	A&B Behavioral Serological Surveillance--DOD	Behavioral Surveillance among MARPS	Uniformed Service Members	Other	11/01/2013
Surveillance	Antigua and Barbuda Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development	12/01/2013
Survey	Assessment of MARP use of Social Media in Bahamas	Qualitative Research	Men who have Sex with Men	Publishing	03/01/2012
Survey	Barbados - Biological and Behavioral Survey Among Female Sex Workers--CDC	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Development	08/01/2013
Surveillance	Barbados - The Barbados HIV/AIDS Surveillance Report 2010	AIDS/HIV Case Surveillance	General Population	Publishing	12/01/2012
Survey	Barbados - Behavioral Serological Surveillance--DOD	Behavioral Surveillance among	Uniformed Service Members	Other	11/01/2013

		MARPS			
Survey	Barbados - Biological and Behavioral Survey Among Men Who Have Sex with Men	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation	02/01/2013
Surveillance	Barbados Annual HIV Surveillance Report 2010	AIDS/HIV Case Surveillance	General Population	Implementation	12/01/2013
Surveillance	Barbados Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	12/01/2013
Survey	Belize - Behavioral Serological Surveillance--DOD	Behavioral Surveillance among MARPS	Uniformed Service Members	Publishing	12/01/2012
Survey	Belize - Central American Behavioral Surveillance Survey (BSS) of HIV/STI Prevalence and Risk Behaviors in Most-at-Risk Populations: Female Sex Workers, Men Who Have Sex with Men, and Persons With HIV	Behavioral Surveillance among MARPS	Men who have Sex with Men	Implementation	02/01/2013
Surveillance	Development of HIV Case Based Surveillance Standard Operating Procedures (SOPs) for Suriname	AIDS/HIV Case Surveillance	General Population	Development	06/01/2013
Surveillance	Development of HIV Case-Based Surveillance SOPs for Integration into National Disease Surveillance Trinidad and Tobago	AIDS/HIV Case Surveillance	General Population	Development	03/01/2013
Surveillance	Dominica - Annual HIV	AIDS/HIV	General	Other	11/01/2012

	Surveillance Report 2010	Case Surveillance	Population		
Survey	Dominica - MSM Mapping and Size Estimation	Other	Other	Data Review	12/01/2012
Survey	Dominica Prison Survey II (HIV Seroprevalence Survey Among Male Prison Inmates)	Behavioral Surveillance among MARPS	Other	Development	06/01/2013
Surveillance	Jamaica Annual Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development	12/01/2013
Surveillance	Jamaica Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Publishing	12/01/2013
Surveillance	Regional - Advance Training Workshop on Data Analysis and Report Writing and MARPs Methodology	Other	Other	Planning	06/01/2013
Surveillance	Regional - with PAHO and CHRC Support for Surveillance TWG and M&E TWG to Harmonize HIV case-reporting, MARPs Survey Methodologies, M&E Activities	AIDS/HIV Case Surveillance	Other	Implementation	06/01/2013
Surveillance	St. Kitts and Nevis Defence Force Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development	12/01/2013
Surveillance	St. Lucia - 2011 Annual HIV Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Planning	06/01/2013
Surveillance	St. Lucia 2011 Annual HIV Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Data Review	03/01/2013

Survey	St. Lucia Men's Health Survey	Population-based Behavioral Surveys	Other	Planning	06/01/2013
Survey	Stigma and Descrimination towards Sex Workers and Men who have Sex with Men within the Health Care and Social Dleivery Setting in the Bahamas	Qualitative Research	Men who have Sex with Men	Other	11/01/2012
Surveillance	Suriname Defence Organization Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	12/01/2013
Surveillance	The Bahamas - 2011 Annual HIV Surveillance Report and 2011 Annual HIV Monitoring Report	AIDS/HIV Case Surveillance	General Population	Data Review	12/01/2012
Survey	The Bahamas - Biological and Behavioural Surveillance Survey among Men Who Have Sex With Men (MSM) - Formative Assessment Protocol-- CDC	Behavioral Surveillance among MARPS	Men who have Sex with Men	Development	12/01/2012
Surveillance	The Bahamas - Development of HIV Case-Based Surveillance Standard Operating Procedures (SOPs).	AIDS/HIV Case Surveillance	General Population	Development	12/01/2012
Surveillance	The Bahamas 2011 Annual HIV Surveillance Report and 2011 Annual HIV Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development	12/01/2013
Survey	The Bahamas Protocol: Biological and Behavioural Survey	Population-based Behavioral	General Population	Planning	12/01/2013

		Surveys			
Survey	The Bahamas Protocol: Biological and Behavioural Surveys	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	12/01/2013
Survey	The Outcome of training healthcare workers in HIV Stigma and Descrimination in Trinidad and Tobago	Evaluation	Other	Planning	06/01/2013
Surveillance	Trinidad & Tobago Annual Surveillance and Program Monitoring Report	Other	General Population	Other	03/01/2013
Surveillance	Trinidad and Tobago Annual Surveillance and Program Monitoring Report	AIDS/HIV Case Surveillance	General Population	Development	12/01/2013
Surveillance	Trinidad and Tobago Biological and Behavioural Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Implementation	06/01/2013
Surveillance	Trinidad and Tobago Protocol: Biological and Behavioural Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	12/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
DOD		0		**0**
HHS/CDC	1,841,198	6,684,204		**8,525,402**
HHS/HRSA		1,727,812		**1,727,812**
PC		408,216		**408,216**
State/WHA		1,186,800		**1,186,800**
USAID		4,501,770	6,950,000	**11,451,770**
Total	**1,841,198**	**14,508,802**	**6,950,000**	**23,300,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State/WHA	DOD	HHS/CDC	HHS/HRSA	PC	USAID	AllOther	
HBHC			209,324	122,000		295,965		**627,289**
HKID						0		**0**
HLAB	1,000,000	0	2,035,974					**3,035,974**
HTXS				439,500				**439,500**
HVCT		0	330,000			505,965		**835,965**
HVMS			2,089,935		11,390	1,000,228		**3,101,553**
HVOP	186,800	0	401,975		396,826	5,199,487		**6,185,088**
HVSI		0	2,710,480			53,166		**2,763,646**
HVTB						41,974		**41,974**
OHSS		0	747,714	1,166,312		4,354,985		**6,269,011**
	1,186,800	**0**	**8,525,402**	**1,727,812**	**408,216**	**11,451,770**	**0**	**23,300,000**

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	April 2013	October 2013	January 2014	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 ABDF 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	completed	completed	completed	planned May 2013	planned July 2013	planned TBD
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	05/2012	09/2012	12/2012	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 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	completed	completed	completed 05/2012	completed 10/2012	planned 02/2013	planned 08/2013
Narrative			...and formation of Laboratory Strategic Planning Working Group.	The plan is meant to describe the tiered national laboratory network structure and align with the	The elements of the plan are costed and a Senior Ministry of Health official is given the responsibilit	Based on the tangible outcomes outlined in the plan, progress can be measured and reports provided to

				national plan for the country.	y to lead implementation of the plan and report to the MOH and Laboratory leadership on the attainment of the objectives.	the Ministry on the attainment of goals.

Policy Tracking Table

Barbados

Policy Area: Human Resources for Health (HRH)						
Policy: Dual Practice Guidelines (Regional)						
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	completed	completed	planned	planned	planned	planned
Narrative	Due to the results of prioritization workshops held in 6 OECS countries in the Spring of 2011, it was decided that more information is needed on dual practice and on the private sector in general in order to better					

	engage with the private sector. Therefore, the SHOPS project has focused on those activities. Please refer to three PTT's submitted which provide more detail. Some of the public-private dialogue forums may decide to work on dual practice issues. That is yet to be determined.					

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	Discussion	Meeting	Submission	Governmen	Monitoring

	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 operating plans as part of its national health plans. The purpose of this plan will be to	and inclusion of planned support into country work plan	with Stakeholders to develop plan	of draft National Lab Strategic Plan to government for review and endorsement	t endorses National Lab Strategic Plan and implement activities	and evaluation of activities contained in the National Laboratory Strategic Plan

	provide a road map for improvement and strengthening of the provision and delivery of laboratory quality services.					
Completion Date	completed	completed	completed	completed	completed 03/2012	planned
Narrative			...and formation of Laboratory Strategic Planning Working Group.	The plan is meant to describe the tiered national laboratory network structure and align with the National plan for the country.	The elements of the plan are costed and a senior Ministry of Health official is given the responsibility to lead implementation of the planand report to the MOH and Laboratory leadership on the	Based on the tangible outcomes outlined in the plan, progress can be measured and reports provided to the Ministry on the attainment of goals.

					attainment of objectives.	

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	August 2013	November 2013	January 2014	TBD
Narrative	During the Caribbean 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	The BDF decided that they would develop an HIV/AIDS policy through PEPFAR support.	Several other military policies will be shared with the BDF 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 BDF will be briefed on the policy through pamplets and briefing sessions.	A consultant will help the BDF determine when the policy can be evaluated.

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

Policy Area: Stigma and Discrimination						
Policy: PANCAP Regional Stigma Framework						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	November 2011	January 2012	March 2012	February 2013	March 2013	October 2013
Narrative	HPP is supporting PANCAP partners collectively to build a policy framework to guide more effective national	PANCAP will develop a Stigma Framework as a guide for collective national action.	Stigma Framework piloted in St. Kitts and Nevis and Dominica.	Dominica National HIV Policy presented to national Cabinet	A plan for monitoring the policy is being developed, including monitoring by civil society actors (PLHIV and key	Policy changes related to stigma and the Stigma Framework (such as a national HIV and stigma policy for Dominica) will be

	action responses to HIV and stigma and discriminait on as part of the recognition that the reduction of stigma and discriminati on is key to effective national responses to HIV in the Caribbean.				populations).	tracked over time and reported to PANCAP.
Completion Date	completed	completed 10/2012	planned 01/2013	planned 02/2013	planned 03/2013	planned 03/2013
Narrative		The framework was developed in October 2011 and shared with colleagues in the region. It is being piloted in two countries St. Kitts and Nevis, and	In Dominica HPP is working with the National HIV Program to draft a National HIV Policy. A draft version is being circulated with national	Dominica National HIV Policy presented to government cabinet for endorseme nt.	A plan for monitoring of the policy is being developed including monitoring by civil society actors (PLHIV and key populations).	A baseline study of stigma and discriminati on in health care facilities is being undertaken in Nov-Dec 2012 and a follow-up will be conducted a year later.

		Dominica. A revised version was completed and shared with colleagues in October 2012.	partners for input in November 2012.			

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	05/2012	09/2012	11/2012	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 implements activities	Monitoring and evaluation of activities contained in the National Laboratory Strategic Plan

	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	completed 10/2010	completed 08/2011	completed 01/2012	completed 06/2012	completed 08/2012	planned
Narrative			... and formation of the Laboratory Strategic Planning Working Group.	The plan is meant to describe the tiered national laboratory network structure and align with the	The elements of the plan ae costed and a senior Ministry of Health official is given the responsibilit	Based on the tangible outcomes outlined in the plan, progress can be measured and reports provided to

				National Plan.	y to lead implementation of the plan and report to the MOH and Laboratory leadership on the attainment of objectives.	the Ministry on the attainment of goals.

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	July 2012	Current	2014
Narrative		The Ministry of does not have a HIV Workplace policy to address Stigma and Discrimination in the workplace. USAID will provide technical assistance to MOH to develop workplace policy.	The HIV workplace policy will establish guidelines for treating with HIV in the health sector including the establishing and maintaining a healthy work environment, no			

			screening for the purposes of exclusion from employment or work purposes as well as continuation of employment relationship, continuous education and information, confidentiality and discrimination.			
Completion Date	planned	completed 11/2011	completed 11/2011	completed 12/2011	planned	planned
Narrative	HIV/AIDS has a negative impact on the most productive segment of the workforce with significant negative implications that it holds	The Ministry of Health has not endorsed a HIV workplace policy to address Stigma and Discrimination in the workplace.	Documentation is in place for the HIV workplace policy which will establish guidelines for treating with HIV in the health sector including	The Ministry of Health workplace policy was launched and endorsed on World AIDS Day December 2011.	TBD	TBD

	for production and national developme nt.		establishing and maintaining a healthy work environmen t as well as no screening for the purposes of exclusion from employment .			

Policy Area: Other Policy						
Policy: Workplace HIV/AIDS Policy (Labor Ministry)						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date		November 2011	November 2011	July 2012	2013	2014
Narrative	There is a lack of a sufficiently caring ,supportive and responsive working environmen t to protect the rights of workers regardless of their HIV status and	The Ministry of labour and Social Security has a HIV Workplace Policy to address Stigma and Discriminati on in the workplace however it has not been	The Ministry of Labour and Social Security has an HIV Workplace Policy in place taking a human rights approach and	The National Policy was approved as a white paper by the Human Resources Committee of the Cabinet	Want to move the white paper to a higher level "Green Paper"	Evaluate the process in 2014.

	to address isssues of Stigma and Discrimmination.	endorsed by Cabinet	declares a clear nondiscriminatory stance as it relates to HIV in hte workplace.			
Completion Date	compelted	completed	completed	planned	planned	planned
Narrative				The Green Paper is the next phase and is currently TBD.		

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	November 2013	2014 / 2015	TBD
Narrative	The Jamaican MOH and civil society organizations (CSO) recognize that maintaining patient confidentiality is a key challenge in the health	Recommendations of gaps in policy content and policy implementation	Revised policies and operational documentation	Complete stakeholder analysis and drafting of confidentiality policy	submission of policy to Cabinet in 2014 followed by enforcement in 2015	Review of policies and data related to confidentiality in the healthcare setting and compared to November 2011 (stage 1)

	care setting and barrier to increasing access to care. HPP Jamaica will work with the MOH to strengthen existing policy implementation related to confidentiality.					
Completion Date	completed	completed	planned 09/2012	planned	planned	planned
Narrative			...related to confidentiality in the Health Services Policy. HPP is in the process of hiring a consultant to do an in depth analysis of the confidentiality policy in Jamaica.	TBD	TBD	TBD

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	TBD	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 precedence through PEPFAR indicate that funds will not be released to the MOH	Submission to Cabinet, conditions precedent apply	Submission to parliament		

		until dates for submission of the Public Health Order to Cabinet and Parliament are adhered to.				
Completion Date	completed	completed	completed	planned	planned	planned
Narrative				waiting for formal submission to Parliament TBD		

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	December 2013	November 2014	TBD
Narrative	The Jamaican Ministry of Health in collaboration with civil society (especially the national network of PLHIV) has	Recommendations of gaps in policy content and policy implementation	Revised policies and operational documentation	Compelte situational analysis of the Redress system conduct stakeholder analysis and prepare a concept note with	Endorsement by MOH of REdress System with systematic changes and recommendations	Review of policies and data related to confidentiality in the healthcare setting and compared to November

	developed a system for reporting instances of discrimination 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			recommendations for changes to the system.		2011 (stage 1)
Completion Date	completed	completed	planned	planned	planned	planned
Narrative			Revisingpolicies and operational documentation in July 2012. A consultant is being engaged to work with			

			HPP and MOH to review the existing system and make recommendations for improvements and expansion.			

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		2011	December 2011	February 2013	April 2013	2015
Narrative		The National HIV/STI Program has been operating largely as a vertical programme and has identified multiple challenges including inadequate linkages. As	One coordinating authority with legal status and formal mandate is to be established to manage and maintain the National HIV Programme and where	" the Ministry of Health shall complete a cabinet submission in regards to the establishment of the one Authority in keeping with the UNAIDS “Three	The National AIDS Program and the Jamaica National Family Planning Board are slated to join as one authority in April 2013.	An evaluation of the merge into one authority is planned for 2015.

		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 effective use of resources.	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 development of a cabinet submission.	ones" principle.		
Completion Date				planned	planned 04/2013	planned
Narrative	The National Family Planning Board (NFPB) and the national HIV/STI Program (NHP) have operated as seperate administrati			The Ministry of Health has prepared a cabinet submission in regard to the establishment of the one authority in keeping		TBD

	ve platforms. The NFPB has a statutory mandate and the NHP is operating as a seperate project. The two agencies operating seperately are unable to maximise the use of scarce resources, improve coverage of key populations, and reduce the care seeking burden for individuals.			with the UNAIDS "Three Ones" principle. This needs to be formally submitted to Cabinet.		

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 2013	September 2013	January 2014	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	completed	completed	completed	planned 06/2013	planned 09/2013	planned TBD
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 Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	08/2011	04/2012	08/2012	10/2012	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 Plan

	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	completed	completed	completed 04/2012	completed 08/2012	planned 11/2012	planned
Narrative			...and formation of Laboratory Strategic Planning Working Group.	The Plan is meant to describe the tiered national laboratory network structure and align with the	The elements of the plan are costed and a senior Ministry of Health official is given the responsibilit	Based on the tangible outcomes outlined in the plan, progress can be measured and reports provided to

				National Strategic Plan.	y to lead implementation of the plan and report to the MOH and Laboratory leasdership on the attainment of objectives.	the Ministry on the attainment of goals.

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 2013	August 2013	TBD
Narrative	The Suriname Defense Force acknowledged the need for an HIV/AIDS specific policy. The policy will address issues related to HIV testing, retention & promotion of identified	The SDF decided that they would develop an HIV/AIDS policy through PEPFAR support.	Several other military policies have been shared with the SDF and an implementing partner facilitated the development of the policy.	The Minister of Defense and other senior leadership need to officially approve the policy. It is pending.	Prior to the implementation of the policy, the members of the SDF will be briefed on the policy through pamplets and briefing sessions.	A consultant will help the SDF determine when the policy can be evaluated

	HIV positive individuals. Policies will also address systems and institutional strengthening that promote access and availability of prevention, care, treatment and support programs.					
Completion Date	completed	completed	completed	planned 03/2013	planned 05/2013	planned TBD
Narrative						

Policy Tracking Table

Trinidad and Tobago

Policy Area: Laboratory Accreditation						
Policy: Development of National Laboratory Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10/2010	04/2011	04/2011	10/2011	09/2012	09/2013
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 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 Plan

	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	completed	completed	completed	completed 09/2012	planned 12/2012	planned 06/2013
Narrative			...and formation of Laboratory Strategic Planning Working Group.	The plan is meant to describe the tiered national laboratory network structure and align	The elements of the plan are costed and a senior Ministry of Health official is given the	Based on the tangible outcomes outlined in the plan, progress can be measured and reports

				with the National Strategic Plan.	responsibility to lead implemenation of the plan and report ot the MOH and Laboratory leadership on the attainment of objectives.	provided to the Ministry on the attainment of goals.

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 2012	April 2013	August 2013	January 2014	TBD
Narrative	During the Caribbean Regional Military Meeting, the Trinidad and Tobago Defense Force acknowledged the need for an HIV/AIDS specific policy. The policy will address	The TTDF decided that they would develop an HIV/AIDS policy through PEPFAR support.	Several other military policies will be shared with the TTDF 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 TTDF will be briefed on the policy through pamplets and briefing sessions.	A consultant will help the BDF determine when the policy can be evaluated.

	issues related to HIV testing, retention & promotion of identified HIV positive individuals. Policies will also address systems and institutional strengtheni ng that promote access and availability of prevention, care, treatment and support programs.					
Completion Date						
Narrative						

Policy Tracking Table

Caribbean Region

Policy Area: Access to high-quality, low-cost medications

Policy: Improving quality of clinical management of HIV

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	March 2013	April 2013	August 2013	September 2013	TBD	TBD
Narrative	PAHO Treatment 2.0 meeting in Suriname for updating regional clinical guidelines for HIV treatment	Develop final concept paper to present to CMOs at the CMOs annual meeting in April 2013	Work with NAP and MOH and PAHO to develop policy document and updated guidelines based on WHO guidance due out this summer	Present the Draft policy and data collected and compiled for the situation assessment to the Ministers of Health at their annual meeting		
Completion Date	09/2012	10/2012	planned 05/2013	planned 12/2013	planned 01/2014	planned 06/2014
Narrative	Identifed by Caribbean interdisciplinary team at PF Policy Monitoring workshop Sept 10-14, 2012 in Miami.	Key elements of this policy initiative 1. Updating regional guidelines for the management of PLHIV	Planned with PAHO and country partners for regional workshop in Suriname in Spring 2013.	New WHO guidelines will be adapted and submitted for legistative and regulatory endorsement at the	By country MOH and NAPs.	TBD with PAHO and countries.

		centred around strategic use of anti-retrovirals; 2. Development of an HIV Combination prevention approach (which includes the strategic use of ARVs); 3. Enhancing HTC outreach and uptake; 4. Development and implementation of programmatic guidance to enhance the control of HIV in the Caribbean;		country level. Belize and OECS already in this process since Summer 2012.		

		5. Improving access to HIV prevention, treatment and care services a. Integration of HIV/STI servic				

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	Data on dual practice from joint health systems and private sector assessments indicates a lack of clear guidelines for dual practice, including	SHOPS will explore opportunities to strengthen coordination between the public and private sectors in the development of policy language around dual practice 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	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

	sector - is common throughout the OECS. However, there are generally no guidelines or regulations to formally manage the process.	balancing public sector duties w/private sector practice and access to public facilities. This results in individual interpretations of standard practice and missed opportunities to leverage specialist health services and potentially prevent attrition.	select countries. This will include engaging key stakeholders, such as MOH and professional associations and councils, in dialogue for comprehensive policy development. SHOPS could also act as a third party facilitator as needed.		the development of mixed sector working groups to ensure steady flow of information on regulations and regular review of policies; developing feedback channels for dual practitioners on implementation/enforcement	development process
Completion Date	completed	completed	planned	planned	planned	planned
Narrative	Due to the results of the prioritization workshops held in 6 OECS countries in the Spring					

	of 2011, it was decided that more information is needed on dual practice and on the private sector in general in order to better engagewith the private sector. THerefore, the SHOPS project has focused on those activities. Please refer to three PTTs submitted which provde more detail. SOme of the public-private dialogue forums may decide to work on					

	dual practice issues; that is yet to be determined.					

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	627,289	0
HKID	0	0
HVTB	41,974	
Total Technical Area Planned Funding:	**669,263**	**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	3,035,974	0
HVSI	2,763,646	0
OHSS	6,269,011	0
Total Technical Area Planned Funding:	**12,068,631**	**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	3,101,553	0
Total Technical Area Planned Funding:	**3,101,553**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	835,965	0
HVOP	6,185,088	0
Total Technical Area Planned Funding:	**7,021,053**	**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	439,500	0
Total Technical Area Planned Funding:	**439,500**	**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	2013	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	83	
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	0	

	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	0	
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	967	
	By MARP Type: CSW	553	
	By MARP Type: IDU	0	
	By MARP Type: MSM	284	
	Other Vulnerable Populations	130	
	Sum of MARP types	967	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	386	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	

	By Sex: Female	232	
	By Sex: Male	154	
	By Age: <15	0	
	By Age: 15+	386	
	By Test Result: Negative	0	
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	386	
	Sum of age disaggregates	386	
	Sum of test result disaggregates	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	137	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	2013	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	300	
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	0	

	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	60	
	By MARP Type: CSW	30	
	By MARP Type: IDU	0	
	By MARP Type: MSM	30	
	Other Vulnerable Populations	0	
	Sum of MARP types	60	
P11.1.D	Number of individuals who received T&C services for HIV and received their test	6,550	Redacted

	results during the past 12 months		
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	0	
	By Sex: Male	50	
	By Age: <15	0	
	By Age: 15+	6,550	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	50	
	Sum of age disaggregates	6,550	
	Sum of test result disaggregates		
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	2	Redacted
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical	1	Redacted

	laboratory tests		
H2.3.D	The number of health care workers who successfully completed an in-service training program	344	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Barbados

Future fiscal year targets are redacted.

Indicator Number	Label	2013	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	83	
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	1,330	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	470	
	By MARP Type: IDU	0	
	By MARP Type: MSM	590	
	Other Vulnerable Populations	270	
	Sum of MARP types	1,330	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	383	Redacted
	By Age/Sex: <15 Male		
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female		
	By Age/Sex: 15+ Female		
	By Sex: Female	193	
	By Sex: Male	190	
	By Age: <15	0	
	By Age: 15+	0	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex	383	

	disaggregates		
	Sum of age disaggregates	0	
	Sum of test result disaggregates		
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	411	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Belize - Caribbean

Future fiscal year targets are redacted.

Indicator Number	Label	2013	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	0	
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	0	
	Sum of MARP types	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test	0	Redacted

	results during the past 12 months		
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	0	
	By Sex: Male	0	
	By Age: <15	0	
	By Age: 15+	0	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	0	
	Sum of age disaggregates	0	
	Sum of test result disaggregates	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	0	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	0	

	By Sex: Female	0	
	By Sex: Male	0	
	By Age: <18	0	
	By Age: 18+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	0	
	Sum of age disaggregates	0	
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	0	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	2013	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	62	
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	0	

	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	623	
	By MARP Type: CSW	359	
	By MARP Type: IDU	0	
	By MARP Type: MSM	219	
	Other Vulnerable Populations	45	
	Sum of MARP types	623	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small	n/a	Redacted

	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		
	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	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	358	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	180	

	By Sex: Male	178	
	By Age: <15	0	
	By Age: 15+	358	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	358	
	Sum of age disaggregates	358	
	Sum of test result disaggregates		
H2.3.D	The number of health care workers who successfully completed an in-service training program	320	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	2013	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	55	
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	0	

	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	0	
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	623	
	By MARP Type: CSW	359	
	By MARP Type: IDU	0	
	By MARP Type: MSM	219	
	Other Vulnerable Populations	45	
	Sum of MARP types	623	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	371	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	

	By Sex: Female	193	
	By Sex: Male	178	
	By Age: <15	0	
	By Age: 15+	371	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	371	
	Sum of age disaggregates	371	
	Sum of test result disaggregates		
H2.3.D	The number of health care workers who successfully completed an in-service training program	100	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	2013	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	300	
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	18,069	

	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	9,125	
	By MARP Type: CSW	3,704	
	By MARP Type: IDU	0	
	By MARP Type: MSM	2,835	
	Other Vulnerable Populations	2,586	
	Sum of MARP types	9,125	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small	n/a	Redacted

	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		
	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	2,380	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	79,405	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	350	

	By Sex: Male	255	
	By Age: <15	0	
	By Age: 15+	79,405	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	605	
	Sum of age disaggregates	79,405	
	Sum of test result disaggregates	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	620	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	0	
	By Sex: Female	340	
	By Sex: Male	280	
	By Age: <18	0	
	By Age: 18+	620	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	620	
	Sum of age	620	

	disaggregates		
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	300	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	175	
	By Sex: Male	125	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	300	
	Sum of age disaggregates	0	
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	1,774	Redacted

	successfully completed an 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	2013	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	38	
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	0	

	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	0	
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	571	
	By MARP Type: CSW	194	
	By MARP Type: IDU	0	
	By MARP Type: MSM	152	
	Other Vulnerable Populations	225	
	Sum of MARP types	571	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	211	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	

	By Sex: Female	103	
	By Sex: Male	108	
	By Age: <15	0	
	By Age: 15+	211	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	211	
	Sum of age disaggregates	211	
	Sum of test result disaggregates		
H2.3.D	The number of health care workers who successfully completed an in-service training program	82	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	2013	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	83	
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	0	

	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	1,028	
	By MARP Type: CSW	525	
	By MARP Type: IDU	0	
	By MARP Type: MSM	437	
	Other Vulnerable Populations	66	
	Sum of MARP types	1,028	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small	n/a	Redacted

	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		
	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	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	383	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	193	

	By Sex: Male	190	
	By Age: <15	0	
	By Age: 15+	383	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	383	
	Sum of age disaggregates	383	
	Sum of test result disaggregates		
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	102	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	2013	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	96	
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	0	

	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	628	
	By MARP Type: CSW	305	
	By MARP Type: IDU	0	
	By MARP Type: MSM	284	
	Other Vulnerable Populations	39	
	Sum of MARP types	628	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small	n/a	Redacted

	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		
	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	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	383	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	193	

	By Sex: Male	190	
	By Age: <15	0	
	By Age: 15+	383	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	383	
	Sum of age disaggregates	383	
	Sum of test result disaggregates		
H2.3.D	The number of health care workers who successfully completed an in-service training program	86	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	2013	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	0	
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	3,100	
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	3,100	
	Sum of MARP types	3,100	
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	0	

	with individual and/or 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	800	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	40	
	By Sex: Male	760	
	By Age: <15	0	
	By Age: 15+	800	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	800	
	Sum of age disaggregates	800	
	Sum of test result		

	disaggregates		
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 according to national or international standards	1	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	207	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	2013	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	330	
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	2,000	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	2,000	
	Sum of MARP types	2,000	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	600	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	0	
	By Sex: Male	0	
	By Age: <15	0	
	By Age: 15+	600	
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of age/sex disaggregates	0	
	Sum of sex	0	

	disaggregates		
	Sum of age disaggregates	600	
	Sum of test result disaggregates		
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	1,013	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Caribbean Region

Future fiscal year targets are redacted.

Indicator Number	Label	2013	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	1,430	
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	18,069	

	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	2,380	
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	20,055	
	By MARP Type: CSW	6,499	
	By MARP Type: IDU	0	
	By MARP Type: MSM	5,050	
	Other Vulnerable Populations	8,506	
	Sum of MARP types	20,055	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	89,830	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	

	By Sex: Female	1,677	
	By Sex: Male	2,303	
	By Age: <15	0	
	By Age: 15+	89,830	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	3,980	
	Sum of age disaggregates	89,830	
	Sum of test result disaggregates	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	620	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	
	By Age/Sex: 18+ Female	0	
	By Sex: Female	340	
	By Sex: Male	280	
	By Age: <18	0	
	By Age: 18+	620	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	620	

	Sum of age disaggregates	620	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	300	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	175	
	By Sex: Male	125	
	By Age: <15	0	
	By Age: 15+	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	300	
	Sum of age disaggregates	0	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	6	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	6	Redacted
H2.2.D	Number of community	0	Redacted

	health and para-social workers who successfully completed a pre-service training program		
H2.3.D	The number of health care workers who successfully completed an in-service training program	4,576	Redacted
	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	150,000
12552	Pan American Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	525,000
12567	Jamaica Ministry of Health (MOH)	Host Country Government Agency	U.S. Agency for International Development	GHP-State, GHP-USAID	2,615,200
12570	Bahamas MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
12575	Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	75,000

			Prevention		
12587	US Embassies	Other USG Agency	U.S. Department of State/Bureau of Western Hemisphere Affairs	GHP-State, GHP-State, GHP-State, GHP-State, GHP-State	186,800
12588	Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS	Multi-lateral Agency	U.S. Agency for International Development	GHP-State, GHP-USAID	300,000
12594	ICF Macro	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	5,000
12603	St Lucia MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	40,000
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	275,000
12632	U.S. Department of Health and	Implementing Agency	U.S. Department of Health and	GHP-State	0

	Human Services/Centers for Disease Control and Prevention (HHS/CDC)		Human Services/Centers for Disease Control and Prevention		
12634	Dominica MOH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
12636	Health Policy Project	Private Contractor	U.S. Agency for International Development	GHP-State	550,000
12642	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	45,000
12644	Regional Procurement Support Offices/Ft. Lauderdale	Other USG Agency	U.S. Department of State/Bureau of Western Hemisphere Affairs	GHP-State	1,000,000
12645	World Learning	NGO	U.S. Agency for International Development	GHP-State	1,203,193
12668	Trinidad MoH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers	GHP-State	75,000

			for Disease 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	375,000
12689	Caribbean HIV/AIDS Alliance	NGO	U.S. Agency for International Development	GHP-USAID, GHP-State	2,802,000
12691	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-USAID	381,820
12971	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	103,700
13054	ICF Macro	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	504,324
13162	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	0
13197	University of the West Indies	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	340,000
13319	Health Policy Project	Private Contractor	U.S. Agency for International	GHP-USAID	700,500

			Development		
13335	African Field Epidemiology Network	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,210,528
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	0
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
13593	SURINAME MOH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	190,000
13626	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-USAID	0
14150	University of the West Indies	University	U.S. Department of Health and Human Services/Health	GHP-State	1,541,012

			Resources and Services Administration		
16347	FHI 360	NGO	U.S. Agency for International Development	GHP-State	0
16358	World Learning	NGO	U.S. Agency for International Development	GHP-State	0
16660	University of the West Indies	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	186,800
16661	TBD	TBD	Redacted	Redacted	Redacted
16695	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	1,395,137

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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Dominica	13,636
Grenada	13,636
Jamaica	13,636
St. Kitts and Nevis	13,636
St. Lucia	13,636
St. Vincent and the Grenadines	13,636
Suriname	13,636
Trinidad and Tobago	13,640
Antigua and Barbuda	13,636
Bahamas	13,636
Barbados	13,636

Total Funding: 150,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	150,000

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)

(No data provided.)

TBD Details

(No data provided.)

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	150,000	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: 12552	**Mechanism Name: Caribbean Regional FETP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Pan American Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	43,750
Bahamas	43,750
Barbados	43,750
Belize - Caribbean	43,750
Dominica	43,750
Grenada	43,750
Jamaica	43,750
St. Kitts and Nevis	43,750
St. Lucia	43,750
St. Vincent and the Grenadines	43,750
Suriname	43,750
Trinidad and Tobago	43,750

Total Funding: 525,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	525,000

Sub Partner Name(s)

Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	University of the West Indies	

Overview Narrative

Funds for this activity were reduced by OGAC. This mechanism will support the training of Field Epidemiologist to strengthen the public health capacity within the Ministries of Health (MOH).

This implementing mechanism is in direct support of the USG Partnership Framework Goal 4: Health Systems Strengthening which includes human capacity development and overall health system sustainability as well as USG Caribbean Partnership Framework Goal for Laboratory System Goal 3, Objective 3.2: Improve laboratory services and systems, sub-objective 3.2.4: Human Capacity. The Centers for Disease Control and Prevention(CDC's Capacity Development Branch, Division of Global Public Health Capacity Development (DGPHCD) staff provide technical assistance and support to countries worldwide to implement strategies to improve their public health workforce, systems, and institutions. The FELTP is modeled after CDC's Epidemic Intelligence Service. It is a two-year full time postgraduate training program that includes close supervision and on the job competency based training. The structure of the program includes 25% didactic work and 75% field placement. The programs are tailored to each country's national priorities, public health needs, and existing public health infrastructure to strengthen their public health surveillance and response systems for priority diseases. The key features of the FELTP are: (1) trainees are assigned to the Ministry of Health to provide epidemiologic service; (2) graduates of the program may receive a certificate or degree; (3) the program is tailored to the needs of the country and its priorities and is adaptable to changing public health needs; and (4) there is a plan for sustainability. The outcomes associated with a country or region having a FELTP include: robust surveillance systems; public health events detected, investigated and responded; human capacity developed in public health; and public health program decisions based on scientific data. The standard curriculum includes: epidemiologic methods, biostatistics, public health surveillance, laboratory and bio-safety, communication, computer technology, management and leadership, prevention effectiveness, teaching and mentoring, and epidemiology of priority infectious and non-infectious diseases and injuries. There will be modifications of the FELTP to meet the needs of the Caribbean Region. There are 12 countries that will take part in the FELTP, individual country commitments will be made to ensure success and sustainability of the program and capacity developed for the region. This mechanism will be monitored by the number of people trained

Cross-Cutting Budget Attribution(s)

Education	200,000
Human Resources for Health	250,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12552		
Mechanism Name:	Caribbean Regional FETP		
Prime Partner Name:	Pan American Health Organization		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	370,000	0
Narrative:			
Funds for this activity were reduced by OGAC. This will be a short-term course in advanced epidemiology using principles from the Leadership in Strategic Information Course aimed at building the capacity of individuals working within the Ministries of Health in the region to gain advanced epidemiological skills. This course will be housed within a local university with the aim of developing academic capacity and sustainability of the skills training beyond the end of the funding cycle. The course is a response to needs articulated by countries from the in-country consultations. The advanced epidemiology course will continue to build capacity early of public health professionals at the country level and keeping their epidemiologic and data analysis skills up to date.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	155,000	0
Narrative:			
Strenthening health systems through training staff to support the capacity of human resources for health in the region.			

Implementing Mechanism Details

Mechanism ID: 12567	**Mechanism Name: Jamaica MOH**
Funding Agency: U.S. Agency for International	Procurement Type: Grant

Development	
Prime Partner Name: Jamaica Ministry of Health (MOH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: USAID

Benefiting Country	Benefiting Country Planned Amount
Jamaica	2,615,200

Total Funding: 2,615,200		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	1,415,200
Jamaica	GHP-USAID	1,200,000

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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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	315,200	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	300,000	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	2,000,000	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 Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Bahamas MoH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Bahamas	500,000

Total Funding: 500,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	500,000

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	100,000

TBD Details

(No data provided.)

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	95,000	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	80,000	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	85,000	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	30,000	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	110,000	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: 12575	**Mechanism Name: PAHO/PHCO Cooperative Agreement**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Barbados	6,818
Antigua and Barbuda	6,820
Bahamas	6,818
Dominica	6,818
Grenada	6,818
Jamaica	6,818
St. Kitts and Nevis	6,818
St. Lucia	6,818
St. Vincent and the Grenadines	6,818
Suriname	6,818
Trinidad and Tobago	6,818

Total Funding: 75,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	75,000

Sub Partner Name(s)

Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office (PHCO)		

Overview Narrative

To address the need to better characterize the epidemic, PAHO HIV Caribbean Office (PHCO) will receive funding from CDC to strengthen in-country capacity for surveillance and strategic information. Assessments conducted by PAHO, WHO and CDC in several countries in the Caribbean indicate that only few countries have managed to implement second generation surveillance and are using data that is generated in-country for policy and program development. At the regional level, even though countries are committed to report to PAHO/WHO and CAREC, there is big gap and most countries are only reporting AIDS data due to limited implementation of HIV case based

surveillance.

This effort will work in activities within the strategic information goal of the PEPFAR Partnership Framework and will complement PAHO's objectives within the PAHO HIV Caribbean Plan for the Health Sector. This project will focus in 7 countries utilizing a phase in approach; where each year, a number of countries will be selected for special attention based on agreed upon criteria. PAHO is strategically placed to support countries on strategic information issues within the health sector. The implementation of a country-focused capacity building and technical support strategy tailored to the specific country needs is essential.

PHCO in close collaboration with CAREC, CDC, UNAIDS and the regional HIV surveillance technical workgroup will provide leadership in defining a minimum set of core HIV-related parameters that will be tracked at national and regional levels. Through strategic alliances with entities such as the Regional M&E Technical Working Group, CDC and PANCAP's Health Desk it will embark on harmonized technical support related to the recording, reporting, processing, and interpretation of routine surveillance and patient monitoring data. PAHO will review and expand the current Caribbean HIV reporting system, and facilitate a central database with information accessible to all countries and partners.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12575**
Mechanism Name:	**PAHO/PHCO Cooperative Agreement**
Prime Partner Name:	**Pan American Health Organization (PAHO)/PAHO HIV Caribbean Office**

	(PHCO)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	75,000	0

Narrative:

This program will focus on 7 countries utilizing a phased-approach. Each year, a number of countries will be selected for special attention based on agreed upon criteria (i.e. readiness, burden of the disease, existing surveillance capacity, political support).

The focus is on HIV surveillance, including monitoring and surveillance of HIV Drug Resistance. Drawing on previous experiences PHCO acknowledges the need to switch from an ad-hoc type of technical cooperation to a more predictable and sustained approach, enabling sharing of capacity across countries. To this end PHCO has placed full time HIV/STI Public Health Advisors in all Country Offices in the Caribbean. These country level advisors will be responsible for on-site sustained support to National Authorities in the development and implementation of their country plans, giving special attention to strategic information and surveillance. The country level technical advisors will also facilitate an inter-agency,inter-programmatic approach to surveillance promoting the involvement of the various MOH entities (including laboratory services), NGOs and private sector in national reporting.

In the Caribbean the HIV/AIDS pandemic is composed of multiple and dynamic epidemics, even within a country. PAHO will support countries and territories to adapt HIV surveillance systems to the realities of each one of them to meet the specific needs of each epidemic. Assisting countries in the implementation of HIV case-based reporting will be a key element in the strengthening of surveillance systems. Additionally, operational research (including BSS and similar types of surveys) will be promoted in the region as a means of gathering the evidence to support policy and programmatic action.

Increased data availability is a priority; however, equally important is the fact that data should be 'packaged' appropriately and in a timely manner to support policy formulation, planning processes, and program implementation. 'Packaging' and proper documentation and dissemination of available data have been major shortcomings in the past. PAHO will support countries in developing periodic HIV epidemic reports that can facilitate reporting to global initiatives (e.g., Universal Access) and most importantly, support local decision-making and action.

Implementing Mechanism Details

Mechanism ID: 12587	**Mechanism Name: PEPFAR Small Grants**

	Program
Funding Agency: U.S. Department of State/Bureau of Western Hemisphere Affairs	Procurement Type: Grant
Prime Partner Name: US Embassies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	7,142
Bahamas	30,000
Barbados	7,142
Dominica	7,142
Grenada	7,142
Jamaica	56,800
St. Kitts and Nevis	7,142
St. Lucia	7,142
St. Vincent and the Grenadines	7,142
Suriname	20,000
Trinidad and Tobago	30,000

Total Funding: 186,800		
Managing Country	**Funding Source**	**Funding Amount**
Bahamas	GHP-State	30,000
Barbados	GHP-State	50,000
Jamaica	GHP-State	56,800
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)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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	186,800	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: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	42,857
Barbados	42,857
Dominica	42,857
Grenada	42,857
St. Kitts and Nevis	42,857
St. Lucia	42,857
St. Vincent and the Grenadines	42,857

Total Funding: 300,000		

Managing Country	Funding Source	Funding Amount
Barbados	GHP-State	186,800
Barbados	GHP-USAID	113,200

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.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	186,800

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
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	**Mechanism Name: M&E Regional TA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Trinidad and Tobago	5,000

Total Funding: 5,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	5,000

Sub Partner Name(s)

ICF Macro		

Overview Narrative

CDC will also provide focused M&E system strengthening technical assistance for the 12 countries under the Caribbean Regional Office. The activities will include review and improvement of current systems for program level data collection, analysis, reporting and use. These activities will be complemented by regional-level cooperative agreement with CHRC to implement strategies for M&E capacity building and development of standardized guidelines for monitoring and evaluation for the region.

This Implementing Mechanism will make a direct contribution to the development of health systems in the 12 PF Focus Countries, adding value to the collection of HIV/AIDS data, and the integration of health information needs for HIV/AIDS with routine data collection and reporting on other communicable and non-communicable diseases within the wider health sector.

This Implementing Mechanism also includes funding allocations for routine monitoring under the PFIP, including monitoring of Inter-Agency progress towards PF Goals, Objectives, and targets for the overall Partnership Framework, and completion of mid-term and end-of-project evaluations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12594		
Mechanism Name:	M&E Regional TA		
Prime Partner Name:	ICF Macro		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	5,000	0

Narrative:

CDC will be undertaking M&E training and technical assistance activities to assist PF countries in strengthening M&E systems performance. The technical assistance will involve: a) Completion of M&E system assessments to identify current needs and gaps in collection, analysis, use, and dissemination of reliable program data. Emphasis will be placed on collaboration with partner countries to review current M&E approaches and further streamlining data collection reporting processes to improve the quality, timeliness, and accuracy of program-level data, and build a culture for routine data use and analysis.

M&E Technical Assistance and Training activities will include on-the-job training, mentorship, and supportive supervision for the development of sustainable, country-led M&E systems. These activities will be undertaken in support of Goal 2 of the USG Caribbean Partnership Framework on Strategic Information.

This Implementing Mechanism will focus on all 12 countries (Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & The Grenadines, Trinidad & Tobago, and Suriname) under the Caribbean Regional Office; provision of CDC TA will be carried out by way of a phased in approach where by each year a number of countries will be selected for special attention based on agreed upon criteria such as readiness, burden of the disease, political support etc.

This Implementing Mechanism was developed in response to requests for direct technical assistance and training in Monitoring and Evaluation by a large number of the PF Focus Countries, with an emphasis on increasing the

number of staff at all levels within the National Program (including multisectoral partners and community-based organizations working with MARP and PEHRB sub-populations) who are equipped to perform routine M&E functions. A country-focused technical support and capacity building strategy will be tailored to specific country needs. *TA and Training activities under this Implementing Mechanism have been designed to complement M&E capacity building activities under the CDC Cooperative Agreement with the Caribbean Health Research Council. CDC will also work in close collaboration with USAID and MEASURE/Evaluation as part of this Implementing mechanism.* *Outputs and outcomes from country-level M&E Technical Assistance and Training measured through SAPR reporting, as well as the completion of special studies to ascertain improvements in M&E system performance.* *This Implementing Mechanism also includes funding allocations for routine monitoring under the PFIP, including monitoring of Inter-Agency progress towards PF Goals, Objectives, and targets for the overall Partnership Framework, and completion of mid-term and end-of-project evaluations.*

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: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
St. Lucia	40,000

Total Funding: 40,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	40,000

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	1

TBD Details

(No data provided.)

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	20,000	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	20,000	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	0	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: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Barbados	275,000

Total Funding: 275,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	275,000

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	50,000

TBD Details

(No data provided.)

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	140,000	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	95,000	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	Procurement Type: Contract

Prevention	
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	0

Sub Partner Name(s)

African Field Epidemiology Network		

Overview Narrative

The purpose of this mechanism is to enhance overall capacity building amongst laboratories within the region through pre- and in-service training of laboratory personnel in Jamaica, Suriname, Belize, St Kitts and Nevis, Grenada, Antigua and Barbuda, and St Vincent and the Grenadines. Training will focus on key testing areas and quality systems essential components.

This implementing mechanism is in direct support of USG Caribbean Partnership Framework Goal for Laboratory System Goal 3, Objective 3.2: Improve laboratory services and systems, sub-objective 3.2.4: Human Capacity. Laboratory training also supports Partnership Framework Goal 4: Health Systems Strengthening which includes human capacity development and overall health system sustainability. This mechanism will enhance in country capacity and produce a cadre of well-trained clinical laboratory personnel, which will facilitate regular and consistent testing and release of quality results to support HIV prevention, care and treatment activities.
This mechanism will be monitored by the number of laboratory personnel trained.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: / Mechanism Name: / Prime Partner Name:	12632 Regional Laboratory Training U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	0	0

Narrative:

The funds for this activity were reduced by OGAC. Laboratory support for capacity building in Bahamas, Dominica, Trinidad and Tobago, St Lucia and Barbados will be through cooperative agreements with these governments. For the rest of the countries supported by the Caribbean Regional Program (Jamaica, Suriname, Belize, St Kits and Nevis, Grenada, Antigua and Barbuda and St Vincent and the Grenadines), a TBD partner will conduct regional trainings to enhance in- country capacity of laboratory staff. 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.

1) Quality TB diagnosis is currently a significant challenge within the region; therefore the TBD partner will organize regional training on TB diagnosis facilitated by CDC, African Center for Integrated Laboratory Training (ACILT) and American Society for Microbiology (ASM) mentors. The purpose will be to develop and strengthen national EQA programs for Acid Fast Bacilli (AFB) smear microscopy, enabling the national and regional level laboratories to implement and manage TB smear microscopy programs in the laboratory network

2) The TBD partner will also organize regional training on Good Clinical Laboratory Practices (GCLP) that will involve core lectures on laboratory aspects such as housekeeping, personnel, financial and records management,

quality control and quality assurance practices, laboratory safety and shipment of dangerous goods. *3) The TBD partner will conduct trainings on HIV rapid testing, including algorithm development, quality testing and use of logbooks. Technical support will be provided by the GAP International Laboratory Branch at CDC Atlanta* *4) TBD partner will collaborate with Clinical Cytometry and Analytical Society (CCAS) to organize an annual multidisciplinary training that will bring together clinical and laboratory personnel focused on wet laboratory practices in selected topical issues in the practice of clinical laboratory.* *Furthermore, selected laboratory staff from the region 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.*

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: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Dominica	200,000

Total Funding: 200,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	200,000

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	40,000

TBD Details

(No data provided.)

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	70,000	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: 12636	**Mechanism Name: Gender Norms, Stigma, and SGBV**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Policy Project	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 550,000		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	550,000

Sub Partner Name(s)

Health Policy Project		

Overview Narrative

This will be a new TBD mechanism that will focus on providing more data and designing activities to address gender norms, stigma, and sexual and gender-based violence which impede the effectiveness of HIV prevention and care efforts in Jamaica.

Stigma and discrimination discourage those who are infected with and affected by HIV from seeking needed services. Ideas about the lifestyles of people living with HIV contribute to a sense that the disease is a problem that affects "others," which may undermine individuals' estimation of their own risk and reduce their motivation to take preventive measures. Additionally, there are a number of social, economic, and cultural factors such as gender roles which impact the health outcomes of individuals. Sexual and gender-based violence (SGBV) is a major public health concern in Jamaica. Women often experience violence from men they know, often husbands or male family members. In addition to violating the human rights of women, sexual and gender-based violence poses significant risks to women's health, including immediate physical and psychological injury, as well as less obvious risks such as unsafe abortions, unwanted pregnancy, and sexually transmitted infections, including HIV. Jamaica recently completed a 2008 Reproductive Health Survey which included a component on GBV and HIV/AIDS. This new national data will be used to inform the design of this new program.

This program will complement the work already begun under PANCAP on stigma and discrimination (S&D). PANCAP will continue to focus on addressing S&D through policy reform and legislation. This activity will work more with civil society organizations, private sector, universities, faith-based partners, and the Ministry of Labor & Social Services to target the general population in high prevalence urban areas, such as Kingston & St. Andrew and Montego Bay. This activity supports the cross-cutting area under gender – reducing violence and coercion as well as addressing male norms and behaviors. The program will strive for greater cost-effectiveness through partnerships with the public and private sectors involvement in the data collection, design, and implementation. The activities begun under this program can be adopted and easily replicated by other HIV prevention programs in Jamaica and across the Caribbean region to ensure quick scale-up and greater reach.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**12636**
Mechanism Name:	**Gender Norms, Stigma, and SGBV**
Prime Partner Name:	**Health Policy Project**

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

Narrative:

This program will begin by implementing an evidence-based pilot focused on assessing the impact of providing support and services to communities with high levels of violent sexual crimes. The Implementer will select a rural and an urban community which is plagued by high crime rates to introduce a number of support services, including strengthening community centers to provide sports, recreation, cultural events, and referrals to health services. The Implementer would administer a baseline survey of 100 individuals from each community to measure their psycho-social profile of their attitudes and high risk behaviors. Then over the course of the intervention a number of community activities and services will be provided, including HIV prevention education and referrals to counseling and testing. At the end of the first year, the Implementer will conduct an endline survey to measure any changes in

behavior and attitudes. The results of this pilot will be broadly disseminated across the Caribbean region and will inform future programming through this mechanism and the At-Risk Youth APS. *There are a number of proven approaches that can be undertaken to address stigma, negative gender norms, and SGBV including providing information, counseling, skills acquisition, and increasing the opportunities for contact with people living with HIV. This activity will aim to assist in reducing new HIV infections by collecting new data and designing activities and messages that can be adopted by a wide variety of organizations working in HIV prevention, care, and reproductive health. The specific types of interventions will be determined following the baseline assessment and data collection. One example of a possible activity might be to work with disadvantage out-of school male youth through sports and social gatherings to address male norms. There has been a great deal of work done under the Male Norms Initiative under PEPFAR that can lend input into such a program. All activities and interventions would include linkages to health services and counseling and testing.* *The selected partner would oversee program implementation and monitoring to ensure that lessons learned are captured and shared. The program should aim to reach an estimated 1,500 individuals through individual, small-group, and community-level activities that explicitly address norms about masculinity and 3,000 individuals reached with gender-based violence and coercion messaging.*

Implementing Mechanism Details

Mechanism ID: 12642	**Mechanism Name: Central Laboratory Support**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	3,750
Bahamas	3,750
Barbados	3,750

Dominica	3,750
Grenada	3,750
Jamaica	3,750
St. Kitts and Nevis	3,750
St. Lucia	3,750
St. Vincent and the Grenadines	3,750
Suriname	3,750
Trinidad and Tobago	3,750

Total Funding: 45,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	45,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this mechanism is to enable the USG Caribbean laboratory working group to collaborate with key resource persons including staff of the Global AIDS Program International Laboratory Branch (ILB) at CDC Atlanta, USG colleagues from other PEPFAR countries and non-USG partners. This mechanism will support these key resource persons to visit the region as consultants and assist in implementing technical laboratory services and systems including execution of laboratory operational studies. This mechanism will also support consultancy fees for non-USG consultants, costs of shipping patients' samples to CDC Atlanta for analysis, and travel for laboratory scientists from the Caribbean Region countries where the samples are collected to Atlanta and/or other laboratories to participate in the analysis and generation of data from these samples. Governments within the region have expressed the need for data from laboratory operational studies to improve current laboratory services and support various cross-cutting activities.

This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory System Goal 3 (objective 3.2: Improve laboratory services and systems).

This mechanism will build the capacity of Caribbean region laboratory staff and will facilitate generation of laboratory operational data to inform services and lab policy. The training of young scientists through these studies will support sustainable national infrastructure, workforce capacity and expanded services to provide quality diagnostic testing, clinical laboratory monitoring of treatment, and surveillance.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: / Mechanism Name: / Prime Partner Name:	12642 Central Laboratory Support U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	45,000	0

Narrative:

This CDC Central Laboratory Support mechanism will be used to request technical assistance (TA) on a short term consultancy basis to provide training and other assistance to implement the following activities: development of HIV rapid testing algorithms and training and roll-out of HIV rapid testing. Successful training and roll out of rapid testing will include cost effective quality assurance activities utilizing Dried Tube Specimen (DTS) technology, and use standardized logbooks at all HIV testing sites. This mechanism will also support other onsite supervision and training such as GCLP, quality management, HIV drug resistance set-up, and regional and national TB QA/QC programs.

This mechanism will also support laboratory operational studies to address key questions within the region, such as:

• Determining HIV incidence using the BED testing of archived HIV positive and negative samples from Jamaica, Bahamas and Trinidad and Tobago, the highest HIV prevalence countries within the 12-country region. This information will provide critical information on current transmission trends and patterns for HIV surveillance and will therefore inform HIV prevention interventions. *• Determining HIV genetic subtypes and drug resistance using archived samples from Jamaica, Bahamas, Trinidad and Tobago and Barbados. This will provide vital information particularly on current HIV heterogeneity, which has implications for treatment, diagnosis, and vaccine development. The drug resistance data is vital particularly for the prevalence of primary HIV drug resistance and its public health implications.* *• Evaluation of the oral fluid based HIV rapid test kits, as they have been shown to be more user friendly for HIV rapid testing.* *• Evaluation of the most appropriate Point-Of-Care CD4 machine. The Caribbean region seeks to select common CD4 platforms that will streamline maintenance and procurement.* *This mechanism will support the purchase of reagents and other consumables as well as travel of laboratory scientists to carry out these studies.*

Implementing Mechanism Details

Mechanism ID: 12644	**Mechanism Name: Regional Laboratory Construction**
Funding Agency: U.S. Department of State/Bureau of Western Hemisphere Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: Regional Procurement Support Offices/Ft. Lauderdale	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	0
Dominica	0
Grenada	0
St. Kitts and Nevis	0
St. Lucia	0

St. Vincent and the Grenadines	0
Barbados	1,000,000

Total Funding: 1,000,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	1,000,000

Sub Partner Name(s)

Regional Procurement Support Offices/Ft. Lauderdale		

Overview Narrative

The purpose of this cooperative agreement is to assist the Government of Barbados in the construction of a Regional Reference Laboratory.

This implementing mechanism is in direct support of the USG Caribbean Partnership Framework Laboratory System Goal 3, Objective 3.1:Develop functional regional reference laboratory network , Sub- Objective 3.1.2: Regional Reference Laboratory Infrastructure. There is a need for extensive improvement in laboratory infrastructure within the Caribbean as the region embraces the concept of a tiered regional laboratory network. Barbados is well-positioned to provide regional referral support and training to the OECS countries within a tiered laboratory network, but the island's enormous laboratory potential is limited by lack of adequate space and therefore there is a critical need to upgrade infrastructure. Construction of a Regional Reference Laboratory facility in Barbados will ensure adequate and appropriate space to ensure accurate, timely and uninterrupted testing and reporting of results across seven countries

This constructed facility will be an integrated structure and will therefore support holistic HIV/AIDS Point-Of-Care diagnosis and treatment services. The second and third floors of this building will have designated HIV counseling and testing, clinical diagnosis and training units. HIV/AIDS prevention care and treatment services will be located on the ground floor. As a regional referral lab, this facility will create conducive laboratory working spaces, ensure uninterrupted testing platforms and follow through. The Barbados Regional Reference Laboratory is a critical component of establishing a functional regional tiered laboratory referral and back-up system. Within this system, current partner efforts will be leveraged to create a web of coordinated long-term sustainable laboratories for the entire region.

Cross-Cutting Budget Attribution(s)

Construction	1,000,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12644**
Mechanism Name:	**Regional Laboratory Construction**
Prime Partner Name:	**Regional Procurement Support Offices/Ft. Lauderdale**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,000,000	0

Narrative:

Construction of the building will be done with funds through HHS/CDC, supervised by CDC Facility Managers through a TBD qualified vendor. This will be a 4500 square feet building (3 floors of 1500 square feet each) that will house the proposed regional reference laboratory on the 2nd and 3rd floors and the National Care and Treatment Centre on the ground floor. It is envisioned to be a BSC-Level 2 facility with possibilities for upgrade to level BSL-Level 3, housing the following departments: Hematology, Serology, Molecular Biology, TB, Bacteriology, Chemical Pathology, and Quality Assurance. It is anticipated that the TBD partner will work with the HHS/CDC Facility Managers and the MOH of Barbados to design and construct this facility according to defined international guidelines and in-country needs.

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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Bahamas	290,000
Jamaica	913,193

Total Funding: 1,203,193		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	1,203,193

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	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.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
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	603,193	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	600,000	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: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Trinidad and Tobago	75,000

Total Funding: 75,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	75,000

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	50,000

TBD Details

(No data provided.)

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
Governance and	HLAB	25,000	0

Systems			

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	25,000	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
Prevention	HVOP	25,000	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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	34,090
Bahamas	34,091
Barbados	34,091
Dominica	34,091
Grenada	34,091
Jamaica	34,091
St. Kitts and Nevis	34,091
St. Lucia	34,091
St. Vincent and the Grenadines	34,091

Suriname	34,091
Trinidad and Tobago	34,091

Total Funding: 375,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	375,000

Sub Partner Name(s)

Caribbean Health Research Council		

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.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	375,000

TBD Details

(No data provided.)

Key Issues

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	375,000	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 Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Caribbean HIV/AIDS Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	400,285
Barbados	400,285
Dominica	400,285
Grenada	400,285
St. Kitts and Nevis	400,285
St. Lucia	400,285
St. Vincent and the Grenadines	400,285

Total Funding: 2,802,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	29,591
Barbados	GHP-USAID	2,772,409

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: GBV	100,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
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	2,412,000	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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	54,545

Barbados	54,545
Dominica	54,545
Grenada	54,545
St. Kitts and Nevis	54,545
St. Lucia	54,545
St. Vincent and the Grenadines	54,545

Total Funding: 381,820		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	381,820

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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

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	381,820	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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 103,700		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	103,700

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)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
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	103,700	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: 13054	**Mechanism Name: Headquarters Task Order Government of Bahamas and Trinidad and Tobago**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Bahamas	252,162
Trinidad and Tobago	252,162

Total Funding: 504,324		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	504,324

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will support the implementation, scale-up and monitoring of PITC and PwP services through an implementing partner(IP) in collaboration with the Bahamas and Trinidad and Tobago Ministries of Health (MOH). Through site-level monitoring and clinical supervision, an IP will assist the MOH clinics with integration of prevention services, partner testing, and PITC services. Technical assistance (TA) will be provided to build the Government's capacity to provide quality prevention services, to link people to HIV prevention services, and to reduce barriers that affect PLHIV and MARPs abilities to receive appropriate services. In order to build capacity and promote long-term sustainability nationwide, the IP will also assist the MOH in building in-country competencies in monitoring and evaluation and quality of services using the train-the-trainer (TOT) model. The IP

will work in close collaboration with Regional Training Network and the MOH to advise and support the on-going training of health care workers and peer counselors within health facilities working with PLHIV and MARPs.This implementing mechanism supports the USG Caribbean Regional Partnership goal for prevention (Goal1) and addresses the need for capacity development and TA in the area of regional prevention expertise. Specific outcomes related to Goal 1 include 1) increasing the number of people who learn their HIV status, 2) identifying persons who are HIV positive, and 3) ensuring linkages of HIV positive persons to care and treatment services including partner testing. The IP will be asked to develop an annual work plan with agreed-upon performance benchmarks starting in year one and will be required to report on progress towards the essential and outcome indicators on a semiannual and annual basis

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**13054**
Mechanism Name:	**Headquarters Task Order Government of Bahamas and Trinidad and Tobago**
Prime Partner Name:	**ICF Macro**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	114,324	0
Narrative:			

Under this mechanism, the Prevention with positives (positive health dignity & prevention – PHDP) program will build more strategic linkages and follow up into care and treatment for those HIV positive persons identified in community and in facility models. PwP will include a minimum package of services delivered at treatment and care facilities, testing counseling sites and among community partners providing services to persons diagnosed and living with HIV. These services include; psychological support i.e. group and individual counseling, prevention services i.e. partner/couples HIV testing and counseling, risk reduction counseling, adherence counseling and support, STI diagnosis and treatment, family planning counseling, and condom provision.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	170,000	0

Narrative:

During the PEPFAR mid-term evaluation conducted in 2012, it became apparent that all PEPFAR activities that implement training activities need to be evaluated with the same standard and rigor in accordance to the Organization for Economic Cooperation and Development's, Development Assistance Committee (OECD--DAC) standards for evaluation quality that have been endorsed by USAID and State. ICF will review PEPFAR training curricula and develop evaluation guidelines for training activities under the PEFPAR Caribbean Region program. Depending on funding, they will also evaluate training in progress and review past training evaluation reports to measure quality of training based on the OECD--DAC.

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

Narrative:

Under this mechanism, linkages are being established between prevention, SI and Laboratory to ensure availability of PITC and efficient referrals to appropriate services. CDC will provide TA for quality assurance and monitoring and Evaluation of HTC. This mechanism will also assist Partnership Framework governments to building capacity to provide quality prevention services, to link people to HIV prevention services, and to reduce barriers that affect PLHIV and MARPs abilities to receive appropriate services. This will be accomplished through site-level monitoring, clinical supervision, and technical assistance.

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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
St. Lucia	GHP-State	0

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)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
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	0	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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	30,909
Bahamas	30,909
Barbados	30,909
Dominica	30,909
Grenada	30,909
Jamaica	30,909
St. Kitts and Nevis	30,909
St. Lucia	30,909
St. Vincent and the Grenadines	30,909
Suriname	30,909
Trinidad and Tobago	30,910

Total Funding: 340,000		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	340,000

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	340,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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	340,000	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: 13319	**Mechanism Name: Stigma and Discrimination and PLWHA Advocacy and Leadership**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: Health Policy Project	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 700,500		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	700,500

Sub Partner Name(s)

Health Policy Project		

Overview Narrative

Stigma & Discrimination (S&D) have been described as key drivers of the HIV epidemic in the Caribbean. In fact, they have been identified as major barriers to the universal access to care treatment and support services, which is a critical millennium development goal for the Caribbean and particularly for persons living with HIV as well as most affected and most at risk populations. These "vulnerable groups" bear the brunt of the epidemic and often have rates of infection which are many times higher than the general population. Discrimination makes it difficult to reach these groups with the much needed services and programs which the Caribbean has already mobilized to scale up, in order to address the challenge of HIV on our small region.

The Pan Caribbean partnership against HIV/AIDS (PANCAP), regional leaders and policy makers recognized these barriers and in response have largely agreed to pursue a responsive human rights agenda. The new Caribbean Regional Strategic Framework (CRSF) 2008 – 2012 which guides the response of the region to the challenge of the HIV epidemic over the next four years, recognizes this barrier and puts an emphasis on developing and "enabling environment" which focuses on the "development of policies, programs and legislation that affirm human rights and counter deep underlying social barriers…". The need for the rights based approach was underscored in the work of PANCAP under the previous CRSF 2002-2007 which highlighted the need for "advocacy, policy development and legislation" around HIV. Research conducted in the region thus far, including national assessments of legal frameworks in several countries and explorations of the ways in which stigma and discrimination are being manifested, underscore the fact that "discrimination against PLHIV" is indeed a critical policy issue. Research also emphasizes a need for a variety of approaches to dealing with S&D.

CARICOM/PANCAP, as the leading regional entity tasked with leading the efforts on HIV/AIDS related policy reform, has embarked upon a mutli-pronged approach to addressing this issue of stigma and discrimination and has secured funding from other sources to cover some aspects of the response. This strategy involves: Legislative & Policy Reform; operationalization of Stigma & Discrimination Unit; development of national level recourse mechanisms; development of tools to measure S&D; research on S&D; development of behavior change and empowerment initiatives and the national level.

While S&D is not in and of itself a separate goal area under the PF, it has been recognized that the high incidence of S&D across this region greatly hinders the success and investments in other areas of the response, especially the provision of prevention, care, treatment and support services. Given its cross-cutting importance, the USG has committed to addressing S&D as an overarching issue. Under the PF, the USG will work closely with CARICOM/PANCAP with the goal to pursue policy reform and behavioral change initiatives to address the pervasive reality of stigma and discrimination in the region, two areas where gaps exist in the technical assistance and financial resources needed to support the response. Efforts in this regard will be for the benefit of all PF countries, with the development of models and best practices that can be shared with all CARICOM/PANCAP member countries.

It is envisioned that by the end of the PF, the USG inputs would have assisted in enabling the countries in the region to enact many of the supporting policies and legislative changes needed to ensure that vulnerable and marginalized persons and groups become much less so and are in fact better supported as productive and valuable members of the Caribbean community. The policy reform efforts should also support simultaneous efforts to strengthen the health systems across the region as they seek to better integrate HIV care and treatment services into primary health care services. Behavior change efforts targeting health care providers, other service providers and the community at large will compliment these efforts.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13319**		
Mechanism Name:	**Stigma and Discrimination and PLWHA Advocacy and Leadership**		
Prime Partner Name:	**Health Policy Project**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	700,500	0
Narrative:			
USAID Barbados will continue to provide technical assistance to enhance the regional and national agendas with respect to the promotion of the Human Right Agenda in support of a reduction of HIV related stigma and discrimination. Efforts will be made to leverage USG resources with other resources from the Global Fund and			

other donors in support of policy and legislative reform and the more meaningful engagement of PLWHA in the advocacy efforts. Efforts will be made to ensure that effective technical assistance is brought to bear on this process, drawing on lessons learned and best practices from across the world. Efforts will also be made to ensure that national level interests are also addressed.

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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	110,048
Bahamas	110,048
Barbados	110,048
Dominica	110,048
Grenada	110,048
Jamaica	110,048
St. Kitts and Nevis	110,048
St. Lucia	110,048
St. Vincent and the Grenadines	110,048
Suriname	110,048
Trinidad and Tobago	110,048

Total Funding: 1,210,528		
Managing Country	**Funding Source**	**Funding Amount**

Barbados	GHP-State	1,210,528

Sub Partner Name(s)

African Field Epidemiology Network		

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.)

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	1,210,528	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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Dominica	0
Grenada	0
Jamaica	0
St. Kitts and Nevis	0
St. Lucia	0
St. Vincent and the Grenadines	0
Suriname	0

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	0

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)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: / Mechanism Name: / Prime Partner Name:	13410 PANCAP Caribbean Community (CARICOM) Pan Caribbean Partnership Against AIDS		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and	OHSS	0	0

Systems			

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: 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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Bahamas	183,334
St. Lucia	183,333
Trinidad and Tobago	183,333

Total Funding: 550,000		
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)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

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: 13593	**Mechanism Name: Cooperative Agreement SURINAME MOH**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: SURINAME MOH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: HHS/CDC

Benefiting Country	Benefiting Country Planned Amount
Suriname	190,000

Total Funding: 190,000		
Managing Country	**Funding Source**	**Funding Amount**
Suriname	GHP-State	190,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the Cooperative Agreement with the Republic Of Suriname (ROS) Ministry of Health (MOH) is to assist the Republic of Suriname in fully implementing its national HIV/AIDS strategic goals for laboratory services and systems strengthening, and strategic information, including systems for routine surveillance, behavioral and biological surveillance among Most At Risk Populations (MARPs) and HIV Case Reporting and monitoring and evaluation.

For laboratory support, this implementing mechanism will support the laboratory management framework that will prepare laboratories for accreditation and 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, use of paper-based and electronic Laboratory Informatics System (LIS); and training of both new and in-service laboratory personnel to cover key testing areas and quality systems essential components will also be supported.

For strategic information, CDC's five-year commitments are to support the implementation of systems for HIV/AIDS Surveillance and M&E in view of assisting the government to generate 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 selected Most-At Risk-Populations; and 3. Support for improvements in M&E data collection, analysis, and use for program improvement. Funds from this Co-ag will support the planning and implementation of HIV surveillance and MARP surveillance activities in Years 1, 2 and 3. This implementing mechanism is in direct support of USG Caribbean Partnership Framework Goals for Strategic Information (Goal 2), and Laboratory Support (Goal 3). This implementing mechanism will be national in scope, with emphasis on lab systems strengthening, and the collection of surveillance and program monitoring data at national (MOH), health center and community-levels. Laboratory personnel, Surveillance Officers, M&E staff, Community Health Nursing staff and community health providers are the main target audience for this Cooperative Agreement.

This Cooperative Agreement will make a direct contribution to the development of health systems in ROS, adding value to the delivery of laboratory services, and steps to integrate needs for high quality HIV/AIDS data with the collection and reporting of surveillance and program monitoring data within the wider health sector. Linking high quality data to prevention program planning and using data for evidenced-based policy development will be key to assuring success of the Cooperative Agreement partnership.

CDC will work in close collaboration with the Republic of Suriname to ensure the efficient use of USG resources in achieving the programmatic priorities for the 5-year cooperative agreement. The Ministry of Health will be asked to develop an annual work plan with agreed-upon performance benchmarks, starting in Year 1. The MOH will be required to report on progress towards the essential and additional outcome indicators on a semi-annual and annual basis for PEPFAR and for CDC.

The prevention component will focus on using data from surveillance and high-quality MARPS surveys to develop evidenced-based programming.

This Cooperative Agreement will contribute to strengthening the health systems in the Republic of Suriname, 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.

CDC will work in close collaboration with the Republic of Suriname to ensure the efficient use of USG resources in achieving the programmatic priorities for the 3-year cooperative agreement. The Ministry of Health will be asked to develop an annual work plan with agreed-upon performance benchmarks, starting in Year 1. 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.

This IM is not included in the ROP FY12 budget request because it is being funded through pipieline funds in 2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13593**
Mechanism Name:	**Cooperative Agreement SURINAME MOH**
Prime Partner Name:	**SURINAME MOH**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	45,000	0

Narrative:

The Suriname 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, 40 Molecular diagnostics, 5) Biosafety and Biosecurity, and 5) Quality Management System Implementation and Laboratory Accreditation.

Furthermore, funds will support the procurement of reagents and consumables to support the sustainability of the Dried Tube Specimen (DTS) and Digital PT EQA programs and molecular test kits for DNA PCR and viral load testing to support early infant diagnosis and clinical monitoring of patients on treatment.

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	120,000	0

Narrative:

The focus of this implementing mechanism will be: 1) To strengthen the ROS 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 monitoring, evaluation, and reporting with specific focus on using data for program improvement; 2) Use SI and specifically surveillance data for decision making, policy development, 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 5-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	25,000	0

Narrative:

TBD

Implementing Mechanism Details

Mechanism ID: 13626	**Mechanism Name: Health Policy Initiative**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	0
Barbados	0
Dominica	0
St. Kitts and Nevis	0
St. Lucia	0
St. Vincent and the Grenadines	0
Grenada	0

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-USAID	0

Sub Partner Name(s)

Health Policy Initiative		

Overview Narrative

The USG will support the MOH in Suriname with HIV prevention activities related to reducing the number of new HIV infections. The strategies that guide project implementation include: 1) A combination prevention approach ensuring a comprehensive package of services; 2) Promoting and implementing evidence-based interventions informed by strategic (qualitative) information. Specifically activities will focus on: a)Capacity building in design and implementation of behavior change communication and intervention, particularly those targeting PEHRBs;b) Capacity Building in monitoring and evaluation of prevention interventions: c)Technical assistance to support behavioral and serological studies amongst persons engaging in high risk behavior; d) develop policies, programs and legislation that promote human rights including gender equality and that reduce socio-cultural barriers to achieving Universal Access; e) Reduce stigma and discrimination related to HIV and vulnerable populations.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Mobile Population

Budget Code Information

Mechanism ID:	13626		
Mechanism Name:	Health Policy Initiative		
Prime Partner Name:	Futures Group		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			
The USG will support HIV prevention activities targeted at most-at-risk- populations in Suriname. These activities will seek to continue and sustain efforts that were initiated under the Global Fund Grant which has now ended. USAID will seek to work in close collaboration with the MOH in Suriname to develop interventions which speak to the most crtical components of the HIV prevention strategy given the limited resources available for programming at this time.			

Implementing Mechanism Details

Mechanism ID: 14150	**Mechanism Name: Caribbean HIV/AIDS Regional Training Initiative**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of the West Indies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	140,092
Bahamas	140,092
Barbados	140,092
Dominica	140,092
Grenada	140,092
Jamaica	140,092
St. Kitts and Nevis	140,092
St. Lucia	140,092
St. Vincent and the Grenadines	140,092
Suriname	140,092
Trinidad and Tobago	140,092

Total Funding: 1,541,012		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	1,541,012

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Caribbean HIV/AIDS Regional Training (CHART) Network Initiative was launched in 2003 by HRSA to address human capacity development needs for HIV service providers and HIV managers through the region. CHART was funded through HRSA's cooperative agreement with the University of Washington (I-TECH). I-TECH provides technical assistance to CHART. Starting FY 2012 HRSA developed a competitive RFA to fund CHART directly. The goal of CHART will be to improve HIV/AIDS related health service delivery outcomes in the 12 PF countries through the development of continuing education programs integrating pre-service and in-service training of the health workforce. In addition, CHART will provide TA to the 12 PF countries to strengthen their capacity for evidence based planning and budgeting. and assist in the development of strategies to strengthen the health workforce.CHART will provide TA to strengthen the capacity of relevant professional councils and associations.The

review of the competitive proposals is scheduled for the first week in December 2011. CHART will offer a wide range of clinical and in-service courses through its national training centers and online to over 1500 physicians, nurses, clinical care providers and counselors each year.CHART will provide TA to the MOH to develop evidence based HRH training plans, as well as TA to develop strategies for staff recruitment and retention.CHART will strengthen the capacity of the CHART training centers to conduct outcome evaluation and provide TA to the 12 PF countries to support the development of HIV decentralization/integration implementation plans.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,541,012

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**14150**
Mechanism Name:	**Caribbean HIV/AIDS Regional Training Initiative**
Prime Partner Name:	**University of the West Indies**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	122,000	0

Narrative:

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 the 12 PF 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 prgression, 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 PLHIV. Additonal 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 twelve target countries who know their HIV serostatus. 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 collaboratons 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 communicationsand positive prevention. These skills building workshops will be conducted to support national efforts in building stronger care and support systems for PLHIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	979,512	0

Narrative:

HRH assessments and data collection have occurred in Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Jamaica. HRH assessments, analysis or data gathering activities will continue in the Bahamas, Barbados, Trinidad and Tobago and Suriname. Analysis of assessments already conducted by CHART/I-TECH, PAHO or others will continue to be supported into FY 2012. CHART will support Ministries of Health to develop HRH plans as required, based on recently conducted HRH assessmnets and other available data. CHART, with support from I-TECH will introduce tools for forecasting future health worker needs and provide training and guidance on HR planning, performance management, and implementation of HRH plans. In countries where HR planning is predominantly overseen by a seperate personnel department or ministry, this support will also target those relevant local government agencies.CHART will provide TA related a Human Resource Information System (HRIS) to ensure evidence based HRH decision making at the country level. CHART will provide TA to adapt TrainSmart or other approrpiate training database as the national training database in twelve countries and link tracking of the training of health care workers to a HRIS for evidence based health workforce planning. CHART will provide TA to develop strategies for staff recruitment and retention. These

atrategies may include: support for training of supervisors and managers in techniques of supportive supervision and performance management; scaling up involvement in HIV pre-service education and training in collaboration with selected Caribbean tertiary level institutions so that a larger number of persons with appropriate competencies will be availble to enter the workforce; liaising closely with national health services in order to identify categories of staff to be given priority in pre-service programs; supporting health care worker retention through provision of needed CMEs and other course certifications; advocating with relevant professional associations, accreditation councils and MOH for advancement or recognition for health care workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	439,500	0

Narrative:

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 the 12 PF countries. As more primary health 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 PF countries for national level adaptations to the Caribbean Regional Treatment Guidelines as needed and relevant. Training curricula will reflect these regional orcountry 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 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 fundsas they scale up ART training in their respective countries.In addition, a Clinical mentoring Nurse trainer will be hired full time to work with the full time physician to lead the clinical mentoring thrust across the Caribbean

Implementing Mechanism Details

Mechanism ID: 16347	**Mechanism Name: OVC USAID Barbados**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Suriname	0
Trinidad and Tobago	0

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	0

Sub Partner Name(s)

FHI 360		

Overview Narrative

USAID Barbados There are an estimated 250,000 HIV-related Orphans in the Caribbean. They are primarily located in the countries that have been heavily affected by HIV: Haiti, Dominican Republic, Trinidad, Jamaica, Guyana, Belize, and the Bahamas. An estimated 3,100 children died from AIDS in the Caribbean in 2001 according to UNICEF. A number of countries have conducted OVC situational analysis (Jamaica, Trinidad, Belize, and Guyana) and have collected useful data to help inform programming. A few countries have developed Plans of Action such as Jamaica, Trinidad, and Belize.

UNAIDS established an Inter-Agency Task Team (IATT) on OVC in March 2001 to help coordinate and strengthen efforts to improve the quality and scope of care for OVC. Since then, there have been a number of successes in the area of OVC. The Global Fund has provided funding for OVC activities in a number of countries and PEPFAR has supported OVC programs in Haiti and Guyana. In addition, UNICEF has been active in Haiti, Guyana, Jamaica, Suriname, and Belize. With the newly available OVC funding for the PEPFAR Caribbean Regional Program, the U.S. Government aims to provide technical assistance and support to advance the cause of HIV-related OVC both at the national and regional level.

In collaboration with the above donors and host countries, USAID proposes to develop a Scope of Work (SOW) for one implementing partner to execute over a one to two year period beginning in early 2011. While technical assistance may be more focused on countries with higher numbers of OVC, activities in the SOW will be regional in nature. For example, assistance may be a regional workshop open to all interested Caribbean countries on topics including, quality standards, palliative care for HIV+ children and youth, and skills building for CBOs/NGOs working to provide family-centered care.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16347**
Mechanism Name:	**OVC USAID Barbados**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

There are an estimated 250,000 HIV-related Orphans in the Caribbean. They are primarily located in the countries that have been heavily affected by HIV: Haiti, Dominican Republic, Trinidad, Jamaica, Guyana, Belize, and the Bahamas. An estimated 3,100 children died from AIDS in the Caribbean in 2001 according to UNICEF. A number of countries have conducted OVC situational analysis (Jamaica, Trinidad, Belize, and Guyana) and have collected useful data to help inform programming. A few countries have developed Plans of Action such as Jamaica, Trinidad, and Belize.

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Suriname, and Belize. With the newly available OVC funding for the PEPFAR Caribbean Regional Program, the U.S. Government aims to provide technical assistance and support to advance the cause of HIV-related OVC both at the national and regional level. *In collaboration with other donors and host countries, USAID proposes to develop a Scope of Work (SOW) for one implementing partner to execute over a one to two year period beginning in early 2011. While technical assistance may be more focused on countries with higher numbers of OVC, activities in the SOW will be regional in nature. For example, assistance may be a regional workshop open to all interested Caribbean countries on topics including, quality standards, palliative care for HIV+ children and youth, and skills building for CBOs/NGOs working to provide family-centered care.*

Implementing Mechanism Details

Mechanism ID: 16358	**Mechanism Name: OVC USAID Jamaica**
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: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID Barbados There are an estimated 250,000 HIV-related Orphans in the Caribbean. They are primarily located in the countries that have been heavily affected by HIV: Haiti, Dominican Republic, Trinidad, Jamaica, Guyana, Belize, and the Bahamas. An estimated 3,100 children died from AIDS in the Caribbean in 2001 according to UNICEF. A number of countries have conducted OVC situational analysis (Jamaica, Trinidad, Belize, and Guyana) and have collected useful data to help inform programming. A few countries have developed Plans of Action such as Jamaica, Trinidad, and Belize.

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In collaboration with the above donors and host countries, USAID proposes to develop a Scope of Work (SOW) for one implementing partner to execute over a one to two year period beginning in early 2011. While technical assistance may be more focused on countries with higher numbers of OVC, activities in the SOW will be regional in nature. For example, assistance may be a regional workshop open to all interested Caribbean countries on topics including, quality standards, palliative care for HIV+ children and youth, and skills building for CBOs/NGOs working to provide family-centered care.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support

Budget Code Information

Mechanism ID:	**16358**
Mechanism Name:	**OVC USAID Jamaica**
Prime Partner Name:	**World Learning**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

There are an estimated 250,000 HIV-related Orphans in the Caribbean. They are primarily located in the countries that have been heavily affected by HIV: Haiti, Dominican Republic, Trinidad, Jamaica, Guyana, Belize, and the Bahamas. An estimated 3,100 children died from AIDS in the Caribbean in 2001 according to UNICEF. A number of countries have conducted OVC situational analysis (Jamaica, Trinidad, Belize, and Guyana) and have collected useful data to help inform programming. A few countries have developed Plans of Action such as Jamaica, Trinidad, and Belize.

UNAIDS established an Inter-Agency Task Team (IATT) on OVC in March 2001 to help coordinate and strengthen efforts to improve the quality and scope of care for OVC. Since then, there have been a number of successes in the area of OVC. The Global Fund has provided funding for OVC activities in a number of countries and PEPFAR has supported OVC programs in Haiti and Guyana. In addition, UNICEF has been active in Haiti, Guyana, Jamaica, Suriname, and Belize. With the newly available OVC funding for the PEPFAR Caribbean Regional Program, the U.S. Government aims to provide technical assistance and support to advance the cause of HIV-related OVC both at the national and regional level.

In collaboration with other donors and host countries, USAID proposes to develop a Scope of Work (SOW) for one implementing partner to execute over a one to two year period beginning in early 2011. While technical assistance may be more focused on countries with higher numbers of OVC, activities in the SOW will be regional in nature. For example, assistance may be a regional workshop open to all interested Caribbean countries on topics including, quality standards, palliative care for HIV+ children and youth, and skills building for CBOs/NGOs working to provide family-centered care.

Implementing Mechanism Details

Mechanism ID: 16660	**Mechanism Name: AIHA Infectious Disease Program**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Grant
Prime Partner Name: University of the West Indies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: Yes

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Bahamas	100,000
Jamaica	86,800

Total Funding: 186,800		
Managing Country	**Funding Source**	**Funding Amount**
Jamaica	GHP-State	186,800

Sub Partner Name(s)

American International Health Alliance Twinning Center		

Overview Narrative

The goal of this Twinning Center project is to increase the number of qualified infectious disease doctors and improve the overall system of care for infectious diseases, including HIV, throughout the Caribbean region. The objectives are: 1) To build the institutional capacity of UWI to effectively manage an infectious diseases fellowship program; 2) to strengthen the competencies of UWI faculty in support of the infectious diseases fellowship program; and 3) to design and implement a quality regional infectious disease fellowship program hosted at UWI.

The Fellowship program will begin at the UWI/Mona campus in Jamaica in July 2013, but students will be accepted from throughout the Caribbean region. The target students will be medical school graduates with a desire to specialize in infectious diseases.

The Twinning Center strategy to become cost efficient over time is already in place. Because of the voluntary nature of twinning, both UWI and USC have contributed significant resources to the project, including the professional human resources donated on both sides of the partnership. AIHA will support the partnership by managing the coordination, financial management and official reporting to the donor. The result is a significant public-private partnership leveraging well over 100% to the amount invested by the donor.

UWI, as the prime implementer, highlights that from the beginning, the local institution is leading the implementation process and responsible for achieving the results. The partnership demonstrates the true values of

twinning - the institution to institution pairing, the peer to peer mentoring, and the fact that the north/resource partner is there to "guide" the local partner, not to implement the program themselves.

Cross-Cutting Budget Attribution(s)

Education	186,800

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16660**
Mechanism Name:	**AIHA Infectious Disease Program**
Prime Partner Name:	**University of the West Indies**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	186,800	0

Narrative:

After sub-Saharan Africa, the Caribbean has a higher HIV prevalence than any other area of the world, with 1 percent of the adult population infected. Heterosexual sex is the main route of transmission throughout the Caribbean. Women are particularly vulnerable to HIV infection; more than half of people living with HIV are women. Other vulnerable groups include men who have sex with men (MSM) who are often overlooked by prevention, treatment and care services. This is despite reports that HIV prevalence is as high as 32 percent among some groups of MSM.

National responses to the crisis are generally lacking, though often as a result of weak public infrastructures and human capacity, rather than a lack of political will. Additionally, monitoring and

reporting of the epidemic is consistently poor, which makes it difficult to gain an understanding of the crisis and consequently holds back HIV prevention campaigns. One of the examples of the lack of human capacity is the number of infectious disease specialists trained in the Caribbean. Currently there are only 2 trained specialists, and both of these individuals were trained outside of the Caribbean.
In response to the lack of infrastructure and capacity to deal with infectious diseases, AIHA launched a twinning partnership to design, develop and implement a post graduate infectious disease fellowship program at the University of the West Indies (UWI). This new partnership linking UWI and the University of South Carolina (USC) will help address this need by focusing on the development of a Postgraduate Fellowship Program, where clinical specialists will be trained to provide critical treatment to people living with HIV or AIDS, as well as those afflicted with other communicable diseases that pose a public health concern. This partnership will strengthen the broader health system in Jamaica and also provide a model that can be readily replicated elsewhere in the Caribbean Region.

AIHA specializes in institution-to-institution partnerships that effectively leverage the knowledge, expertise and volunteerism of the US health sector — in this case, the infectious disease specialists at the University of South Carolina — to strengthen both the human resource and organizational capacity of their counterparts at UWI. Twinning partnerships are demand-driven by the recipient partners and have been highly successful at achieving sustainable, tangible, and developmentally significant results with high degrees of local ownership. In addition, the voluntary nature of twinning allows for significant in-kind contributions to the local institution, usually between 70 and 100% of the amount of donor funding.

Implementing Mechanism Details

Mechanism ID: 16661	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16695	**Mechanism Name: Health Financing and Governance**
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: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Antigua and Barbuda	159,276
Barbados	159,276
Dominica	159,276
Grenada	159,276
St. Kitts and Nevis	159,276
St. Lucia	159,276
St. Vincent and the Grenadines	159,276

Total Funding: 1,395,137		
Managing Country	**Funding Source**	**Funding Amount**
Barbados	GHP-State	280,200
Barbados	GHP-USAID	1,114,937

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Building on three years of implementation through Health Systems 20/20, the Health Finance and Governance project will continue to support partner countries' efforts to increase domestic resources available for HIV and health care, manage those resources more effectively, and improve the efficiency of purchasing decisions. In concert with these activities, partner countries will also improve strategic transition planning and create more efficient, accountable operations, thus enhancing the responsiveness of health systems to their populations' needs.

The Health Finance and Governance project will achieve three overarching results:
Improved financing for priority HIV and health services;
Strengthened health and HIV governance capacity of partner country systems; and
Improved country-owned systems in HIV and public health management and operations.
The project team will continue to collaborate with partner countries to develop integrated strategies for

strengthening health financing, including: increasing domestic resources (resource mobilization); reducing financial barriers and expanding access (risk pooling and users fees); and improving efficiency (allocation, production and purchasing). Enhancing governance will improve health outcomes by increasing accountability and transparency, enhancing public policy debate, opening public-private partnering opportunities, and moving countries toward universal health coverage.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16695**		
Mechanism Name:	**Health Financing and Governance**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,395,137	0
Narrative:			
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.

Although PEPFAR was initiated as an emergency response to rapidly scale up treatment and other activities to prevent the spread of the HIV epidemic, the reauthorization of PEPFAR has shifted its focus toward a more targeted, sustainable response with greater country ownership. With this focus in mind, the need for developing individual transition, or graduation, plans in the Caribbean are a vital next step to ensure that government can lead their responses as PEPFAR funding decreases.

Funding in this IM will address the following health financing barriers: 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. Funding will also support transition planning in two countries, likely Jamaica and St. Lucia, that will serve as pilot countries for an expanded transition planning effort in FY2014. If the May, 2013 Interagency pipeline review identifies additional pipeline resources to program this calendar year, the PEPFAR team will increase the number of countries supported in this effort prior to the FY2014 ROP.

After a careful literature review, the Caribbean PEPFAR team has identified: (1) key questions for USG agencies to consider prior to transition planning, (2) Steps to include in the process, (3) Areas to evaluate in assessing readiness for successful transitions, and (4) Potential Indicators to monitor for successful transitions. An interagency Transition Planning committee will guide this effort and lessons from Jamaica and St. Lucia will be documented and shared across the region.

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		48,000	49,427	97,427
ICASS		149,000	151,000	300,000
Management Meetings/Professional Developement			35,000	35,000
Non-ICASS Administrative Costs		74,000	68,450	142,450
Staff Program Travel		155,000	80,000	235,000
USG Staff Salaries and Benefits		410,786	283,257	694,043
Total	**0**	**836,786**	**667,134**	**1,503,920**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State	PEPFAR / USAID J	48,000
Computers/IT Services		GHP-USAID	USAID EC	49,427
ICASS		GHP-State	PEPFAR / USAID J	149,000
ICASS		GHP-USAID	USAID EC	151,000
Management Meetings/Profession		GHP-USAID	USAID EC	35,000

al Developement				
Non-ICASS Administrative Costs		GHP-State	PEPFAR / USAID J	74,000
Non-ICASS Administrative Costs		GHP-USAID	USAID EC	68,450

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing		188,675		188,675
Computers/IT Services		30,000		30,000
ICASS		490,210		490,210
Non-ICASS Administrative Costs		321,616		321,616
Staff Program Travel		360,000		360,000
USG Staff Salaries and Benefits	1,841,198	83,851		1,925,049
Total	**1,841,198**	**1,474,352**	**0**	**3,315,550**

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		188,675
Computers/IT Services		GHP-State		30,000
ICASS		GHP-State		490,210
Non-ICASS Administrative Costs		GHP-State		321,616

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		1,500		1,500
Management Meetings/Professional Developement		6,872		6,872
Non-ICASS Administrative Costs		3,018		3,018
Peace Corps Volunteer Costs		200,718		200,718
Staff Program Travel		8,315		8,315
USG Staff Salaries and Benefits		84,093		84,093
Total	**0**	**304,516**	**0**	**304,516**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		1,500
Management Meetings/Professional Developement		GHP-State		6,872
Non-ICASS Administrative Costs		GHP-State		3,018