Central America 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

I. REGIONAL CONTEXT

a. Epidemiology of HIV Epidemic

The Central America Region (CAR) is characterized by a concentrated HIV/AIDS epidemic with low prevalence among the general population, but high prevalence among certain subgroups such as men who have sex with men (MSM); transgender persons; male and female sex workers (SW); clients of sex workers and their partners; certain ethnic groups such as the Garífuna and Kuna; and mobile populations.

According to UNAIDS in 2011, HIV prevalence in adults in CAR is highest in Belize (2.3%), followed by Panama (0.8%), Guatemala (0.8%), El Salvador (0.6%), Costa Rica (0.3%), and Nicaragua (0.2%). Data from Honduras from 2009 showed a HIV prevalence of 0.8%. These relatively low national percentages mask the concentrated epidemic among key populations (KP). Belize, a country which geographically, politically and culturally straddles both Central America and the Caribbean, is an exception with a prevalence rate above 1%, but still has an epidemic driven by the same KP.

Data continue to demonstrate that transgender populations, female sex workers (FSWs) and MSM are the populations with the highest HIV prevalence rates in the region. Results from the most recent USG-supported BSS+ show the prevalence for MSM is 13.85% in Belize (2012), 9.9% in Honduras and 9.8% in El Salvador (both across multiple cities) and 7.5% in Managua, Nicaragua (2009). These numbers reflect declines among MSM in all countries, suggesting that condom promotion and other behavior change communication (BCC) prevention efforts have had a positive impact. The transgender population was included separately in these studies since it is a relatively small but very high-risk group. The HIV prevalence rates were 19.7% and 23.3% in two major cities of El Salvador and in Nicaragua, 18.8% in Managua and 14.6% in Chinandega. In the same studies, the prevalence rate was 5.7% among FSWs in the capital of El Salvador (2008), 5.5% and 4.6% in the biggest cities of Honduras (2006), 2.4% in Managua and 1.8% in Chinandega, Nicaragua (2009), and 0.9% in Belize (2012). For Honduras and El Salvador these numbers represent declines in FSW prevalence which at least partially reflects USG prevention efforts focused on these populations. In 2009, USG supported BSS+ with the Belize Defense Force showed a prevalence rate of 1.14% among military personnel. The data available suggests that intravenous drug use is not a major factor in HIV transmission in the region.

b. Status of National Response

Host country governments continue to show strong national and regional leadership in response to the

epidemic and provide the majority of the resources in support of national HIV/AIDS programs and several countries (Nicaragua and Belize, for instance) have updated their strategic plans and legislation. With additional grant support from the Global Fund (GF), government efforts have focused on providing anti-retroviral treatment (ART), care for people living with HIV (PLHIV), programs to prevent mother-to-child transmission (PMTCT), and BCC for low and high-risk groups. Nevertheless, HIV activities supported by host governments have had notably limited coverage of KP and stigma and discrimination directed toward these populations continue to represent major barriers to effectively address the epidemic across the region.

In addition, the Global Fund has notified countries that, due to the global economic crisis, it is expected that funding levels to the Latin America region will be substantially reduced. Furthermore, with the modified application procedures under the new GF Funding Model, there will likely be delays in the arrival of grant funds for those countries that will still be eligible. These factors will have a significant impact upon the national response.

c. How does the USG fit into the national response?
Under the auspices of the Regional Partnership Framework (PF) signed by all seven Central American countries in March 2010, the USG supports host country governments to more effectively and efficiently lead the national and regional responses to the epidemic through strategic technical assistance and close coordination with all key stakeholders in the region from GF and UN organizations, to civil society and increasing involvement with the private sector. A focus on KP is the strongest cross-cutting theme of the PF and the USG team plays an essential role in keeping these populations at the forefront of the national and regional responses through community, policy and technical level dialogues.

d. Donors and the private sector contribution
Central America has a limited number of donors in HIV and the pool is growing smaller. In Nicaragua, over the last three years several donors who have traditionally worked in HIV/AIDS have concluded their support.As the German government has announced its reduction in HIV activities in CAR in order to channel its support through the GF, the USG remains the largest bilateral donor in HIV in the region and the only other major donor aside from the GF. The USG collaborates closely with the GF throughout the region. In Honduras, the GF is the largest HIV/AIDS donor and the principal donor for treatment programs. Honduras currently has a six-year GF grant for $37 million that will end in 2014 and a new $21 million grant focused on orphans and vulnerable children. The USG is an active member of the GF Regional Coordinating Mechanism (RCM) as well as on the GF Country Coordinating Mechanism (CCM) in each country.

A number of UN agencies provide support to the national response: UNAIDS (policy development and

civil society strengthening), PAHO (surveillance activities), UNFPA (HIV prevention and capacity development for advocacy) and UNICEF (PMTCT). The USG works in close coordination with the Regional PAHO office to implement technical activities that strengthen the HIV and TB/HIV response and ensure international guidelines and recommendations are followed. There has been very close coordination with the GF especially with the TB electronic information system module. USG also coordinates with UNAIDS, WHO and UNFPA in providing technical assistance to countries developing or strengthening M&E systems to inform strategic planning and decision making (i.e. collection of UNGASS indicators and estimation and projection of HIV epidemic). The USG will continue to work in close coordination with these agencies to optimize the resources and avoid duplication in technical areas.

The USG has been working with the private sector to develop HIV workplace policies and there are now 75 large and medium enterprises with HIV policies in place which has enabled the businesses to be able to develop prevention activities that address stigma and discrimination and expand access to voluntary counseling and testing.

e. Contextual factors

The most pervasive challenge affecting work in all sectors is the continually deteriorating security situation in the region. In the most recent UN Office on Drug and Crime's Global Study on Homicide, four Central American countries were included among the top ten countries with the world's highest homicide rates, and Honduras and El Salvador took the number one and two spots. With violent crime consistently present in urban areas where KP are concentrated, community outreach workers risk their lives to deliver needed HIV prevention messages. While the violence in many countries touches all corners of the population, KP communities have been especially targeted and leaders from these communities have been killed for engaging in public advocacy, making empowerment of these groups an even more complex effort. Despite security challenges, important work continues to move forward buoyed by the courage of local leaders.

The State of the Region Report (2011) highlights the fact that the socioeconomic context is dissimilar across the CAR. Costa Rica and Panama enjoy better conditions in terms of GDP growth and per capita GDP as well as other economic and social indicators. The rest of Central America demonstrates signicantly worse indicators, in poverty levels, infant mortality, and malnutrition in children less than 5 years. Throughout the region, the proportion of poor households is higher among those headed by women than those headed by men. Poverty is concentrated at an alarming rate in families with children under 14 years of age. Social exclusion reaches 40% of the population in Honduras, Guatemala, El Salvador and Nicaragua. Of particular concern is the high percentage of young people between 12 and 24 who neither study nor work, a phenomenon found mainly in rural areas. This proportion is 30% in Costa Rica and Panama and is close to 70% in Guatemala and is disproportionately higher for women.

Violence against women is increasing in the region and reaching crisis proportions in Honduras and Guatemala. In Honduras, the rate of "femicide" has increased more than three-fold from 2002 to 2010. Justice systems were found failing women, with more than 95 percent of crimes going unpunished in all three countries. This gender-based violence (GBV), including sexual abuse, is not only affecting women and adolescent girls, it is also reflected among gays and transgender persons. Transgender persons are especially affected: 33-50% were abused once, and 6-18% were abused last year in Nicaragua.

II. PEPFAR FOCUS IN FY13

a. Top priorities

In FY13, the CAR USG team will continue to be guided by the vision of the Regional PF and Global Health Initiative (GHI) principles with a clear commitment to country ownership and building local capacity. While most of the principles and priorities outlined in the Central America PF already correspond to newly outlined PEPFAR global priorities, the USG has made some adjustments to better address these areas.

While the KP focus for the CAR region is not new, for FY13, the USG has developed a model to estimate the reach into KPs in each country as a tool to better understand the gaps in current investments in the region. The USG team has critically analyzed evidence coming from USG supported studies to further investigate what sub-populations are driving the epidemic. The recent BSS+ studies in El Salvador, Nicaragua, and Belize show an extraordinarily high prevalence among the transgender community and, while considered MSM for epidemiological purposes, their context and gender identity require specifically tailored interventions and services. In addition, BSS+ results showed PLHIV with high rates of STIs and, after a visit by the PEPFAR Prevention Technical Working Group, it was suggested that outreach activities to PLHIV could improve. In response, the USG is able to focus our program even better. The USG team has chosen to specifically strengthen prevention efforts for transgender women and PLHIV under Positive Health, Dignity and Prevention activities in FY13. These two KP represent the most stigmatized, the most vulnerable and those with the most risky behaviors. For instance, data from Nicaragua show that only 43% of transgender persons used a condom with their affective partners in the last 30 days and 50% with their clients. Likewise, only 38% of male bisexual sex workers used condoms with their clients (clients pay more if the SW does not use condoms.) Alcohol and drug use are also more frequent among transgender persons than in the general population. Through targeted programming, USG resources will be able to have an increased impact in these populations over the next year. Ongoing activities with other identified KP populations such as MSM and SW will also continue. In accordance with GHI principles, gender is a continuing crosscutting theme in our work with all these populations and a new priority this year includes focusing on GBV in relation to KP, especially

transgender, MSM and CSW populations, who are highly vulnerable to extreme violence in this region due to ingrained cultural stigma and discrimination related to gender norms and identities.

Prevention with Positives (PwP) will continue to be a strategic priority for the USG. Prevalence of high-risk sexual behavior is reduced substantially after people learn about their HIV status. In CAR, it is estimated that 2 out of 3 PLHIV do not know their HIV status or of their partners. Improving identification of HIV-positive individuals and sero-discordant couples and offering treatment early to PLHIV will reduce the risk of transmission and reduce morbidity and mortality experienced by PLHIV. The USG will provide trainings on the minimum package of prevention services.

The USG will continue to strengthen TB case management, improve laboratory diagnostic capacities, strengthen data collection and analysis to support evidence-based decision making, and strengthen provider initiated HIV counseling and testing in TB patients (PICT). Expected results include an increase in the percentage of TB patients tested for HIV and improved treatment adherence and decrease drop-out rates through trainings and field monitoring.

In addition to filling needed gaps in working directly with KP , USG will continue to engage with governments on all levels and explore creative ways to foster dialogue and collaboration between national and regional leaders and the most affected and marginalized KP. USG efforts to build the technical, management, and leadership capacity of small civil society groups representing KP improves their ability to respond to community needs but also their effectiveness in advocacy and coordination with the government, including entering into contractual and financing relationships with governments to carry out activities.

During ROP13 discussions, the USG team spent time considering how to continue to ensure the best use of limited resources and the on-going mandate for M&E, which is highlighted as a GHI principle. With funds from FY12, the CAR program will conduct an interagency evaluation on the accomplishments of the PF to the regional response. The evaluation will assess which USG programs might serve as models in their successful approaches to institutionalizing and building long term capacity and what steps and adjustments other programs might make to ensure increased country ownership.

USG efforts to support priorities identified in the PF will continue in FY13 as PEPFAR activities work to strengthen health systems through capacity building in laboratory, supply chain management, quality continuum of care and services, and improving generation, access to and use of strategic information (SI). The USG will build on previous assistance in the policy arena to ensure HIV related policies now in place are actually implemented. Current efforts that will continue in FY13 to align the program with new PEPFAR priority areas such as comprehensive prevention programming with KP (including access to

post-exposure prophylaxis in cases of sexual violence), testing and counseling, TB/HIV co-infection and integrating capacity building into every activity.

b. Changes from ROP12

A major internal change for ROP13 is the completion of the consolidation of all formerly bilateral USG agency HIV/AIDS programs into regional USG agency programs. While coordination between regional and bilateral USG programming has always existed, the development of the ROP13 represents a significant and positive shift in planning USG activities in the region in one coordinated manner. Specifically in the case of USAID, all Honduras and Nicaragua based activities are now included together with the Guatemala based regional activities under USAID/Central America Region.

c. FY13 Funding Letter

1. Pipeline

DOD is not requesting new funds in ROP13 and will be utilizing pipeline funds to support all activities. The interagency team is supportive of DOD's efforts to reduce its pipeline. If necessary, DOD will consider submitting a pre-COP funding request to prevent gaps in program activities in FY14.

Peace Corps (PC) implementation of HIV activities in CAR in FY12 was affected by several factors. The current pipeline is a result of security concerns that affected the placement of new trainees in Belize, Guatemala and El Salvador and provoked the indefinite suspension of the PC Honduras program. The same security situations caused the relocation of volunteers to different in-country geographical locations as well as the early termination, causing country programs to diminish the number of assignments in those countries which ultimately affected implementation of PEPFAR funded activities. PC expects to increase its burn rate as new groups of trainees start arriving at Posts in 2013.

2. Prioritize GF collaboration & hiring GF Liaison

USG maintains close communication and collaboration with the GF through programmed calls,participating in a biannual meeting with the LAC Regional Coordinator, regular communication with the GF portfolio managers in each country. In June 2012, the USG collaborated with the GF and other donors working in HIV in Latin America in the development of an Action Plan which identified four priorities: strategic investment, country ownership, innovation, and coordination. In December 2012, a regional workshop was held with a multi-sectoral group from government, civil society and donors to discuss the optimization of financial resources in the face of progressively reduced financial support from international donors. A list of recommendations from that meeting will be implemented by all participants and monitored by all sectors. USG has also provided TA and collaborated with GF coordinators through the implementation of several TB/HIV activities.

The Regional GF Liaison position is in the process of being established at the U.S. Embassy in Guatemala and the funding allocation of Central Funds to the US Embassy is being finalized so recruitment can begin soon to fill this much-needed position.

3. Basic care package

Adult Care & Support

USG is funding programs in adult care and support, both clinic-based and community-based activities for HIV-infected people, their families and their community. Activities target a) Improvement of human resources for health (HRH) and performance by applying accepted performance standards, systematizing and institutionalizing the performance improvement strategy, and ensuring supportive supervision at secondary and tertiary level facilities; b) building HRH capacity at both the pre-service and in-service levels through revisions and updates of curricular content and teaching methods; c) monitoring care and treatment services by establishing a performance information system; and d) integrating care and treatment with community-based support to ensure complementary services and promotion of HIV prevention. This includes access to HIV testing and promoting better practices for retention, reference to other services such as FP, cervical cancer prevention, early diagnosis of OIs,nutrition counseling,and social support.

TB/HIV

In ROP FY12, the USG improved the quality of TB and TB/HIV case management by providing technical assistance to National TB and National HIV/AIDS programs in the development of co-infection national guidelines and a 2-day TB and TB/HIV case management training course; strengthened HIV provider testing and counseling by implementing a training course on counseling for TB, MDR-TB, and TB/HIV; strengthened laboratory diagnosis for TB/HIV; and strengthened TB and TB/HIV information systems by pilot testing a TB paper-based information system in three priority public health facilities.

4. Case reporting

The ongoing systematic collection of reported cases of HIV is needed to understand and characterize the epidemic and HIV response in the region. Evidence shows low prevalence rates in the general population and higher prevalence concentrated in KP. Through sentinel surveillance we have seen an increase in the number of cases identified among MSM and SW, but this increase is limited only to MSM and SW who are visible and seek health care services at STI clinics in the region. Case reporting is based on second generation surveillance that can routinely collect information about epidemic trends and effectiveness of prevention programs. USG will continue to strengthen MOH’s capacity to monitor HIV cases through trainings with emphasis on data analysis, use and dissemination for decision making.

III. Progress & Future

a. PF/PFIP MONITORING

FY2013 represents a pivotal year for the CAR to evaluate progress on PF goals and look with our host country and regional counterparts towards the future of a sustained and effective response. Activities included in the ROP13 aim to continue to fulfill the USG commitments outlined in the PF, which includes support for national and regional responses to achieve the following four goals:

1) Prevention: To increase healthy behaviors among KP to reduce HIV transmission

2) Health Systems Strengthening (HSS): To build the capacity of countries to more effectively reach KP by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas: service delivery, health workforce capacity, and timely and adequate provision of essential medical products.

3) Strategic Information (SI): To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.

4) Policy Environment: To improve the policy environment for reaching the ultimate goal of Universal Access to HIV/AIDS services in the CAR.

In 2012, the USG held a series of country specific meetings to discuss PF progress in depth, culminating in a regional meeting with RCM members and stakeholders from all countries to analyze collective accomplishments in meeting PF goals and to identify where gaps still exist. The USG team hopes these meetings will ensure that sustainability is the overarching PF goal as a long term effective and efficient regional response geared towards KP driving the epidemic and will build upon the findings during the process of developing a new regional strategy during FY13

b. Country Ownership

With the majority of the USG investments in the region supporting technical assistance, country ownership is at the heart of the CAR program. USG provides support to programs that are in many senses already ‘owned’ by countries or regions, whether USG partners are working to improve the quality of HIV related services at apublic hospital or building the capacity of a KP oriented NGO. In FY13, the USG team plans to continue efforts on building country ownership and articulate what this means. The USG has played a key role in supporting the development of regional and national strategic plans (NSP) that better reflect the reality of the region’s concentrated epidemic. One example has been the recent decentralization of the Honduran MOH in awarding contracts to NGOs to provide services to KPs.

Furthermore, with the support of the USG, RCM members participated in an analysis of current

expenditures, resource needs contained in countries' strategic plans, recommendations for fund allocation in accordance to the UNAIDS Investment Framework, and the priority actions to respond to the modes of transmission determined by new infections. The RCM to develop a regional strategy and an action plan with clearly defined phases to reduce dependency on external resources and sustainably increase the coverage of care and treatment. This strategy addresses the following areas: i) policies and human rights; ii) prevention (with a focus on KP); iii) comprehensive care, and iv) funding. With the endorsement of COMISCA, this regional strategy was presented at the XL Meeting of SICA Presidents and they approved this regional strategy that will ensure sustainability in responding to HIV/AIDS priorities in the region.

All USG activities are reviewed and validated and often developed jointly with host country government and civil society counterparts at different levels and all activities must clearly align with the NSP in each country. At the country level, discussions are held with the GF and other donors to ensure there is no duplication. In preparation for ROP13, the USG held a series of meetings across the region in 2012 to assess the advances and challenges in each country in implementing the PF.
With seven countries, the region has seven different models of country ownership and a regional sense of ownership. The following is a general overview of country ownership in the region based on four dimensions: political ownership, institutional ownership, capabilities, and accountability.

Political Ownership
On the one hand, governments and regional entities show clear political leadership in articulating priorities and plans represented by comprehensive NSP developed with multi-sectorial stakeholders convened and led by government representatives. In all countries, the vast majority of stakeholders respects the government's stewardship capacity and is open and transparent regarding the details of their HIV related activities. Real government oversight of other stakeholder activities is more limited and varies greatly between countries. Since the signing of the PF, national plans now have a more explicit focus on KPs. For example, the Honduran MOH is implementing its new "National Strategy for Integrated Care of STI/HIV/AIDS" which lays the strategic foundation for a basic package of HIV services, including prevention, promotion, treatment, and care and support services at different levels of the health care system, with a focus on KPs.

The USG provides key technical assistance to national and regional bodies in support of developing national and regional visions. The USG plays a pivotal role in fostering the relationship between government and civil society in many countries and ensuring that KP remains at the center of high-level dialogue. With the GF and UNAIDS sharing the same priorities and with data from USG supported epidemiological and other studies continuing to show high rates among t KP, governments are receptive to this support. However, it often falls to donor funding to cover the parts of the national plan that address KP and, in countries like Costa Rica with extremely limited donor funding and no GF grants, KP

focused programming is discussed by all but only supported by relatively small USG funding. USG programs are engaging private sector companies in areas such as HIV workplace policies and bringing them into the fold of stakeholders.

Institutional Ownership

With the majority of financing coming from host country governments, local public institutions are managing this funding and thus are responsible for all aspects of program implementation. In countries like Guatemala, El Salvador, Nicaragua and Honduras, government institutions are principal recipients of GF grants and in all cases, governments and civil society participate and lead the CCM responsible for oversight of GF funded activities. While local civil society groups work to set their own agendas, they are often highly dependent on donor funding and priorities, which means they do not have complete decision-making authority for all stages of their program development.

The USG works to build the capacity of local institutions and provides direct financial support to COMISCA (The Council of Ministers of Health from Central America) for work on shared priorities, such as TA to develop a Regional Sustainability Strategy endorsed by COMISCA and later approved by the Central American Presidents. In an innovative arrangement in Honduras, USG funds the Ministry of Health (MOH) to use its own mechanism to fund local KP civil society organizations. This puts resource management in the hands of local organizations and also establishes a precedent for the government to provide grants to these NGOs.

Capabilities

The technical and management capacity of local entities vary greatly between countries, technical areas and sectors. Overall human resource capacity is relatively strong throughout the region (with the exception of Belize), but specific technical and management expertise is lacking. High turnover, especially in public institutions, remains a challenge as individual capacity might be strengthened but institutional capacity is stagnant.

The USG continues to work to build the capacity of the public health sector, from community health workers to policy makers and including military health systems. As governments are already managing the majority of their national response, the USG provides specific and strategic technical assistance to address identified gaps in areas such as M&E and surveillance as well as improving capacity for higher quality of HIV care and services, including pre-service and in-service training. The USG is also increasing efforts to build the management and administrative capacity of small community organizations that represent and work with KP to facilitate their ability to qualify for external funding.

Accountability

Formal structures such as National AIDS Commissions and CCMs are functioning better in some countries than others, but all these bodies provide platforms for dialogue between government and civil society, and spaces for dialogue are a key step to accountability. There continues to be spaces at the table for civil society groups but true accountability is hard to ensure. Around certain issues, such as ARV stock-outs, civil society advocacy groups and their supporters have been successful in holding the government accountable by exerting public pressure and using the media. Challenges remain around issues specific to KP who are socially marginalized and not considered politically important constituencies.

IV. Program Overview

1) Prevention

Based on the PEPFAR Combination Prevention Guidance, USG activities implemented across the region include educational, biomedical and structural interventions, focused on KP defined by the PF, in particular transgender persons and PLHIV. The use of a unique identifier code (UIC) allows accurate monitoring of the number of people reached. As part of the Technical Assistance Model, local organizations and MOHs are leading the implementation of the activities, and USG partners are providing methodological and technical assistance to assure high quality. The anticipated challenges in ROP13 are expanding the principles of Combination Prevention, improving alliances with GF implementers and monitoring the quality of the interventions. One of the most complex areas is improving the links between social norms that are free of stigma and discrimination and healthy behaviors among KP. Through additional resources from the KPCF, an expansion of local organizations implementing prevention services will occur in Honduras and Nicaragua as well as increased activities addressing stigma and discrimination in various countries to improve the enabling environment across the region. Alliances with local networks of PLWH will be a key factor in improving the coverage of services to this population, in particular at the community level, and other venues outside of the clinical setting. This year Honduras will continue to fund the HIV prevention activities through Ministry of Health financing mechanisms with NGOs.

The Sexually-Transmitted Infection Sentinel Surveillance and Control strategy (VICITS by its Spanish acronym) is an HIV prevention strategy for KP combining improved STI diagnosis and treatment, condom distribution, targeted counseling, ARV referral and a second-generation surveillance information system. VICITS information system provides countries´ with the capacity to monitor behavioral and HIV and STI prevalence trends among KP. This is a critical aspect for long-term sustainability and evidence-based decision making. VICITS activities in ROP13 will focus on expanding the number of KP members reached by the strategy, both by increasing services to MSM, TG, and FSW, and by piloting the strategy among new KP groups. Several initiatives will take place to reach these objectives, including social

network referral and the piloting of a health navigator program to facilitate linkages to HIV care and treatment services among HIV-infected MSM and TG in Guatemala. A new clinic will be inaugurated by the Panamanian MOH in Colon and new KP will be reached by piloting VICITS in a Garifuna (ethnic minority in Honduras) site and an ARV clinic in Honduras. MOH capacity to analyze VICITS-generated information will continue to be strengthened through trainings and on-site technical assistance and a regional bulletin with key behavioral and epidemiological results will be produced and disseminated.

Peace Corps Volunteers (PCVs) are community members who nurture and sustain strong community relationships. These relationships facilitate the link between community services and facility service, bridging the divide between social and clinical PEPFAR services. These relationships promote country ownership, along with community ownership and sustainability and are key to the PEPFAR Blueprint. PCVs are able to reach inaccessible and hard-to-capture populations that elude many PEPFAR programs.

2) HSS
During 2012, USG supported 90 hospitals in six countries to improve the quality of services to PHIV. In all countries there was an improvement in the average overall result in comparison to the previous year. All countries have an institutionalization strategy to ensure sustainability. At the local level, the USG supports 27 community networks promoting adherence and self-care in PHIV and primary and secondary prevention activities with other KP. Training in stigma and discrimination and gender issues is key part of strengthening these networks as is the development of advocacy skills to demand better and qualified services at the local level. In Nicaragua, protocols, normsand pedagogical materials were developed and an intensive training program was implemented to strengthen all public health sector facilities. Training to in-service and pre-service health personnel reached more than 5,900 individuals at all levels of clinic service and universities. In Honduras, technical assistance focused on supporting the MOH in the implementation of a comprehensive national HIV strategy, including prevention, promotion, treatment, and care and support services at different levels of the health care system. In ROP13, USG is planning to expand these activities to more hospitals and community networks and to support the institutionalization of the strategy across various countries in the region. In Nicaragua, all HSS activities supporting the MOH finished in September 2012.

The USG will continue supporting initiatives to strengthen national supply chains with an emphasis on HIV programs in Guatemala, El Salvador, Panama, and other countries in the region. The technical assistance provided to governments contributes to improved storage conditions, distribution systems, logistics, information systems, quantification processes, systems design, and procurement, especially of ARVs, testing and other HIV commodities. In Honduras, technical assistance focuses on building sustained organizational capacity within the MOH and civil society to partner via decentralized contracts to provide

HIV testing services to KP. There will also be a focus on promoting regional actions to support the sustainability strategy launched by COMISCA.

The Program for the Improvement of Military Laboratories in Latin America (PROMELA) is a military lab improvement initiative via USG, Universidad Peruana Cayetano Heredia and the Institute for Tropical Diseases at the Universidad Nacional Mayor of San Marcos, Peru. Seven individuals from Central America underwent a training course focused on activities related to lab strengthening and in order to reach the required standards for obtaining accreditation with an emphasis on HIV/STI and TB diagnosis, infection control, biosafety, and occupational health. Additional individuals from CAR will be trained in SLMTA and planning for a regional masters training and ongoing technical assistance will occur in ROP13.

Building capacity in the area of lab remains a major priority for USG and includes working with National Laboratories to promote their leadership role in their respective countries. In ROP13, USG will continue to support COMISCA with the establishment of a regional lab network for HIV, STI, Mycotic Infections & TB. USG will work to provide assistance for training, technology transfer and exchange within the region. To ensure adherence to international standards, USG will continue to help countries establish external quality assurance (EQA) by providing the EQA PT panels. Training for lab staff will continue in QA/QC, shipment, procurement, HIV rapid testing, STI diagnostics and TB diagnosis, in coordination with COMISCA. Other efforts include continuing providing technical support for strengthening Quality Management Systems for Labs in a Step-Wise Approach toward Accreditation, preparing quality control and safety level standards and continued knowledge transfer between national level laboratories and lower levels.

3) SI

USG will continue supporting the improvement of data collection, analysis and use of strategic information and sustaining regular reporting processes with NASA, National Response Report, UNAIDS and Stigma and Discrimination Monitoring, among others. Local dissemination of information will be essential to improve evidence based decisions. A continued effort to support local governments' leadership in many of these actions is one of the challenges that, in some countries, represent a major barrier. There will be an emphasis on conducting cost effectiveness analyses in order to address the reduced funding from donors in the region.

In FY12, a collaboration was started to strengthen the militaries of Nicaragua, El Salvador, Guatemala, and Honduras' capabilities to collect, analyze, utilize, and disseminate information regarding HIV/AIDS prevention program monitoring and evaluation, and disease surveillance. USG will support the roll-out of the proposed systems in each military and train the Information and Communications staff to enhance

their capability to manage and maintain such systems. Basic Field Epidemiology Training Program (FETP) for militaries was initiated in ROP12 with plans to select individuals for intermediate FETP and pre-service training in public health and epidemiology.

USG will continue 1) to develop a laboratory-based surveillance for fungal infections among PLHIV in Guatemala, El Salvador and Honduras by providing on-site trainings, lab equipment and supplies; 2) strengthen surveillance and control of HIV and STI among MSM and FSW through evaluations and trainings tailored to national and facility level staff at VICITS clinics; 3) strengthen national HIV surveillance and M&E systems through trainings, analysis of surveillance data and policy development; 4) strengthen clinical monitoring and surveillance of patients on ART through trainings and evaluations of the system; and 5) strengthen the implementation of a regional integrated platform to monitor the HIV epidemic in the region using EPI INFO. USG will evaluate surveillance system to identify gaps and recommend actions to facilitate strategic planning using accurate and timely surveillance data in Belize, El Salvador, Nicaragua, and Costa Rica. This activity will provide an opportunity to collaborate with PAHO by assessing laboratory and surveillance needs to eliminate PMTCT. USG will also assess the cost-effectiveness of VICITS activities.

4) Policy Environment

The policy activities will continue to focus on improving the HIV policy environment and have three specific objectives: a) implement, monitor and support country Strategic Plans; b) implement advocacy strategies on HIV policy agendas; and c) involve the business sector in the HIV response. Activities will target specific populations, such as high level Government authorities, KP, local M&E technical staff, private sector, and entities related to GBV and NGOs. Work will continue to strengthen health information systems. Multi-sectoral evaluations of NSPs will continue to be carried out across the region, reviewing the priorities, target populations and evidence regarding whether the response was appropriate and if not, presenting recommendations for changes.

In ROP13, capacity building and training will continue to focus on the use of tools for secondary analysis using a model to identify whether country resources are sufficient, if they are used properly and meeting the gaps; a model to better understand the nature of the epidemic, the most affected populations and inform programmatic and financial decisions; and expand implementation of a Diploma Course in Monitoring and Evaluation, that has already graduated 200 individuals in the region.

Activities to improve the participation of the the private sector in the HIV response will continue in ROP13. Activities will include a regional entrepreneur's forum; business meetings on HIV in each country including creating champions; and continuing to develop a regional platform to support the business sector. At the end of ROP12, 41 new enterprises developed their HIV workplace policies with

almost 200,000 employees protected by these policies. The focus for ROP13 will be expanding the number of medium and large enterprises developing HIV workplace policies.

5. TB/HIV

USG will continue to strengthen the response to TB and TB/HIV by providing 1) training on rapid and precise methods for the diagnosis of TB and TB/HIV; 2) training in data analysis, reporting, interpretation, and dissemination of TB and TB/HIV; 3) ToT workshops on TB infection control, case detection, case management, provision of TB/HIV clinical services, and referral/counter referral system; and 4) quality monitoring of the TB/HIV case registry. In collaboration with the GF, USG will expand training on TB/HIV case registry to areas with high TB/HIV prevalence rates including Coatepeque and San Marcos. Computer equipment for TB and TB/HIV Data System Electronic Module (TB Electronic Registry) will be procured.

V. a. GHI strategy

GHI seeks to contribute to major improvements in health outcomes with a particular focus on women, newborns and children, through transformational advances in access to, and the quality of, health care services in resource poor settings. The USG in Guatemala works in strengthening services and systems for HIV/AIDs monitoring, prevention and treatment focused on KPs. As part of these efforts, there is a particular emphasis on increasing quality and availability of comprehensive HIV/AIDS services for KP. Activities prioritized under this objective are consistent with priorities outlined in the PF and encompass prevention services as well as treatment, care and support for those already infected with HIV. GHI provides an opportunity to join the scientific and the development communities to innovatively accelerate the strategic health goals of partner countries. The USG is committed to partnering with countries to work towards sustainable country owned global health and to enable countries to establish and execute an ongoing evidence cycle for their health priorities.

b. Central Initiatives

The Gender Challenge Fund will provide additional resources to fund ongoing work related to GBV in Guatemala, with a special focus on sexual violence, exploitation and trafficking in Persons of FSW, MSM and transgender populations. A GBV working group led by the Government, USG and partners will work with service providers and KP groups to expand knowledge of and access to quality services for survivors of GBV. An additional country, with strong political will and institutions, will be chosen to replicate Guatemala's model and will be shared with the RCM.

The proposal for the Key Population Challenge Fund was accepted and USG will use these additional resources to fund innovative approaches which include work in both the private and public sectors to programmatically improve the reach and access services for KP. These activities will be evaluated and

best practices and lessons learned will be shared with all implementing partners throughout the region.

Population and HIV StatisticsBelize - Central America

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	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	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	3,000	2011	AIDS Info,			

HIV/AIDS			UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,194	2011	WHO			
Women 15+ living with HIV	1,800	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsCosta Rica

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	8,700	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	500	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	73,000	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	200	2011	WHO			
Number of people living with HIV/AIDS	8,800	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	1,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	5,014	2011	WHO			
Women 15+ living with HIV	4,300	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsEl Salvador

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	24,000	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	00	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	2,400	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV	2,400	2011	AIDS Info,			

infections among adults and children			UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	126,000	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	550	2011	WHO			
Number of people living with HIV/AIDS	24,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	5,800	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	9,597	2011	WHO			
Women 15+ living with HIV	9,800	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsGuatemala

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	62,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV	01	2011	AIDS Info,			

Prevalence Rate			UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	2,500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	9,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	9,400	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	467,000	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	4,550	2011	WHO			
Number of people living with HIV/AIDS	65,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	25,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	24,088	2011	WHO			
Women 15+ living with HIV	26,000	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsHonduras

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	01	2011	AIDS Info, UNAIDS, 2013			
Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	2,800	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,500	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	1,600	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	203,000	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	33,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	46,000	2011	AIDS Info, UNAIDS, 2013			

The estimated number of adults and children with advanced HIV infection (in need of ART)	20,383	2011	WHO			
Women 15+ living with HIV	10,000	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsNicaragua

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	7,000	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	500	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	138,000	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	7,600	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	1,200	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,585	2011	WHO			
Women 15+ living with HIV	5,200	2011	AIDS Info, UNAIDS, 2013			

Population and HIV StatisticsPanama

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	17,000	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	1,200	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among	00	2011	AIDS Info, UNAIDS, 2013			

adults and children						
Estimated number of pregnant women in the last 12 months	70,000	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	300	2011	WHO			
Number of people living with HIV/AIDS	18,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	13,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	10,523	2011	WHO			
Women 15+ living with HIV	4,400	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Prevention: To increase healthy behaviors among MARPS to reduce HIV transmission (Healthy behaviors include: Increased condom use, reduced number of sexual partners and increased access		

	to HIV testing.)		
1.1	Develop and implement cost-effective, context appropriate and evidence-based prevention interventions for MARPs and PLHIV that address the needs of these specific groups.	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
		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
1.2	Improve the screening, diagnosis, and treatment of STIs in MARPs by building technical capacity that includes sensitization and comprehensive approaches among service providers, expanding access to laboratory services for MARPs, and linking treatment to care and prevention services.	CE.285	CE.285 Number of MARPs provided with STI diagnostic and treatment services through a second-generation surveillance strategy
1.3	Expand access to counseling and testing services for MARPs, in all levels of public and private health services and community based organizations.	P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
2	Health Systems Strengthening (HSS): To build the capacity of countries to more effectively reach MARPs by coordinating efforts among implementing partners to deliver sustainable high quality HIV/AIDS services focusing in three key areas: service delivery, health workforce capacity, and timely and adequate provision of essential medical products.		
2.1	Strengthen institutional capacity to	H1.1.D	H1.1.D Number of testing

	improve and expand HIV/AIDS quality service delivery to MARPs including national and regional laboratories.		facilities (laboratories) with capacity to perform clinical laboratory tests
		CE.279	CE.279 Number of national laboratories with satisfactory performance in external quality assurance for HIV diagnosis
2.2	Develop methodologies and implement activities to improve institutional and human resource capacity to respond effectively to the HIV/AIDS epidemic among MARPs.	H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		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 commodities and supply chain management systems to ensure minimum stock-outs, delays and increased coverage and maximize the use of cost-effective medications, technologies, services and laboratory supplies. (Please note that associated indicator H5.3.N is a national indicator and can be found at individual country level).	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3	Strategic Information (SI): To build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based, and cost effective program interventions.		
3.1	Strengthen country and regional	CE.278	CE.278 Annual report of

	monitoring and evaluation and promote the use of data for decision-making.		regional core set of indicators
3.2	Strengthen country level strategic information by supporting the development of sustainable and harmonized information systems including new approaches suitable to concentrated HIV epidemics. (Please note that other associated indicators include Number of UNGASS indicators coming from a national information system and can be found at the country level).	CE.277	CE.277 Core set of agreed upon harmonized HIV indicators in the region
3.3	Strengthen the collection, analysis, interpretation and dissemination of data at the country and regional levels to characterize the epidemic, focusing on high-risk and vulnerable populations. (Please note that other associated indicators include Availability of HIV prevalence data for relevant surveillance populations published within 12 months of preceding year which is found at each country level.)	CE.280	CE.280 Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners
4	Policy Environment: To improve the policy environment for reaching the ultimate goal of Universal Access to HIV/AIDS services in the Central America region. (Universal Access refers to a commitment of worldwide leaders to develop and implement measures to move toward “universal access” for prevention, treatment, care and support services by 2010.)		
4.1	Support the development and implementation of policies with	CE.276	CE.276 Number of organizations that received

	multisectoral involvement to reduce stigma and discrimination (sexual orientation, HIV status, occupation and other), sexual violence and address gender inequities. (The team is working on a indicator for monitoring/progress the HIV policy response in addition to the Policy Tracking Tables).		technical assistance for the development of HIV-related policies
4.2	Strengthen the design, management and implementation of GFATM proposals and activities to ensure strategic programming of these resources.	CE.275	CE.275 Number of GFATM projects and grants that are evaluated as A and B1
4.3	Promote multisectoral involvement and capacity of civil society to effectively participate in strategic planning, policy design, implementation and monitoring.	CE.276	CE.276 Number of organizations that received technical assistance for the development of HIV-related policies

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

How is the USG providing support for Global Fund grant proposal development?

USAID is providing technical assistance to the CCM and PR to develop their proposals according to the new GF model of funding to El Salvador and Costa Rica. USAID and CDC are members of the Country Coordinating Mechanism (CCM) in each country in the region and the Regional Coordinating Mechanism (RCM). Alongside other partners, CDC has participated actively in the development of Honduras´s renewal request for GF Phase 2 HIV program. Following an official invitation by the CCM, CDC has been part of the technical review team that advised the development of key sections of the new proposal, including the country´s epidemiologic profile and monitoring and evaluation of the national response. In order to fulfill established schedules for submission, CDC provided technical assistance to the Ministry of Health in presenting preliminary HIV prevalence and condom use results among female sex workers and men who have sex with men from the latest behavioral surveillance survey that completed field work in December 2012. Additionally, critical data from CDC-supported VICITS clinics, including trends in sexual behavior and STI infections among key populations, has informed the proposal´s development. Finally, and as a member of the country´s National M&E Committee, CDC has been engaged in the proposal´s

request for a strengthened M&E of the national HIV response- a key section of the country´s renewal application.

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 Central American region has three countries closing Phase I (Belize, Guatemala and El Salvador) and one country closing Phase II (Honduras). For the grants closing Phase I, USG is supporting the development of the Phase II proposal, bringing all the evidence and information available to ensure no duplication of activities and taking advantage of best practices and evidence-based approaches that will be incorporated into the new proposals. USG is part of the multisectoral group to give technical orientation and strategic planning to align the grant-closing Phase II proposals to the National Strategic Plan.

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	Private-Sector USD Planned	PPP Description

				Funds	Funds	
2012 COP	Multi-sector Alliances Program	14403:Multi-sector Alliances Program	Asociación De Azucareros De Guatemala – Asazgua, ASOCIACIÓN DE PRODUCTORES INDEPENDIENTES DE BANANO – APIB	198,000	396,000	The Multi-sector Alliances Program (Alianzas) will leverage funds at a 2:1 ratio on the total USAID investment over the life of the award, investing the funds in high quality health and education activities throughout Guatemala. Alianzas will negotiate and manage alliances and ensure that resources for health, education, HIV and reconstruction activities reach the ultimate beneficiaries at the community level. Our approach will coordinate with USAID flagship projects for health and

						education. The activities of the HIV/AIDS component will focus on the implementation of educational campaigns that prevent or mitigate HIV and help reduce stigma and discrimination. The project is a series of integrated activities to prevent HIV/AIDS among migrant sugar cane workers, and banana workers, who live and work in HIV high prevalence areas. These groups are considered a high priority population. The activities include BCC, STD diagnosis, and referral to HIV test.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	AIDS Policy Index (Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama)	Other	Other	Planning	03/01/2014
Surveillance	Belize BSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	06/01/2013
Survey	Belize FSW Behavior Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	06/01/2013
Survey	Belize GSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	06/01/2013
Surveillance	Belize HIV Surveillance System	Evaluation	General Population	Planning	09/01/2014
Survey	Belize MSM Behavior Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	06/01/2013
Survey	Belize Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Publishing	06/01/2013
Survey	Belize Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Publishing	06/01/2013
Survey	Belize-Evaluation of an Netbook based interface to augment post-test counseling and prevention	Evaluation	Uniformed Service Members	Planning	08/01/2014

Survey	Cost Effectiveness Evaluation for Prevention Activities (VICITS)	Evaluation	Female Commercial Sex Workers, Men who have Sex with Men	Planning	09/01/2014
Survey	Costa Rica Attitudes Towards MARPS Survey	Qualitative Research	General Population	Publishing	09/01/2012
Surveillance	Costa Rica HIV Surveillance System	Evaluation	General Population	Planning	09/01/2014
Survey	Costa Rica Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Planning	09/01/2012
Survey	Costa Rica Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Planning	09/01/2012
Survey	El Salvador FSW Behavior Survey	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	09/01/2012
Surveillance	El Salvador HIV Surveillance System	Evaluation	General Population	Planning	09/01/2014
Surveillance	El Salvador Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	04/01/2014
Surveillance	El Salvador MSM Behavior Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2012
Surveillance	El Salvador Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation	09/01/2013
Surveillance	El Salvador Sentinel	Sentinel	Female	Implementatio	09/01/2013

	Surveillance SW	Surveillance (e.g. ANC Surveys)	Commercial Sex Workers	n	
Survey	Evaluation of cost-efectiveness of health care provided to people living with AIDS (HCI)	Evaluation	General Population	Data Review	09/01/2012
Survey	Evaluation of the efectiveness of Prevensida strategies (PrevenSida)	Evaluation	Men who have Sex with Men	Planning	09/01/2012
Surveillance	Guatemala GSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review	09/01/2013
Survey	Guatemala GSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men, Other	Data Review	09/01/2013
Surveillance	Guatemala HIV Surveillance System	Evaluation	General Population	Implementation	09/01/2013
Surveillance	Guatemala HIV/AIDS Mortality Trends	HIV-mortality surveillance	General Population	Development	09/01/2013
Surveillance	Guatemala Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Development	12/01/2013
Survey	Guatemala MSM Evaluation	Evaluation	Men who have Sex with Men	Development	09/01/2013
Survey	Guatemala Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Publishing	09/01/2013
Survey	Guatemala Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Publishing	09/01/2013

Surveillance	Guatemala Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation	09/01/2013
Surveillance	Guatemala Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation	09/01/2013
Survey	Honduras BSS + FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review	06/01/2013
Survey	Honduras BSS + Garifuna	Behavioral Surveillance among MARPS	Other	Data Review	06/01/2013
Survey	Honduras BSS + MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review	06/01/2013
Surveillance	Honduras HIV Surveillance System	Evaluation	General Population	Planning	09/01/2013
Surveillance	Honduras Military BSS+	Surveillance and Surveys in Military Populations	Uniformed Service Members	Data Review	06/01/2013
Survey	Honduras Pop Size Estimates FSW	Population size estimates	Female Commercial Sex Workers	Data Review	06/01/2013
Survey	Honduras Pop Size Estimates MSM	Population size estimates	Men who have Sex with Men	Data Review	06/01/2013
Surveillance	Honduras Sentinel Surveillance MSM	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Implementation	09/01/2013

Surveillance	Honduras Sentinel Surveillance SW	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation	09/01/2013
Surveillance	Knowledge, Attitudes, and practice In MSM reached by USAID Projects in Honduras.	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	09/01/2012
Surveillance	Knowledge, Attitudes, and practice In SW reached by USAID Projects in Honduras.	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Publishing	09/01/2012
Surveillance	Knowledge, Attitudes, and practice in Garifuna population reached by USAID Projects in Honduras	Behavioral Surveillance among MARPS	Other	Planning	12/01/2013
Surveillance	Knowledge, Attitudes, and practice in Garifuna population reached by USAID Projects in Honduras.	Behavioral Surveillance among MARPS	Other	Publishing	09/01/2012
Surveillance	Knowledge, Attitudes, and practice in MSM reached by USAID Projects in Honduras	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	12/01/2013
Surveillance	Knowledge, Attitudes, and practice in SW reached by USAID Projects in Honduras	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	12/01/2013
Surveillance	Laboratory-based surveillance for fungal infections in Guatemala, El Salvador and Honduras	Laboratory Support	Other	Development	09/01/2014
Survey	MAP Condom Survey FSW Belize	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	09/01/2013

Survey	MAP Condom Survey FSW El Salvador	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	09/01/2013
Survey	MAP Condom Survey FSW Panama	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	09/01/2013
Survey	MAP Condom Survey Guatemala	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	09/01/2013
Survey	MAP Condom Survey Guatemala MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2013
Survey	MAP Condom Survey MSM Belize	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2013
Survey	MAP Condom Survey MSM El Salvador	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2013
Survey	MAP Condom Survey MSM Panama	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2013
Survey	MAP Condom Survey Nicaragua FSW	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Planning	09/01/2013
Survey	MAP Condom Survey Nicaragua MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Planning	09/01/2013

Survey	Mystery Client (Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama)	Qualitative Research	Other	Planning	11/01/2013
Surveillance	Nicaragua HIV Surveillance System	Evaluation	General Population	Planning	09/01/2014
Surveillance	Nicaragua Sentinel Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Men who have Sex with Men	Implementation	09/01/2013
Surveillance	Panama HIV Surveillance System	Evaluation	General Population	Planning	09/01/2013
Survey	Panama Media Campaign Evaluation by UNAIDS	Evaluation	General Population	Development	09/01/2013
Surveillance	Panama Sentinel Surveillance for Sex Workers	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Implementation	09/01/2013
Survey	Panama Stigma & Discrimination Survey	Qualitative Research	General Population	Planning	09/01/2012
Survey	Performance evaluation of the training component in Nicaragua's HIV Program (in service and pre-service)	Evaluation	Other	Planning	06/01/2014
Survey	Public Opinion Poll: Stigma and Discrimation about AIDS (Costa Rica, El Salvador, Guatemala, Nicaragua, Panama)	Other	General Population	Planning	02/01/2014
Survey	Systematization of research on stigma and discrimination to HIV and sexual diversity in the Atlantic Coast. (PrevenSida)	Other	Men who have Sex with Men	Development	09/01/2012

Survey	Tracking Results Continuously (TRaC) surveys conducted at a regional level. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - Men at Risk	Population-based Behavioral Surveys	Other	Planning	03/01/2013
Survey	Tracking Results Continuously (TRaC) surveys conducted at a regional level. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - PLWH	Population-based Behavioral Surveys	Other	Planning	03/01/2013
Survey	Tracking Results Continuously (TRaC) surveys conducted in all program countries. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - FSW	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning	03/01/2013
Survey	Tracking Results Continuously (TRaC) surveys conducted in all program countries. These are population-based surveys that segment, monitor and evaluate social marketing interventions. - MSM	Population-based Behavioral Surveys	Men who have Sex with Men	Planning	03/01/2013
Survey	Websites and social media interventions' effectiveness (Regional)	Other	Men who have Sex with Men, Other	Planning	03/01/2014

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	970,080	4,207,781		**5,177,861**
PC		280,916		**280,916**
State		98,784		**98,784**
State/WHA		123,931		**123,931**
USAID		7,541,508	8,391,000	**15,932,508**
Total	**970,080**	**12,252,920**	**8,391,000**	**21,614,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency							Total
	State	State/WHA	DOD	HHS/CDC	PC	USAID	AllOther	
HBHC						1,754,477		**1,754,477**
HLAB			0	270,091		10,000		**280,091**
HVCT			0	977,215		919,422		**1,896,637**
HVMS	66,892		0	937,844	38,502	746,880		**1,790,118**
HVOP		123,931	0	5,153	242,414	3,870,861		**4,242,359**
HVSI			0	1,843,160		1,222,667		**3,065,827**
HVTB				738,910				**738,910**
OHSS	31,892		0	405,488		7,408,201		**7,845,581**
	98,784	**123,931**	**0**	**5,177,861**	**280,916**	**15,932,508**	**0**	**21,614,000**

National Level Indicators

National Level Indicators and Targets

Belize - Central America

Redacted

National Level Indicators and Targets

Costa Rica

Redacted

National Level Indicators and Targets

El Salvador

Redacted

National Level Indicators and Targets

Guatemala

Redacted

National Level Indicators and Targets

Honduras

Redacted

National Level Indicators and Targets

Nicaragua

Redacted

National Level Indicators and Targets

Panama

Redacted

National Level Indicators and Targets

Central America Region

Redacted

Policy Tracking Table

Belize - Central America

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

Policy: Addressing policies that have a impact on the availability of ARV for the care and treatment of PLWHA

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Dec 30, 2010	July 30, 2011	Aug 31, 2011	Dec 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There are documents available that summarize identified needs or an analysis on access to medications.	There have been advocacy campaigns to promote access to medications.	There are concrete plans or proposals to eliminate operational barriers hampering access to medications.	They are official publications of policies (guidelines) that address the issue of accessing medications.	The gaps between medication-access policies and practices have been assessed.	There are specific indicators to monitor medication-access processes and impact.
Completion Date	Dec 30, 2010	June 30, 2011	June 30, 2011			
Narrative	The country developed an assessment to identify the needs pertaining to medications, this was a part of the proposal presented to the Global	The national HIV advocacy committee developed a campain to ensure access to medications.	There is a project funded by the Global Fund to ensure access of medications in the country.	In progress		

	Fund.					

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	June 30, 2011	June 30, 2011	June 30, 2011	Aug 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the available assesment report as the baseline.	Strengthening MARPS groups has been identified as a target for a civil-society network or group.	There are concrete plans or proposals to eliminate operational barriers to strengthening MARPS groups.	There is a strong leadership to mobilize political support.	Disseminaton activities are conducted to promote awareness and education related to actions planned in policy areas.	A body responsible for monitoring MARPS policy implementation has been identified.
Completion Date	Juen 30, 2011	June 30, 2011	June 30, 2011	Aug 31, 2011		
Narrative	There is a situation analysis and mapping that identify areas in which to provide technical assistance to strengthen	There is a network that works and advocates for the equality and equity of sexual diversity groups.	A sexual-diversity network submitted a proposal to the Legislative Assambly to re-formulate a law promoting equity and equality for	There are national leaders mobilizing policy support.	In progress	

	MARPS groups. There is also a national report on the situation of human rights violations related to MARPS groups.		MARPS groups.			

Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Sep 30, 2011	Sep 30, 2012	Sep 30, 2012	Sep 30, 2013	Sep 30, 2013	Sep 30, 2014
Narrative	The problems of the country, from the perspective of HIV funding, have been documented	HIV funding has been identified as an advocacy objetive of a network or civil society group.	Operational aspects of public-funding integrated policy reforms have been proposed.	There is a strong leadership to mobilize support for HIV funding.	There are accountability activities and there are public progress reports or reports on current HIV-funding status.	A body responsible for monitoring HIV-funding policy implementation has been identified.
Completion Date	Sep 30, 2011					
Narrative	A group of stakeholders was	In progress				

	trained to use the Resource Needs Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.					

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	June 30, 2011	Aug 31, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013	Sep 30, 2014
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	June 30, 2011	Aug 31, 2011	Sep 30, 2011			
Narrative	Sessions to analyze the	MARPS groups	Operational barriers			

	status of stigma and discriminati on were held, using data from a national study on the subject.	prioritized actions to advocate for reforms in the field of stigma and discriminati on.	related to stigma and discriminati on in health services for PLWHA have been identified.			

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Feb 15, 2011	May 31, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	The problem of HIV from the perspective of multi-stakeh older participation has been documente d.	There have been public information campaigns or political dialogue with multi-stakeh older participation .	There are policies and strategies relating to HIV multisectora l involvement .	There is a strong leadership mobilizing political support for multi-stakeh older participation .	Public activities are developed to show the progress of multisectora l involvement in the response to HIV.	There are plans to monitor implementat ion of policies pertaining to multisectora l participation .
Completion Date	Mar 15, 2011	May 31, 2011	June 30, 2011	Sep 30, 2011		
Narrative	In the country, there is a diagnosis	There was political dialogue with high	FBOs developed and applied the	A national group of FBOs promoted		

	and mapping on the participation of organizations and sectors in the national response to HIV.	level representatives of FBOs and with the business sector, to involve and strengthen their participation in the response to HIV.	guideline "Churches and HIV: Response from Faith-Based Communities".	activities that show their involvement in the HIV national response.		

Policy Tracking Table

Costa Rica

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing parner country policies that have impact on the availability of drugs and other commodities essential to the care and treatment of PLWHA.						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 15, 2010	Oct 30, 2010	March 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	Stakeholders have been involved in policy analysis and / or identification of needs.	Medication-access actions that require reform have been prioritized.	There are specific proposals to remove operative barriers from access to medications and rapid tests.	There are operational plans or policies that address access to supplies and medications.	There are specific resources for actions planned to ensure access to medications and supplies.	Gaps between medicine-access policies and practice have been assessed.
Completion Date	Oct 15, 2010	Oct 30, 2010	March 30, 2011	Aug 30, 2011	Sep 30, 2011	
Narrative	Groups of people with HIV have participated in sessions to identify their needs for timely medication supply.	The social security fund provides access to medications.	There was a specific proposal to ensure access to HIV rapid tests.	There is a specific plan to implement HIV rapid tests in all of the country's laboratories.	At present, there are specific goverment funds to ensure access to medications and HIV rapid tests.	In progress

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**

Estimated Completion Date	Jun 30, 2011	July 31, 2011	Sep 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the available assesment report as the baseline.	HIV policy has been identified as an objective of a network or civil-society MARPS group.	There are proposals to reform operational aspects of gender policy.	There is strong leadership to mobilize political support.	Disseminati on activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementat ion of MARPs policies is identified.
Completion Date	Jun 30, 2011	July 31, 2011	Sep 30, 2011			
Narrative	There is a situation analysis and mapping that identifies areasin which to provide technical assistance to strengthen MARPS groups. There is also a national	MARPS groups have identified strengtheni ng their capabilities as a target.	There are proposals from MARPS groups on gender equity.	In progress		

	report on the status of human-rights violations related to MARPS groups.					

Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Sep 30, 2011	Dec 30, 2011	Jan 31, 2012	June 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objective of a network or civil-society group.	There are policy operational reforms related to the public funding policy.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public reports of progress or actual status of the situation related with HIV funding	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	Sep 30, 2011					
Narrative	One group of stakeholders was trained in the use of a Resouce	In progress				

	Needs Model to cost the HIV epidemic. The country is developing a national report on the costing of the HIV epidemic.					

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Jan 31, 2011	Jan 31, 2011	Feb 28, 2011	May 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Jan 31, 2011	Jan 31, 2011	Feb 28, 2011	May 14, 2011		
Narrative	Sessions to analyze the status of	MARPS groups prioritized	Operational barriers pertaining	The CONODIS Network	In progress	

	stigma and discrimination were held, using data from a national study on the subject.	actions to advocate for reforms in the field of stigma and discrimination	to stigma and discrimination in health services and in the justice system, and access to equity and equality by MARPSs were identified.	prioritized modifications to the Criminal Code to include stigma and discrimination related to sexual orientation and gender identity.		

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Base Organizations and Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 15, 2010	May 30, 2011	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented.	There have been public information campaigns or political dialogue with multi-stakeholder participation.	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder participation.	Public activities are held to show the progress of multisectoral involvement in the response to HIV.	There are plans to monitor implementation of policies related to multi-sectoral participation.
Completion Date	Oct 15,	May 30,	Jun 30,	Aug 30,	Sep 30,	

	2010	2011	2011	2011	2011	
Narrative	In the country there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high-level FBO representatives and with the business sector to involve them and to strengthen their participation in the response to HIV.	The FBO developed and applied the guideline "Churches and HIV: Response from the Faith-Based Communities". Eleven enterprises adopted HIV policies at the workplace, most of them from the tourism sector.	Costa Rica's Ecumenical Council and the Business Sector promoted activities that show their involvement in the HIV national response.	FBOs implemented public activities to show the progress achieved in their involvement in HIV. Business sector representatives participated in a public regional forum and in a national forum about the involvement of the business sector in the HIV response.	In progress

Policy Tracking Table

El Salvador

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Dec 30, 2010	Dec 30, 2010	Dec 30, 2011	June 30, 2011	July 30, 2011	Sep 30, 2011
Narrative	There is a needs assessment on access to medications.	They have prioritized actions that require reform related to access to medications.	Policy reforms have been proposed, integrating operational aspects of access to medications.	There is a strong leadership that mobilizes political support for access to medicines.	There are specific resources for planned actions to ensure access to medications.	There are specific indicators to monitor access to medicines.
Completion Date	Oct 31, 2010	Jan 30, 2011	Jan 30, 2011	Jan 30, 2011	Sep 30, 2011	Sep 30, 2011
Narrative	There is a national study on supply of ARV medications.	Groups of people with HIV have participated in political analysis on medication supplies	Groups of people with HIV develop proposals to improve access to medications.	There is a national commitment to ensure timely supply of medications.	Currently, the Global Fund through their projects, provide resources to ensure access to medications.	The National Surveillance System monitors an indicator to report medication shortages.

Policy Area: Most at Risk Populations (MARP)
Policy: Strengthening MARPs groups for participation in the HIV policy arena

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	June 30, 2011	July 31, 2011	July 31, 2011	Aug 30, 2011	Aug 30, 2011	Sep 30, 2011
Narrative	Relevant stakeholders identify the available assesment report as the baseline.	Strengthening MARPS groups has been identified as a target for a civil-society network or group.	There are concrete plans or proposals to eliminate operational barriers to strengthening MARPS groups.	There is a strong leadership to mobilize political support.	Disseminaton activities are conducted to promote awareness and education related to actions planned in policy areas.	A body responsible for monitoring MARPS policy implementation has been identified.
Completion Date	Oct 31, 2010	Oct 31, 2010	Nov 10, 2010	Aug 30, 2011	Sep 30, 2011	Sep 30, 2011
Narrative	There is a situation analysis and mapping that identifies areas in which to provide technical assistance to strengthen MARPS groups. There is also a	Sexual diversity organizations and organizations of people with HIV have been identified as an advocacy objective, strengthening MARPS groups	There is a Presidential Decree against homophobia (national policy).	There are networks created to lead the participation of MARPS groups in the policy arena.	There were activities under the leadership of MARPS organizations to show their participation and involvement in the response to the epidemic.	In El Salvador, there is a goverment entity in charge of working closely with sexual-diversity groups (Dirección de la Diversidad Sexual), that works in surveillance with

	national report on the status of human rights violations related to MARPS groups.					MARPS groups.

Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 31, 2010	Mar 30, 2011	June 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objetive of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	January 31, 2011					
Narrative	Annually, the country has developed a National	In progress	In progress	In progress	In progress	

	Aids Spending Assessment, NASA. This report shows funding challenges. A group of stakeholders were trained to implement the Resource Needs Model, which is used to establish the costs of the epidemic.					

Policy Area: Other Policy						
Policy: Strengthening the participation of Faith Based Organizations and Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 31, 2010	July 30, 2011	Aug 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The problem of HIV from the perspective	There have been public information campaigns or political	There are policies and strategies relating to multisectora	In the country, there is a diagnosis and	Public activities are held to show the progress of	There are plans to monitor implementation of

	of multi-stakeholder participation has been documented	dialogue with multi-stakeholder participation.	l involvement and HIV.	mapping on the participation of organizations and sectors in the national response to HIV	multisectoral involvement in the response to HIV.	policies related to multi-sectoral participation.
Completion Date	Oct 31, 2010	April 30, 2011	Aug 30, 2011	Aug 30, 2011	Sep 30, 2011	
Narrative	In the country there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high level representatives of FBOs and with the business sector to involve and strengthen their participation in the response to HIV.	FBOs developed and applied the guide "Churches and HIV: Response from Faith-Based Communities". Six enterprises adopted an HIV workplace policy, benefitting at least 15,000 workers.	The Group of FBOs from El Salvador and ANEP (National Business Sector Association) promoted activities that show their involvement in the national response to HIV.	FBOs implemented public activities to show the progress achieved in their HIV involvement. Business sector members participated in a public regional forum and in a national forum on the involvement of the business sector in the national response to	In progress

					HIV.	

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Dec 31, 2010	Dec 31, 2010	Feb 15, 2011	Feb 15., 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Dec 31, 2010	Dec 31, 2010	Mar 28, 2011	Mar 31, 2011		
Narrative	Sessions to analyze the status of stigma and discrimination were held, using data from a national study on the subject.	A MARPS group prioritized actions to reduce stigma and discrimination.	A MARPS group identifies operational barriers in health services and in access to funding.	There is a Presidential Decree to reduce stigma, discrimination, and homophobia.	In progress	

Policy Tracking Table

Guatemala

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Nov 30, 2010	Dec 1, 2010	Dec 1, 2010	Jan 5, 2011	Jul 29, 2011	Sep 30, 2011
Narrative	Stakeholders have been involved in policy analysis and / or identification of needs.	They have prioritized medication-access actions that require reform	There are specific proposals to remove operative barriers from the perspective of access to medications.	There are operational plans or policies that address the issue of access to medicines	There are specific resources for planned actions to ensure access to medications.	It assesses the gaps between access to medicines policy and practice
Completion Date	Nov 30, 2010	Dec 1, 2010	Dec 1, 2010	Feb 15, 2011	Jul 29, 2011	Jul 29, 2011
Narrative	The National Alliance of People with HIV participated in sessions to analyze policy and an advocacy plan to ensure access to medicines	An advocacy plan was developed to ensure access to medications through the HIV project funded by the Global Fund.	The National Alliance of People with HIV presented a proposal to the Congress of the Republic of Guatemala to get the project funded by	The Congress of the Republic of Guatemala approved receiving the HIV grant funded by the GF. The plan for this project officially started to	The country has GF resources to purchase medications for the next 3 years.	The National Alliance of People with HIV monitors the supply and timely delivery of medications

	through a continuum of HIV projects funded by the Global Fund		the Global Fund approved, in order to ensure continuity in the delivery of medications.	be implemented.		

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Feb 28, 2011	Feb 28, 2011	Abr 29, 2011	May 31, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the assessment report available as the baseline.	An area of HIV policy has been identified as the objetive of a network or civil-society MARPS group.	There are proposals for policy-reform operational aspects related to the area of gender.	There is a strong leadership that mobilizes political support.	Dissemination activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	May 31, 2011	Jun 30, 2011	July 29, 2011	September 30, 2011		
Narrative	There is a situation analysis and	The National Alliance of People	A multisectoral committee is working	There are some networks working to	In progress	

	mapping that identifies areas to provide technical assistance to strengthen MARPS groups. There is also a national report on the situation of human rights violations related to MARPS groups.	Living with HIV and the Legal HIV Network defined publishing national information on MARPs indicators as their advocacy objective.	to systematically report national indicators on the MARPS situation.	mobilize political support. The National AIDS Program is participating to some extent; however, because it is an election period, they have not had a high-profile involvement.		

Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Dec 31, 2010	May 2, 2011	May 2, 2011	May 31, 2011	Jul 29, 2011	Sep 30, 2012
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objetive of a network or civil-society	Operational aspects of the integrated reform to the public-fundi	There is a strong leadership that mobilizes political support for	There are accountability activities and there are public progress reports or	A body responsible for monitoring the implementation of

		group.	ng policy have been proposed.	HIV funding.	updated status reports on the HIV-funding situation.	HIV-funding policies is identified.
Completion Date	Feb 18, 2011					
Narrative	One group of stakeholders was trained in the use of the Resouce Needs Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.	In progress	In progress	In progress		

Policy Area: Other Policy						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 31, 2010	Feb 28, 2011	April 29, 2011	May 31, 2011	Jul 29, 2011	Sep 30, 2011

Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented	There have been public information campaigns or political dialogue with multi-stakeholder participation	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder participation.	Public activities are held to show the progress of multisectoral involvement in the response to HIV	There are plans to monitor implementation of policies related to multi-sectoral participation.
Completion Date	Oct 31, 2011	April 6, 2011	June 29, 2011	July 30, 2011	Sep 30, 2011	Sep 30, 2011
Narrative	In the country, there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high level representatives of FBOs and with the business sector to involve and strengthen their participation in the response to HIV.	FBOs developed and applied the guide "Churches and HIV: Response from Faith-Based Communities". The Independent Banana Producer (a member of CACIF) adopted a HIV policy at the workplace to benefit at least 25,000	The Guatemala Ecumenical Council and CACIF promoted activities that evidence their involvement in the HIV national response.	FBOs implemented public activities to show the progress achieved in their HIV involvement. The bussiness sector represented by the CACIF participate in a public regional forum about the involvement of the	Independent Banana Producers, as a business-sector group, developed a plan to monitor implementation of their HIV workplace policy.

			agriculture workers.		business sector in the HIV response.	

Policy Area: Stigma and Discrimination						
Policy: Guatemala Armed Forces Stigma and Discrimination Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date		July 2012	Devember 2012	June 2013		
Narrative		Sensitize military leadership to the need to review certain national policies that may contribute to stigma and discrimination of HIV-positive members.	Provide technical assistance to revise the military HIV policy to guarantee a discrimination and stigma-free environment for military and partners of military personnel seeking services.	Approval of revised policy by appropriate Military and civilian authorities.		
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**

Estimated Completion Date	Dic 1, 2011	Feb 28, 2011	April 29, 2011	May 31, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Mar 31, 2011	May 30, 2011	Aug 30, 2011	Sep 30, 2011		
Narrative	Sessions to analyze the status of stigma and discrimination were held, using data from a national study on the subject.	The MARPS group prioritized actions to reduce stigma and discrimination.	A MARPS group identified operational barriers in health services and in access to funding.	The Network Rednads prioritized modifications to the Law for Criminal Code Article 202 to include the stigma and discrimination related with sexual orientation and gender identity.	In process	In process

Policy Tracking Table

Honduras

(No data provided.)

Policy Tracking Table

Nicaragua

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

Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 31, 2010	Jan 15, 2011	Jan 15, 2011	Jul 30, 2011	Aug 31, 2011	Sep 30, 2011
Narrative	There are documents summarizing analyses and/or identifying needs on access to ARVs and inputs.	Timely access to ARVs has been identified as a policy objective by a civil-society network or group.	Political reforms integrating operational aspects of medicine access have been proposed.	There are policy operative plans (guidelines) that address access to HIV medications.	There is a plan to monitor implementation of planned actions pertaining to access to HIV medications.	A body responsible for monitoring ARV-access policy implementation has been identified
Completion Date	Oct 31, 2010	Jan 15, 2011	Jan 15, 2011	Jul 30, 2011	Aug 31, 2011	Sep 30, 2011
Narrative	There are documents estimating the needs for supplies and ARVs in the country.	At present, ARV access is ensured through Global Fund funding.	The country submitted a proposal to the Global Fund, which was funded in Round 8.	There are plans and protocols to guarantee access to HIV medications.	Compliance with plans and protocols to deliver HIV medications is monitored by means of a project funded by the Global Fund.	There are civil-society groups monitoring timely delivery of ARVs in health-service centers.

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Mar 31, 2011	Mar 31, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Relevant stakeholders identify the assessment report available as the baseline.	An area of HIV policy has been identified as the objetive of a network or civil-society MARPS group.	There are proposals for policy-reform operational aspects related to the area of gender.	There is a strong leadership that mobilizes political support.	Disseminations activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	Mar 31, 2011	Mar 31, 2011		Sep 30, 2011		
Narrative	There is a situation analysis and mapping that identifies areas to provide technical assistance to strengthen MARPS groups. There is	Sexual-diversity organizations identified strengthening their groups to keep up their active participation in this epidemic as an advocacy issue.	In progress	In this country, there is a Sexual Diversity Secretariat that leads the efforts of MARPS organizations		

	also a national report on the situation of human rights violations related to MARPS groups.					

Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Sep 30, 2011	Dec 30, 2011	Jan 30, 2012	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objetive of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	Sep 30, 2011					
Narrative	One group of stakeholders was	In progress				

	trained in the use of the Resouce Needs Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.					

Policy Area: Stigma and Discrimination						
Policy: Nicaragua Armed Forces Stigma and Discrimination Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date			August 2012	January 2013	June 2013	
Narrative			Efforts will be made to strengthen military protocols that reduce stigma and discrimination and strengthen military commitment to support	Approval of policy by appropriate Military and civilian authorities.	Dissemination of Policy to senior commanders in the Nicaraguan Armed Forces Training of unit leaders in the Nicaraguan	

			HIV-positive members and HIV programs.		Armed Forces	
Completion Date						
Narrative						

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Jun 30, 2011	Sep 30, 2011	Dec 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Jun 30, 2011	Sep 30, 2011	Sep 30, 2011			
Narrative	Sessions to analyze the status of stigma and discrimination were held, using data from a national study on the subject.	The MARPS group prioritized actions to reduce stigma and discrimination.	A MARPS group identified operational barriers in health services and in access to funding.	In progress		

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oc 15, 2010	Mar 30, 2011	Aug 31, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2013
Narrative	The problem of HIV from the perspective of multi-stakeholder participation has been documented	There have been public information campaigns or political dialogue with multi-stakeholder participation	There are policies and strategies relating to multisectoral involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeholder participation.	Public activities are held to show the progress of multisectoral involvement in the response to HIV	There are plans to monitor implementation of policies related to multi-sectoral participation.
Completion Date	Oct 15, 2010	Mar 30, 2011	Aug 31, 2011	Sep 30, 2011	Sep 30, 2011	
Narrative	There are plans to monitor implementation of policies related to multi-sectoral participation.	The group of FBOs has developed an advocacy campaign to showcase its commitment to participating in the	The FBO sector published a guide that it is using to streamline its participation in the national response to HIV. The business	There are national FBO and business-sector leaders who are actively leading efforts on this issue within their sectors.	Public activities have been held to showcase FBO and business-sector commitment and participation in the response to	In progress

		response to the epidemic. The business sector participated in political dialog that allowed reinforcing their commitment to the epidemic.	sector represented by CoSEP established an HIV commission to work with the business sector on this issue.		the epidemic.	

Policy Tracking Table

Panama

Policy Area: Access to high-quality, low-cost medications						
Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of PLWHA.						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 15, 2010	Dec 30, 2010	Jan 30, 2011	Jul 30, 2011	Aug 30, 2011	Sep 30, 2011
Narrative	Stakeholders have been involved in policy analysis and / or identification of needs.	They have prioritized medication-access actions that require reform	There are specific proposals to remove operative barriers from the perspective of access to medications.	There are operational plans or policies that address the issue of access to medicines	There are specific resources for planned actions to ensure access to medications.	It assesses the gaps between access to medicines policy and practice
Completion Date	Oct 15, 2010	Dec 30, 2010	Jan 30, 2011	Jul 30, 2011	Aug 30, 2011	Sep 30, 2011
Narrative	Groups of People Living with HIV have participated in meetings to discuss the issue of accessing HIV medications.	PLWH groups have prioritized actions requiring reforms in order to guarantee access to HIV medications.	National agreements have been established to guarantee access to HIV medications.	In the country there are plans and protocolos to ensure access to HIV medications.	Specific national funds are being alloted in order to guarantee access to HIV medications.	PLWH groups participate, engaging in citizen's audit actions to guarantee timely access to HIV medications in health-care centers.

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	May 30, 2011	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2013
Narrative	Relevant stakeholders identify the assessment report available as the baseline.	Strengthening MARPS groups has been identified in the country as a priority issue in the national response to HIV.	There are proposals for policy-reform operational aspects related to the area of gender.	There is a strong leadership that mobilizes political support.	Dissemination activities are conducted to promote awareness and education related to actions planned for policy areas.	A body responsible for monitoring implementation of MARPs policies is identified.
Completion Date	May 30, 2011	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2011	
Narrative	There is a situation analysis and mapping that identifies areas to provide technical assistance to strengthen MARPS groups.	Strengthening MARPS groups has been identified as a priority issue in the response to HIV. These groups have participated in analysis meetings on	There is a bill to guarantee decreasing homophobia, stigma, and discrimination. An advocacy campaign on this issue was executed.	There is strong leadership among civil-society organizations to foster the strengthening and acknowledgement of MARPS organizations.	Dissemination, information, and situation-analysis activities were undertaken for those populations most vulnerable to HIV.	

		the level of their participation in policy spheres.				

Policy Area: Other Policy						
Policy: Public Funding Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Dec 31, 2010	May 2, 2011	May 2, 2011	May 31, 2011	Jul 29, 2011	Sep 30, 2012
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objetive of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	March 30, 2011					
Narrative	One group of stakeholders was trained in the use of the Resouce Needs	In progress				

	Model to cost the HIV epidemic. There is a national report about the costing of the HIV epidemic.					

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Dec 30, 2010	Feb 28, 2011	May 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Dec 30, 2010	Feb 28, 2011	May 30, 2011	Sep 30, 2011		
Narrative	Sessions to analyze the status of stigma and discrimination were	The MARPS group prioritized actions to reduce	MARPS groups have identified barriers and have	MARPS groups have engaged in political dialog with		

	held, using data from a national study on the subject.	stigma and discriminati on.	defined operative plans to eliminate them. As part of these plans, a bill has been drafted to reduce stigma and discriminati on toward MARPS and HIV groups.	the Legislative Assembly, seeking to analyze a bill to reduce stigma and discriminati on toward HIV.		

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 15, 2010	June 30, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2012
Narrative	The problem of HIV from the perspective of multi-stakeh older participation has been	There have been public information campaigns or political dialogue with multi-stakeh older participation	There are policies and strategies relating to multisectora l involvement and HIV.	There is a strong leadership that mobilizes political support for the multi-stakeh older	Public activities are held to show the progress of multisectora l involvement in the response to	There are plans to monitor implementat ion of policies related to multi-sector al participation

	documented			participation.	HIV	.
Completion Date	Oct 15, 2010	June 30, 2011	Jun 30, 2011	Sep 30, 2011	Sep 30, 2011	
Narrative	In the country, there is a diagnosis and mapping on the participation of organizations and sectors in the national response to HIV	There was political dialogue with high level representatives of FBOs and with the business sector to involve and strengthen their participation in the response to HIV.	FBOs developed and applied the guide "Churches and HIV: Response from Faith-Based Communities". The business sector represented by the CONEP has foster and adopted HIV policies at the workplace. Ten enterprices have adopted HIV policies and they are benefiting aproximatel y 50,000 workers. El	The FBO´s and CONEP promoted activities that evidence their involvement in the HIV national response.	FBOs implemented public activities to show the progress achieved in their HIV involvement. The bussiness sector represented by the CoNEP participated in a public regional forum and in a national forum about the involvement of the business sector in the HIV response.	In progress


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

Policy Tracking Table

Central America Region

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

Policy: Addressing partner-country policies that have impact on the availability of drugs essential to the care and treatment of People Living With HIV/AIDS.

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 30, 2010	Mar 30, 2011	Sep 30, 2011	Sep 30, 2011	Sep 30, 2012	Sep 30, 2013
Narrative	Documents summarizing analyses or identified needs regarding HIV medications are available.	Actions requiring reforms to guarantee access to HIV medications have been prioritized.	There are policies guaranteeing access to HIV medications.	There are operative plans or guidelines for policies guaranteeing access to HIV medications.	There is a strategy or a plan to monitor implementation of actions regarding access to HIV medications.	There is a plan to monitor implementation of policies pertaining to access to HIV medications.
Completion Date	Oct 30, 2010	Mar 30, 2011	Sep 30, 2011	Sep 30, 2011		
Narrative	Regional analyses have been performed on HIV supplies and medications needs, with the purpose of negotiating economies of scale.	Access to HIV medications is an issue that has been included in COMISCA's and the Regional Coordinating Mechanism's regional	A course of action included in the Regional Strategic Plan 2010-2015 is aimed at guaranteeing access to HIV medications in all the	COMISCA has issued guidelines ensuring economies of scale, which have been adopted by all the countries.	In progress	

		agenda.	countries in the region.			

Policy Area: Most at Risk Populations (MARP)						
Policy: Strengthening MARPs groups for participation in the HIV policy arena						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Jun 20, 2011	Aug 30, 2011	Sep 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	Assessment report available as baseline	Specific policy issues to be addressed in policy reform or development defined	Operational barriers identified	Leadership engagement / mobilization	Accountability measures / monitoring plan for implementation determined	Implementation monitored
Completion Date	Jun 20, 2011	Aug 30, 2011	Sep 30, 2011	Jun 30, 2012		
Narrative	There is a regional report on the need to strengthen MARPS organizations and groups operating at the regional level.	Governance and communications have been identified as areas to consider in strengthening MARPS groups at the regional level.	Operative barriers to MARPS regional networks's operation and strengthening have been identified.	There is strong leadership among regional network members, who have considerable influence on MARPS groups in the region.		

Policy Area: Other Policy
Policy: Public Funding Policy

Stages:	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Estimated Completion Date	Oct 30, 2010	Dec 30, 2011	Jan 30, 2011	Jun 30, 2012	Sep 30, 2012	Sep 30, 2013
Narrative	The country's HIV-funding problems have been documented.	HIV funding has been identified as a advocacy objetive of a network or civil-society group.	Operational aspects of the integrated reform to the public-funding policy have been proposed.	There is a strong leadership that mobilizes political support for HIV funding.	There are accountability activities and there are public progress reports or updated status reports on the HIV-funding situation.	A body responsible for monitoring the implementation of HIV-funding policies is identified.
Completion Date	Oct 30, 2010	Jun 4, 2011				
Narrative	There are HIV spending reports by country in the Central American region.	As a result of regional advocacy efforts, COMISCA issued a resolution to develop unified NASA 2010 reports.				

Policy Area: Stigma and Discrimination						
Policy: Reducing stigma and discrimination						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Sep 30, 2010	Mar 30, 2012	Jun 30, 2012	Ago 20, 2012	Sep 30, 2012	Sep 30, 2013

Narrative	There have been policy analyses on stigma and discrimination.	Policy actions that require reforms have been prioritized.	Operational barriers have been identified from the perspective of stigma and discrimination	There are guidelines that address ??stigma and discrimination.	There is a strategy and a plan to monitor implementation of planned stigma and discrimination actions.	The gaps between stigma and discrimination policy and practice have been assessed.
Completion Date	Sep 30, 2011					
Narrative	Sessions to analyze the status of stigma and discrimination were held, using consolidated regional data from national studies.					

Policy Area: Strengthening a multi-sectoral response and linkages with other health and development programs						
Policy: Strengthening the participation of Faith Based Organizations and the Business Sector in the national response to HIV						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct 30, 2010	Oct 30, 2010	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	Sep 30, 2013
Narrative	The problem of HIV from	Specific policy issues to be	There are policies and strategies	There is a strong leadership	Public activities are held to	There are plans to monitor

	the perspective of multi-stakeholder participation has been documented	addressed in policy reform or development defined.	relating to multisectoral involvement and HIV.	that mobilizes political support for multi-stakeholder participation.	show the progress of multisectoral involvement in the response to HIV	implementation of policies related to multi-sectoral participation.
Completion Date	Oct 30, 2010	Oct 30, 2010	Jun 30, 2011	Aug 30, 2011	Sep 30, 2011	
Narrative	Even though there is no regional mapping on multisectoral participation in HIV, there are documents in each country in which multisectoral participation is analyzed.	Sectors that need to be strengthened in order to increase their participation in the response to HIV have been identified at the regional level.	FBOs have developed a guide to strengthen the participation of this sector in the response to HIV. The business sector appointed its representative to the Regional Coordinating Mechanism.	There is strong leadership among members of FBOs and the private sector at the regional level, and they have expressed their commitment to the response to HIV.	Sectors such as FBOs and the business community have held public activities to showcase their involvement in the response to the epidemic.	In progress

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,754,477	0
HVTB	738,910	0
Total Technical Area Planned Funding:	**2,493,387**	**0**

Summary:

OVERVIEW

As a technical collaboration model program, the focus for USG support in care in Central America is on strengthening national capacity to provide quality care services, to strengthen human resources, to improve diagnostic and care related to TB/HIV and to develop and maintain strong linkages between facilities and communities for a comprehensive Continuum of Care (CoC). While the USG does not directly support service delivery, programs work to support public health institutions and civil society through building capacity as they have complete ownership and leadership over their care programs. System strengthening is the core of all care related work in the region.

While the number of HIV positive and other vulnerable children are relatively small in the region's concentrated epidemic, their care and support needs are complicated due to the high degree of stigma and discrimination that are associated with PLHIVs and MARPs populations in Central America. The direct services are comprehensively covered by government and Global Fund programs and thus are not a specific focus of USG resources. USG efforts target improving the quality of services and ensuring access to services for those groups that often have a hard time getting care. At the same time, USG efforts to strengthen quality of care and TB/HIV programs work with institutions and have clear benefits for adult as well as pediatric patients.

TB/HIV

In 2010, the prevalence of tuberculosis in Central America ranged from a high of 111 per 100,000 inhabitants in Guatemala to low of 11 per 100,000 in Costa Rica. Other countries' rates per 100,000 are: Honduras 65, Panama 54, Nicaragua 53, Belize 51, and El Salvador 33. According to the most recent WHO data from 2010, the TB/HIV burden remains significant public health problem with the following prevalence rates of HIV in incident TB cases: Belize (20%), Panama (16%), Honduras (13%), Guatemala (12%), Costa Rica (11%), El Salvador (11%), Honduras (13%), and Nicaragua (4.2%).

Although the World Health Organization (WHO) recommends that national TB and HIV/AIDS programs develop activities in a collaborative fashion, the majority of such programs in Central America do not coordinate their activities. TB/HIV activities are positioned in a "grey zone"-- that is, they lack priority relative to other TB and HIV interventions. In all Central American countries, there is a national policy to screen all TB patients for HIV and provide pre- and post-test HIV counseling. Despite these policies, HIV screening achievements for TB patients are often limited in practice, although they have seen marked improvements in some countries in recent years. The rates for HIV screening of TB patients in Central American region are mixed: Belize (99%), Costa Rica (no current data), El Salvador (96%), Guatemala (63%), Honduras (54%), Nicaragua (56%), and Panamá (82%) (WHO, 2010). While smear microscopy is widely available in most national and sub-national health care facilities, HIV diagnostic

tests are mainly centralized in specific public health establishments. Similarly, although all countries in the region have implemented the Directly Observed Therapy, Short-Course (DOTS) strategy, quality-assured coverage varies from one country to the other.

USG efforts in TB/HIV have focused on improving the capacity of the Ministries of Health in service delivery and surveillance to scale up intensified TB case-findings and TB infection control. All of the activities are led together with officers from Ministries of Health, to institutionalize and maintain long-term TB/HIV surveillance efforts, ensuring sustainability and country ownership.

Over the past year, health professionals in Guatemala and Honduras were trained in TB and TB/HIV case management and surveillance in close coordination with National TB and HIV programs. They work with the health facilities which have the highest burden of TB in their respective countries. In those same two countries the USG supported capacity building and technical support for the roll out of Provider Initiated HIV counseling which involves health facility personnel initiating and offering an HIV test to TB patients or patients with suspected cases of TB. Laboratory technicians have been trained to improve their capacity to collect, transport, and process samples for TB and HIV diagnosis. Trainings have included work to improve laboratory bio-safety measures at the selected sites and quality control procedures for TB and HIV. The USG has provided technical assistance for Global Fund Country Coordinating Mechanisms in the development of TB proposals and to ensure TB/HIV co-infection is addressed adequately in all appropriate Global Fund proposals.

With limited funding, the USG efforts in TB/HIV are focused on the Facility-based TB Program Strengthening for TB/HIV Initiative (FTBSS) that includes: 1) Strengthening the DOT's strategy in collaboration with other partners; 2) Ensuring HIV testing for all TB patients, 3) Training Health personnel, 4) Improving the time, efficiency and accuracy in data capture, transmission, analysis and availability of reports, 5) Strengthening the use and distribution of data, 6) Improving coordination and technical validity, 7) Expanding initiative coverage, and 8) Ensuring program evaluation. FTBSS efforts will focus on Guatemala, Honduras, Nicaragua and Panama. The FTBSS initiative is designed to improve the reliability and timeliness of surveillance (and M&E) data for decision-making at different levels, particularly if captured electronically. The USG will continue to provide targeted technical assistance to Ministries of Health in the region to update TB national guidelines, and design and implement TB strategies including M&E plans, training workshops, and support of TB information System Strengthening including surveillance. USG efforts will continue to build laboratory capacity in TB and HIV. Ongoing process and program evaluation will provide a basis to improve and if possible expand the initiative to other countries.

All work in TB/HIV is done in coordination with key partners in countries (international agencies, governments, NGOs) to ensure harmonization of activities in TB/HIV surveillance and care. The USG is engaged in the promotion and updating of collaborative plans for HIV and TB to improve the quality of care for HIV/TB co- infection.

ADULT CARE & SUPPORT
In the region, clinical based care is provided at public comprehensive care centers almost always located within public hospitals. Stigma and discrimination remain significant barriers to access to care. It is a particularly significant issue for men who have sex with men (MSM) and transgendered individuals due to widespread homo- and transphobia and discrimination against these groups. Stigma and discrimination against PLHIV are common among health providers, who often have a fear of accidental HIV exposure and infection. High turn-over rates of health care workers make it difficult to establish and maintain quality of care, and good rapport and linkages between communities and health services.

Some countries are moving towards a decentralized approach for care and treatment, which requires planned task-shifting and other human resources interventions to be effective. The region, especially Belize, suffers from a general shortage of human resources for health (HRH), especially outside the capital cities. Training on HIV care during pre-service is limited and split into different courses, and some critical areas such as biosafety and reduction of stigma and discrimination are often not covered. Pre-service and in-service training are not inter-related nor do

they build on each other, often failing to ensure elements of comprehensive, multidisciplinary care. In training institutions, the degrees of specialization and points of delivery for the provision of HIV related care vary among countries and include Social Security (Panama and Costa Rica), Infectious Disease Specialists (Nicaragua), HIV National Program (El Salvador) and Universities, NGOs and Clinical Experts (Guatemala).

USG activities have helped to improve the capacity of the region to deliver comprehensive HIV/AIDS care with a strong focus on creating and fostering linkages between health facilities and community and strengthening community groups for advocacy and peer support. Over the past year USG efforts have supported training for both university teachers and students in health disciplines in comprehensive HIV/AIDS care and treatment with special attention to reducing stigma and discrimination against PLHIV and against MARPs populations.

Ministry of Health staff from the Comprehensive Care Units has been trained in: HIV testing and counseling, bio-safety, gender, stigma and discrimination. USG activities have added to the significant contributions of other donors in the region through its aims to improve the skills of providers to care for PLHIV, establish QA systems, and develop policies and protocols for care together with host governments and the Global Fund. In Honduras, the USG played a key role in the development of the National Strategy for Integrated Care of STI/HIV/AIDS in the context of Health Sector Reform. In hospitals with comprehensive care units, performance assessments were carried out in each Belize, Costa Rica, El Salvador, Guatemala, Nicaragua and Panama by an integrated central level team including National AIDS Program and/or other MOH/SSI department staff and USG partner staff. On the last day, the assessment team presented the results to local authorities and hospital staff and facilitated a root cause analysis of performance gaps and developed an action plan for improvement including a comprehensive training plan in those areas that were deemed the weakest part of their service delivery for PLHIV.

The integration of treatment and care with community based support started with a pilot intervention that adapted the Continuum of Care (CoC) model in each Central American country. As a result, all countries decided to implement this model in at least three different sites and in eight different sites in the case of Guatemala. This model includes the establishment of integrated teams or working groups, consisting of key hospital staff, PLHIV leaders, and representatives from the community groups, to guide implementation. As a result strong hospital-community links are being established which will foster sustainability of the quality of care strategy as well as improve adherence to ARV treatment. These groups planned joint activities to integrate treatment and care, to ensure the complementarity of clinic services, home care, and self-support groups, and to promote prevention opportunities as part of the care and support delivery. USG partners supported the mapping of the community support network (including private providers) to help local stakeholders to develop an inventory of community resources, including referrals available to their clients and begin to build linkages between facilities and the community. The USG also continues to build the organizational capacity of national and regional associations of PLHIV and other MARPs groups to develop and lead local and national advocacy efforts to reduce stigma and discrimination, improve quality of services and guarantee access to ARV treatment.

In FY2012, the USG will continue to build on current efforts with a special emphasis on strengthening the continuum of care and strengthening key linkages. The primary purpose of the USG CoC strategy is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. A fully developed CoC brings together five major components of an HIV response: prevention, counseling/testing (CT), care, treatment and support. The core activities of the CoC strategy include: (a) Training and supportive supervision of institutional and community health personnel in ART compliance, home care, stigma and discrimination reduction, and gender dimensions of HIV. (b) Prevention with Positives training that will ensure the systematic application of providing prevention recommendations to HIV-positive clients, assess client adherence to ARVs and other medications, assess clients for signs and symptoms of STIs, integrate RH/FP services including condom counseling and condom provision at every visit, and referrals for community-based support. (c) M-health technology (the use of mobile phones to share health information, send prevention messages, follow up with clients, provide text reminders for ARVs and/or other medication dosing, medical appointments, and notification of members of the hospital-community integration team of upcoming meetings/events, progress on implementation of activities, and other relevant issues) to improve community-facility partnerships. (d) Referral and counter-referral

networks to maximize the integration of complementary services, ensure client satisfaction and ARV adherence, and minimize client loss to follow up.

Technical assistance for local PLHIV groups will be provided to ensure their work continues to be a part of the continuum of care and that PLHIV are engaged in all levels of decision making and implementation of care programs and empowered and with skills to advocate for quality care. For example in Honduras, support will be provided to the National Association of People Living with AIDS (ASONAPVSIDAH) to implement the recently developed model of home visits and self-support groups (including terms of reference for personnel, norms, protocols, job aids, proposed training plans, and a curriculum). In Nicaragua the USG will promote the organization of peer-support groups with a focus on MARPS involvement. These groups will implement training for community counselors, educational activities for PLHIV, home visits, coordination with the MOH coordination, promotion of adherence to ARV treatment, psychological support, reduction of stigma and discrimination at community level, nutrition, family counseling and HIV prevention.

USG will also be working in collaboration with Ministries of Health to design and implement national strategies for Prevention with Positives with the aim to reduce the HIV transmission through behavioral risk reduction (increased in condom use, reduction in number of sex partners), and reduction of transmission efficiency via HAART.

POLICY
Most of the countries in the region have in the last few years made changes their legal framework to protect the rights of PLHIV, although there are varied levels of success with implementation. Stigma and discrimination towards the MARPs groups most affected by HIV remains a major challenge and policy responses to this discrimination in being explored in all countries. The transgender community is a population that has been identified by the USG as a priority population in FY2012 due to extremely high HIV rates as revealed in recent studies. Efforts specifically geared to this community have been lacking. The lack of laws and policies related to gender identity remains a huge barrier to the transgender patients receiving appropriate care. USG is supporting multi-sectoral efforts in countries like El Salvador and Guatemala to establish laws that recognize various gender identities.

KEY VULNERABLE POPULATIONS
A cross-cutting priority for all PEPFAR programs in the region, as previously mentioned with a concentrated epidemic is the emphasis on MARPs populations and addressing the stigma and discrimination barriers that impede their access to quality care programs. Across all program areas, the transgender (male to female) and PLHIV communities have been identified as priority groups for FY2012, as recent evaluations and studies have shown higher HIV prevalence rates and gaps in programming specific to these two populations. Stigma and discrimination related themes have been incorporated into all USG supported training.

GENDER
Adult Care and Support activities will seek to reduce gender related stigma and discrimination against PLHIV and MARP groups, especially among health care providers, thereby increasing access to and the quality of HIV/AIDS services regardless of gender identity.

HUMAN RESOURCES FOR HEALTH
Strengthening human resource capacity represents a critical component of the Central America Partnership Framework and in the area of care the USG will continue to improve knowledge, increase skill levels, and improve attitudes of health personnel as a means to improve the quality of care especially for the MARP populations driving the region's concentrated epidemic. With the exception of Belize, Central America does not face the major shortage of health care workers of other regions, but does confront the major challenges of staff turnover and the fact that many staff working in HIV/AIDS lack the skills to provide high quality of care.

The USG will continue to provide specialized training to lab personnel to improve their diagnostic capacity in HIV, STI and opportunistic infections such as TB and fungal infections, and in related lab issues such as bio-safety. As

part of efforts to improve quality of care, establishment of integrated teams or working groups will continue and consist of key hospital staff, PLHIV leaders, and representatives from the community groups, to guide efforts to form a strong hospital-community link and including training PLHIV to assist in providing peer support for HIV-positive clients. Efforts also include recognition for health care personnel that clearly show performance improvement in follow-up assessments. Technical assistance will continue to be provided at facility levels for the development of strategies to encourage staff retention, performance and promotion of healthcare staff providing HIV/AIDS related services. Support will be provided for continuing military to military exchanges where clinicians will be trained in the latest in comprehensive care.

The USG will continue to support pre-service curricula that address stigma and discriminatory attitudes among future health care professionals. In-service training and updates to HIV/AIDS care providers from the public, private, and NGO sectors will continue to include VCT, counseling on ART and TB-DOTS compliance, home care, stigma and discrimination reduction, gender dimensions of HIV/AIDS, and prevention with positives (PwP).

LABORATORY STRENGTHENING
Building capacity in the area of lab remains a major priority for the USG and includes working with National Laboratories to promote their leadership role in their respective countries. The USG continues to support COMISCA with the establishment of the regional lab network for HIV, STI, Fungal Opportunistic Infections & TB. The USG also will work to provide assistance for training, technology transfer and exchange within the region in the area of laboratory. To ensure adherence to international standards, the USG will continue to help countries establish external quality assurance (EQA) by providing the EQA PT panels. Training for lab staff will continue in QMS, QA/QC, shipment, procurement, HIV rapid testing, STI diagnostics and TB diagnosis in coordination with COMISCA and other USG partners with the FTBSS program.

STRATEGIC INFORMATION
USG during FY2012 will continue supporting the generation of strategic information relating to care, that will help us to better know our epidemic which is critical for on-going country planning and decision-making for implementing partners and national/regional counterparts as they consider their care activities.
All USG activities respond and adapt to strategic information and the focus for FY12 to ensure that all technical assistance focuses on the use of information for action. Recent results from USG funded BSS studies in the past two years highlighted the major barrier that stigma and discrimination play in preventing MARPs from accessing quality services and all USG programs have integrated stigma and discrimination issues into trainings for health care personnel. Results of the BSS studies also revealed the highest prevalence rates among the transgender community and the need to ensure discrimination free services address their unique needs. The quality improvement programs involve facility assessment done with Ministry of Health and facility leadership. Interventions are then based on the results of these assessments, allowing facilities to have data on their performance at hand and they can immediately see that information being applied to the technical assistance provided.

CAPACITY BUILDING
Strengthening individual, organizational and institutional capacity remains at the center of all USG activities in care and across all technical areas. As the USG does not support the delivery of any direct care services, all activities are geared towards building the capacity of public systems, NGOs and private sector providers to provide quality care and services. Technical assistance is provided at the facility level and also at the policy level as USG works with Ministries of Health and Social Security institutions to develop and update guidelines in processes led by National HIV/AIDS programs and regional bodies.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount

HLAB	280,091	0
HVSI	3,065,827	0
OHSS	7,845,581	0
Total Technical Area Planned Funding:	**11,191,499**	**0**

Summary:

INTRODUCTION/BACKGROUND:

Governance and systems represents the foundation for USG work in Central America. Three of the four Partnership Framework goals fall under this area: Health System Strengthening, Strategic Information, and Policy Environment. USG investments in health system strengthening in the region are aimed at maximizing impact and reach by building capacity of host countries to lead, manage and sustain their HIV/AIDS response.

USG activities in systems strengthening will continue to support capacity development within regional institutions, national and local governments, military institutions, civil society and the private sector. A cross cutting theme for all work in the region is a focus on Most At Risk Populations (MARPs) that are most affected by HIV in Central America's concentrated epidemic. The development and signing of the Partnership Framework represented an important step for host country counterparts to commit to regional and national responses that prioritize MARPs. Nevertheless, seeing this commitment become an on-the-ground reality in public programs and services remains an ongoing challenge. The Framework guiding principle of capacity building across the region is to ensure that prevention, care and treatment services for MARPS and PLHIV are provided in a high-quality, timely, and stigma-free manner. With USG assistance and under the Framework, governments and civil society organizations working in HIV across the region will have greatly increased ability to plan, implement, monitor and evaluate programs with less need for major support from external donors. Creating an enabling environment for a quality and sustainable HIV response also includes greater involvement of stakeholders not traditionally involved from public and private sectors.

The Framework highlights important gaps in national health systems identified in stakeholder discussions and include:

1. Limited regional and national laboratory diagnostic capacity for HIV/AIDS, other STIs, TB and OIs;

2. Limited and often inadequate Ministry of Health (MOH) quality assurance systems regulating the quality of HIV/AIDS and TB services delivery;

3. Limited opportunities for staff training in HIV/AIDS/STI/TB and OI service delivery, as well as insufficient support for retention of health care workers;

4. Inconsistent implementation and limited human resources capacity to deliver HIV related diagnostic and care services; and

5. Weak supply chain management systems leading to frequent stock-outs of medication, reagents and other supplies, delays and inadequate coverage.

Activities in FY2012 will continue to address these identified gaps and strategically implement programs that support countries and the region to provide a continuum of response across HIV programmatic areas. The USG will build on current activities to provide targeted technical assistance to build capacity in human resource and program management, laboratory, strategic information, supply chain management and policy development and implementation, with a cross cutting emphasis of MARPs focused and friendly service delivery.

GLOBAL HEALTH INITIATIVE

Global Health Initiative (GHI) principles are interwoven throughout health system strengthening efforts. USG works to support country ownership by promoting regional and national leadership and country led processes for the development of strategic plans, technical guidelines and studies. PEPFAR programs in the region place strong

emphasis on creating a culture of monitoring and evaluation, including significant efforts to build human resource capacity to use information to continually guide, adapt, and improve programming. The USG closely coordinates with other key partners in the region such as the Global Fund and UN organizations to ensure the most strategic and effective use of resources in system strengthening. First in Honduras and now in other countries in the region, the USG has worked to build national supply chains efficiently managing ARVs purchased by both the Ministry of Health and Global Fund ensuring availability and access to patients. The end goal of all PEPFAR Central America system strengthening activities is sustainability at all levels in alignment with the shared GHI principle.

While Central America does not have a regional GHI strategy to correspond with the regional PEPFAR program, individual GHI country efforts have synergies with the Partnership Framework. As a GHI plus country, Guatemala has led the region in developing a GHI Strategy that focuses on marginalized populations in the Western Highlands who lack access to quality maternal / child health and family planning and face chronic malnutrition. While PEPFAR programs work in a different geographic area, the focus is also on marginalized at risk populations. The third GHI Guatemala priority on using information for action corresponds to the Framework priority on strategic information and building capacity in the generation and analysis of information such as surveillance systems for use in programming. In Guatemala, PEPFAR supported work in supply chain strengthening and improving quality of services in health care settings that are important components of the GHI strategy. The Honduras GHI strategy has not yet been approved, but includes improving access and quality of HIV services for at risk populations as one of the proposed goals. In Honduras and other countries in the region, the USG will continue to work with the Ministries of Health and Defense to strengthen essential capacities, institutions, infrastructures and systems guided by the Partnership Framework goals and GHI principles.

LEADERSHIP, GOVERNANCE AND CAPACITY BUILDING
PEPFAR Central America considers issues around leadership and governance best through the lens of the Partnership Framework Policy goal. An enabling policy environment is vital to reaching universal access goals for the region and policy cuts across technical areas. In FY2012, the USG plans to continue build on successes in policy that include country governments and regional bodies taking clear leadership roles in the development of strategic plans and policies, including steps taken to show prioritization of most-at-risk populations. The COMISCA Regional Strategic Plan (Plan Estrategico Regional de VIH/SIDA de Centro America y Republica Dominicana 2010-2015) was a culmination of USG and partner efforts to develop an evidence-based regional strategy for MARPs to ensure prevention, care and treatment services are available to those individuals, and provide a unified regional response to fight the epidemic. The continuing challenge is assisting governments in continuing to exert their leadership role in the implementation and operationalization of the regional and national strategic plans and policies.
In a region where the majority of the HIV/AIDS response is funded with host-country public funds, governments are already taking the lead and the USG works to reinforce that leadership role in the implementation of technical strategic plans and sound policies that enable an appropriate response to the region's concentrated epidemic. The USG role includes encouraging inclusive leadership, supporting government engagement with civil society and ensuring that all stakeholder voices are present and taken into account when decisions are made.

Over the past year, the USG has played a crucial role in the development or updating of national strategic plans and ensured a multi-sectoral government led process in each country working on these plans. These new strategic plans in countries such as El Salvador represent a comprehensive and evidence based approach to the epidemic with diverse inputs from all key stakeholders and represent plans that address MARPs much more than previous plans.
USG programs have proven successful in building capacity and linkages between civil society and the public sector at the local level. In Guatemala, USG piloted a continuation of HIV prevention and care services for MARPs. The project strengthened the linkages and coordination between the local HIV prevention, care, and support services providers through two multi-sector networks of people living with HIV (PLHIV). Individual civil society affiliates received technical assistance to build local organizational capacity for a sustained response to HIV/AIDS. The networks and their affiliates also addressed social and structural factors that drive the HIV epidemic among men who have sex with men (MSM), transgender individuals, and commercial sex workers (CSWs). USG's work with these groups resulted in an increased dialogue among network members and a demonstrated increased commitment

of members and local authorities to participate in planning, implementation and monitoring of activities. These activities will be expanded to all countries in the region starting in FY2012.

In Honduras, USG has been providing technical and financial assistance to thirteen local non-governmental organizations (NGOs) to strengthen organizational capacity to manage and implement effective HIV/AIDS prevention programs for MARPs. As a result, each of these NGOs developed and began to implement an action plan focused on strengthening governance, leadership and organizational procedures; strategic planning; and proposal development and funding diversification. Work to build capacity of NGOs and community based organizations continues in all the countries in the region by building organizations administrative and technical capacities.

In leveraging public and private sector investments and partnerships, USG efforts in Belize have engaged with the private sector, facilitating awareness workshops aimed at directors and middle management of business entities that are members of the Belize Chamber of Commerce and Industry. Workshops provide HIV-prevention guidelines, and policy development assistance. Similar work with the private sector happens in all countries in the region and has resulted in 15 businesses incorporating improved workplace policies for PLHIV in FY11.

In FY2012, the USG plans to continue to build on past success and to prioritize efforts to strengthen implementation and monitoring of existing regulatory frameworks and with the regional importance of the Global Fund, to prioritize work to improve effectiveness of Principal Recipients and Regional and Country Coordinating Mechanisms to adequately perform their roles, including planning, implementing, and monitoring projects, in close coordination with Global Fund Portfolio Managers. In the coming year, strengthening the capabilities of stakeholders especially MARPs and PLHIV, in key areas such as human rights, M& E, governance and advocacy have also been identified as a focus. Ongoing efforts to improve the participation and representation of MARPs and PLHIV in the regional and national response remain a high priority.

In FY2012, the USG will continue to build technical leadership capacity within the public health, NGO sector and military health programs. The USG will also provide technical support in the development of Global Fund proposals, implementation of regional advocacy agendas, and promotion of HIV related workplace and military specific HIV policies through regional private sector entities and military partners, respectively.

STRATEGIC INFORMATION
With the aim to better know our epidemic and better know the appropriate response, the USG will continue working in the area of Strategic Information as one of the four Partnership Framework goals, strengthening regional and host country abilities to collect, analyze and utilize information in the design and implementation of interventions not only for HIV/AIDS, but STIs, TB, fungal opportunistic infections and other cross cutting public health programs. The USG aims to build individual, institutional, and organizational capacity for HIV/AIDS behavioral and biological surveillance, facility surveys, monitoring and evaluating program results, reporting results, supporting health information systems, and related analyses and data dissemination.

USG programming enables host governments to strengthen their capacities in surveillance of HIV epidemic trends to develop censuses and surveys, surveillance and vital registration systems to inform HIV prevention, case and treatment programs. Recent Behavioral Surveillance Studies Plus (BSS+) completed in El Salvador and Nicaragua were supported with significant USG technical assistance but led by Ministries of Health. These surveys were also implemented in close coordination with civil society from the design to implementation and finally dissemination stage. The need to disaggregate by gender identity was identified by the transgender community, and this disaggregation revealed extremely high rates among trans in both countries and empowered this community with scientific information on how HIV affected them. In El Salvador, the data was disseminated and analyzed across the country for service providers so they could apply the findings and adapt aspects of their service delivery accordingly. The first ever BSS+ for the military in Belize helped highlight the issue among high level officers and is leading to specific actions. These examples of joint dissemination of research results and immediate application in planning are considered a best practice. Data obtained from all these studies have already been used for strategic planning and decision-making processes in the three countries.

BSS+ studies for MARPs are underway in Belize, Guatemala and Honduras and planned for the military in collaboration with Global Fund in Nicaragua, El Salvador, Guatemala and Honduras. The USG has also provided technical assistance for BSS in Costa Rica and Panama although the surveys themselves are being financed with national and other donor resources. The USG has also supported the development of standardized questionnaire that is being proposed for use for all future regional BSS.

The USG will continue supporting host governments to continue monitoring trends in the HIV epidemic in the region through the systematic collection, analysis, interpretation and dissemination of data of HIV/AIDS, TB and other opportunistic infections. The USG provides technical assistance to encourage and foster a regional culture of Monitoring and Evaluation (M&E) including the development of regional and national M&E plans and promoting the use of internationally validated monitoring tools. In Honduras, the USG supported the development of the National AIDS program M&E plan, with a new performance based format and the Honduras MOH has been monitoring HIV/AIDS internal performance indicators continuously since 2006. With substantial engagement and involvement by USG and partners, a core set of 9 regional HIV/AIDS indicators have been established in the last year in an inclusive comprehensive process with a diverse number of stakeholders at the country and regional level. The USG has recently launched a regional HIV/AIDS M&E diploma course in collaboration with the Ministries of Health and national universities. In addition, the USG supported assessments on key issues such as Stigma and discrimination against MARPs across the region, Performance Improvement in Care Services, National AIDS Spending Assessments, and Country AIDS Progress Reports.

The USG works to strengthen the health information systems that generate information needed for monitoring and evaluation and analysis. USG has supported the MOH Guatemala and Nicaragua to implement systems that monitor HIV/STI indicators. The USG also works closely with other stakeholders and partners in the area of the health information systems, which included a Central American Workshop on HIV Case Surveillance Systems in coordination with PAHO. In Panama, the USG has assisted the Ministry of Health in the development of MONITARV (a clinical monitoring information system for PLHIV on ART) now in use across the country that included validation by not only service delivery providers but also patient groups. A web-based version of MONITARV will be piloted in a few months. USG supported trainings in epidemiological surveillance for members of the Armed Forces in Nicaragua, promoting country ownership by working in close collaboration the Military Medical Corps. Similar endeavors will be planned for El Salvador, Guatemala and Honduras. They were provided with standardized data collection tools to interpret and utilize in the development and implementation of program activities. In Costa Rica, USG support promotes evidence based decision making at both the clinical and national levels, through strengthening of the national surveillance system (SINVIH) by adapting two modules for treatment monitoring and early detection of non-adherence, respectively, and elaborating, validating and disseminating a user's manual for both. In Guatemala, the USG has provided support for an integrated tool (MANGUA), adapting and harmonizing several tools for treatment monitoring and early detection of non-adherence.

In FY2012, the USG plans to continue to prioritize a few overarching areas in strategic information: 1) increase access, analysis, dissemination and utilization of HIV data, with a focus on MARPs including epidemiological surveillance; 2) strengthen health information systems (HIV case reporting, STI sentinel surveillance and TB/HIV case reporting & management); 3) improve M&E systems and utilization, and as a cross cutting theme, 4) foster a knowledge management approach.

In addition to the finalization of BSS studies, the USG will maintain and expand support for HIV/STI surveillance sites geared towards MARPs through the VICITS programs which all take place at Ministry of Health facilities with limited USG investment for technical assistance and supplies. Activities will improve the capacity of the national surveillance and laboratory staff to implement, expand and evaluate first-and-second generation surveillance systems, and to conduct special surveillance studies to improve available information. Second-generation surveillance training courses will be held for MOH personnel and support will continue for participation in the Field Epidemiology Training Program (FETP) to develop the cadre of epidemiologists in the region. The USG will continue to promote the development of National HIV Research Agendas and epidemiological situation analyses.

Evaluations of the HIV Epidemiological Surveillance System will be performed in two of the countries with a relatively high burden of HIV (Guatemala and Honduras) with the aims to evaluate performance and identify progress in implementing recommendation according to previous assessments and to develop an improvement action plan based on the evaluation performed.
While countries now have National M&E Plans in place, the focus for FY12 will be the implementation of these national plans and working with National M&E committees in order to better institutionalize M&E. capacity building on monitoring and evaluation (M&E) in Guatemala and Honduras through M&E training to health workers and other civil society partners for the analysis and use of strategic information for decision-making.

With the core set of harmonized regional indicators established, the USG will continue to support the integration of HIV/AIDS into the health regional information platform in development by COMISCA. The USG will continue to support the establishment of integrated HIV/STI/TB information systems. The USG supports efforts to synthesize and harmonize strategic information systems and work to integrate national HIV information systems into overall national information systems, including linking military health system information to Ministry of Health systems. Logistics Management Information Systems are an important part of supply chain management work in the region and the USG will provide technical assistance to improve existing systems, many which were initially established with USG funding that focused on family planning commodities. PEPFAR is building on these earlier USG investments to ensure adequate information is available regarding HIV/AIDS related medicines and supplies.

Knowledge management goes beyond strategic information, and ensures that all information, lessons learned and best practices are shared and used and the USG will continue to support knowledge transfer and exchange in the region.

SERVICE DELIVERY
The Central American Regional HIV/AIDS program plays an important role in a multi-agency and multi stakeholder continuum of response for MARPs. As USG resources are only used for direct service delivery in prevention, the USG provides technical assistance to support Ministries of Health and other stakeholders as they provide services for a continuum of response, which is ideally a common platform that is specifically tailored to targeted MARPs groups. For our targeted MARPs groups this response will start before individuals become most at risk, for instance in the communities and rural areas where Peace Corps Volunteers are placed and are best situated to target primary prevention efforts and work to reduce stigma and discrimination related to gender norms. These early life activities will aim to reduce the number of MARPs that feel pressure to flee to cities and engage in risky behavior in order to survive. The response will then target the urban streets and communities where commercial sex workers and transgender populations as well as more open men who have sex with men are reachable with additional primary and secondary prevention messages. The response will also involve programs situated with government STI clinics and HIV/AIDS treatment sites. While governments and the Global Fund cover the costs for care and treatment, USG will support the improvements in the distribution systems and warehousing and ensure MARPs friendly services are available in care and treatment sites as well as quality services provided for PLHIV. Additional programs will assist in the adherence and support for PLHIV through support to networks and community groups of PLHIV and Prevention with Positive efforts. Specifically for men at risk, i.e. mobile populations and men in uniform, the continuum will also involve specifically tailored programs to reach those populations. For instance, the USG will collaborate with a private sector partner to work in Guatemala with sugar cane workers, who are mostly migrants from rural areas that come for a 6 month period to cut sugar cane. A continuum of services will be provided for these populations while at the factories and follow up can be made through the community networks established throughout the country.

By partnering and building capacity of both private and public sectors, the USG is expanding the type of and quality of services targeted to PLHIV and MARPs. USG assists Ministries of Health and Social Security Institutes in the region to decentralize and ensure quality HIV care and treatment from tertiary care hospitals to secondary and primary levels through the implementation of performance improvement plans, and supportive supervision approach for HIV/AIDS and TB services in health facilities across the region. USG technical assistance in Belize, Costa Rica, El Salvador and Panama utilized the Performance Improvement (PI) methodology to find the root causes of

performance problems, and use that data to address service delivery deficits through specific interventions. Improving the delivery of services will also improve client retention and adherence to care and treatment. In Nicaragua, USG technical assistance helped expand and improve health services provided by the MOH and local NGOs.

Networks of HIV care, treatment and support services of existing community and facility providers have strengthened and empowered. This approach forms the foundation for service delivery and quality improvements and establishes frameworks for accountability between clients in the community and service delivery providers. As some countries look to decentralize services such as Honduras, the USG will support the development of standards and protocols for HIV/AIDS treatment and management to ensure the quality of care and support efforts for certification and licensure of services where appropriate.

In Guatemala, USG is increasing the demand for and quality of HIV and STI services in 34 health centers. The facilities will be incorporated into the referral and counter-referral systems in collaboration with local civil society organizations to ensure the continuity, quality and acceptability of the STI/VCT services for the affected populations in these areas. USG will also work in close partnership with National AIDS Programs to strengthen existing supportive supervision checklists and mentoring of health workers in 50 sites to ensure that quality is sustained as an integral component of the Performance Improvement approach. In FY12, the USG will expand this strategy to 16 additional health centers.

USG assistance will also focus on promoting quality of services, strengthening quality of laboratory diagnosis for effective patient care, and integration of services with PMTCT, MCH, FP, and TB for an enhanced package of services. The USG will work with governments in the region to more explicitly define and come to consensus on the existing continuum of response.

HUMAN RESOURCES FOR HEALTH
USG investments in Human Resources for Health (HRH) are working to improve the performance of the healthcare workforce in Central America, by providing assistance to regional and national platforms. Several gaps related to HRH in the Central America region including: (1) insufficient skilled health staff; (2) limited human resource capacity to respond to the epidemic; and (3) lack of quality control systems to ensure quality care. COMISCA has identified strengthening the management and development of health care workers as one of their strategic objectives for the next ten years and have planned to form a regional Technical Commission on Human Resources for Health Development that would help direct a regional HRH agenda and relevant policies for creation and retention of health care workers. USG HRH development efforts in the region complement COMISCA's overall strategy. They include emphasis on the use of comprehensive in-service and pre-service training for health care providers; developing new and implementing existing diploma courses for MOH and private providers on HIV, STIs/OIs and TB.

Efforts to improve HRH performance in the region include USG sponsored technical assistance in the training of university teachers and students in voluntary counseling and testing, stigma and discrimination and bio-safety in 13 universities across the region. Comprehensive care unit staff has been trained in HIV testing and counseling, bio-safety, gender, stigma and discrimination, and emotional intelligence; and improvements to the HR Information System to track workforce development. Health care professionals have also been trained in second-generation surveillance, counseling testing protocols and techniques, and the provision of services and care to MARPs.

To promote sustainability, USG assistance has incorporated the successful Performance Improvement methodology in the curriculum for training human resources for health in five universities throughout the region. Additional accomplishments include technical assistance to improve and standardized HIV-related curricula and training materials across the region for health care providers and other cadres of caregivers to diversify and strengthen the workforce in its provision of services to MARPs. Efforts in knowledge transfer and sustainability have led to initial USG supported positions within VICITS clinics in Guatemala and Honduras being transferred to MOH funded and managed positions. In addition, Honduras MOH workers are now responsible for health information data entry

while providing medical attention to HIV patients, instead of non-MOH temporary workers.

Ongoing USG activities in FY 12 will include transfer of skills based on competencies, and a sound monitoring plan and capacity building to promote the development of institutional human resources plans. HRH capacity will be enhanced at both the pre-service and in-service levels through revisions and updates of curricular content and teaching methods at university health and social welfare schools and standardization of in-service curricula and methodology for performance-based training. HRH also includes building capacity of civil society in technical areas but also in financial and organizational management.

LABORATORY STRENGTHENING
Building laboratory capacity was identified as a priority area in the Partnership Framework and USG works in laboratory strengthening at regional, national and facility levels. With the 2010 closure of the World Bank supported regional HIV laboratory in Panama, the USG is working to support COMISCA in promoting a regional laboratory network in an attempt to build on the efforts of the regional lab but in a more sustainable way. Strengthening participation of national laboratories in the regional network strengthens surveillance and increases HIV diagnosis, improving clinical management throughout the region.

Among the many accomplishments of FY 11, USG coordinated with the Gorgas Memorial Institute, for managing HIV serological samples used in the External Quality Assessment Panel to Guatemala, El Salvador, Costa Rica, Honduras, Nicaragua and Panama. Purchase of new laboratory equipment, and drafts of protocols and manuals to implement laboratory techniques in HIV/STI Sentinel Surveillance (VICITS) were developed in Nicaragua. Equipment was donated for certification of biosecurity cabinets to the biomedical department of Gorgas to be used in evaluating and certifying biosecurity cabinets in national labs in Central America. Equipment for molecular STI testing was also provided to Gorgas to support BSS+ studies in the region. Lab assessments where conducted in all seven countries to assess the capacity to diagnose HIV and STIs, and plans for 2012 include enrolling these countries in the Quality External Assurance program for HIV serology, CD4 and viral load testing. All activities encourage country ownership by directly coordinating through Ministries of Health, and establishing human resource capacity in their staff.

USG investments in Laboratory Strengthening in FY 12 include the continuous improvement of the diagnostic capabilities and cooperation between countries in national reference laboratories as part of the regional network. The USG will continue further capacity building of laboratory staff in the areas of biosafety, quality management systems through regional workshops, and training in HIV diagnostic techniques. The USG and partners will support the regional referral labs network for HIV, STI, Mycotic Infections & TB and train lab staff in laboratory supply chain management (procurement, shipping, and storage), HIV rapid testing, STI diagnostics and TB diagnosis in coordination with COMISCA. Similar efforts for lab capacity building will also be done in collaboration with the Armed Forces in the region.
Other efforts include technical support for accreditation, and preparing quality control and safety level standards and continued knowledge transfer between national level laboratories, and lower levels (hospitals, clinics, etc).

HEALTH EFFICIENCY AND FINANCING
In order to ensure efficient use of USG funds and achieve sustainable HIV programs in the region, host governments and donors must assess their programmatic and financial investments, and identify national and regional gaps in responding to the epidemic. The National AIDS Spending Assessment (NASA) for countries in Central America describes the financial flows and expenditures using the same categories as the globally estimated resource needs. NASA results have shown that while governments are providing resources for the majority of the national response, the national program budget allocated to MARPs are limited, and in some countries, even decreasing. Resource mobilization and allocation for MARPs is critical to ensuring support for effective, comprehensive and sustainable services for these populations. USG goal is to strategically leverage funds, to increase the impact and reach of HIV programming, while identifying other financing options to support long term sustainability and growth of programs.

The USG will work to support the regional & country authorities in appropriate financial management, the

harmonization of all initiatives to ensure efficient use of ever scarcer resources for the region and facilitate compliance of international and national commitments. USG will continue to work with countries in the analysis & development of cost/effectiveness intervention models and financial scenarios to forecast program financial requirements and ensure accountability of resources through demonstration of program results and impact advocating for greater leadership and government contribution.

The USG is providing technical assistance to cost out National Strategic Plans and develop capacity for financial analysis of activities. PEPFAR is also working to promote cost-effective interventions, including cost-effectiveness analyses of USG activities. The Global Fund represents the largest external source of funding and a strong Global Fund portfolio is essential for the regional response. The USG participates in CCMs and the RCM to ensure the most efficient use of Global Fund resources and supports proposal development.

In building on the achievements made in FY11, ongoing efforts for FY 12 include the analysis and development of cost effectiveness intervention models and financial scenarios to guide regional and national program decisions. These efforts have cross cutting effects not only in HIV/AIDS programming, but throughout other government led programs.

SUPPLY CHAIN AND LOGISTICS
Supply chain management was identified as an area needed substantial support in the Partnership Framework and the USG started new activities in this area as a result, providing strategic and targeted technical assistance to ensure a consistent supply of commodities for HIV service delivery points.

USG support for supply chain strengthening in Honduras began prior to the Partnership Framework but came at the request as the Global Fund CCM as immediate improvements in the ARV supply chain were a condition of a new grant. In a unique collaboration with the Global Fund PR, the USG provided the technical assistance to update and streamline processes and the Global Fund provided support for USG recommended infrastructure improvements and as a result improved Central Medical Stores was just inaugurated. USG and other donors have invested in logistics systems in Central America in the past for other health areas and in most places, PEPFAR is able to build on those past investments for improvements in the HIV/AIDS related supply chain. In turn PEPFAR funded improvements result in positive outcomes for the entire supply chain as was the case in Honduras where initial Global Fund plans called for all resources to go to a special ARV only warehouse and instead the entire supply chain is strengthened including ARVs but also other essential medicines and supplies. In Nicaragua, a national commodity committee that was initially established to monitor and advocate for family planning commodities is now being used to do the same for HIV/AIDS related commodities. Guatemala has the weakest supply chain in the region and after USG assessments have identified multiple technical assistance needs. In close coordination with the Global Fund, the USG is responding to strengthen the entire supply chain.

USG efforts in supply chain will build country capacity through technical assistance in inventory control, quantification, logistics management information systems, warehousing and distribution of health commodities of Ministries of Health. In addition the USG supports the development and implementation of National Condom Strategies and supports COMISCA's efforts to collectively negotiate prices for medicines and laboratory commodities.

GENDER
Gender is a central element in regional programming for HIV/AIDS that is woven into all goal areas and activities. Many factors that put populations at risk for HIV in the region are directly related to gender or gender identity and not conforming to societal gender norms. USG focus on addressing harmful social norms to reduce gender based violence and reducing stigma and discrimination due to gender identity and/or sexual orientation in all policies and activities.

Technical assistance in FY 2011 continued to strengthen the skills and abilities of local organizations to advocate for integration of these policies into comprehensive interventions. The USG continued providing training, technical

and financial support for BCC, policy and prevention instruments that promote safe sex negotiation skills for women, MSM, and SW. Programs target at-risk girls and women to provide them with opportunities to develop decision-making and other life skills needed to make healthy choices. The USG promotes the incorporation of a gender perspective in all HCW pre-service education and in service training, and continues to promote healthy male norms and behaviors that address male stereotypes, reframe masculinity, and ultimately prevent HIV in Central America. With two to three times more men than women estimated to be living with HIV in the region, programs targeting at-risk men and boys will demonstrate the positive impact that changing societal expectations and traditional masculine roles can have on the health and well-being of them and their families.

The transgender (male to female) community known as trans in Latin America approached the USG regarding disaggregating data from recent BSS to reflect gender identity and to separate out trans from the MSM category as they do not identify as men. The results showed extremely high numbers among the trans population and the lack of interventions tailored specifically to their needs. Trans are a priority population in FY12 and the USG will support not only specific activities that appropriately address their gender identity but will work to support trans NGOs in their efforts to confront institutional factors that put them at risk for HIV including gender identity laws that prevent them access to health, educational and professional opportunities.

A second study on masculinities in the region will be undertaken to build on past work and to inform how to best change behavior and attitudes among men. Other programs will work with men, including educators, traditional leaders, business owners, and fathers to involve them in creating messages targeting men and young men to address the behaviors which facilitate HIV transmission, including intergenerational and transactional sexual relationships, multiple concurrent partnerships and sexual violence. With the help of the Gender Challenge Fund, the USG will continue work in first in Guatemala and then in other countries to include MARPs in responses to gender based violence.

USG will provide financial/logistical resources and technical assistance to include sexual violence prosecution as a part of HIV policy work, ensuring the participation of multi-sectoral representatives in the design, implementation and monitoring of in-country activities related to prevention, care, treatment, and palliative activities. Prosecution of sexual violence is inconsistent at best, and is seriously lacking in many countries in the region. The USG will provide TA to national and regional organizations working on HIV policy. The goal of these activities will be to initiate or strengthen advocacy activities for improved prosecution of sexual violence through the implementation of relevant laws, policies, and norms in the areas of HIV, human rights, gender, and other sectors.

While the relatively small USG team does not have a full time gender expert, a member of the team does serve as the gender focal point.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,790,118	0
Total Technical Area Planned Funding:	**1,790,118**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	1,896,637	0
HVOP	4,242,359	0
Total Technical Area Planned Funding:	**6,138,996**	**0**

Summary:

SECTION 1 - OVERVIEW OF THE EPIDEMIC

PREVALENCE IN THE REGION

In Central America, the HIV/AIDS epidemic is concentrated and centered in most-at-risk populations (MARPs) which include transgender (male to female), men who have sex with men (MSM), sex workers (SW), and other vulnerable populations, including mobile populations (migrants, uniformed services, including the military), prisoners, and certain ethnic groups (including Garífuna and Kuna). These key populations, along with People Living with HIV (PLHIV) are the priority groups for prevention activities. After new data released this past year and additional analysis by the USG team, the Central America USG team is increasingly focusing on transgender and PLHIV populations. Recent USG supported studies indicate that the transgender population has the highest prevalence rates of all populations. In addition, both transgender and PLHIV populations engage in highly risky behaviors. Based on this new evidence, the USG team considers these two populations to be the principal drivers of the epidemic. Currently in the region, there are approximately 6,000 transgender, 220,000 PLHIV, 100,000 SW, and 350,000 MSM. The other vulnerable populations, while still priorities, have both lower prevalence and more widely dispersed populations.

According to UNAIDS, the general population in the region has a relatively low prevalence of HIV (Belize 2.3%, Panama 0.9%, El Salvador 0.8%, Guatemala 0.8%, Honduras 0.8%, Costa Rica 0.4% and Nicaragua 0.2%). Prevalence among MARPs groups is much higher and especially higher than that of pregnant women (approximately 0.3% in the region). A 2008 USG-supported Behavioral Surveillance Survey (BSS+) in El Salvador found an HIV prevalence of 9.8% among MSM and 5.7% among FSW in San Salvador. In follow-up research done in 2010 in El Salvador, MSM prevalence was 9-11% between the two study sites with the highest prevalence among MSM ages 15-24. This suggests a trend of infections in younger MSM. In Nicaragua, results in 2010 found an HIV prevalence for MSM of 7.5 %, and for FSW of 2.4%. In Honduras, a 2006 study showed a prevalence of 9.9% among MSM and 5.5% among FSW.

In the BSS + study completed in 2008 in El Salvador, transgender population data were disaggregated for the first time and in San Salvador this group was found to have a 19.7% prevalence rate, compared to 10.8% among MSM who identified as gay. Additionally, the transgender group showed a higher prevalence of risky behaviors, including trading sex for money in the last 12 months (54% in transgender people as compared to 14% in the population identifying as gay), and higher use of alcohol and drugs when compared to the rest of the MSM population.

The latest study on MSM, conducted in 2010 in Honduras, El Salvador and Nicaragua, showed that MSM consistently used condoms with their stable partner was 30 to55% of the time, while with casual partners they used them 33 to 58% of the time. Between 30 and 73% of MSM participating in these studies were tested for HIV in the last twelve months, and 18-45% of them had sought consultations in STI clinics over the same period. Additionally, results from the El Salvador BSS+ and secondary analysis of behavioral surveys in the region, young MSM appear to be another important driver of the epidemic in the region. Overall, MSM reported low

condom use, in particular with stable and current partners. In people living with HIV, condom use during last sexual act is reported to be about 50% in the region, which indicates an urgency to place more attention in prevention efforts with this group.

In a 2006-08 study in Honduras, SWs visiting the CDC-supported VICITS clinics reported 93.8 to 98.9% condom use with clients in their last sexual relation. However, with occasional and stable partners, they reported much lower condom use of between 25-55% and 11.9-17.8%, respectively. Additionally, higher HIV prevalence was found in mobile SWs compared to those working in bars, brothels or other fixed locations.

The majority of MARPs are located in large urban areas, including capital cities, trade centers in each country and border regions between the countries in the region. Male circumcision is not a recommended prevention method in Central America, given its concentrated epidemic.

KEY RISK FACTORS

Gender has a large influence on HIV transmission in the region. Social issues, including gender- based violence, homophobia, transphobia and stigma and discrimination, put MARPs at greater risk. According to a 2011 Cid-Gallup study by USG partner PASCA, more than half of the Central American population thinks that FSW and MSM infected with HIV deserve to be infected. Currently twice as many men than women are infected in the region. In order to better understand the role of gender and the current social norms in the region, and as a follow up to a previous male-focused masculinities study, the USG plans to conduct research examining masculinity from a female perspective.

Stigma and discrimination against MARPs and other vulnerable populations make it difficult to deliver adequate prevention services to MARPs. It also makes it hard to properly identify these groups and offer prevention services. Stigma and discrimination towards MARPs and PLVIH also enhance risk factors for transmission.

Another key risk factor in the region is poverty that influences the living conditions and behaviors of MARPs and PLHIV. Challenges include service delivery as the Ministries of Health (MOH) struggle to deliver both preventative and curative basic health services to MARPs.

ANALYSIS OF THE EPIDEMIC

Although to date, USG has not conducted a MODES exercise to determine the source of the next 1,000 infections, an interagency MODES exercise will occur in early FY12. Utilizing other experience and data, the USG team has identified transgender people, PLHIV, MSM and FSW as the major drivers of the epidemic and as the key target groups to reach to reduce the spread of infection. The evidence available confirms that Central America has a concentrated epidemic, even though calculating MARPS' population size is still a pending exercise in the region.

Most recent epidemiological information, coming from the regular epidemiological surveillance, BSS+s and other surveys conducted by Global Fund, shows a tremendous burden of disease and high level of prevalence among transgender groups in the region, reaching 19.7% HIV prevalence rates in the capital of El Salvador.

These findings were widely discussed during the technical sessions in preparation for ROP 2012 planning and funds. Additional inputs received from the countries and agencies included specific recommendations to reorient prevention efforts and place emphasis on groups with high incidence of HIV and high-risk behaviors. These discussions resulted in prioritizing transgender groups and PLHIV as a focus of activities and interventions for the new fiscal year.

MAJOR ACHIEVEMENTS IN PREVENTION

One of the USG's biggest accomplishments has been the USG-wide coordination of each agency's projects while

also putting into place plans ensuring collaboration without duplication of services for target groups. The USG team also provides a minimum package of prevention services for MARPs to ensure that project participants are reached with multiple biomedical, behavioral and structural services in order to have a greater chance of changing risky behaviors.

I. Unique Identifier Code
Last year, the USG reached more than 184,000 MARPs, including MSM, FSW, Transgender people, young men at risk and PLHIV. The region is moving as a team in the right direction to count actual individuals reached rather than number of contacts with BCC interventions. In an effort to reduce double counting of participants and to improve coordination between USAID and CDC projects, a pilot project introduced a Unique Identifier Code in Guatemala and Belize leading to reducing duplications. The unique identifier code also ensures that MARPs' overall needs are met via a continuum of prevention services.

2. VICITs Clinics
Establishing VICITS (STI Sentinel Surveillance) services at public clinics offers the opportunity to improve health provider skills to offer quality attention to MARPs. The clinics are part of government public health system and have increased the capacity and coverage of local health systems. The VICITS approach includes training health care personnel to reduce stigma and discrimination towards different MARPs groups in public facilities.

3. Community Level Outreach
Peace Corps and DOD provide outreach to individuals in rural areas and to the armed services, respectively, to provide basic prevention services. The experience of each agency with these target populations has added new strength to the USG team, allowing an increase of coverage of populations not traditionally reached through urban MARPs interventions. These programs also provide unique opportunities to target the general population about stigma and discrimination towards MARPs and PLHIV. These two USG agencies are continuing to develop tools to reach MARPs populations in rural areas and the armed services and collaborate with other USG team members, local governments and civil society.

4. MARPs NGO Capacity Building
As part of the efforts to prepare the region for a broader and structural response to HIV/AIDS, USG projects are investing time and resources to strengthen local organizations to improve the technical response and the longer term viability of these local NGOs and CBOs that represent and serve MARPs groups in each country. After a series of assessments across the region, common gaps were identified and include financial management, monitoring and evaluation, human resources management, proposal writing, and other administrative areas. Through in-depth capacity building, USG programs are working to make these organizations more sustainable and better able to serve as an effective part of the response for their communities.

5. Agency Coordination
The fact that each USG agency has its own mandates and operating procedures makes adaptation of strategies and activities with target populations an evolving rather than an instantaneous process. Nonetheless, each agency has been able to understand the complimentary roles that each plays in each country context. The USG agencies have identified different, appropriate moments and points of entry in the continuum of prevention. Each agency works on combination prevention actions to provide basic services in the region in partnership with implementing partners, local governments and civil society.

STRUCTURAL BARRIERS

Even though it is not common to find regulations or policies that explicitly promote discrimination towards MARPs, it is very common to find people who misunderstand the laws, resulting in impeding MARPS' ability to access even the most basic prevention services.

Access to basic citizenship rights is also challenging for these groups. This impacts education and work

opportunities for transgender populations, bank accounts for sex workers, or housing for people living with HIV. Anecdotally, members of the transgender community share that many of them have no other viable employment option other than to engage in high-risk sex work, in part due to a lack of formal recognition of their gender identity. Even those few with professional education generally find doors to employment closed. Modifying the regulations to protect MARPs and PLHIV, especially where there is no apparent linkage between laws and discrimination, is an enormous challenge. USG programs are working to overcome this challenge by assisting transgender populations to access appropriately gendered ID cards and improving MARPs' understanding of their rights to services.

PREVENTION PRIORITIZATION

Populations and strategies included in this ROP were previously discussed and agreed upon with a wide audience, including local governments, USG partners and implementers, and civil society. A first step for identifying future actions and populations was to review the national strategic plans and the regional Partnership Framework to identify previously prioritized activities. This information was then married with the prior and current successes in USG support, epidemiological trends, current success in the field and identification of gaps by the USG team, implementing partners, government and civil society representatives. This input was then utilized to prioritize activities with specific populations. Many current activities were found to be in line with country level and regional strategic plans and addressing the key groups in the epidemic. These will continue in FY 12 without major changes. This prioritization of populations and strategies was presented to the Regional Coordinating Mechanism (the Partnership Framework monitoring body) for consensus and accepted.

COORDINATION WITH GLOBAL FUND AND UNAIDS

The largest donor in Central America is the Global Fund. In each country, the USG has developed a close coordination with Global Fund PRs via a series of meetings and shared decisions aimed at avoiding duplications of efforts. The biggest focus of GFATM projects is providing treatment. In prevention, MARPs are included more frequently as a target population within Global Fund grants in the region, a huge advance due in large part to USG collaborative planning. The challenge now is to convert many of the interventions sponsored by GFATM into permanent, sustainable, and quality programs that are part of each country's national response. The Global Fund and other regional actors have reached a consensus that Central America has a concentrated HIV epidemic. While seemingly an easy conclusion, this agreement was reached only through difficult discussions with governments and donors who were more prone to spend on general population youth and PMTCT programs. The USG team will continue to monitor the activities and priorities of the Global Fund to avoid duplication of target populations and services and ensure priority populations are covered. The USG team has focused work on transgender populations and PLHIV that are not currently included in other initiatives. MSM and FSW are included as target populations in Global Fund grants and the USG will continue to target these groups; however, the USG focus will target specific MSM and FSWs that fall outside the Global Fund activities. The USG will augment the impact of Global Fund activities by focusing on young MSM with a social media approach and develop new ways of contacting FSW that are currently outside of the traditional network to ensure that these two sub-populations receive prevention services.

The UN system is another key player in the region, in particular through UNAIDS' leadership. In its advisor capacity, UNAIDS provides guidance to the national response in each country in the region and works hard to keep HIV as an issue on the public agenda. The USG team closely coordinates with UNAIDS representatives in each country and seeks to harmonize and complement assistance.

SECTION 2 - PREVENTION AREAS

HIV TESTING AND COUNSELING

HIV testing is one of the basic components of the region's combination prevention activities. Access to HIV testing for MARPs has represented a challenge and now in the new era of "Treatment as Prevention" an early diagnosis is crucial in order to continue to effectively work in prevention. HCT services are being supported by resources from governments, the Global Fund and USG. USG HCT services are provided by partners at different points of entry, with efforts focused on making HCT part of normal routines for MARPs. HCT services are offered to MARPs in three different locations: in the community where they live, work or socialize (including brothels, military health centers, parks, and other work places);in public health services, through referrals or personal initiative when MARPs seek out the service; and in private services,, through referrals to friendly private networks offering this service to MARPs. This multi-point coverage of testing seeks to address the different entry points MARPs use to seek prevention services, and takes into account the characteristics of different groups and their access and comfort with different service providers. The USG is working with local institutions in all three spaces to improve access.

The definition and consensus of which services are included in the minimum package of services for each population has made it possible to link the other prevention services to HCT, including BCC interventions, condom distribution, STI screening and complementary services (family planning, income generation, legal support, etc.) to provide comprehensive prevention. Based on findings from the pilot of the Unique Identifier Code (UIC), there will now be an increased ability to link HTC with the minimum package of other prevention services in all countries in Central America. Coordination among agencies will be crucial for successful implementation in order to track individuals and ensure they are reached with the services they need. Preliminary experiences have shown that the UIC is an effective tool to track contacts with each individual and confirm they receive each component of the minimum package of services, even when different USG partners administer them.

Individuals who test positive for HIV, but are not yet eligible for treatment, can be followed relatively easily with the UIC, given the close relationship of the implementers working with these populations. According to latest USG sponsored behavioral surveys in each country, the number of MARPs who have been tested for HIV during the past year varies greatly between countries and populations as does the. Coverage for persons reached with BCC interventions.

CONDOMS

In Central America, USG supports the total market approach for male condoms, with a role for each sector of the market (private, public and social marketing) to promote availability, acceptability and usage. The coordination between MOH, Global Fund projects, social marketing projects and private sector is crucial for increasing condoms as a viable prevention method. In many countries, USG is promoting a National Condom Strategy, which includes the components of needs estimation, procurement, warehousing, distribution, and monitoring. Mass media advertising generic campaigns under the slogan: "Got it? Get it!" have been aired in the region and will continue to be aired in FY12.

There are some differences in terms of the estimation of market size for condoms, due in many cases to the difficulties estimating the size of most at risk populations. With Global Fund providing many of the free condoms in the countries where they operate (everywhere in the region except Costa Rica), condom availability is less of an issue. The new challenge is the effectiveness of distribution. Overall, there are positive indicators for condom activities, according to the 2011 MAP (Measurement Access Performance) study conducted by PASMO/PSI, condom availability in high-risk outlets in hot zones is over 75%. The goal is to maintain the coverage level and explore ways to continue to expand coverage.

Despite many efforts implemented in the region, female condoms are not well accepted among female sex workers. Cost is also a barrier to distributing and using female condoms, as they are significantly more expensive than male condoms.

POSITIVE HEALTH DIGNITY AND PREVENTION

A minimum package of prevention services was defined for PLHIV, including: educational activities, condom distribution, STI screening, referrals for complimentary services, and structural interventions. Interventions occur in clinics with medical services for PLHIV and in other spaces, like NGOs' offices. As part of its combination prevention activities, projects work to improve the quality of the minimum package of services as well as the coordination for providing other services, such as family planning, psychological and legal services.

Clinic-based support groups offer one alternative for PLHIV, but are not very popular with many PLHIV in the region. To provide more resources to reach PLHIV, a website "Y Ahora Que?" (www.yahoraque.com) was designed in coordination with Central America Network of People Living with HIV (REDCA +). The website promotes online virtual support groups conducted by cyber educators in the region and with user-friendly schedules. The initial acceptance of the website has been good, and promotional materials advertising the webpage are being launched.

Coordination between USAID and CDC for referrals of PLHIV, in particular for STI issues, will be increased by expanding VICITS (Sentinel STI Surveillance) in public clinics. One identified gap is that even as PLHIV are one of the main drivers of the epidemic in the region, prevention services with this group are not recognized as a priority in many national strategic plans. The contribution of the USG's holistic approach to prevention with PLHIV in integrating care and prevention is innovative and is being promoted with local partners in civil society and government. The USG team conducted an external assessment of prevention activities for PLHIV implemented by the USG and other stakeholders. The findings were just delivered and findings and recommendations will be incorporated into ongoing projects.

MARPS

As previously noted, MARPS are the target populations for Government Strategic Plans and Global Fund Proposals. The USG team also has directed PEPFAR funds in the region to MARPs as the target populations. The definition of the minimum package for prevention services for this population has been established and will now be shared to develop a consensus with all the governments and other stakeholders in the region. The package includes behavioral and biomedical components, with additional complementary services to be added to address the specific needs of certain populations, including legal, nutritional, and family planning services.

Traditionally, prevention services targeting MARPs were restricted to educational activities. As the USG team and partners have moved away from one-time educational contacts to combination prevention; the need to address structural factors as part of the prevention activities has emerged as a recurring priority. Some of the structural changes that need to be promoted include advocating for policies and regulations related to diminishing homophobia and stigma and discrimination across all areas of society. The synergy among USG agencies and implementers for promoting needed policy or implementation changes will be important for major achievements in this area. Many of the National AIDS Programs are aware of the importance of addressing structural barriers as part of their prevention interventions and agree and support the USG approach, including public announcements and other interventions that target machismo as a negative force in society.

HSS/HRH

USG agencies will continue to support public health services to strengthen and improve the quality of services provided to MARPs. Currently there are many efforts being put into place to expand, support and sustain the existing volunteer and non-professional prevention base. These efforts include interventions through civil society to develop capacity among MARPs and PLHIV networks to serve as peer counselors and participate in the process of defining and delivering combination prevention. The USG regional team is working to strengthen local NGOs and CBOs in organizational strategies and capacity building to allow them to deliver prevention services while also creating structural interventions that protect the rights of vulnerable populations and ensure access to prevention services. Work is also being done in rural communities to train health workers in basic HIV prevention to ensure broader coverage of prevention services.

GENDER

Gender is a cross-cutting theme for all USG programming. Key issues around gender include regional attitudes of machismo, homophobia, transphobia, violence against women and sexual diversity. These issues impact not only the ability to receive prevention services, but also vulnerability for HIV transmission. USG has conducted research on masculinity and a campaign titled "Real Men" is underway, addressing the social norms of masculinity. Soon an additional study on masculinity from a female perspective will also be completed and disseminated. Capacity building in sexually-diverse communities has been an important step toward combating existing homophobia and transphobia at a local level. Interventions include mass media and BCC. The USG will continue to offer some activities targeting the general population with anti-stigma and discrimination messages that are particularly related to transgendered and sexually-diverse populations. These will be implemented by Peace Corps in rural communities and small cities, DoD in their work with the military, CDC in their work with health care providers, and USAID in their work with health care providers, and via media campaigns and other projects that target police and others in the judicial system. The USG will continue to provide training, technical and financial support for prevention components that assist MSM, FSW and Transgender populations in safe sex negotiation, and to increase their perception of risky behaviors. Women and at-risk girls receive prevention interventions emphasizing decision-making, while men are targeted to reframe the context of masculinity in society to offer examples of healthful, responsible and positive interactions.

STRATEGIC INFORMATION

Prevention activities rely greatly on using SI to focus the team's approach to work in the region. Several studies (MAP and other including BSS+ studies) have been conducted to look at the current behaviors and challenges to providing an adequate response to the needs of MARPS in the region. This information provides a strong source of information that guides decision making (not only for USG, but for all stakeholders) on future prevention work. These studies and others were used as a key source for developing this ROP and in identifying high-priority MARPs and the behaviors that need to be targeted. As noted, the Unique Identifier Code will also assist agencies increase their ability to track individuals receiving prevention services and understand more about their service-seeking behaviors in order to provide a more complete package of prevention.

Disease surveillance systems for military populations are under development. These will allow decentralized reporting of basic epidemiologic information as well as accommodate program monitoring data collection, storage, and retrieval.

Lastly, in order to continue to develop sustainable prevention programming in the region, the team has set aside funding in this ROP cycle to conduct a multi-agency evaluation of work to date and the level of sustainability of the various USG projects. This evaluation will provide invaluable feedback on the progress of current strategies and will be used to make key decisions in the future. The USG agencies agree that, after a long period of coordination and collaboration with the regional and national response, an interagency, multicomponent evaluation of prevention work to date is crucial. The USG team has identified funds to implement this activity.

CAPACITY BUILDING

Capacity building is at the heart of all prevention work carried out by the USG team and implementing partners. As described previously, several levels of prevention capacity building are being conducted targeting the government, the private sector, and civil society. Collaboration with the government in each country including the Ministry of Health is one of the foremost strategies to develop capacity as the strategy is guided and embraced by local governments. Additionally, efforts to increase services to MARPs have had crucial government involvement, especially in the VICITS clinics, and of civil society in strengthening CBO's and NGO's to serve the needs of these priority groups. The USG team will continue to strengthen current prevention partners.

The Partnership Framework in and of itself is a strong measure of the work in capacity building. The document was developed and agreed upon by all governments and stakeholders in the region. There have been a series of meetings to share the strategy in the last year. In the upcoming fiscal year, agencies and implementing partners will continue to seek strategies to ensure that work being done is in harmony with existing national and regional HIV plans and works toward sustainability of the response.

Technical Area Summary Indicators and Targets

Belize - Central America

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
BZ.302	Number of organizations that received technical assistance for the development of HIV-related policies	14	Redacted
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	320	
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	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,720	
	By MARP Type: CSW	130	
	By MARP Type: IDU	0	
	By MARP Type: MSM	220	
	Other Vulnerable Populations	1,370	
	Sum of MARP types	1,720	
BZ.336	Number of STI diagnostic and/or treatment services provided to MARPs	200	Redacted
	By MARP Type: Commercial sex workers	100	
	By MARP Type: Men who have sex with men	100	
	By MARP Type: Other vulnerable populations	0	
	By MARP Type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C	2,815	Redacted

	services for HIV and received their test 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	655	
	By Sex: Male	2,160	
	By Age: <15	0	
	By Age: 15+	2,815	
	By Test Result: Negative	1,965	
	By Test Result: Positive	50	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	2,815	
	Sum of age disaggregates	2,815	
	Sum of test result disaggregates	2,015	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	3	Redacted
H2.1.D	Number of new health care workers who graduated from a	2	Redacted

	pre-service training institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	328	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
BZ.315	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	4	Redacted

Technical Area Summary Indicators and Targets

Costa Rica

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
CR.303	Number of organizations that received technical assistance for the development of HIV-related policies	0	Redacted
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	900	
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	n/a	Redacted

	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	6,400	
	By MARP Type: CSW	700	
	By MARP Type: IDU	0	
	By MARP Type: MSM	2,500	
	Other Vulnerable Populations	3,000	
	Sum of MARP types	6,200	
CR.337	Number of STI diagnostic and/or treatment services provided to MARPs	540	Redacted
	By MARP Type: Commercial sex workers	200	
	By MARP Type: Men who have sex with men	100	
	By MARP Type: Other vulnerable populations	0	
	By MARP Type: People Living with HIV	240	
P11.1.D	Number of individuals who received T&C	1,117	Redacted

	services for HIV and received their test 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	525	
	By Sex: Male	592	
	By Age: <15	0	
	By Age: 15+	1,117	
	By Test Result: Negative	492	
	By Test Result: Positive	25	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	1,117	
	Sum of age disaggregates	1,117	
	Sum of test result disaggregates	517	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	1	Redacted
H2.1.D	Number of new health care workers who graduated from a	38	Redacted

	pre-service training institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	381	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
CR.316	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	2	Redacted

Technical Area Summary Indicators and Targets

El Salvador

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
SV.304	Number of organizations that received technical assistance for the development of HIV-related policies	0	Redacted
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	2,900	
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	n/a	Redacted

	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	12,600	
	By MARP Type: CSW	3,000	
	By MARP Type: IDU	0	
	By MARP Type: MSM	3,200	
	Other Vulnerable Populations	6,100	
	Sum of MARP types	12,300	
SV.338	Number of STI diagnostic and/or treatment services provided to MARPs	300	Redacted
	By MARP type: Men who have sex with men	60	
	By MARP type: Commercial sex workers	240	
	By MARP type: Other vulnerable populations	0	
	By MARP type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C	5,120	Redacted

	services for HIV and received their test 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	2,835	
	By Sex: Male	2,135	
	By Age: <15	0	
	By Age: 15+	5,120	
	By Test Result: Negative	4,375	
	By Test Result: Positive	275	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	4,970	
	Sum of age disaggregates	5,120	
	Sum of test result disaggregates	4,650	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	2	Redacted
H2.1.D	Number of new health care workers who graduated from a	27	Redacted

	pre-service training institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	622	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
SV.317	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	3	Redacted

Technical Area Summary Indicators and Targets

Guatemala

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
GT.305	Number of organizations that received technical assistance for the development of HIV-related policies	0	Redacted
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	5,000	
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	n/a	Redacted

	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	28,065	
	By MARP Type: CSW	1,720	
	By MARP Type: IDU	0	
	By MARP Type: MSM	7,020	
	Other Vulnerable Populations	27,823	
	Sum of MARP types	36,563	
GT.339	Number of STI diagnostic and/or treatment services provided to MARPs	2,508	Redacted
	By MARP type: Commercial sex workers	990	
	By MARP type: Men who have sex with men	300	
	By MARP type: Other vulnerable populations	456	
	By MARP type: People Living with HIV	762	
P11.1.D	Number of individuals who received T&C	11,008	Redacted

	services for HIV and received their test 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	1,674	
	By Sex: Male	9,334	
	By Age: <15	33	
	By Age: 15+	10,975	
	By Test Result: Negative	6,497	
	By Test Result: Positive	355	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	11,008	
	Sum of age disaggregates	11,008	
	Sum of test result disaggregates	6,852	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	3	Redacted
H2.1.D	Number of new health care workers who graduated from a	47	Redacted

	pre-service training institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	1	
H2.3.D	The number of health care workers who successfully completed an in-service training program	1,557	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
GT.318	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	4	Redacted

Technical Area Summary Indicators and Targets

Honduras

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	1,500	
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	4,631	

	interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	676	
	By MARP Type: IDU	0	
	By MARP Type: MSM	1,043	
	Other Vulnerable Populations	2,912	
	Sum of MARP types	4,631	
HN.340	Number of STI diagnostic and/or treatment services provided to MARPs	1,527	Redacted
	By MARP type: Commercial sex workers	1,077	
	By MARP type: Men who have sex with men	400	
	By MARP type: Other vulnerable populations	50	
	By MARP type: People Living with HIV	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	18,810	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	9,920	
	By Sex: Male	8,891	
	By Age: <15	12	
	By Age: 15+	18,798	
	By Test Result: Negative	218	
	By Test Result: Positive	22	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	18,811	
	Sum of age disaggregates	18,810	
	Sum of test result disaggregates	240	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	3	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	143	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health	1,086	Redacted

	care workers who successfully completed an in-service training program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
HN.319	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	7	Redacted

Technical Area Summary Indicators and Targets

Nicaragua

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
NI.306	Number of organizations that received technical assistance for the development of HIV-related policies	1	Redacted
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	540	
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	n/a	Redacted

	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	42,750	
	By MARP Type: CSW	3,850	
	By MARP Type: IDU	0	
	By MARP Type: MSM	14,600	
	Other Vulnerable Populations	33,120	
	Sum of MARP types	51,570	
NI.341	Number of STI diagnostic and/or treatment services provided to MARPs	1,340	Redacted
	By MARP type: Commercial sex workers	600	
	By MARP type: Other vulnerable populations	240	
	By MARP type:Men who have sex with men	200	
	By MARP type:People Living with HIV	300	
P11.1.D	Number of individuals who received T&C services for HIV and	14,246	Redacted

	received their test 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	2,251	
	By Sex: Male	12,025	
	By Age: <15	233	
	By Age: 15+	14,043	
	By Test Result: Negative	12,167	
	By Test Result: Positive	69	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	14,276	
	Sum of age disaggregates	14,276	
	Sum of test result disaggregates	12,236	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	7	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training	605	Redacted

	institution or program		
	By Cadre: Doctors	300	
	By Cadre: Midwives	0	
	By Cadre: Nurses	200	
H2.3.D	The number of health care workers who successfully completed an in-service training program	1,496	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
NI.320	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	1	Redacted

Technical Area Summary Indicators and Targets

Panama

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
PA.307	Number of organizations that received technical assistance for the development of HIV-related policies	0	Redacted
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	1,800	
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	n/a	Redacted

	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	13,900	
	By MARP Type: CSW	1,500	
	By MARP Type: IDU	0	
	By MARP Type: MSM	6,000	
	Other Vulnerable Populations	6,200	
	Sum of MARP types	13,700	
PA.342	Number of STI diagnostic and/or treatment services provided to MARPs	600	Redacted
	By MARP type: Commercial sex workers	480	
	By MARP type:Men who have sex with men	120	
	By MARP type:Other vulnerable populations	0	
	By MARP type:People Living with HIV	0	
P11.1.D	Number of individuals who received T&C services for HIV and	3,522	Redacted

	received their test 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	1,257	
	By Sex: Male	2,265	
	By Age: <15	4	
	By Age: 15+	3,518	
	By Test Result: Negative	3,092	
	By Test Result: Positive	80	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	3,522	
	Sum of age disaggregates	3,522	
	Sum of test result disaggregates	3,172	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	0	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training	28	Redacted

	institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	626	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
PA.321	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	5	Redacted

Technical Area Summary Indicators and Targets

Central America Region

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
CE.279	Number of national laboratories with satisfactory performance in external quality assurance for HIV diagnosis	15	Redacted
CE.275	Number of Global Fund projects and grants in the Central American region that are evaluated as A and B1	1	Redacted
CE.276	Number of organizations that received technical assistance for the development of HIV-related policies	15	Redacted
	Number of organizations that received technical assistance for the development of HIV-related policies	15	
CE.276	Number of organizations that received technical assistance for the	15	Redacted

	development of HIV-related policies		
	Number of organizations that received technical assistance for the development of HIV-related policies	15	
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	12,960	
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	110,066	

	group level preventive interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	11,576	
	By MARP Type: IDU	0	
	By MARP Type: MSM	34,583	
	Other Vulnerable Populations	80,525	
	Sum of MARP types	126,684	
CE.285	Number of STI diagnostic and/or treatment services provided to MARPs	7,015	Redacted
	By MARP Type: Commercial sex workers	3,687	
	By MARP Type: Men who have sex with men	1,280	
	By MARP Type: Other vulnerable populations	746	
	By MARP Type: People Living with HIV	1,302	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	56,668	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	19,117	
	By Sex: Male	37,402	
	By Age: <15	282	
	By Age: 15+	58,386	
	By Test Result: Negative	28,806	
	By Test Result: Positive	876	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	56,519	
	Sum of age disaggregates	58,668	
	Sum of test result disaggregates	29,682	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	19	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	890	Redacted
	By Cadre: Doctors	300	
	By Cadre: Midwives	0	
	By Cadre: Nurses	201	

H2.3.D	The number of health care workers who successfully completed an in-service training program	6,096	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	
CE.277	Core set of agreed upon harmonized HIV indicators in the region	1	Redacted
CE.278	Annual report of regional core set of indicators	1	Redacted
CE.280	Number of Strategic Information (M&E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners	26	Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12015	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	157,286
12016	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	898,623
12020	UVG - UNIVERSIDAD DE VALLE DE GUATEMALA	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12578	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	400,000
12651	UNAIDS - Joint United Nations Programme on HIV/AIDS	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13067	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13082	Population	NGO	U.S. Agency for	GHP-State,	3,735,642

	Services International		International Development	GHP-USAID	
13203	NICASALUD	NGO	U.S. Department of Defense	GHP-State	0
13445	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	2,084,472
14396	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-USAID, GHP-State	370,000
14400	Population Services International	NGO	U.S. Department of Defense	GHP-State, GHP-State	0
14401	U.S. Department of Defense Naval Health Research Center	Own Agency	U.S. Department of Defense	GHP-State, GHP-State	0
14402	TBD	TBD	Redacted	Redacted	Redacted
14403	Research Triangle International	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	198,000
14406	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	150,000
14454	Training Resources Group	Private Contractor	U.S. Agency for International Development	GHP-State	0
14455	GH Tech	Private Contractor	U.S. Agency for International Development	GHP-State	0
14466	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	1,254,466
14467	TBD	TBD	Redacted	Redacted	Redacted
14468	TBD	TBD	Redacted	Redacted	Redacted

14469	Secretariat of Health	Host Country Government Agency	U.S. Agency for International Development	GHP-State, GHP-USAID	1,557,054
16585	TBD	TBD	Redacted	Redacted	Redacted
16586	TBD	TBD	Redacted	Redacted	Redacted
16587	COMISCA	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	428,135
16588	US Embassy Guatemala	Other USG Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	205,000
16589	The Task Force for Global Health, Inc. /Tephinet	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,025,399
16628	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Department of Defense	GHP-State	0
16696	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-USAID, GHP-State	1,020,000
16697	University of North Carolina	University	U.S. Agency for International Development	GHP-USAID	0

16724	TBD	TBD	Redacted	Redacted	Redacted
16725	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	100,000
16726	US Embassies	Other USG Agency	U.S. Department of State/Bureau of Western Hemisphere Affairs	GHP-State	25,000
16727	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State, GHP-USAID	2,804,086
17117	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12015	**Mechanism Name: Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Costa Rica	0
El Salvador	0
Guatemala	0
Nicaragua	0
Panama	0

Total Funding: 157,286		
Managing Country	**Funding Source**	**Funding Amount**
Belize - Central America	GHP-State	157,286

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps Central America is building upon previous years' support to expand and deepen Volunteers' work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, and harmful gender/cultural norms. PC promotes behavior change through use of evidence-based programs and integration of efforts with other USG agencies and implementing partners. Programs also include a cross-cutting focus on reduction of stigma and discrimination.

Peace Corps continues to strengthen its approach to development which advances country ownership of PEPFAR program efforts through placement of Volunteers in requesting local governmental and non-governmental organizations for specific assignments that are time-limited and designed from the onset to build community capacity to sustain projects. In every instance, this involves day-to-day collaboration with host country national partners and counterparts. Peace Corps has Volunteers in a variety of sectors including health, education, agriculture, youth in development and business development and is able to integrate HIV programming into these areas and reach populations that are not reached by other USG partners, especially in the rural areas of each ROP country.

Additionally Volunteers will work with local health systems to ensure their ability to strengthen health care worker capacity to provide adequate prevention education, confidential voluntary counseling and testing services, and dignified care and treatment. As long-term residents of their communities of service, they are also able on a continuing basis to model transparency, accountability and good governance/good business practices in their projects.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	157,286

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
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	12015		
Mechanism Name:	Peace Corps		
Prime Partner Name:	U.S. Peace Corps		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	157,286	0

Narrative:

In the area of prevention, funds will be used for the placement, training and support of Volunteers to work with communities to design and implement context-appropriate and evidence-based prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, stigma and discrimination, and harmful gender/cultural norms. Volunteers will work to ensure that these interventions are culturally and linguistically relevant to their target audiences.

Volunteers will also work with local PLHIV associations where possible to focus on prevention and healthy living. Volunteers will aid community members and organizations in designing and implementing programs for PLHIV with a focus on support group models that can help to mitigate the effects of HIV, improve health outcomes for PLHIV, improve household nutritional status and optimize the quality of life of adults and children living with and affected by HIV.

Volunteers will work with community counterparts at the local level to offer combination prevention approaches offering the minimum package of prevention services but also targeting structural factors that impact transmission including stigma, discrimination and gender inequity. Across the region Volunteers will reach out to at-risk youth and the community members who work with them to implement prevention strategies on reducing vulnerability and increasing community capacity . In Nicaragua, Volunteers will work with most at risk populations in combination prevention helping them develop plans for development of new skills to help them reduce their social vulnerability through workshops and trainings. In Honduras, Volunteers and their counterparts will work with self-help groups to increase their ability to provide prevention programming to HIV positive members. In Guatemala, Volunteers will work with local personnel of the Ministry of Health to train them in techniques of HIV prevention outreach and voluntary counseling and testing. In Costa Rica, El Salvador and Panama, Volunteers will provide outreach to men at risk especially in rural communities. In Belize, Peace Corps Response Volunteers will help the national AIDS response integrate best practices into their programming. All of these efforts will include cross-cutting objectives of reducing stigma and discrimination and gender inequity especially at the local level and will be carried out in partnership with local and regional government and civil society in order to increase host country capacity capacity.

Implementing Mechanism Details

Mechanism ID: 12016	Mechanism Name: Comprehensive Care in Central America
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
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
Belize - Central America	89,862
Costa Rica	143,780
El Salvador	179,725
Guatemala	197,697
Panama	143,780

Total Funding: 898,623		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	498,623
Guatemala	GHP-USAID	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Capacity Project, implemented by IntraHealth, works to ensure effective and efficient delivery of comprehensive care and treatment for PLHIV in Belize, Costa Rica, El Salvador, Panama and Guatemala. The project's strategic approach includes six interwoven technical strategies to increase access to high quality care for PLHIV:

1. Measure and support improvements in the quality of services provided for care and treatment of people living with HIV/AIDS in health facilities.
2. Establish strong referral networks and integrate care and treatment with community-based support to ensure

complementary services and promotion of HIV prevention through facility-community partnerships.
3. Provide trainings to health service providers in the public and private sector, NGOs and government organizations and civil society.
4. Build HRH capacity at both the pre-service and in-service levels through updates of university curricular content & teaching methods and standardization of in-service curricula and methodology for performance-based training.
5. Support innovation at the health facility and community level through use of information communications technology, and appropriate training in information systems.
6. Promote the institutionalization of standards for quality improvements at national and institutional levels.

Sustainability: Social Security institutions in Costa Rica and Panama, have initiated the institutionalization of the project's Quality Assurance model, through a progressive plan to adopt the model in both outpatients and in-services care. And across the region, governments are adopting the stringent Capacity quality standards. The Capacity benchmarks remain a tool that is used by countries in the region to monitor and improve their hospitals themselves.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000
Motor Vehicles: Leased	3,595

TBD Details

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**12016**

Mechanism Name:	Comprehensive Care in Central America		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	62,904	0

Narrative:

The Capacity Project began a pilot Continuum of Care (CoC) project in Guatemala and will continue to expand the work in Guatemala through the Capacity Project and across the region through the Capacity Plus project. The primary purpose of the CoC in Guatemala is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. The CoC constitutes a package of services for PLHIVs, MARPs and indirectly the general population. These services empower a multi-sectoral local network of community groups to proactively demand high-quality services. A fully developed CoC brings together five major components of a response to HIV: care, treatment, support, counseling/testing (CT), and prevention. The core activities of the CoC strategy include: (a) Training and Supportive Supervision of institutional and community health personnel in ART compliance, home care, stigma and discrimination reduction, and gender dimensions of HIV. (b) Prevention with Positives training that will ensure the systematic application of providing prevention recommendations to HIV-positive clients, assess client adherence to ARVs and other medications, assess clients for signs and symptoms of STIs, integrate RH/FP services including condom counseling and condom provision at every visit, and referals for community-based support. (c) M-health technology (the use of mobile phones to share health information, send prevention messages, follow up with clients, provide text reminders for when it is time to take ARVs and/or other medications or come for medical appointments, and notify members of the hospital-community integration team of upcoming meetings, progress on implementation of activities, and other relevant issues) to improve community-facility partnerships. (d) Referral and counter-referral network to maximize the integration of complementary services, ensure client satisfaction and ARV adherence, and minimize client loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	89,862	0

Narrative:

The Capacity Project monitors care and treatment services by establishing a performance information system and using data for decision making. The project works closely with Ministry of Health and other stakeholders to leverage resources for improvements and needed follow-up in hospitals after the assessments.

The Performance Improvement for Quality (PIQ) strategy will build capacity of hospital and MOH/SSI authorities to implement facility performance improvement surveys. This strategy aims to build institutional capacity for a comprehensive HIV/AIDS care and support system that is fully integrated into the overall health system. The

project will enable stakeholders and counterparts to dissemination lessons learned, best practices and successful interventions for both advocacy and decision-making purposes. The project will strengthen the presentation and use of information through a series of structured national forums in collaboration with the MOH and other projects and agencies. Because the most sustainable activities are those that possess strong budget forecasts and M&E plans, the project will advocate for the inclusion of performance improvement and monitoring in the annual operational plans and budgets of the MOH/SSI. This inclusion will support country ownership and the implementation of the National HIV/AIDS Strategic Plan and HIV/AIDS Monitoring and Evaluation Plan in each country.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	745,857	0

Narrative:

The Performance Improvement for Quality (PIQ) strategy will be implemented in 57 hospitals in 5 countries: Belize, Costa Rica, El Salvador, Guatemala and Panama. Activities will support institutional capacity-building at the national level. PIQ will be implemented through the Ministries of Health (MOH) and Social Security Institutes (SSI) of the focus countries. IntraHealth country representatives will train representatives from the HIV/AIDS Program, MOH/SSI central or regional level, and other hospitals to assess compliance with performance standards using standardized tools.

The Capacity Project will conduct assessments to help hospital authorities and staff address the gaps identified in their hospital performance. They will develop an action plan to remedy the gaps and then support, with technical assistance, the implementation of the interventions in the hospitals. The Capacity Project will develop training and learning interventions to target capacity building in skills and knowledge, one of the primary reasons for the performance gaps. They will facilitate intervention plan follow-up meetings to monitor and motivate progress on implementation of identified interventions, conduct subsequent performance assessments to see percentage change in compliance with standards and repeat any needed trainings.

One of the major challenges facing hospital workers is overcoming barriers to making improvements to health services in a resource-constrained environment. During this year, these gaps assessments and actions plans will raise awareness among MOH/SSI and HIV/AIDS Program stakeholders for the need for the systematization and the institutionalization of the performance standards and methodological process to ensure sustainability of the approach. For activities identified as targeted leveraging, the MOH and other NGOs will provide both technical and financial support.

HRH capacity will be enhanced at both the pre-service and in-service levels through revisions and updates of

curricular content and teaching methods at university health and social welfare schools and standardization of in-service curricula and methodology for performance-based training.

Implementing Mechanism Details

Mechanism ID: 12020	**Mechanism Name: Implementing Public Health Programs and Strengthening Public Health Science**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UVG - UNIVERSIDAD DE VALLE DE GUATEMALA	
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
Belize - Central America	0
Costa Rica	0
Guatemala	0
Nicaragua	0

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

Sub Partner Name(s)

CIES		

Overview Narrative

UVG is one of CDC's primary partners. The Center for Health Studies is an academic unit within the Institute for Research at UVG. Its vision and mission is to become a center of excellence by conducting science and training

contributing to the improvement of health in Guatemala and the region, in collaboration with strategic partners. During the last 29 years, CHS has developed the capacity to conduct studies in response to public health needs and to translate results into public health programs and policies. Some new areas that have been developed in the last five years include: HIV/AIDS, Tuberculosis and sexually transmitted diseases surveillance and operational research carried out in collaboration with CDC. The UVG has had the ability to integrate laboratory science into field studies. The UVG laboratory capacity includes modern equipment and personnel for entomological, parasitological, bacteriological, virological, immunological and molecular biology activities.

The STI control for HIV prevention intervention (VICITS) among MARPs in Guatemala and Nicaragua is a strategy that has been gradually being transferred to each local MOH. The countries have already started to assume the payment of salaries for some of the clinicians and lab staff, and it is expected that MOH covers 100% of personnel by the end of FY2013. Also, diagnostic reagents & supplies are already being purchased by host countries. UVG consistently shares information with each MOH, and the prevention services, surveillance, and M&E are already integrated into the national health systems of Guatemala, Nicaragua and Costa Rica. UVG is working to establish an expert team as a part of the BSS+ implementation to monitor the epidemic in each country & develop a long term surveillance strategy.

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

Budget Code Information

Mechanism ID:	12020

Mechanism Name:	Implementing Public Health Programs and Strengthening Public Health Science
Prime Partner Name:	UVG - UNIVERSIDAD DE VALLE DE GUATEMALA

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

Narrative:

VICITS (Vigilancia y control de VIH, ITS y comportamiento sexual en poblaciones vulnerables – HIV/STI/ surveillance and control among most at risk populations) is a comprehensive HIV and STI prevention program linked to the analysis of surveillance data in Central America. VICITS is an HIV prevention strategy that combines sexually transmitted infections (STI) diagnosis and treatment among most at risk populations, condom promotion, behavioural change and an information system to monitor the impact of the project. Due to high infection rates and a high number of sexual partners, sex workers (SW) and men who have sex with men (MSM) have been identified as a core group in HIV transmission in Central America. The presence of sexually transmitted diseases and difficulty of safe-sex negotiation makes this group more sensitive to acquire, and more prone to transmit, HIV. Evidence supports that timely treatment of STIs may reduce HIV transmission, especially in concentrated epidemics and in groups with a high rate of bacterial infection - such SW and MSM. UVG will continue supporting VICITS in Guatemala, Nicaragua and Costa Rica.

M&E for MSM Prevention: It is essential to monitor and evaluate the impact of the interventions being implemented in the region for the groups at highest risk of infection. The UVG will support the implementation of programmatic evaluation of coverage and impact of interventions and costing of strategies. This programmatic evaluation will improve the programs and the heath of the participants covered by the strategies.

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

Narrative:

Health systems strengthening is a cross-cutting issue for all UVG activities. Prevention services are provided through public facilities and staff is trained, equipment provided, and infrastructure development is provided through this mechanism. Information systems developed either to monitor the impact of prevention interventions or to support surveillance, monitoring, and evaluation are integrated into the national health systems. Health services-- in general-- are mainly tailored to serve the needs of women and children. UVG will work towards equalizing access for men, and especially MSM. Prevention programs will document levels of gender-based

violence and include counseling and referral services to address these problems. Data from BSS+ and other special studies will help design strategies to reduce discrimination towards MSM, male and female sex workers.

Training & Communications- CDC, through UVG, will strengthen human resources for health in the areas of HIV, STI, surveillance and reproductive health. The UVG will also support curriculum development, training materials, and technical assistance through the FELTP (Field Epidemiology and Laboratory Training Program). The Center's mission will be to expand human capacity in the region for the implementation of effective, sustainable and context-specific HIV strategic information processes which enable evidence-based development of HIV prevention, care and treatment in the region. CDC and UVG will also support the development and implementation of a communications strategy to assist in dissemination of lessons learned and best practices in the region.
CDC through its implementing partner will also train health care personnel to reduce stigma and discrimination towards different groups of men who have sex with men, trans population and female sex workers under the VICITS strategy. UVG will also promote SW and MSM attendance through peer educators and health promoters and will train staff providing services to MSM and SW in data analysis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Governments in the region have varying levels of service for sex workers. Often these services include medical history and behavioral risk factors interviews, physical exam, basic and sporadic laboratory screening tests, treatment and condoms. STI services are not standardized, supplies are not always available and data on services and STI prevalence has never been systematically gathered and analyzed. Currently there are no STI or Voluntary Counseling and Testing (VCT) services offered methodically for the MSM population.

Through VICITS, access and quality will be improved for STI, VCT, and referral for HIV care and risk reduction counseling at public health facilities for the MSM community in Guatemala, Nicaragua and Costa Rica. The intervention will include strengthening STI etiologic and syndromic management through strenghthening counseling for risk reduction and condom promotion, improving laboratory STI and HIV diagnostic capacity through training and provision of equipment and reagents. An information system to monitor HIV, STI and condom use trends will allow to evaluate the projects impact. The strategy is designed with the participation of the Ministry of Health and implemented in government facilities and selected NGOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Early identification of HIV positives and early referral for ART: CDC in conjunction with UVG and based on the

recent findings of the study HPTN 052 will be implementing a pilot study in MSM and transgender HIV-positives and their discordant couples, in Guatemala, with the aim of evaluating the feasibility of providing early treatment with ART in countries with limited resources such as Central America. The study by Dr. Mynor Cohen of the University of North Carolina found that "HIV-infected people treated with antiretroviral therapy (ART) when immune systems are still healthy led to a 96 percent reduction in HIV transmission to their partners."

Implementing Mechanism Details

Mechanism ID: 12578	**Mechanism Name: Supply Chain Management System**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	24,000
El Salvador	84,000
Guatemala	200,000
Panama	92,000

Total Funding: 400,000		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	200,000
Guatemala	GHP-USAID	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As part of the initial Central America Partnership Framework discussions, the USG and governments in the region

identified supply chain management as a priority. Following successful work of SCMS in Honduras with bilateral funds, regional activities started in June 2010 to support the strengthening of the Guatemala supply chain. SCMS is building capacity through TA in inventory control, quantification, logistics management information systems, warehousing and distribution of MOH health commodities of the MOH, with emphasis in HIV, TB and malaria programs but also benefitting the nutrition, reproductive health and respiratory infections programs.

In FY2011 SCMS began development of similar activities in Nicaragua and Panama. Work began with a situational assessment of their supply chains. A Country Plan will be created in close coordination with the MOH and Social Security of each country. In FY2012 activities will also begin in El Salvador with a situational analysis of the supply chain for ARVs.

The SCMS work in this region provides a low–cost, country-owned solution which is a critical part of a GHI approach in general and ties to the GHI Strategy specifically in Guatemala.

Sustainability: All SCMS technical assistance is designed to empower local MOHs to manage their own supply systems. For example, after training and technical assistance in Panama, the MOH has established its own mechanism to do ARV estimation and projections for future years based on data to avoid overstock or stockouts. The length of time it will take to build the necessary skills in each country will vary- for instance work in Guatemala and Nicaragua will be more involved while assistance in Panama and El Salvador is limited due to a more advanced system already in place.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,000
Motor Vehicles: Leased	28,212

TBD Details

(No data provided.)

Key Issues

Malaria (PMI)

TB

Budget Code Information

Mechanism ID:	12578		
Mechanism Name:	Supply Chain Management System		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	47,000	0

Narrative:

In Guatemala SCMS will work to improve (LMIS) for HIV, Malaria and TB programs. SCMS supported the MOH with an LMIS assessment in November 2011. This provided the basis to harmonize the MOH LMIS across programs. The improved LMIS will benefit the quantification of commodities with more accurate data, which will lead to less stock outs and optimize the use of resources. The improvement of the LMIS will also contribute to a better inventory control. SCMS will support the MOH with supportive supervision and in service training in the LMIS and other logistic components including warehousing, distribution, quantification etc. The M&E staff will regularly visit all health levels that provide ARVs. They will work in improving the accurate capture of data and use LMIS at health regions, health centers and hospitals which provide special care for HIV patients. In 2012 SCMS will provide technical assistance to the new National Programs Warehouse in the design of a Warehouse Management System (WMS) that will be used for all the MOH Programs that buy their commodities centrally. SCMS will provide in service training for all the users of the new WMS system for the NPW. Improved information availability at the warehouse coupled with and harmonized LMIS across programs should dramatically improve the efficiency of the supply chain.

In Nicaragua, key interventions will include supporting ongoing efforts by the USAID | DELIVER PROJECT to integrate MOH's ARVs into the existing LMIS.

Unlike its neighbors in Central America, Panama's challenges are not as extensive in Supply Chain. For this reason, it's expected that activities will focus on interventions aimed at alleviating specific problems that will have the greatest impact. Activities will improve available data for decision making as well improved quantification methods.

Keeping in line with GHI principals SCMS will work to create in house capacity for Quantification at the MOH

across the region, working towards a sustainable future. SCMS will also collaborate, when appropriate, with PRSIMA a Logistics Training Institute working with both the MOH and the USAID | DELIVER PROJECT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	353,000	0

Narrative:

In 2010 in Guatemala the Global Fund evaluated the MOH capacities to manage the HIV grant. The evaluation highlighted the need to make improvements in the processes of storage and distribution for medicines. While in recent years the Central American region has increased investment to ensure the availability of drugs for the treatment of HIV, the investment in storage facilities and operational improvements have not followed the same pace. Following the Global Fund evaluation, at the request of the MOH, SCMS conducted an assessment in Guatemala and identified different flows of information for each program within the MOH and recommended the harmonization of this information. Based on these findings SCMS will work in three strategic areas: 1. Support the MOH to improve the National Programs Warehouse (NPW) conditions and the distribution system for their health programs. The MOH will use part of its GF grant to renovate the NPW, and SCMS will donate equipment and provide technical assistance for preliminary design, final design, evaluation during the construction process, and capacity building. 2. Improve the logistics information system (LMIS) for HIV, TB and malaria medicines. To achieve this SCMS will support the MOH with an LMIS assessment and supervision visits at all health levels. 3. Improve the quantification and procurement process for medicines and rapid test kits for HIV, TB and malaria. SCMS will conduct trainings and workshops in order to build the skills of MOH staff in this area.

Note that all SCMS activities in the country are in alignment with the GF logistics work plan for Guatemala, and are consistent with the Country Coordinating Mechanism objectives.

In Nicaragua SCMS will leverage support of the Global Fund to Malaria, TB and HIV , and work with leadership and staff of Central Medical Stores (CMS) to improve working and storage conditions. SCMS in partnership with USAID Powering Health will employ a green analysis of warehousing and distribution to reduce energy consumption at the warehouse complex. Efforts will combine an attempt to reduce temperatures as well as energy consumption in key CMS facilities.

In Panama SCMS will provide technical assistance in warehousing, information systems, distribution and conduct build on workshops in human resources, estimation of needs and best practices for supply chain.

SCMS will also begin targetted activities in El Salvador and will focus on supporting the National Aids Program needs in logistics in the coming year.

In all countries, SCMS will provide in service training on Quantification, and LMIS.

Implementing Mechanism Details

Mechanism ID: 12651	**Mechanism Name: UNAIDS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: UNAIDS - Joint United Nations Programme on HIV/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
Costa Rica	0
Guatemala	0
Honduras	0
Panama	0

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

Sub Partner Name(s)

CONASIDA Honduras	Gorgas Commemorative Institute of Health Studies, Ministry of Health	Ministerio de Salud Costa Rica
Pan American Health Organization	Secretaria General de Planificacion	United Nations Children's Fund
Universidad Rafael Landivar		

Guatemala		

Overview Narrative

CDC Gap in conjunction with UNAIDS will continue strengtheningthe capacity of countries to more effectively reach and deliver sustainable high quality HIV/AIDS/STI/TB services focusing in the areas of service delivery, health workforce capacity and laboratory strengthening. In addition, CDC GAP and UNAIDS will continue supporting the Costa Rica, Honduras, Guatemala and Panama Ministries of Health with direct expert technical assistance to assist in the development and execution of HIV/STI/TB activities, strengthening technical capacities of institutional human resources, update country profiles and some special studies in each country.

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

Budget Code Information

Mechanism ID:	**12651**		
Mechanism Name:	**UNAIDS**		
Prime Partner Name:	**UNAIDS - Joint United Nations Programme on HIV/AIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0
Narrative:			

Epidemiologic HIV/AIDS Country Profiles Epidemiologic HIV/AIDS Country Profile will be disseminated in Honduras. The country Epidemiology Profiles are produced to give city and county governments, community-based organizations, health care planners, and educators the data they need to plan and evaluate HIV/AIDS prevention and care activities. It also includes data from ancillary sources such as STD, TB and reproductive health. Triangulation exercises will be finalized and disseminated in Honduras and Guatemala to support findings from the EPI Profiles.

UNAIDS will also continue working on strengthening a unique and evidence based M&E system in conjunction with CONASIDA M&E Unit (the National AIDS authority in Honduras)

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

Narrative:

Training & Communications CDC through UNAIDS will continue strengthening human resources for health in the areas of HIV, STI, TB, surveillance and reproductive health. In Costa Rica, UNAIDS through PAHO and Ministry of Health will disseminate HIV Modules of Patients Monitoring and Early Warning to non-adherence in the HIV National Surveillance System and will also finalize strengthening technical capacities of institutional human resources in Costa Rica.

Implementing Mechanism Details

Mechanism ID: 13067	Mechanism Name: URC CDC Project
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
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
Guatemala	-1

Honduras	-1
Nicaragua	-1
Panama	-1

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC DHGA with the support of University Research Co. LLC will continue strengthening the capacity of countries to more effectively reach and deliver sustainable high quality HIV/TB services focusing in the areas of service delivery, health workforce capacity and laboratory strengthening. In addition, CDC DGHA and URC will continue supporting the Central America and Panama Ministries of Health with direct expert technical assistance to assist in the development and execution of HIV/TB activities, staff development for health personnel through an specific strategy named Multi-Disciplinary Facility-Based Tb Program Strengthening For TB -Related HIV Surveillance (FTBSS).

CDC DGHA and URC will update TB national guidelines, design an implementing strategy including a M&E plan, training workshops, and support for the TB related HIV committees function and TB information System Strengthening including surveillance (design a nominal reporting systems for TB related to HIV.

FTBSS is designed based country needs and implemented under MOH lead and engagement and is being partially funded by host governments and other donors in the region such as Global Fund.

After the intervention of the FTBSS strategy in Guatemala, Honduras, Nicaragua, and Panama the HIV/TB services will be delivered with high quality by the local personnel that URC trained and supported from each MOH. To ensure sustainability of the FTBSS strategy in the countries, URC is working on local facilities of MOH to establish capacity building.

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
TB

Budget Code Information

Mechanism ID:	**13067**		
Mechanism Name:	**URC CDC Project**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0

Narrative:

MULTI-DISCIPLINARY FACILITY-BASED TB PROGRAM STRENGTHENING FOR TB -RELATED HIV SURVEILLANCE (FTBSS) is a program that aims to improve detection of HIV among TB patients, TB management and strategic information for TB and HIV. FTBSS was designed by the Regional Office for Central America and Panama of the Division of Global HIV AIDS Program of the Centers for Disease Control and Prevention. CDC through URC will support the implementation of the FTBSS strategy in Guatemala, Honduras, Panama, Nicaragua.

FTBSS has the potential to improve:

1) TB/HIV case detection
2) Patient diagnosis, treatment and referral to HIV-related care
3) The provision of reliable information for use at all levels of National TB Program
4) Improve communication between national HIV program and National TB Program for a better understanding

about patient management *With URC, training courses will be implemented, including curricula development, preparation of training materials and implementation of courses. Based on the results of laboratory assessments, equipment and supplies will be provided to improve diagnosis of TB and HIV.* *Technical assistance will be provided during initial implementation, and an eventual gradual transfer to the respective countries of the complete fiscal and management responsibility for the FTBSS program. The project will be guided by a technical working group that includes country, CDC (country and Atlanta offices), Wam Technology and partner technical experts in TB/HIV care and treatment, surveillance, data management, M&E, and laboratory. (BH)*

Implementing Mechanism Details

Mechanism ID: 13082	**Mechanism Name: Combination Prevention**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 3,735,642		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	1,916,820
Guatemala	GHP-USAID	1,818,822

Sub Partner Name(s)

Cicatelli Associates Inc.	IPPF	Milk & Cookies

Overview Narrative

The Combination Prevention Program of PASMO/PSI reduces the spread of HIV among MARPs in Central America, a Partnership Framework priority. PASMO's targeted MARPs include FSWs, their clients, MSM, transgendered persons, PLHIV and their partners, Caribbean populations, and men in uniform. Within these are

harder-to-reach MARPs, including bi-sexual men, MSM who do not identify as homosexual and highly mobile populations. An increased focus for FY2012 will be on transgendered and PLHIV, the two groups who appear to be the drivers of the epidemic in the region.
The overall objective is to provide cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions for MARPs. The expected results are reduced prevalence of high risk behaviors among MARPs; decrease stigma and discrimination related to sexual orientation, occupation or status; increased access by MARPs to a minimum package of essential prevention services; and strategic information obtained through research and monitoring to improve activities. Activities work to improve gender equity through masculinities and stigma and discrimination studies based on gender norms. Results are incorporated into design and implementation of behavior change and health service activities. PASMO will be the main implementer of Gender Challenge Fund activities and will address Sexual Violence, Exploitation and TIP targeted to MARPs starting with a pilot project in Guatemala. PASMO coordinates with local NGOs and governments to maximizing funds.
Sustainability: The program uses existing NGOs and private sector health providers to implement activities and strengthens the NGO and provider capacity to deliver high quality interventions.

Cross-Cutting Budget Attribution(s)

Gender: GBV	650,000
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 legal rights and protection
Military Population
Mobile Population
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	13082		
Mechanism Name:	Combination Prevention		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	767,970	0

Narrative:

A goal of the PASMO/PSI Combination Prevention Project is to build capacity of local NGOs, civil society groups and health service providers. The program works with other partners in this area such as the USAID/PASCA project and the Global Fund. However, all projects struggle with the high rotation of personnel, the lack of coordination across training organizations and the lack of follow up with the trainees that affect long term results. To sustain the impact of these trainings and truly build capacity, the program is developing, in conjunction with other USAID partners and the Global Fund, an integrated plan for institutionalizing these activities.

A combination of locally-available short courses and technical assistance is being used to address specific capacity gaps within the NGO partners and health professionals that PASMO/PSI works with. In addition to building local managerial and technical skills, PASMO/PSI will strengthen financial and administrative systems to ensure adherence with sound management practices. Coordination mechanisms will be established, in conjunction with other projects and institutions (UNAIDS, Global Fund, Ministry of Health) to avoid duplication and to make sure that the beneficiaries incorporate these efforts in their own plans. A variety of needs have been identified, including gender, strategic planning, writing proposals, the use of the PASMO/PSI Unique Identifier Code and financial/budgets. To complement this effort, a database of training participants is in development.

PASMO/PSI will train a total of 538 health care workers, including counselors and community workers, in outreach with MARPs and testing and counseling to improve MARP-friendly services at IPPF clinics, private laboratories and NGOs. This will result in services free of stigma and discrimination, including homophobia. Journalists and decision makers will be sensitized. PASMO/PSI will also review existing curricula and manuals on stigma and discrimination. Cyber-educators will continue their training program, as they lead social media efforts in each country platform. Online trainings tools will be set up.

PASMO/PSI will continue to carry out planning, interventions and prevention activities in close coordination with other key partners, such as USAID partners in health, other USG agencies, other donors, and regional and local working groups.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	528,495	0

Narrative:

Program target populations for VCT activities include TRANS, FSW and their partners, MSM, Men at Risk and Caribbean Populations. The average HIV prevalence rates in the region is between 2-6% for FSW, between 10-12% for MSM and around 20% for Trans. The program aims to test approximately 22,500 individuals in FY12. Studies have shown that FSW testing rates range from 68%-94% and MSM testing rates range from 52%-75% in the last 12 months in the region.

In order to increase access to VCT/STI services among MARPs, the Program will continue implementing a mobile VCT approach that includes STI screening and references for STI diagnosis and treatment. Mobile outreach services will be conducted by first generating demand through educational outreach activities at places where the target groups gather. These mobile VCT teams are part of prevention teams that will offer the minimum package of services including behavioral, biomedical and structural interventions. PASMO/PSI also supports national efforts in Guatemala and El Salvador during National Testing Week or National Testing Day (the only two countries in the region with these campaigns). A Unique Identifier Code will help track referrals and linkages and will provide evidence if the people reached with CT can complete the full combination prevention cycle.

VCT efforts includes working with private sector (private laboratories), public sector (MoH facilities), IPPF affiliates and any NGOs that offer these services; PASMO/PSI will explore how to integrate them into a network of MARP friendly service outlets. The protocols and algorithms used by the program, are approved by MOH. Training certifications will be offered in provision of VCT (approximately 90 individuals will be trained among the region) and educational materials will be developed for these trainings. The communication strategy and new materials for VCT promotion will be developed, including a variety of print materials such as VCT/STIs brochures and a list of references. When appropriate these materials will be tailored to specific target populations.

The program will also purchase rapid tests. These rapid tests will be purchased according to local guidelines and regulations for the provision of HIV testing services, in compliance with USAID Environmental Regulations for the disposal of medical waste, including needles and syringes.

Mystery client surveys and HIV service provider surveys will be used to measure quality at provider sites. The program, through its IPPF partner, will also use client intake data to measure client satisfaction and target program activities more effectively.

VCT Working Group will continue working in Guatemala and will be established in other countries. These are spaces where the social marketing, private and public sectors meet regularly to coordinate activities, discuss shared strategies, and analyze pertinent research related to these services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,439,177	0

Narrative:

PASMO/PSI will increase access to a minimum package of prevention services for MARPs in Central America. Program target populations for are Trans, FSW and partners, MSM, PLWHA, Men at Risk and Caribbean Populations , with a focus on Trans and PLWHA. The three main components that make up the combination approach are: a) Behavioral interpersonal communication activities, correct condom and lubricants use promotion. b) Biomedical interventions that improve access to condoms and lubricants, STI screening and treatment, referrals to VCT through both the public and private sector. Biomedical services are funded by PASMO/PSI and their sub-partner IPPF affiliates in the private sector and the in for the public sector. c) Structural interventions that will provide support to prevention actions adopted by individuals. These include family planning counseling, referral to support groups for legal support, violence, self-acceptance, nutrition, and referral to alcohol/drug treatment centers. The program further works to change social norms, reduce stigma and discrimination related to sexual orientation, occupation and serostatus, and address cultural, organizational, community, and economic factors that increase the vulnerability of MARPs. An integrated masculinity and anti-stigma/discrimination campaign will be developed. Journalists and decision makers will be sensitized.
A specific package of services with tailored materials and activities has been developed for each target population but all incorporate a minimum package of services. This package includes 3 behavior change communication activities, one HIV test or STI diagnosis and treatment and one structural level intervention. For one person to be counted as reached they must pass through this minimum package. Of the total people reached, at least 15% will be reached with the full package 3 times a year, the rest will pass through the services once a year.
Examples of specific approaches to reach MARPs include a strategy for implementing social media activities and implementation of a website for PLWHA and their family and friends, the creation and implementation of an interactive cellphone telenovela for FSW, materials to promote human rights education among MSM, and specific educational materials and methodologies for Trans populations. All activities and services will take into account gender considerations, in particular the need for a change of social norms related to male and female roles in society.
The program is going to spend $290,952 to reach 8% of FSW population (or 5,824 women), $484,920 to reach 9% of MSM population (or 15,500 men), $606,150 to reach 61% of Trans population (or 1,290 trans), $727,380 to reach 7% of PLWHA population (or 9,500 people), $242,460 to reach 21,015 men at risk and $72,738 to reach 735 of the Caribbean populations targeted with the full package of services at least once. Costs are higher for Trans and PLHWA due to the program's increased focus on these two populations and the need to create new materials.
Quality Control includes monthly monitoring plans, data collection and analysis, site visits, and a vouchers referral system. A Unique Identifier Code will be implemented, allowing the program to track the number of individuals reached with the minimum package. PASMO/PSI will conduct TRaC studies with MSM and FSW in each country and with TRANS and PLWA at a regional level to monitor and evaluate the impact of the overall program.

Implementing Mechanism Details

Mechanism ID: 13203	Mechanism Name: Nicaragua- NicaSalud

Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: NICASALUD	
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
Nicaragua	-1

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Nicaraguan Military population is characterized as at increased risk for HIV and other STIs. Nicasalud will provide technical assistance to support sexual prevention, counseling and testing and system strengthening activities in the Nicaraguan military. The Prevention program will emphasize expansion and enhancement of existing combination prevention activities.

Nicasalud will also support Health Strengthening in Nicaragua. Activities will expand and improve in-service training for military health care providers in a wide variety of fields, including the diagnosis and management of STIs, Opportunistic Infections, TB and mental health disorders as well as training in the provision of ARVs, and the assessment and management of care for HIV infected persons.

Primary achievements have been in the area of capacity enhancement for partner militaries. Nicasalud has provided extensive support to the Nicaraguan military in its implementation of counseling and testing and HIV prevention. With this support the military has increased its capacity to lead these vital programs. Host militaries will be called on to incrementally increase cost sharing in support for counseling and testing services.

Cost efficiency and quality will be improved by increasing the capacity of military healthcare workers to conduct

trainings internally, leverage partnerships with local organizations, and share best practices across militaries in the region. The program will incrementally increase the financial and human resource contribution of the host country military.

Program monitoring and evaluation will be carried out according to national health standards, utilizing mechanisms provided by or recommended by the Ministry of Health and/or National AIDS coordinating body.

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
Military Population

Budget Code Information

Mechanism ID:	**13203**
Mechanism Name:	**Nicaragua- NicaSalud**
Prime Partner Name:	**NICASALUD**

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

Narrative:

This activity will strengthen the capacity of the Nicaraguan Armed Forces to plan, manage, and implement HIV programs. Referral networks and service integration will be strengthened for HIV/STI/TB care and treatment.

Strategies for improving partnerships with other governmental organizations, NGO, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement and support of interventions addressing gender norms, substance abuse, and confidentiality, among others. TA will be provided to improve treatment adherence, psychosocial support services and diagnosis and treatment of mental health problems for the HIV + personnel and civilians receiving treatment and care at military health sites. Efforts will be made to strengthen military protocols that reduce stigma and discrimination and strengthen military commitment to support HIV-positive members and HIV programs.

Financial management mechanisms will be improved and training will be provided for military leadership in financial management for HIV programs. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged.

Opportunities to strengthen in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART management, psychosocial counseling, and substance abuse will be pursued. Service guidelines will be developed or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV surveillance and strategic information.

Opportunities for military to military exchange training programs and professional exchanges to share program best practices and foster regional collaborations will be explored. TA will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS related services.

Activities will support the retention of healthcare personnel and uptake of clients by improving the workplace environment through minor refurbishment of work sites, including counseling and testing centers, labs and clinic settings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Activities will strengthen the capacity of the Nicaraguan Armed Forces to provide accessible, confidential, and quality testing and counseling services. Testing and counseling will be integrated into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC). TC opportunities for military personnel will be expanded (i.e. on bases, pre/post deployment, and temporary assignment) and activities will link with other prevention activities as well as provide access to other support services. TC activities will link with prevention sensitization activities to educate participants and access other support services.

As the military increase their capacity for managing TC activities, couples TC will be promoted among military personnel and their partners in order to identify serodiscordant couples and encourage safe sex practices and other preventive behaviors. Couples TC will promote gender equity and facilitate safe, mutual disclosure of HIV test results. Enhanced risk elucidation and risk reduction planning will be incorporated into post-test counseling encounters.

The Military will work with national supply chain mechanisms to ensure TC sites have sufficient supplies, adequate and secure storage facilities, as well as inventory monitoring and tracking systems for HIV test kits. TA in the provision of quality HIV TC services will be provided to military TC providers. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages, emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination.
Building on previously funded trainings, training and refresher training of counselors will begin to focus on management and supervision and advanced TC skills such as couples counseling. Mechanisms to maintain confidentiality of those tested will be established. A monitoring and evaluation system will be implemented through i.e. standardized logbooks, client data forms, monthly reporting forms, and other methods that comply with the national reporting systems and requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

NicaSalud will support the Nicaraguan Armed Forces in the implementation of HIV prevention activities with military members and their families. Drivers of the Nicaraguan epidemic in military members , families and community is the focus of this program. Military members and families will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and learn HIV status. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among MARPS to reduce HIV transmission. The support of prevention programs leveraging the existing military institutional structures will lay the foundation for sustainable programs. Technical assistance will build internal capacity of the partner military to direct and maintain HIV prevention efforts. Technical assistance will be provided for the provision of evidence based interventions in areas such as correct and consistent condom use (including minimizing stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors. Prevention activities will promote sexual health and reduced HIV risk by communicating the risks associated with overlapping or concurrent sexual partnerships. Health seeking behaviors and access to services will be promoted.
Interventions will be delivered through individual one on one and small group sessions, campaigns, and through trainings integrated into military institutions. Peer educators will be trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will implement and train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs.
Operations research will be conducted to determine the efficacy of these interventions on key behavior and health outcomes. Interventions will be compared across and between countries to refine intervention efficacy.

Implementing Mechanism Details

Mechanism ID: 13445	Mechanism Name: Capacity+
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
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
Belize - Central America	63,041
Costa Rica	168,110
El Salvador	252,165
Guatemala	1,348,991

Total Funding: 2,084,472		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	1,000,000
Guatemala	GHP-USAID	1,084,472

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of the CapacityPlus Project, implemented by IntraHealth, is to increase access to quality HIV/AIDS services for MARPs and PLHIVs. The project will contribute to the Partnership Framework and Guatemala GHI goals and aligns with the COMISCA Regional Strategy. The program will build the Continuum of Care (CoC) Strategy (that began in Guatemala under the Capacity Project) in Belize, Costa Rica, El Salvador and Panama and expand the CoC Strategy in Guatemala to improve quality of life for PLHIV and other vulnerable populations.

CoC is defined as linked and coordinated HIV care, treatment and support services for PLHIVs and MARPs provided by collaborating organizations or by other key stakeholders. The primary purpose of the CoC is to develop

systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. This package of services will be created and monitored by a multi-sectoral local network of community groups that proactively demand high-quality services. The project will continue to scale up its technical strategies by working closely with key stakeholders in Performance Improvement methodology which serves as an organizing framework for quality improvement of CoC implementation in the region.

Sustainability: Central to the project is the value it places on working collaboratively with the public sector, civil society, local communities, and other international, regional and national agencies to foster local solutions and ownership. The networks will generate funds through contributions made by members to support their work. At the end of the five years of the project, the networks should be self-sufficient and continue to support the CoC without the need of additional outside support.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	187,602
Motor Vehicles: Leased	16,676

TBD Details

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**13445**
Mechanism Name:	**Capacity+**
Prime Partner Name:	**IntraHealth International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	1,208,994	0

Narrative:

The Continuum of Care (CoC) strategy, implemented in three regions/departments in four countries (Belize, Costa Rica, El Salvador, and Panama) and eight areas in Guatemala in collaboration with the Capacity Project aims to build a a sustainable HIV response in communities. The primary purpose of the CoC is to develop systems that provide humane, effective, high-quality comprehensive and continuous care to PLHIVs and their families. The CoC is a group of services for PLHIVs and MARPs delivered through the empowerment of a multi-sectoral local network, including community groups. A fully developed CoC brings together five major components of a response to HIV: care, treatment, support, counseling/testing (CT), and prevention. The activities to implement the CoC strategy include: (a) Training and Supportive Supervision of institutional and community health personnel in counseling on ART compliance, home care, stigma and discrimination reduction, and gender dimensions of HIV. (b)Prevention with Positives: Such training will ensure the systematic application of providing prevention recommendations to HIV-positive clients, assessing client adherence to ARVs and other medications, assessing clients for signs and symptoms of STI, integrating RH/FP services including condom counseling and condom provision at every visit, and referring for community-based support. (c) M-health technology (the use of mobile phones to share health information, send prevention messages, follow up with clients, provide text reminders for when it is time to take ARVs and/or other medications or come for medical appointments, and notify members of the hospital-community integration team of upcoming meetings, progress on implementation of activities, and other relevant issues) to improve community-facility partnerships. (d)Referral and counter-referral network to maximize integration of complementary services, ensure client satisfaction and ARV adherence and minimize client loss to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	216,993	0

Narrative:

The CapacityPlus Project will improve use of strategic information at the local level. The multi-sectoral networks will each perform a CoC needs assessment utilizing available primary and secondary data sources as part of the community-based strategic planning process. The CapacityPlus project, will work with these networks in the collection, analysis and presentation of information to inform the planning, monitoring and evaluation of the community-based interventions. Although the CapacityPlus Project emphasizes the use of information at the local level, it will closely coordinate with other entities such as the MOH, PASCA and UNAIDS working at other levels. This coordination will ensure the harmonization of concepts and indicators (under the Three Ones); the reporting to other levels of the health system and the use and dissemination of the information for advocacy and decision-making. The project will strengthen the presentation and use of information through a series of structured local and national forums in collaboration with the MOH and other projects and agencies to present and

discuss analyses, results, best practices, and lessons learned.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	658,485	0

Narrative:

The CapacityPlus project will continue to scale up its technical strategies by working closely with key stakeholders, health facilities and institutions in: (a) In-service Performance Improvement (PI), a set of methods, procedures and strategies to find the root cause and soluation of performance problems; and (b) Learning for Performance (LFP), a systematic instructional design process with practical tools that retain only essential content relevant to a learners job performance for a specific responsibility and/or work environment.

The CapacityPlus project is working in OHSS only in Guatemala, as part of the expanded work of the Capacity Project. The project will increase demand and quality for HIV and STI services in the 30 health centers in the country in all eight regions in Guatemala. The project will work with national counterparts to develop and implement a Health Center PI strategy to identify performance standards adapted for that level of care. These will identify gaps in compliance with the standards for STI services including clinical and laboratory algorithms, surveillance and information systems. Although the PI process will cover all health center facilities, project staff will specifically follow up on gaps related to STI and HIV services (including VCT) with an emphasis on increasing the quality, access and use of these services by MARPs. Performance gaps identified through the PI process that involve medical supplies, technical capacity of personnel, and/or the availability of equipment will be brought to the attention of local and national authorities and to other projects and initiatives that could provide support or technical assistance for their resolution. The CapacityPlus project will initiate a training-of-trainers (TOT) activity beginning with the elaboration of a detailed training program, manuals and training guides as well as follow up methods to maintain staff informed and updated through supportive supervision. Through this process, skills will be transferred to the trained local team now competent to implement the PI strategy themselves.

Implementing Mechanism Details

Mechanism ID: 14396	**Mechanism Name: Supply Chain Management System Honduras**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

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

Benefiting Country	Benefiting Country Planned Amount
Honduras	0

Total Funding: 370,000		
Managing Country	**Funding Source**	**Funding Amount**
Honduras	GHP-State	250,000
Honduras	GHP-USAID	120,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, USAID will provide technical assistance in supply chain management to the Ministry of Health (MOH) through the Supply Chain Management System (SCMS) project. This technical assistance will build the capacity of the National AIDS Program and the Ministry of Health Central Warehouse to achieve a continuous supply of quality antiretroviral drugs, HIV/AIDS rapid test kits, and condoms. As part of this effort, USAID will provide support to the Ministry of Health's central warehouse and five regional warehouses in priority geographical areas for the implementation of the MOH's Strategic Plan for Supply Chain Integration to strengthen the national supply chain system (best practices in storage, transportation, and distribution).

USAID will also support the implementation of the National Condom Strategy, to increase the availability, access, and promotion of condom use.

These activities will be coordinated with other donors that support supply chain management activities, such as the Global Fund and Pan American Health Organization.

Expected results of this assistance are: more efficient warehouse commodity management; more rapid product flow; improved storage conditions; lower rates of product loss due to expiration; and a reduction in the incidence of stockouts.
In addition, the availability and quality of logistics data on ARV drug consumption and stock levels will be improved, allowing for more effective monitoring and managing of the national ARV drug supply, along with implementation of standardized procedures for reporting, ordering, and distributing ARV drugs throughout the

SESAL supply chain.

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:	14396		
Mechanism Name:	Supply Chain Management System Honduras		
Prime Partner Name:	Partnership for Supply Chain Management		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	370,000	0
Narrative:			
This project is going to train MOH staff on implementing "Good Storage Practices for Pharmaceutical Products." This will include initiating development of a logistics management and information system, such as clearly definining needed supplies and logistics, along with roles and responsibilities within the different levels of the health system.			

Implementing Mechanism Details

Mechanism ID: 14400	**Mechanism Name: PASMO-Guatemala**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant

Prime Partner Name: Population Services International	
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
Guatemala	-1
Honduras	-1

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

With FY12 funds, PASMO will provide technical assistance to support the Guatemalan Armed Forces (GAF) to administer HIV program activities in Sexual Prevention, Testing and Counseling and Health System Strengthening for military members and their families. Similar activities using pipeline funds will be implemented to support the program in the Honduran Armed Forces (HAF).

The prevention emphasis will be on providing military members the necessary skills to engage in safe sex practices and reduce risk behaviors. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among at risk populations to reduce HIV transmission. Results from baseline bio-behavioral surveys obtained in 2012 will inform the future planning and direction of prevention activities in the HAF and the GAF.

The support of prevention programs leverages existing military institutional structures building the foundation for sustainable programs. The implementation of military HIV policies and strategic plans addressing issues related to HIV testing. Technical assistance for systems and institutional strengthening will encourage addressing issues related to access, availability and quality of prevention, care, treatment and support programs.

Cost efficiency and quality will be improved by increasing capacity of military healthcare workers to conduct trainings internally, leveraging partnerships with local organizations, and sharing best practices across militaries in the region. The program will incrementally increase the financial and human resource responsibility of the host country militaries. Program monitoring and evaluation will be carried out to inform program planning and efficacy.

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
Military Population

Budget Code Information

Mechanism ID:	**14400**		
Mechanism Name:	**PASMO-Guatemala**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			
With FY12 funds, the institutional capacity of military health unit personnel in the Guatemalan Armed Forces (GAF) will be strengthened to implement comprehensive prevention strategies for HIV & STIs through the training			

of military health providers in the diagnosis and treatment of HIV, other STIs and OIs. Training will also include prevention with positives activities to improve health care providers' abilities to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification, adherence to ART and inquiry and linkages to family planning. Efforts will be made to address stigma and discrimination by promoting accepting attitudes toward people living with HIV/AIDS as well as strengthen service integration for HIV/STI care and treatment and referral networks. Strategic partnerships with other governmental organizations, NGOs, and private entities working on HIV and health for improved program quality will be emphasized. Similar activities in Health System Strengthening to be implemented in the Honduran Armed Forces (HAF) in FY12 will use pipeline funds.

Partnership Framework activities will support the development and implementation of military HIV policies and strategic plans addressing issues related to HIV testing (recruitment and periodic), retention and promotion of identified HIV-positive individuals. Technical assistance for systems and institutional strengthening will encourage addressing issues related to access, availability and quality of prevention, care, treatment and support programs.

Military leadership sensitization, endorsement and support of interventions addressing gender norms, substance abuse, and confidentiality among others will be sought to assure greater sustainability. Financial and program management mechanisms will be improved and training will be provided related to these areas. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged. Opportunities for military-to-military exchange training programs and professional exchanges to share program best practices and foster regional collaborations will be planned. Technical assistance will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS-related services. Service guidelines will be developed and/or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV and other disease surveillance and strategic information.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

Using FY 12 funds, activities will strengthen the capacity of the Guatemala Armed Forces (GAF) to provide accessible, confidential, and quality testing and counseling services. Activities will support the provision of HIV testing and counseling (HTC) services to the military members and their families. Funds for this activity will be used to train military health providers and technicians in provider-initiated HIV testing and counseling (PITC) and HTC and to support monitoring, evaluation and quality assurance programs to ensure quality service delivery through PASMO. Increasing PITC uptake in patients presenting with STIs will be also a focus. To strengthen the capacity of the GAF, training in STI syndromic management and referral mechanisms and sensitization trainings

for military health providers to reduce stigma and discrimination will be conducted. Similar HIV testing and counseling activities to be implemented in Honduras in FY12 will use pipeline funds.
HTC activities will link with prevention sensitization activities to educate participants and encourage testing especially during time periods around pre- and post-deployment. Expansion of mobile and outreach services will be explored as a means to reach military personnel working in geographic areas away from military hospitals and urban testing sites. Focus will also be on strengthening collaboration & partnerships with the Ministry of Health (MoH), and surrounding MoH treatment sites for maximum patient retention and adherence.
Technical assistance in the provision of quality HTC services will be provided to military health providers. Counseling will be performed in accordance with national guidelines and will include targeted prevention messages, emphasizing the reduction of risk behaviors, and address issues surrounding stigma and discrimination. Soldiers who test positive will be referred for care and treatment. At all levels, attention will be given to increasing the gender equity in accessing HIV/AIDS programs and addressing stigma and discrimination as well as positive living. In collaboration with Sanidad Militar, HTC IEC materials will be developed and disseminated to all HTC centers in the military. The program will also work closely with the Supply Chain Management System (SCMS) in procuring test kits and other medical consumables.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Partnership Framework activities will build on previously established sexual prevention initiatives with the Guatemalan Armed Forces (GAF) and the Honduran Armed Forces (HAF). With FY12 funds, PASMO will support partner militaries in Guatemala in the expansion and integration of focused HIV prevention activities for military members and their families. Similar activities to be implemented in Honduras will use pipeline funds. The overall goal is to focus on the drivers of the epidemic specific to the military and address knowledge, attitudes and practices related to HIV prevention. Technical assistance will build internal capacity of partner militaries to direct and maintain HIV prevention efforts.
FY12 BCC activities for HIV prevention and risk reduction will target recruits, enlisted soldiers, officer groups and their dependents. Technical assistance will be provided for the provision of evidence based interventions in areas such as increasing correct and consistent condom use (including minimizing the stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors, HIV testing and counseling (HTC), improving knowledge and attitudes about testing, decreasing HIV-related stigma, addressing gender and male norms, and the influence of mental health factors on risk behaviors. Prevention activities will promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. Condoms will be provided in collaboration with the Global Fund and PASMO will establish new condom retail outlets at the military bases in addition to ensuring free distribution of condoms. Prevention counseling will be integrated into testing and counseling

services and will link with HIV testing and care and treatment services. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability to HIV and other STIs will be conducted with community participation to promote their adoption. *Interventions will be delivered through individual one-on-one and small group sessions, campaigns, and through trainings integrated into military institutions. Specific education workshops for military officers will be implemented, in addition to troop-level education sessions will be implemented by peer educators trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs. Refresher trainings for peer educators will also be provided.* *Efforts will be made to integrate STI screening and treatment into existing medical health services and routine medical care for military personnel. Technical assistance for the diagnosis and treatment of STIs with STI awareness and incorporation into educational outreach and other prevention activities will be conducted. STI services will link with HIV testing, care and treatment services.* *Militaries require strong HIV prevention programs and evidence based programming is fundamental for effective interventions.*

Implementing Mechanism Details

Mechanism ID: 14401	**Mechanism Name: US Department of Defense**
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Defense Naval Health Research Center	
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
El Salvador	0

Total Funding: 0		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	0
Belize - Central America	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

There is limited data on HIV prevalence rates in Central American militaries, and most of the military population falls within the vulnerable or at risk population for STIs and HIV. With FY12 funds, the DoD will support efforts in Health Systems Strengthening, Strategic Information and Policy Environment for the partner militaries in Belize, Guatemala and Nicaragua. Programs in El Salvador and Honduras will be supported utilizing pipeline funds.

Efforts in HSS will improve capacity and quality in the delivery of HIV diagnostic and laboratory services and systems. Activities will expand and improve in-service training for military health care providers in multidisciplinary fields, including the diagnosis and management of STIs, OIs, TB, as well as training in the provision of antiretroviral therapy, the assessment of alcohol use, medication adherence and provision of Positive Dignity Health and Prevention (PDHP) interventions in both clinical and non-clinical settings.

These efforts link to the PF goals by improving the capacity of Central American militaries to effectively lead, manage and sustain the delivery of quality HIV prevention, care, treatment and support services for military members and their families.

Cost efficiency and quality will be improved by increasing capacity of military healthcare workers to conduct trainings internally, leverage partnerships with local organizations, and share best practices across militaries in the region. The program will incrementally increase the financial and human resource responsibility of the host country militaries. Program monitoring and evaluation will be carried out to inform program planning and efficacy.

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
Military Population

Budget Code Information

Mechanism ID:	14401		
Mechanism Name:	US Department of Defense		
Prime Partner Name:	U.S. Department of Defense Naval Health Research Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	0	0

Narrative:

Military laboratory capacity will be strengthened in the diagnosis of HIV in the lab, clinical and non-clinical settings, other STIs, TB and malaria and disease and program surveillance that will inform military leadership of resource requirements (training, human and material resources) and inform the program of necessary corrective measures for continuous improvement. Previous and continuing initiatives in the area of clinical laboratory enhancement have yielded significantly improved laboratory services available for military and related civilian populations. This program has enhanced the provision of primary medical care in the areas of HIV diagnosis and treatment as well as diagnosis and treatment of STIs and TB. In addition, host militaries will be called on to incrementally increase cost sharing on provision of counseling and testing laboratory commodities.

With FY12 funds, DoD Naval Medical Research Unit NAMRU 6 will support improved technical proficiency of laboratory personnel in laboratory procedures used in HIV/AIDS-related diagnoses and treatment monitoring. Specifically, HIV rapid testing and quality evaluation and assurance measures will be emphasized in addition to training military health providers in the screening, diagnosis and treatment of STIs and opportunistic infections (OIs). A system of sustained support supervision for trainees in the implementation of accurate diagnostics and laboratory management will be strengthened. Focus will be provided on strengthening the equipment and commodities systems to support STI, TB, OI, and HIV screening and diagnostics in the militaries of Belize, Guatemala and Nicaragua. Similar activities in El Salvador and Honduras will be supported using pipeline funds. Laboratory personnel will be trained in the development of standard operating procedures (SOP) for laboratory logistics management (i.e. laboratory specimen collection and transport), quality assurance and quality control activities, infection control materials, utilization of laboratory equipment and data management. This activity will link with HTC, TB, and care and treatment services by providing ancillary support for rapid HIV testing and

diagnostics for STIs, OIs and TB. Military laboratories will be strengthened to provide referral systems to civilian sector labs where resources limit diagnostic and treatment service provision within the military health system. Funds may support minor refurbishment and infrastructure support for outlying bases supporting the military in order to facilitate service delivery.
Provision of technical assistance in the areas of training and support for human resources for health (HRH) strategies and improved supply chains for the delivery of quality HIV related services will be supported.

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

Narrative:

With FY12 funds, increased capacity building in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information within the militaries of Guatemala and Nicaragua will be supported. El Salvador and Honduras will be supported utilizing pipeline funds. Activities will encourage partner militaries to collect, review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, care and support services in militaries. Disease and program surveillance systems will be initiated such that the Central Military Health Unit and HIV/AIDS Program office have the means necessary to analyze data from the numerous decentralized locations of military bases to inform the status of activities, and any areas of concern requiring investigation or further action. This system will be established within the military system, with the ease of sending the required reporting data to the MOH. Technical assistance will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and to facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in militaries. Improvements will be made to the militaries' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments).
Data from baseline bio-behavioral surveys that will be conducted in Guatemala and Nicaragua will be analyzed to improve evidence-based programming and deepen our understanding of the HIV and other STI risk factors in these populations. Data analyses and findings will be presented to military leadership and recommended for broader dissemination to inform policy and strategic decision making. Technical assistance will be provided to health providers and policymakers to analyze and use data to streamline healthcare providers' workflow in HIV services, monitor quality, and facilitate the identification of gaps in HIV services.
Continued support for capacity building will be provided in the areas of M&E and use of strategic information for program evaluation. Short term technical assistance and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complementing the goals of the national strategic plan for

HIV/AIDS. Formative assessments and operational evaluation will be planned to provide data to inform interventions and identify best practices to scale. Strategic Information activities with all partner militaries will also inform policy. Military personnel will be trained in M&E of military-specific HIV operational plans to identify needs and gaps related to programs.

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

Narrative:

This activity will strengthen the capacity of partner militaries in Belize, Guatemala and Nicaragua to plan, manage, and implement HIV programs. Programs in El Salvador and Honduras will be supported utilizing pipeline funds. Continued efforts to improve the policy environment to reduce stigma and discrimination, and ensure access to HIV prevention, care and treatment services among military members will be addressed. If necessary, activities will support the retention of healthcare personnel and uptake of clients by improving the workplace environment through minor refurbishment of work sites, including counseling and testing centers, labs and clinic settings.

With FY 12 funds, referral networks and service integration will be strengthened for HIV/STI/TB care and treatment. Strategies for improving partnerships with other governmental organizations, NGOs, and private entities working on HIV and health will be emphasized. Program activities will seek to secure military leadership endorsement and support of interventions addressing gender norms, substance abuse, and confidentiality, among others. Financial management mechanisms will be improved and training will be provided for military leadership in financial management for HIV programs. The development of mechanisms for leveraging resources and creating greater resource efficiencies will be encouraged.

Opportunities to strengthen in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART, psychosocial counseling, and substance abuse. Technical assistance will be provided to improve treatment adherence, psychosocial support services for HIV positive personnel and civilians receiving treatment and care at military health sites. Service guidelines will be developed or disseminated and quality assurance mechanisms will be established. Military personnel will also be trained on HIV surveillance and strategic information. Support will be provided for participation of military representatives in military HIV conferences as well as in regional meetings for Central American militaries to share best practices across technical areas.

Provision of quality HIV treatment and care for HIV positive military personnel will be supported in these countries. Basic care provided by military health services to HIV-positive personnel includes clinical staging and baseline CD4 counts for all patients, CD4 cell count monitoring, prevention, diagnosis and treatment of opportunistic infections (OIs), and referrals for people living with HIV/AIDS (PLWHA) to community-based basic care and support services based on their individual needs.

The Health System Strengthening objective of the Partnership Framework is supported through the training of

military health care providers and clinicians in adult HIV treatment and other clinical services, such as prevention and treatment of OIs, assessment and management of pain and other symptoms, and nutritional support. Training may also include PDHP activities to improve health care providers' ability to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification, and adherence to ART.
Technical assistance will be provided for the development of strategies to encourage staff retention, performance and promotion for healthcare staff providing HIV/AIDS related services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

With FY12 funds, DoD will support the Belize and El Salvador militaries in the implementation of HIV prevention activities with military members and their families. The goal is to focus on the drivers of the epidemic specific to the military and addresses knowledge, attitudes and practices related to HIV prevention. Military members will be provided the necessary skills to change behaviors, engage in safe sex practices, decrease other risk behaviors and learn HIV status. By targeting military personnel, activities will support the Partnership Framework prevention goal of increasing healthy behaviors among MARPS to reduce HIV transmission. Technical assistance will build internal capacity of the partner military to direct and maintain HIV prevention efforts. Technical assistance will be provided for the provision of evidence based interventions in areas such as correct and consistent condom use (including minimizing stigma surrounding accessing condoms), promoting condom negotiation skills with partners, decreasing sexual risk behaviors, mitigating the influence of alcohol on sexual risk taking behaviors. Prevention activities will promote partner reduction by communicating the risks associated with overlapping or concurrent sexual partnerships. Health seeking behaviors and access to services will be promoted. Analysis of structural changes that may decrease vulnerability to HIV and other STIs will be conducted with community participation to promote their adoption.
Interventions will be delivered through individual one on one and small group sessions, campaigns, and through trainings integrated into military institutions. Peer educators will be trained in risk reduction counseling and equipped with risk reduction supplies (i.e. penile models, condoms). Master trainers will implement and train others on how to implement educational outreach and community mobilization activities and provide supportive supervision of peer educators. Selection criteria will be established for peer educators, and retention and incentive strategies will be developed with militaries to encourage sustainable programs. Refresher trainings will also be provided.
Operations research will be conducted to determine the efficacy of these interventions on key behavior and health outcomes. Interventions will be compared across and between countries to refine intervention efficacy.

Implementing Mechanism Details

Mechanism ID: 14402	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14403	**Mechanism Name: Multi-sector Alliances Program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle International	
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
Guatemala	0

Total Funding: 198,000		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	100,000
Guatemala	GHP-USAID	98,000

Sub Partner Name(s)

Asociación De Azucareros De Guatemala – Asazgua		

Overview Narrative

The Multi-sector Alliances Program (Alianzas), implemented by RTI International, is a public private partnership in the region. In Guatemala, USAID has pooled funds from the education, family planning, maternal and child health and HIV programs for this project. Alianzas will leverage these funds at a 2:1 ratio on the total USAID investment over the life of the award. Alianzas will negotiate and manage alliances and ensure that resources for health, education, HIV reach the most vulnerable beneficiaries at the community level. The approach will permit USAID to

achieve cost-savings and also coordinate with a bilateral USAID flagship project for health and education.

The HIV component of the Alianzas project will work through ASAZGUA, the association of sugar cane workers in Guatemala, to focus on the implementation of BCC campaigns that prevent or mitigate infection among migrant sugar cane workers and help reduce the stigma and discrimination associated with HIV/AIDS. RTI plans to begin negotiations with the association of banana workers next. RTI has proposed a comprehensive monitoring and evaluation plan that will provide new insights into the success of this innovative approach and allow USAID to monitor progress towards key GHI and Partnership Framework objectives.

Sustainability: Through collaborations with the USAID policy project, PASCA, the sugar and banana industries have approved workplace policies related with HIV/AIDS. The prevention actions implemented by this Alianzas project are included in the policies. The goal of the project is after 2-3 years of assisting in one factory they will institutionalize the HIV prevention program for the workers within the factory and the industry will take on the responsibility for implementation.

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
Mobile Population

Budget Code Information

Mechanism ID:	**14403**
Mechanism Name:	**Multi-sector Alliances Program**
Prime Partner Name:	**Research Triangle International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	71,280	0

Narrative:

Target populations for VCT activities include mobile populations of sugar cane and eventually banana workers. The program seeks to reach approximately 5,000 target individuals during FY12.

In order to increase access to VCT/STI services among these workers, the Program will continue to implement a mobile VCT approach that includes STI screening and references for STI diagnosis and treatment. Mobile outreach services will first generate demand for such services and then reach target groups at popular gathering places. These mobile VCT teams form part of the project prevention teams and will work to offer an integrated package of services mentioned in the HVOP section. A Unique Identifier Code, developed by PASMO/PSI, will help track referrals and linkages.

The program will also purchase rapid tests. These rapid tests will be purchased according to local guidelines and regulations for the provision of HIV testing services, in compliance with USAID Environmental Regulations for the disposal of medical waste, including needles and syringes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	126,720	0

Narrative:

The project uses an integrated package of activities to prevent HIV/AIDS , .
The Alianzas project will increase access of the mobile populations, initially targetting sugar cane workers who are considered an at-risk group in Guatemala and eventually also working with banana workers, to a minimum package of essential prevention and health services. The minimum package of services is the PASMO/PSI project model. PASMO/PSI will assist in the capacity building related to the provisions of the package of services and provide some trainers for the actual implementation. The package includes three main components:

a) Behavioral: Supports interpersonal communication activities and promotion of the correct use of condoms and lubricants.
b) Biomedical: Strengthens medical actions supporting HIV prevention activities, such as STI screening, treatment, viral load and other testing, etc.
c) Structural: Contributes to the adoption of evidence-based preventive behaviors through support services, such as family planning counseling, referral to support groups, stigma & discrimination training, legal support, violence prevention training, self-acceptance, nutrition programs, referral to alcohol/drug treatment centers, among others.

In addition to working directly in the factories and mills with the workers themselves, the project will also distribute condoms in hot zones that surround these areas. *Alianzas will adapt communication materials, methodologies and approaches to reach the internal migrants, including a mass communication strategy within the mills and factories. These activities have specific gender components that are relevant to the mostly male migrant workers. These activities include working on male norms related to family planning practices and education about gender-based violence.* *Quality Control and supervision includes monthly monitoring plans, data collection and analysis, site visits, and a vouchers referral system. The Unique Identifier Code, developed by PASMO/PSI, will be also implemented by the Alianzas Project, allowing the project to track the number of individuals reached through the minimum package.*

Implementing Mechanism Details

Mechanism ID: 14406	**Mechanism Name: Deliver**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: TA	
G2G: No	Managing Agency:

Total Funding: 150,000		
Managing Country	**Funding Source**	**Funding Amount**
Nicaragua	GHP-State	50,000
Nicaragua	GHP-USAID	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 12, one of Nicaragua's program goals is to increase the availability of HIV supplies (ARVs, opportunistic infections treatment, and rapid tests) for health services provided by the MOH through their health services network. This will be achieved by strengthening the advisory role of the DAIRS committee (Comite para la Disponibilidad Asegurada de Insumos de Salud Reproductiva) to advocate for HIV funds, strategic planning,

forecasting, monitoring availability, reduction of stockouts, and improving procurement mechanisms. The project will also continue in-service training for pharmacy school students to improve their professional competencies in the management of the country's automatyzed logistic system (PASIGLIM).

The Deliver project supports the Nicaraguan Ministry of Health efforts to improve the comprehensive logistic system, which recently incorporated ARV, OI treatment, and rapid tests. Pharmaceutics and logistic MOH personnel at national, departmental, and municipal levels have been trained in logistic chain management. Currently, the project is implementing a phase out strategy to transfer all these knowledge, skills, and methodologies to the MOH, national universities, and nursing schools. The "maleta pedagogical" (a technical and methodological educative tool for in-service and pre-service training) is being designed and validated, and will be transfer to our counterparts during 2012 and 2013. In addition, based on experiences from the family planning graduation process, the project advises the MOH (through the DAIA committee) in order to increase the procurement of HIV products.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
Motor Vehicles: Leased	10,302

TBD Details

(No data provided.)

Key Issues

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

Budget Code Information

Mechanism ID:	**14406**

Mechanism Name:	Deliver		
Prime Partner Name:	John Snow, Inc.		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	150,000	0

Narrative:

The program build on previous supply chain work in family planning commodities to ensure the availability of HIV related commodities and continue strengthening the national supply chain. The project will train 100 new health care workers from pre-service training institutions (100 pharmacy students) in logistic system management and 200 health care workers in an in service training in data management and logistic system.

Implementing Mechanism Details

Mechanism ID: 14454	**Mechanism Name: TEAMSTAR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Training Resources 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
Belize - Central America	-1
Costa Rica	-1
El Salvador	-1
Guatemala	-1
Honduras	-1
Nicaragua	-1
Panama	-1

Total Funding: 0		

Managing Country	Funding Source	Funding Amount
Guatemala	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG Central America is planning to use the TEAMSTAR mechanism to assist with facilitation of regional team meetings and provide organizational development technical assistance including tools to improve USG collaboration and communication. The USG team has made great strides in working together in efficient and effective ways, but the complexity of a regional USG team with members across seven countries means that having outside expertise provide the team with creative tools will only help improve the quality of our work even more.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14454**
Mechanism Name:	**TEAMSTAR**
Prime Partner Name:	**Training Resources Group**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	0	0

Systems			
Narrative:			
The TEAMSTAR mechanism will strengthen the operations of the USG Central America team through support in meeting facilitation for strategic planning and other team building activities. TEAMSTAR will help improve team performance and provide tools to improve organizational development.			

Implementing Mechanism Details

Mechanism ID: 14455	**Mechanism Name: GH Tech**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: GH Tech	
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
Belize - Central America	0
Costa Rica	0
El Salvador	0
Guatemala	0
Honduras	0
Nicaragua	0
Panama	0

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

During the FY12 ROP planning process, the USG team decided to set aside two percent of the total budget for an external interagency evaluation. We are entering into the third year of Partnership Framework implementation and therefore the USG is proposing a performance evaluation to measure the degree of progress that USG supported interventions have achieved in terms of sustainability. This is a regional evaluation, taking into account activities performed by the four USG agencies: Peace Corps, DOD, USAID and CDC.

The proposed evaluation questions are:
-What is the degree of progress in sustainability in the PF areas of Prevention and Health System Strengthening?
-What are the gaps identified that must be addressed to achieve sustainability, measured through efficacy, efficiency, effectiveness and ownership/appropriation?
-What are the key recommendations to close the identified gaps?

Closely in line with PEPFAR and GHI emphasis on evaluation, USG will use this evaluation to inform programming and work together with host-country partners to make important mid-course corrections to ensure all activities are enabling and supporting country ownership.

An interagency evaluation team has been developed and is working in coordination with support from HQ experts to develop a detailed Scope of Work and the exact mechanism will identified in the next 1-2 months.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14455		
Mechanism Name:	GH Tech		
Prime Partner Name:	GH Tech		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0

Narrative:

With a strong focus on sustainability, this evaluation will provide important information for all the Partnership Framework partners and will inform strategic and operational planning. Sustainability will be measured by the degree of efficacy, efficiency, level of ownership and effectiveness of priority interventions/activities identified in the Partnership Framework. Due to limited funding and time, the evaluation will focus on two of the goals/areas: Prevention and Health System Strengthening. The remaining goals: Strategic Information and Policy Environment should be evaluated as cross cutting interventions inside the first two areas.

The specific objectives of the evaluation are:
-To measure the efficacy (the degree to which an intervention accomplishes the desired or projected outcomes) of PF activities in the HIV prevention and HSS for MARPs and PLWA
-To measure the efficiency (the production of the desired effects or results with minimum waste of time, effort, or skill) of PF activities in the HIV prevention and HSS for MARPs and PLWA
-To measure the cost -effectiveness of PF activities in the prevention and HSS for MARPS and PLWA in Central America
-To measure the degree of ownership/appropriation of PF actions in prevention and HSS by the host countries.
-To retroactively define the baseline of sustainability in 2010 and what advances have been made in the first three years of the PF prevention and HSS interventions
-To identify gaps and recommendations to improve sustainability of PF interventions in HIV prevention and health system strengthening by the host countries.

Coinciding with the PF focus on MARPs, the evaluation will focus on MARPs in the context of Prevention and Health System Strengthening.

Implementing Mechanism Details

Mechanism ID: 14466	**Mechanism Name: PrevenSida**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	

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
Nicaragua	0

Total Funding: 1,254,466		
Managing Country	**Funding Source**	**Funding Amount**
Nicaragua	GHP-State	577,470
Nicaragua	GHP-USAID	676,996

Sub Partner Name(s)

ACAHUALT	ACCION MEDICA CRISTIANA	ACCS
ACRIC	ADESENI	ANICP+VIDA
ASOCIACION CLUB VIDA FUTURA BILWI	ASOCIACION GENTE POSITIVA BLUEFFIELDS	ASOCIACION MUJERES MARY BARREDA
ASOCIACION NICARAGUENSE DE TRANSGENEROS	ASONVIHSIDA	Bluefields Indian and Caribbean University (BICU)
CENTRO MUJERES MASAYA	CEPRESI	CEPS
CIES	FADCANIC	FUNDACION SAN LUCAS
GAO	GRUPO DIVERSIDAD SEXUAL BLUEFFIELDS	IXCHEN
MOVIMIENTO DIVERSIDAD SEXUAL BILWI	MOVIMIENTO INTERMUNICIPAL JUVENIL DERECHOS HUMANOS POR LA DIVERSIDAD SEXUAL	Politecnico de la Salud (POLISAL)
Red Trans	TESIS	Universidad Americana (UAM)
Universidad Catolica Autonoma de Nicaragua (UCAN)	Universidad de la Region Autonoma del Atlantico Norte (URACCAN)	Universidad Nacional Autonoma de Nicaragua-Capitulo Leon

Universidad Nacional Autonoma de Nicaragua-Capitulo Managua	Universidad Politecnica (UPOLI)	

Overview Narrative

The program goal is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPs (most-at-risk populations) and other vulnerable populations. These healthy behaviors include increased condom use, reduced number of sexual partners, and increased access to HIV testing.

The PrevenSida project was designed to increase the capacities of local (in Managua, Chinandega, Chontales, Granada, Leon, Masaya, Rivas, and Región Autónoma Atlántico Norte/Región Autónoma Atlántico Sur) NGOs working on HIV/AIDS to provide prevention services for people living with HIV (PLHIV) and MARPs. By doing this, NGOs will be increasingly involved in the national response to HIV/AIDS. These NGOs are receiving intensive training in financial, administrative, and technical aspects to improve the quality of the services they provide to their peers. At the end of the project in 2015, at least 20 NGOs will be able to continue providing these services with high-quality technical standards and managing funds from different funding sources in a transparent and accountable way.

Other results include reducing stigma and discrimination of MARPs and PLHIV and improving access to and quality of HIV/AIDS prevention services for MARPs from NGO service providers.

Cross-Cutting Budget Attribution(s)

Gender: GBV	50,000
Human Resources for Health	250,000
Key Populations: FSW	50,000
Key Populations: MSM and TG	400,000

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 legal rights and protection
Mobile Population
Family Planning

Budget Code Information

Mechanism ID:	**14466**
Mechanism Name:	**PrevenSida**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	0

Narrative:

At the community/NGO level, the project will promote the organizationof Support groups using peers and involving MARPS. These groups will work on training for community counselors, educational activities for PLWA, home visits, ARV treatment follow-up including promoting adherence to ARV treatment, corordination with the MOH, psychological support, depression prevention, reduction of stigma and discrimination at community level, behavior change communication, nutrition, family counseling and HIV prevention messages,

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	10,000	0

Narrative:

Currently there are eight alternative centers that provide VCT and perform other laboratory testes. The project will support NGOs laboratories to improve their quality. They are: Fundacion Xochiquetzal, Profamilia, Si Mujer, CEPRESI, CEPS, XILONEM, Women's Center of Masaya, and IXCHEN. These alternative centers will have their capacity improved to assure quality in VCT provision.

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

Narrative:

The NGOs that work in HIV prevention for MARPS play an important role in the decision making processes for policy development. To effectively perform this role, NGO staff require capacity building to be able to take appropriate action to bring about needed policy change orto reaffirm support of existing policies and programs.The PrevenSida program will support NGOs to improve the quality of their involvement in national, local and departmental dialogue. This support includes: helping NGOs to network and coalesce around common objective and goals, sharing data and information, institutional strengthening, and providing financial resources. For a national response to HIV/AIDS that is comprehensive and integrated, all actors involved must act strategically: recognizing the health-epidemiological context (status of the epidemic with its analysis, interpretation, surveillance, and monitoring and evaluation based on the management of knowledge generated by these activities), complying with the legal framework (current national laws and commitments to HIV and AIDS with a human rights approach), working with multi-sector vision (MINSA-sector rectory-and inter-sector-CONISIDA), with greater knowledge and technical security (state of the art in best practices in AIDS prevention), and in an organized manner to strengthen their participation (coverage with active MARPS participation in strong and representative organizations). These organizations will intervene more effectively if they know what is happening in terms of the epidemic and the response at national and regional level, key players, what they do, why they do it, where and with whom they do in order to improve their opportunities to contribute, produce and receive benefits in the national response. They will more easily understand why they must work with allies and according to national plans and strategies whose activities are designed and implemented in a consensual manner and in cooperation with other partner organizations. Strategies for improving the participation of NGOs representing MARPS and PLHIV will includeimprovements in the processes of strategic information collection, dissemination, bridging information gapsand the establishment of an M&E system. Through sub partner CIES this project will build a critical mass of professionals and technicians in the service of national wellbeing, leading to an educated society, inclusive and egalitarian, with a propensity for solidarity which contributes to the pursuit of development and wellbeing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	269,946	0

Narrative:

The approach to capacity building is structured holistically to encourage an enabling environment, ensuring appropriate policies and norms and assuring that national systems and structures are capable of managing the local HIV prevention systems. Capacity building activities are framed around the larger goal of unlocking local skills and equipping partners to address both immediate HIV prevention needs (in terms of tools, materials and human resources) and long-term system development. Through focused training and mentorship to empower health and education managers, the PrevenSida program contributes to the continuity of the HIV prevention program through capacity building activities which

bring together partners from the civil society.
The NGO personnel (100 health workers at managerial level) will receive training and mentoring on a combination of organizational fundamentals such as clear mission and vision,, planning, network structure, solid financial and management practices, flexibility and adaptation to environmental changes, innovation, commitment to leadership and relationships. The project will provide the NGOs with the skills to develop the structures to strengthen their financial management processes, a necessary component for the sustainability of any organization. By providing the NGOs with the tools necessary to improve their financial tracking, budgeting, management, as well as linking them with funding sources, they will in turn be more able to attract and receive future funding from other sources, further increasing sustainability past the life of the project.
The participating NGOs will have the opportunity to gain and share abilities and competencies with high level TA providers, using methodologies and pedagogical knowledge where the participant will develop skills in technical and financial administrative management, strategic and operative planning, networking, monitoring and evaluation (M&E), knowledge of the legal framework, management change and using technology for planning, learning, implementing and management. Not only will these skills enhance their abilities to run their organizations and scale up their prevention efforts, but they will also increase their ability to report on their results achieved. This will allow the NGOs to present their efficiencies and successes more comprehensively to donors, strengthening their fundraising capabilities.
The program will also contribute to HSS by training 500 health care workers from the NGOs: 200 in outreach with MARPS, 30 in testing and counseling and 70 in adult care and support.

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

Narrative:

Implementation activities at the NGO level include developing operating agreements that describe the roles and responsibilities of all partners in VCT services and ensuring funding mechanisms; conducting training for counselors, counseling supervisors and site staff; and procuring HIV test kits. NGO/technical partner laboratory personnel will establish an inventory, distribution and storage system for rapid HIV test kits as well as an HIV testing quality control procedure, to be implemented in collaboration with the national program.
NGOs that are conducting BCC activities or counselors and VCT site coordinators need to be trained in interpersonal skills to ensure potential clients understand the meaning of their decision to obtain VCT; assess their risk; adopt positive behavior changes; become aware of care and support services within their locality (as described for the national level but limited to the district/province/NGO catchment area). NGO monitoring and evaluation plans and tools will be developed that provide relevant information to manage VCT services that are consistent with national-level plans. Site-level monitoring activities will include measures for service performance, service use, service delivery, adherence to

protocols and confidentiality, staff performance and program effectiveness. These site-level process indicators may be reported but they should also be used as a tool for service delivery management. Furthermore, NGOs must develop or adopt ongoing counseling and testing quality assurance measures. Other models to expand the reach of VCT include mobile VCT which offers temporary, rotating services for hard-to-reach groups such as injecting drug users, sex workers and truck drivers with the benefits of improved access for populations not using stand-alone services or for rural populations. The use of mobile units increases VCT access and education activities for HIV/AIDS prevention. The project will perform 10,000 VCT services to MARPS throught the subgrants with NGOS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	674,520	0

Narrative:

A key focus of the PrevenSida program is to help NGOs identify, customize, implement and scale-up the best practices in HIV prevention that are already available but under-utilized, rather than creating new materials or programs. The emphasis of HIV prevention strategies is to link to the expanding network of HIV support services and ensure that prevention messages are coordinated to facilitate the development of the broader HIV response and create linkages with services. The project will help NGOs assess existing outlets for HIV prevention information, to improve the quality and content of messages, and expand their coverage. PrevenSida will work with partners at the local level to lead the development of innovative approaches to reach target audiences, drawing on best examples from within Nicaragua as well as other HIV endemic settings. The medium and message must be gender-sensitive and chosen carefully to ensure that the correct target audience is reached, particularly when attempting to reach groups such as MSM, FSWs, or urban youth. The program will assist NGOs to explore low-cost/high-impact media initiatives and explore partnerships with the private sector. In order to sustain long-term behavior change and promote HIV prevention, it will be necessary to address the incorrect and inequitable beliefs and attitudes of men and adolescents which contribute to sexual transmission of HIV. The PrevenSida program will work with men, including educators, traditional leaders, business owners, and fathers to involve them in creating messages targeting men and young men to address the behaviors which facilitate HIV transmission, including intergenerational and transactional sexual relationships, multiple concurrent partnerships and sexual violence. The program will work with communities to identify strong male role models from various backgrounds to support young men to adopt positive behaviors to keep themselves and their partners healthy. This component is one of the most important of the Prevensida project and it is implemented through subgrants with at leas 20 NGOS that using peer approach are direct providers of these services. The basic package of preventive services includes: peer BCC, VCT, condom distribution, reterral to STI services, referral to drug prevention and treatment programs, referral to other MOH services (HIV services, family planning, ARV treatment, nutrition, chronic disease programs, etc), alcohol and drugs prevention, vocational training, women's shelters, etc.

Implementing Mechanism Details

Mechanism ID: 14467	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14468	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14469	**Mechanism Name: Secretariat of Health**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Secretariat of Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: Yes	Managing Agency: USAID

Benefiting Country	Benefiting Country Planned Amount
Honduras	0

Total Funding: 1,557,054		
Managing Country	**Funding Source**	**Funding Amount**
Honduras	GHP-State	599,680
Honduras	GHP-USAID	957,374

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 2012, USAID will provide funds to the MOH under the Assistance Agreement USAID 522-0450.

Using host-country MOH contracting and financing mechanisms, USAID will provide support to NGOs and community leaders to increase their organizational and technical capacity to deliver quality HIV/STI prevention services for MARPs. USAID will focus efforts on technical and financial assistance to the NGOs to provide quality BCC and VCT services in priority geographical areas. The MOH will use a performance-based financing model, to ensure local NGOs focus their efforts on achieving measurable results and products. This new paradigm change is aligned with: (1) "National Strategy for Integrated Care for STI/HIV/AIDS in the context of Health Sector Reform" that proposes decentralized service delivery through a results-based model and (2) USAID's objective of improving the health status of underserved and vulnerable populations in Honduras.

Using the results of a recent knowledge, attitudes and practices survey, strategies and educational activities will be adapted to respond to the target populations' stage of behavior change and their needs. Examples of these activities include: client-centered risk reduction counseling; peer education; educational tools; information, education and communication materials, confidential VCT with pre and post counseling, referrals to STI screening and treatment, and referrals to HIV treatment and care services.

The expected result of these activities is a reduction is the spread of HIV/STI among MSM, transgender individuals, CSW, and the Garífuna population in the areas of Francisco Morazán, Comayagua, Cortés y Atlántida, as well as an increase of the capacity of local institutions to implement HIV prevention projects.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	500,000
Key Populations: MSM and TG	300,000

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
Child Survival Activities
Safe Motherhood

Budget Code Information

Mechanism ID:	**14469**		
Mechanism Name:	**Secretariat of Health**		
Prime Partner Name:	**Secretariat of Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	347,214	0
Narrative:			
Technical Assistance will be provided to the MOH to implement the norms and guidelines to improve treatment, care and support services within the National Reform Process to increase coverage and higher quality efficiencie and effectiveness in provision of HIV services for Key population in five prioritized areas of the country such as Tegucigalpa, Puerto Cortes, Atlantida, San pedro Sula and Islas de la Bahia.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	485,000	0
Narrative:			
Technical Assistance will be provided to the MOH to design and develop a supervision and M&E plan for the NGOs' implementation. Technical and financial audits as well as quality control processes are some of the tools that MOH is going to use to monitor and evaluate NGO performance under the results-based contracts.USAID will be emphasis on strengthening national and local health systems and organizations by developing and testing tools and models to use community participatory processes to monitory and evaluate the HIV prevention activities implemented by the NGOs.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	200,000	0
Narrative:			
USAID will focus efforts on technical and financial assistance to the NGOs to provide more quality, efficiency,			

effective voluntary counseling and testing (VCT) services for MARPS in the areas of Francisco Morazán, Comayagua, Cortés y Atlántida.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	524,840	0
Narrative:			
This assistance will be focus on assisting non-governmental organizations (NGOs) and community leaders to increase their organizational and technical capacity to deliver quality HIV/STI prevention services for most at-risk populations (MARPs). USAID will focus efforts on financial assistance to the NGOs to provide more quality, efficiency, effective behavior change communication (BCC) and voluntary counseling and testing (VCT) services in the areas of Francisco Morazán, Comayagua, Cortés y Atlántida.			

Implementing Mechanism Details

Mechanism ID: 16585	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16586	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16587	**Mechanism Name: COMISCA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: COMISCA	
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
Belize - Central America	0
Costa Rica	0
El Salvador	0
Nicaragua	0

Total Funding: 428,135		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	428,135

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC DGHA in conjunction with COMISCA is supporting the development of a regional public health surveillance and laboratory network for Central America. This project will enhance the current regional cooperation, and will create a surveillance platform to share information and support the regional implementation of the International Health Regulations. COMISCA will support the implementation of a regional platform for information integration in health and will specifically include HIV AIDS. It will subsequently begin the analysis phase on indicators that cover HIV/AIDS, STI and TB (Regional database).

Awaiting protocol approval for the evaluation of surveillance systems in Guatemala. Burn rate expected to increase with a hiring of consultants for instructional design and implementation of several regional workshops in FY13 Quarters 2 and 3. Two key vacancies recently filled.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	16587		
Mechanism Name:	COMISCA		
Prime Partner Name:	COMISCA		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	100,000	0
Narrative:			
COMISCA will continue to expand HIV AIDS quality service delivery and improve institutional and human resources capacity as it realtes t HIV AIDS and STIs. This will be conducted by supporting country's efforts to develop their lab diagnostic capacity facilitating the participation of national labs in the regional lab network and providing lab assistance for training, technology transfer and exchange. continue strengthening laboratory management toward accreditation (SLMTA), through the provision of multi workshops program, supervisory visits, coaching and planning for laboratory improvement projects and assessment of the progress at a regional level.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	120,000	0
Narrative:			
COMISCA will conduct surveillance system evaluations to identify gaps and recommend actions to facilitate strategic planning using accurate and timely surveillance data (opportunity to collaborate with PAHO in the elimination of mother-to-child transmission of HIV in Belize, El Salvador, Nicaragua, and Costa Rica			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	208,135	0
Narrative:			

COMISCA will support EPI training of MOH personnel within the FETP pyramidal structure. COMISCA will continue strengthening laboratory management toward accrediation (SLMTA), through providing multi workshops program, supervisory visits, coaching and planning for laboratory improvement projects and assessment of the progress.

Implementing Mechanism Details

Mechanism ID: 16588	**Mechanism Name: US Embassy Guatemala**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Inter-Agency Agreement
Prime Partner Name: US Embassy Guatemala	
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
Belize - Central America	0
Costa Rica	0
El Salvador	0
Guatemala	0
Honduras	0
Nicaragua	0
Panama	0

Total Funding: 205,000		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	205,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC DGHA will work though the US EMbassy mechanism to provide technical assistance and conduct trainings to improve the capacity of the national surveillance and laboratory staff to implement, expand and evaluate first-and-second generation surveillance systems, and to conduct special surveillance studies to improve available information regarding the HIV epidemic in Central America and Panama countries.

Also CDC will increase the capacity of Ministries of Health to support, design and implement monitoring and evaluation programs in order to produce strategic information regarding the national and regional response to the HIV AIDS epidemic and to collect, manage, analyze and report data collected through surveillance, monitoring and evaluation systems. CDC will also strengthen TB HIV surveillance processes in the countries of the region through strengthening laboratory, HIV counseling and testing, information systems and analysis and use of surveillance data to implement or strengthen TB/HIV prevention strategies.

CDC will continue improving and expanding HIV AIDS quality service delivery and improve institutional and human resource capacity as it relates to HIV/AIDS/STI/TB and to build the capacity of countries to monitor and use information that enhances understanding of the epidemic and enables individual countries and the region to take appropriate actions with sustainable, evidence-based and cost effective program interventions.

Cross-Cutting Budget Attribution(s)

Gender: GBV	10,250
Key Populations: FSW	20,500
Key Populations: MSM and TG	20,500

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**16588**
Mechanism Name:	**US Embassy Guatemala**
Prime Partner Name:	**US Embassy Guatemala**

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

Narrative:

CDC in coordination with COMISCA, will provide support and technical assistance to strengthen lab surveillance, data analysis, referral systems and planning in blood banks at a regional level

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

Narrative:

CDC will conduct training to evaluate cost-effectiveness of prevention activities in VICITS at a regional level. CDC will develop bulletins, conduct scientific writing workshops and an annual workshop with latest HIV updates and trends. CDC will also provide TA to the MOH to improve HIV, STI, TB/HIV surveillance, data analysis, dissemination, conduct trainings on the use of SI for decision making and program planning at a regional level

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	65,000	0

Narrative:

CDC in coordination with COMISCA will support the external QA providing the EQA PT pnales to the national reference labs and support regional referral labs network for HIV, STIs, mycotics and TB and train lab staff on QMS, QA/QC, shipment procurement, HIV rapid testing, STI diagnostics and TB diagnosis. Labs will be guided through SLMTA program at a regional level.

CDC will build local capacity among MOH senior health leaders to improve health outcomes (CDC Global Health Leadership Initiative)

Implementing Mechanism Details

Mechanism ID: 16589	**Mechanism Name: TEPHINET**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The Task Force for Global Health, Inc. /Tephinet	
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
Belize - Central America	0
Costa Rica	0
Guatemala	0
Nicaragua	0
El Salvador	195,000
Honduras	590,000
Panama	160,000

Total Funding: 1,025,399		
Managing Country	**Funding Source**	**Funding Amount**
Guatemala	GHP-State	1,025,399

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC DGHA through its implementing parner Tephinet/Taskforce supports the Central American Ministries of Health with resources for key personnel, strategic information activities and support to the national HIV/AIDS laboratories. The Tephinet/Taskforce's mission in Central America and Panama is to provide technical and program management expertise, coupled with collaboration skills to transform public health practice and significantly improve outcomes. Tephinet/Taskforce has demonstrated its commitment to assist the CDC/DGHA Central America office in meeting its goals and objectives. Tephinets will continue supporting an STI control for HIV prevention strategy among female sex workers and MSM in Honduras, El Salvador and Panama. Tephinet will continue supporting the implementation of a national system to monitor care of patiens living with HIV/AIDS in Panama and Honduras. Health systems strengthening is a cross curtting issue for all Tephinet activities. Treatment, counseling, laboratory and other guidelines are prepared together with National HIV Programs. This mechanism provides prevention services through public facilities, equipment, infrastructure development and training of staff. Information systems developed either to monitor the impact of prevention interventions or to support surveillance, monitoring and evaluation are integrated into the national health systems.

Funds prior to FY13 include ROP, USAID Bolivia, USAID Regional, USAID Honduras and GCHS Honduras as far back as 2008. As of ROP 12 all funding streams were consolidated. Working to finish collection of data in Garifuna population for BSS Honduras. VICITS funds restricted for piloting with PLWHA in Garifuna protocol presented to Local Ethics Committe. Currently hiring two staff in Honduras.

Cross-Cutting Budget Attribution(s)

Gender: GBV	51,270
Key Populations: FSW	102,540
Key Populations: MSM and TG	102,540

TBD Details

(No data provided.)

Key Issues

Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	16589		
Mechanism Name:	TEPHINET		
Prime Partner Name:	The Task Force for Global Health, Inc. /Tephinet		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	750,000	0
Narrative:			
Tephinet will continue strengthening surveillance and control of HIV and STI among MSM and FSW through trainings tailored to national and facility level staff; monitor coverage and quality of VICITS services in El Salvador. In Honduras, Tephinet will strengthen MOH's national HIV surveillance and M&E systems through trainingsl analyze surveillance data for program planning and policy development. Tephinet will also strengthen surveillance and control of HIV and STI among MSM and TG through trainings tailored to national and facility level staff; monitor coverage and quality of VICITS services; expand strategy to Garifunas and PLHIV. Tephinet will conduct formative assessment to implement violence against children surveys (VACS) - HIV and STIs. In Panama, Tephinet will continue strengthening clinical monitoring and surveillance for patiens on ART through trainings. Tephinet will also conduct an evaualtion of the system.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	15,399	0
Narrative:			
Tephinet will provide second generation surveillance training courses for MOH personnel			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	260,000	0
Narrative:			
Tephinet will continue to provide STI diagnosis, VCT and referral for HIV care and risk reduction			

counseling at public health facilities targeting MSM and FSW in El Salvador. In Honduras, Tephinet will improve access and quality of STI and VCT services and referral for HIV care and risk reduction counseling at VICITS clinics targeting MSM and FSW. In Panama, Tephinet will continue strengthening clinical monitoring and surveillance for patients on ART through trianings (MONITARV). Tephinet will conduct an evaluation of the system

Implementing Mechanism Details

Mechanism ID: 16628	**Mechanism Name: Johns Hopkins University**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
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
El Salvador	0
Guatemala	0
Honduras	0
Nicaragua	0

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHU will utilize pipeline funds to conduct SI programming in the four countries served by DoD (El Salvador, Guatemala, Honduras, Nicaragua). Systems will be developed and implemented in partner militaries to collect HIV patient, disease surveillance and program monitoring information. Activities will be supported by training and computer system development. This activity will support increased capacity within the Central American militaries

in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Activities will encourage partner militaries to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, and care and support services in militaries. Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short term TA and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complimenting the goals of the national strategic plans for HIV/AIDS. Improvements will be made to the militaries' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments). TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in militaries.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**16628**
Mechanism Name:	**Johns Hopkins University**
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	0	0

Narrative:

JHU will utilize pipeline funds to conduct SI programming in the four countries served by DoD (El Salvador, Guatemala, Honduras, Nicaragua). Systems will be developed and implemented in partner militaries to collect HIV patient, disease surveillance and program monitoring information. Activities will be supported by training and computer system development. This activity will support increased capacity within the Central American militaries in the areas of surveillance, monitoring and evaluation (M&E), and analysis and utilization of strategic information. Activities will encourage partner militaries to review and utilize data to improve the military healthcare system, direct policies, and improve the quality and cost-effectiveness of HIV prevention, treatment, and care and support services in militaries. Continued support for building capacity will be provided in the areas of monitoring and evaluation and use of strategic information. Short term TA and periodic on-site mentorship will be provided in data collection, utilization of program monitoring data, and complimenting the goals of the national strategic plans for HIV/AIDS. Improvements will be made to the militaries' health information management systems enabling them to provide strategic, data-based decisions in a timely manner. Capacity will be built among defense force personnel to conduct operations research to evaluate the effectiveness of program implementations (e.g. behavioral intervention assessments). TA will be provided for the timely and accurate collection of national HIV indicators within military HIV programs and facilitate data flow mechanisms for linkage to national and regional systems. National resources will be leveraged to improve strategic information systems and capacity in militaries.

Implementing Mechanism Details

Mechanism ID: 16696	**Mechanism Name: Leadership Management and Governance (LMG)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
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

Honduras	0

Total Funding: 1,020,000		
Managing Country	**Funding Source**	**Funding Amount**
Honduras	GHP-State	321,533
Honduras	GHP-USAID	698,467

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will provide technical assistance to the Ministry of Health (MOH) and local Non-Governmental Organizations (NGOs) through the Leadership Management and Governance Project (LMG) in organizational capacity building to provide services to key populations. The expected results of this program are: (1) Organizational capacity developed within the MOH to establish and carry out effective funding mechanisms and improve management and stewardship of local non-governmental organizations (NGOs) to provide HIV prevention services; and (2) Organizational capacity developed within local NGOs to support the implementation of evidence based, quality HIV prevention services for key populations in compliance with the new MOH funding mechanisms. Given the varied levels of organizational abilities among the NGOs and their lack of experience implementing decentralized services contracts through MOH financing mechanisms, this program will continue to build organizational capacity in the following areas: strengthening synergies between the MOH and NGOs; ensuring gender is included as a cross-cutting theme in activities; adhering to governmental regulations; and managing efficient, cost effective, accountable and transparent projects.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	300,000
Key Populations: MSM and TG	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

Budget Code Information

Mechanism ID: 16696 Mechanism Name: Leadership Management and Governance (LMG) Prime Partner Name: Management Sciences for Health			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,020,000	0
Narrative:			
USAID will provide technical assistance to the Ministry of Health (MOH) and local Non-Governmental Organizations (NGOs) through the Leadership Management and Governance Project (LMG) in organizational capacity building to provide services to key populations such as Sex Workers, Men who have Sex with other Men and garifuna population in five prioritized regions: Tegucigalpa, San Pedro Sula, Puerto Cortes, Atlantida and Bay Island.			

Implementing Mechanism Details

Mechanism ID: 16697	**Mechanism Name: Measure Evaluation**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina	
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

Costa Rica	0
El Salvador	0
Guatemala	0

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 2013 USAID will use funds originally obligated to PSI in FY 2012 for a similar activity and PD&L funds to work through the Measure Project in order to improve the collection, analysis, and presentation of HIV data. The project will focus on secondary analysis of DHS studies in Guatemala, El Salvador and Costa Rica. Specific activities will include the compilation of indicators, data analysis, and presentation of findings to promote better data use in planning, policymaking, managing, monitoring, and evaluating HIV programs. The following results are expected: increased user demand for data and tools; increased individual and institutional capacity in monitoring and evaluation; increased collaboration and coordination in obtaining and sharing health sector data; improved tools, methodologies, and technical guidance; increased availability of data, methods, and tools; and increased facilitation of data use. Note that no FY2013 funds are being requested for this activity.

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
Workplace Programs

Budget Code Information

Mechanism ID:	16697		
Mechanism Name:	Measure Evaluation		
Prime Partner Name:	University of North Carolina		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0
Narrative:			
Not Provided			

Implementing Mechanism Details

Mechanism ID: 16724	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16725	**Mechanism Name: Applying Science to Strengthen and Improve Systems (ASSIST)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
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
Nicaragua	0

Total Funding: 100,000		
Managing Country	**Funding Source**	**Funding Amount**
Nicaragua	GHP-State	50,000
Nicaragua	GHP-USAID	50,000

Sub Partner Name(s)

ADESENI	Red Trans	

Overview Narrative

In 2012, URC has been awarded the Applying Science to Strengthen and Improve Systems (ASSIST) project with a ceiling of up to $184,984,030 by the US Agency for International Development (USAID). This five-year cooperative agreement will assist countries in improving health care and strengthening their health systems and advance the frontier of the science of improvement globally. Despite the availability of simple, high-impact interventions capable of saving lives and alleviating suffering, many patients and clients in low- and middle-income countries are not benefiting from such interventions. Much of this gap is related to weak health systems and inefficient processes of care delivery. In Nicaragua, USAID ASSIST, as a field support implementing mechanism, will continue the previous efforts started by the Health Care Improvement Project (2007-2013) specifically in the transferring of HIV norms, standards and protocols to universities and technical schools. This will include the transfer and use of the 'paquete pedagogico" to 8 universities and nursing schools, the implementation of a quality improvement collaborative among public and private universities (including Caribean Coast Universities) and technical assistance to transgender organizations to develop quality improvement plans and norms for their specific health needs.

Cross-Cutting Budget Attribution(s)

Gender: GBV	10,000
Human Resources for Health	100,000
Key Populations: MSM and TG	10,000

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 legal rights and protection
TB

Budget Code Information

Mechanism ID:	**16725**
Mechanism Name:	**Applying Science to Strengthen and Improve Systems (ASSIST)**
Prime Partner Name:	**University Research Corporation, LLC**

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

Narrative:

The project will concentrate its efforts in health system strenghtening, addressing several technical areas, including Prevention, Care and Support and Treatment, focusing in human resources for health. USAID Nicaragua has been working since 2007 in these areas, providing institutional strenghtening to the Ministry of Health. Technical assistance was provided to improve norms, standards and protocols, and to implement quality improvement collaboratives at the health services network. In 2012, USAID Nicaragua developed a training package which includes all these technical norms that was transferred to the MOH. The remaining gap in the HRH area was the lack of coordination between MOH and medical-nursing schools, for the pre-service training, which caused that the new health resources did not have the competences needed to provide comprehensive services to MARPS and PLWA, based on the national norms and instruments. The proposed mechanism will continue the transfer of this training package to the pre-service training, working with eight universities and nursing schools to close this gap. It will also coordinate actions with the Prevensida project, working in the Prevention area, to address unmet health needs of the transgender groups, providing direct technical assistance to their NGOs to implement quality improvement health plans and norms.The project will be implemented at national level, benefiting public

and private health sector, continuing previous efforts to reduce stigma and discrimination, improve gender equality, institutional capacity building, donors coordination and Trans NGO leadership.

Implementing Mechanism Details

Mechanism ID: 16726	**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: Yes
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Benefiting Country	Benefiting Country Planned Amount
Belize - Central America	0

Total Funding: 25,000		
Managing Country	**Funding Source**	**Funding Amount**
Belize - Central America	GHP-State	25,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The PEPFAR Small Grants Program (PSGP), formerly known as the Ambassadors' Small Grants Program (AHPP) through the Caribbean ROP, has supported small community based HIV prevention projects in the Bahamas, Barbados, Belize 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 Central America PEPFAR team will continue to support funding of the Small Grants Program, since Belize has moved solely under Central America and has the highest HIV/AIDS prevalence rate in the region. With ROP13 funding, new requests for proposals will be sent out by the Embassy to provide an opportunity to civil society groups whom would not normally be able to access funding. The priority target groups are Key Populations (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.

Cross-Cutting Budget Attribution(s)

Key Populations: FSW	10,000
Key Populations: MSM and TG	15,000

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
TB
Family Planning

Budget Code Information

Mechanism ID:	**16726**
Mechanism Name:	**PEPFAR Small Grants Program**
Prime Partner Name:	**US Embassies**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	25,000	0

Narrative:

The PSGP is requesting $25,000 to support community level interventions with key population groups such as MSM, Female and Male Sex Workers, their clients, PLHIV, and youth engaged in high risk behaviors. 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 are aimed at supporting the work of the National program, targeting populations that are traditionally difficult to reach. They are meant to be small quick impact projects implemented by community based organizations that would not normally be able to access funding for their activities. The project currently supports approximately three NGO/CBO 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: 16727	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 17117	**TBD: Yes**
REDACTED	

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		34,620	42,411	77,031
ICASS		43,350	67,678	111,028
Management Meetings/Professional Developement		7,600	14,400	22,000
Non-ICASS Administrative Costs		33,085	43,000	76,085
Staff Program Travel		53,440	111,624	165,064
USG Staff Salaries and Benefits		325,287	483,670	808,957
Total	**0**	**497,382**	**762,783**	**1,260,165**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		34,620
Computers/IT Services		GHP-USAID		42,411
ICASS		GHP-State		43,350
ICASS		GHP-USAID		67,678
Management Meetings/Profession		GHP-State	USG/USAID Meetings,	7,600

al Developement			Conferences, seminars.	
Management Meetings/Professional Developement		GHP-USAID	USG/USAID Meetings, Conferences, seminars.	14,400
Non-ICASS Administrative Costs		GHP-State	Office space, office utilities, telephone services, Internet services, Office furniture and equipment repair and maint. IT supplies and materials, office supplies and materials, other miscellaneous services and indirect cost of continued technical and administrative support staff.	33,085
Non-ICASS Administrative Costs		GHP-USAID	Office space, office utilities, telephone services, Internet services, Office furniture and equipment repair and maint. IT supplies and materials, office supplies and materials, other miscellaneous services and indirect	43,000

			cost of continued technical and administrative support staff.	

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
ICASS		0		0
Management Meetings/Professional Developement		0		0
Non-ICASS Administrative Costs		0		0
Staff Program Travel		0		0
USG Staff Salaries and Benefits		0		0
Total	**0**	**0**	**0**	**0**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State	$20,000. All funds used from pipeline	0
Management Meetings/Professional Developement		GHP-State	$12,000. All funds used from pipeline	0
Non-ICASS Administrative Costs		GHP-State	$8,000. Telephone/bb/internet; reproduction/fax/courier services ; miscellaneous supplies and	0

			materials ; miscellaneous services. All funds used from pipeline	

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		16,500		16,500
Computers/IT Services		65,000		65,000
ICASS		139,258		139,258
Management Meetings/Professional Developement		25,000		25,000
Non-ICASS Administrative Costs		329,569		329,569
Staff Program Travel	108,197	91,920		200,117
USG Staff Salaries and Benefits	861,883			861,883
Total	**970,080**	**667,247**	**0**	**1,637,327**

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		16,500
Computers/IT Services		GHP-State	Atlanta based ITSO fees	65,000
ICASS		GHP-State	ICASS Honduras and Guatemala	139,258
Management		GHP-State	International Conf	25,000

Meetings/Professional Developement				
Non-ICASS Administrative Costs		GHP-State	Infrastructure CAR Cost Allocation, Relocation, Procurement, Supplies & Equipment, Communications	329,569

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		2,000		2,000
ICASS		3,000		3,000
Management Meetings/Professional Developement		20,000		20,000
Non-ICASS Administrative Costs		10,000		10,000
Staff Program Travel		25,000		25,000
USG Staff Salaries and Benefits		38,784		38,784
Total	**0**	**98,784**	**0**	**98,784**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		2,000
ICASS		GHP-State		3,000
Management Meetings/Professional Developement		GHP-State	Funds for USG-CAR meetings and logistics for	20,000

			PEPFAR personnel	
Non-ICASS Administrative Costs		GHP-State	Includes costs for blackberry, purchase orders, motor pool, supplies, other non-ICASS admin costs	10,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services		2,250		2,250
Management Meetings/Professional Developement		1,400		1,400
Non-ICASS Administrative Costs		8,698		8,698
Peace Corps Volunteer Costs		3,164		3,164
Staff Program Travel		23,300		23,300
USG Staff Salaries and Benefits		84,818		84,818
Total	**0**	**123,630**	**0**	**123,630**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		2,250
Management Meetings/Professional Developement		GHP-State		1,400
Non-ICASS		GHP-State		8,698

Administrative Costs				