

Guyana Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

The methodological approach used for developing the NCPI is a hybrid one, comprised of the process recommended by UNAIDS (Geneva) and that outlined by the Guyana National AIDS Programme Secretariat, which is entailed in the following specific steps: 1. Identification of civil society representative: Ms Desiree Edghill, Deputy Chair of the CCM and Civil Society representative, agreed to represent civil society during the preparation of the Country Progress Report. 2. Identification of the HIV/AIDS Monitoring and Evaluation Reference Group (MERG) as the technical group to oversee the implementation of the NCPI with the following roles: (i) Agree on the process and timeline; (ii) The selection of respondents for each section (iii) Agree on the final results from both sections A and B of the questionnaire 3. Selection of Key Informants for each section • Strategic Plan and Political Support: Programme Manager of NAPS, Treatment and Care Coordinator, NAPS; M&E Lead, NAPS; Community Mobilisation Coordinator, NAPS. • Monitoring and Evaluation: Programme Manager of NAPS; M&E Lead, NAPS; Epidemiologist, NAPS; Programme Manager, National Care and Treatment Centre; Chief Medical Officer, Ministry of Health and Treatment and Care Coordinator, NAPS. • Human Rights: Programme Manager of NAPS; Community Mobilization Coordinator, NAPS; Ministry of Culture, Youth & Sport, President's Youth Award of Guyana (PYARG) and the VCT National Coordinator, NAPS; Artistes in Direct Support; Strategic Information Officer PEPFAR, USAID; Country Director, UNAIDS; Guyana Business Coalition on HIV/AIDS; Guyana Sex Work Coalition; Network of Guyanese Living with HIV and AIDS (G+) and Society Against Sexual Orientation Discrimination.(SASOD) • Civil Society: Country Director, UNAIDS; Guyana Responsible Parenthood Association; Lifeline Counseling Services; Youth Challenge Guyana; UNICEF; PAHO/WHO; Strategic Information Officer/ PEPFAR point of Contact, USAID; Guyana Business Coalition on HIV/AIDS; SASOD; Guyana Faith Coalition on HIV/AIDS; Hope for All; Network of Guyanese living with HIV/AIDS; Hope Foundation; Guyana Red Cross; Youth Challenge Guyana; and International Labour Organisation • Prevention: Prevention Coordinator, NAPS; Community Outreach Coordinator, NAPS; Programme Manager of NAPS; VCT National Coordinator, NAPS; PYARG, Ministry of Culture, Youth & Sport; Community Mobilisation Coordinator, NAPS; Line Ministries Coordinator Health Sector Development Unit (HSDU); UNAIDS Country Coordinator; UNICEF; Operation Restoration; Hope Foundation; Hope for All; SASOD; G+. • Care and Support Section: Programme Manager of NAPS; Care and Treatment Coordinator, NAPS; Home Based Care Coordinator, NAPS; OVC Coordinator, NAPS; Food Bank Manager, NAPS; Programme Manager, National Care and Treatment Centre; Programme Manager, National TB Unit; UNAIDS Country Director; PAHO/WHO; UNICEF; Hope For All; Hope Foundation; Linden Care Foundation; Guyana Responsible Parenthood Association; Lifeline Counseling Services; Faith Coalition on HIV/AIDS; Guyana Red Cross; Guyana Business Coalition on HIV/AIDS. • Political Support / Leadership: Programme Manager of NAPS; Programme Manager National Care and Treatment Centre; Chief Medical Officer, Ministry of Health; Lines Ministries Coordinator, HSDU; SASOD; Hope Foundation; Hope for All; UNICEF; G+; Guyana Responsible Parenthood Association; International Labour Organisation; PAHO/WHO; National Faith and HIV Coalition; Guyana Red Cross; Lifeline Counseling Services; Youth Challenge Guyana; Guyana Rainbow Foundation; Linden Care Foundation; Guyana Sex Work Coalition Key informants drawn from Regions Two, Three, Four, Seven and Ten were contacted by the National AIDS Programme Secretariat by letter and were interviewed subsequently by the NCPI Consultant at agreed dates and times. The NCPI consultant read the questions from the relevant sections of the NCPI and recorded the responses. In some instances the questionnaire was self administered by key informants. Four interviews were conducted by telephone. 4. Data Entry, Analysis and Interpretation: (i) When both sections were completed, the Lead Consultant reviewed and checked them to identify discrepancies between the government and other counterpart responses. (ii) The data from the questionnaires were entered into an EXCEL spreadsheet. (iii) On entering the data into EXCEL, the frequency of the responses for each question was noted and used to generate a final response. 5. Writing and circulation of a NCPI Survey Report: A trend analysis was conducted to identify areas of agreement, similarity and variances among the responses from the Government, Civil Society, Bilateral Agencies and UN Organisations. This report reflects the areas of agreements and variances. 6. A Power-Point presentation on the findings of the NCPI Survey was developed for incorporation into the NAPS presentation on

the Country Progress Report at the National Consensus Meeting in March 2010 for further validation.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

There were no disagreements

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

There were no related concerns

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NAPS/MOH	Dr. Shanti Singh, Programme Manager	Yes	Yes	Yes	Yes	Yes	Yes
NAPS/MOH	Dr. Bendita Lachmansingh, Epidemiologist	No	No	No	No	No	Yes
NAPS/MOH	Fiona Persaud, M&E Lead	Yes	No	No	No	No	Yes
National TB Programme/MOH	Dr. Jeetendra Mohanlall, Programme Manager	No	No	No	No	Yes	No
NAPS/MOH	Jennifer Ganesh, Prevention Coordinator	No	No	No	Yes	No	No
NAPS/MOH	Nazim Hussain, Community Mobilization Coordinator	Yes	No	Yes	Yes	No	No
MOH	Dr. Shamdeo Persaud, Chief Medical Officer	No	Yes	No	No	No	Yes
NCTC/MOH	Dr. Ruth Ramos	No	Yes	No	No	Yes	Yes
NAPS/MOH	Shevonne Benn, Home Based Care Coordinator	No	No	No	No	Yes	No
NAPS/ MOH	Deborah Success, VCT Coordinator	No	No	Yes	Yes	No	No
NAPS/MOH	Nafeza Ally, Social Services Coordinator	No	No	No	No	Yes	No
NAPS/MOH	Somdatt Ramessar	No	No	No	No	Yes	No
NAPS/MOH	Nicholas Persaud, Treatment and Care Coordinator	Yes	No	No	No	Yes	Yes
Health Sector Development Unit/MOH	Patrick Mentore, Line Ministry Coordinator	No	Yes	No	Yes	No	No
Ministry of Culture, Youth & Sport	Alisha Pompey	No	No	Yes	Yes	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
UNAIDS	Dr. Ruben Del Prado, Country Director	Yes	No	Yes	Yes	Yes
UNICEF	Jewel Crosse	Yes	Yes	No	Yes	Yes
PAHO/WHO	Dr. Rosalinda hernandez	Yes	Yes	No	No	Yes
PEPFAR/USAID	Oswald Alleyne	Yes	No	Yes	No	No
ILO	Sean Wilson	Yes	Yes	No	No	No
Network of Guyanese living with HIV/AIDS (G+)	Crystal Albert	No	Yes	Yes	Yes	No
SASOD	Joel Simpson	Yes	Yes	Yes	Yes	No
Guyana Rainbow association	Colleen Mc Ewan	No	Yes	No	No	No
Guyana responsible Parenthood Association	Sheila Fraser	Yes	Yes	No	No	Yes
Lifeline Counseling services	Falicia Adams	Yes	Yes	No	No	Yes
Linden Care Foundation	Hazel Maxwell-Benn	No	Yes	No	No	Yes
Hope For All	Shondell Butters	Yes	Yes	No	Yes	Yes
Hope Foundation	Marlyn Subryan	Yes	Yes	No	Yes	Yes
Artiste in Direct Support	Desiree Edghill	No	No	Yes	No	No
Guyana Red Cross	Ashanta Osbourne	Yes	Yes	No	No	Yes
Youth Challenge Guyana	Dwayne Michell	Yes	Yes	No	No	No
Operation Restoration	Jennifer Flats	No	No	No	Yes	No

Guyana Business Coalition on HIV/AIDS	Susan French	Yes	No	Yes	No	Yes
Guyana Sex Coalition	Miriam Edwards	No	Yes	Yes	No	No
Faith Coalition on HIV/AIDS	Shabakie Fernandes/Lorna Mc Pherson	Yes	Yes	No	No	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2007-11

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

No answers received

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health, National AIDS Programme

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
No	No
Yes	Yes
Yes	Yes

Other [write in]:

Prisoners with earmarked budget

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

No answer given

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

No

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

Guyana does not identify injecting drug use as an issue. At the time of the development of the National Strategic Plan , transgender issues were not as prominent as it is now.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Men who have Sex with Men, Commercial Sex Workers, Youth (In and Out of school), migrant populations (miners), women and girls

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

There is CSO involvement on the Steering Committee for the development of the Multisectoral Strategy. There were several general consultations and face to face interviews held with CSOs to inform the Strategy.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

Half of the respondents indicated that some partners have aligned to the national strategy, the other half indicated yes to all. In the area of Prevention it was noted that some partners did not align to the strategy as they had differing priorities.

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

No

Other [write in]:

National Health Plan

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

No

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Pregnant women, prisoners, youth, sex workers, men who have sex with men

Briefly explain how this information is used:

The information is used to inform policy and programme interventions, to leverage resources to support the treatment and care programmes, the CSW and MSM information is used by the programme to coordinate with CSOs in defining and redefining. The information is also shared with all stakeholders.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

By Administrative Region (regions 1 to 10)

Briefly explain how this information is used:

To inform and scale up access to prevention, care and treatment services within every region. Further, the information is used to inform the Regional Health Authorities, including the Regional Health Officers on the status of HIV in their regions. At a national level, the information is used for policy and for improvements in programs.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

A health systems assessment using the WHO building blocks was conducted and from this a plan was developed with a focus on impacting the HIV programme, including: supply chain management system, mental health, In service training (for nurses) Health information system. Logistics management and information systems are strengthened for general health commodities and not for ARVs alone. More resources are available to support the HIV / AIDS strategy to provide VCT services, training for staff, procurement of ARVS and other supplies.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

There has been greater stakeholder involvement including that of civil society. There has been the exploring of national resources for the sustainability of existing programs. A review was conducted of the out going National HIV Plan. The process for the development of the new National Strategic Plan has commenced

What challenges remain in this area:

Being able to coordinate with stakeholders to ensure adequate use of resources; Sustainability of programmes in light of dwindling global resources.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

A number of Government ministers were tested publicly for HIV on World AIDS Day and during National Week of Testing 2011. The launching of the national STI strategic Plan 2011-20 was endorsed by the Minister of Health. Additionally, the Head of State is the Chair of the Presidential Commission on HIV/AIDS

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Dr. Shanti Singh- Anthony- Programme Manager

Have a defined membership?:

Yes

IF YES, how many members?:

respondents do not know

Include civil society representatives?:

Yes

IF YES, how many?:

respondents do not know

Include people living with HIV?:

Yes

IF YES, how many?:

Respondents do not know

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Interaction is promoted through the functioning of several technical working groups, for instance the National Prevention Reference Group, PMTCT oversight committee , M&E Reference Group. Further, The Guyana Business Coalition on HIV/AIDS promotes the involvement of the public and private sectors as well as non-governmental organizations in the response. PLHIV are also involved in the planning, implementation and M&E aspects.

What challenges remain in this area:

Networking at the sub national level

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

29%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

Yes

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

Government support and or approval has led to expansion in the national programme: national testing has expanded from a daily activity to national week of testing, there has been rapid expansion of PMTCT, almost elimination of MTCT, there is greater multisectional involvement through the line ministry HIV/AIDS programme. Additionally, the Ministry of Health's Stigma and Discrimination policy has been launched.

What challenges remain in this area:

There needs to be more political input with regards to the implementation of laws / policies . e.g discrimination in the workplace

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

-

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

-

Briefly explain what mechanisms are in place to ensure these laws are implemented:

-

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

No

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

The laws and regulations include the Gross indecency Act (Buggery Laws). Sex work and homosexuality are both illegal in Guyana.

Briefly comment on how they pose barriers:

These laws/regulations prevent populations (MSM and SWs) from accessing prevention, care, treatment and support services. The also contribute to Stigma and discrimination.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No

Avoid commercial sex:

No

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

Others messages promoted include adherence to treatment, community involvement, reducing stigma and discrimination, prevention of STI transmission, healthy lifestyle behavior and general messages for In school Youth.

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

The Behavior Change Communication Strategy has been developed to provide tailored messages to specific populations including MSM, youth, sex workers, miners and loggers.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	Yes	Yes	Yes	No	Mobile
No	No	No	No	No	-
No	Yes	Yes	Yes	No	Mobile
No	No	No	No	No	-
No	Yes	Yes	Yes	No	Mobile
No	Yes	Yes	Yes	No	Mobile
No	Yes	Yes	Yes	No	Mobile
No	No	Yes	No	No	out of school youth and PLHIV

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Since 2009, what have been key achievements in this area:

Key achievements include the launching of the National Prevention Principles, Standards and Guidelines, reduced stigma and discrimination, expansion in the national programme especially as it relates to the uptake of VCT, care, treatment and support services.

What challenges remain in this area:

There needs to be expansion in the programme in terms of geographical reach (to remote areas). Effecting and sustaining behavior change still remains a challenge also.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Needs were identified through research including the BBSS, DHS, ANC survey and AIS. There has also been consultation with community groups and other stakeholders as had been undertaken during the development of the national HIV/AIDS Strategy.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Priorities include access to ARVs for treatment, provision of home based care services, psychosocial (through HIV/AIDS Support groups) and nutritional support (through the Food Bank). Economic support for OVC is also a priority.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

There has been the decentralization of treatment, care and support services across the country. Also, more physicians are being trained in the management of HIV/AIDS.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Nutritional hampers and monthly financial support is provided to all eligible persons.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

ARVs and Condoms

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

The national Care and Treatment guidelines have been revised. There has been an increased number of persons on treatment including persons from the hinterland, the capacity of local physicians has been strengthened to administer treatment and care services, there has also been simplified one day single pill dosing. The HIV drug resistance survey commenced and a Client Satisfaction Survey was conducted at Care and Treatment Sites.

What challenges remain in this area:

Timely procurement of drugs, adherence to treatment and medical appointments, financial constraints to support a sustained treatment programme.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
 Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
 Yes
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
 Yes
IF YES, what percentage of orphans and vulnerable children is being reached? :
 82%
7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
 8
Since 2009, what have been key achievements in this area:
 Orphanages operate within minimum standards and regulations, a number of orphanages were renovated, the school amenities programme being implemented for OVC
What challenges remain in this area:
 Psychological issues affecting OVC are not adequately addressed, shortage of financial resources to support homes and OVC

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

Attrition of M&E staff, ongoing capacity building for staff

1.1 IF YES, years covered:

2007-2011

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, some partners

Briefly describe what the issues are:

There are separate donor agendas and priorities

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

6.7%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Lack of central database for M&E, culture of M&E not fully accepted

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

-
In the National HIV Commission (or equivalent)?:

-
Elsewhere [write in]?:

National AIDS Programme

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

M&E Lead	Yes	-	2010
Epidemiologist	Yes	-	2007
M&E Officer	Yes	-	2010

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

M&E Advisor	-	Yes	2010
-------------	---	-----	------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Data is collected from NGOs, VCT sites and care and treatment sites by programme coordinators then submitted to the M&E Unit

What are the major challenges in this area:

Lack of central database, accuracy of data, need for data entry staff

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

No

IF YES, at what level(s)?:

-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

To inform policy

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

In the development of the new HIV Strategic Plan, to expand VCT services in the regions, to analyze gaps and to follow up on patients that may be lost with regards to the treatment programme. In terms of challenges, surveys should be conducted systematically, there needs to be more use of data for programme planning and there should be more training in M&E

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

13

At subnational level?:

No
At service delivery level including civil society?:
No

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes
IF YES, describe what types of activities:
staff were trained in supportive supervision, statistical analysis and CRIS 3
10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7
Since 2009, what have been key achievements in this area:
The M&E Unit is fully staffed, there has been improvements in data quality and work has begun on the M&E database
What challenges remain in this area:
Implementation and rolling out of the central database for HIV and capacity building needs to be ongoing. There is also some challenge with quality of data

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3
Comments and examples:
Civil society is involved in consultations for development of strategy, for example, programmes/workshops /consultations are done through the support of NGOs. There is inclusion and participation for example during national week of testing and blood drives. When it comes laws on sex work and homosexuality, there has been some attempt by Civil Society to address issues. Civil Society role is in implementation. Very few have the capacity to force government to make changes at the policy level. Civil society has limited participation when it comes to formulating policies.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

2
Comments and examples:
There is involvement to a great extent in planning but CSO influence with regards to change is limited. There is involvement in planning but not budgeting. There is involvement at the level of the Country Coordinating Mechanism (CCM) for Global Fund Programmes Unaware of level of involvement of civil society. Aware of the development of the new HIV Strategy but not sure as to how civil society is involved.

3.
a. The national HIV strategy?:
3
b. The national HIV budget?:
2
c. The national HIV reports?:
3
Comments and examples:
Civil Society programmes are in line with the National Strategy to ensure one response. Civil Society is not really involved in the national budget but relies more on international donor funding Reports from civil society are submitted monthly to the national programme, that is on VCT, home based care and condom distribution.

4.
a. Developing the national M&E plan?:
3
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
:
2
c. Participate in using data for decision-making?:
2
Comments and examples:
Civil Society is involved in the consultation for the development of the M&E Plan. The Plan is presented to civil society. There is a national M&E reference group but civil society representation is limited. Unaware of civil society representation. Based on the M&E data, civil society can identify: trends, opportunities, challenges. Civil society uses the data to tailor or suit needs of the population or it informs how to change the strategy, continuing as is or implementing a new approach if required. Data is used for proposals and by implementers.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in

HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

3

Comments and examples:

Some civil society organizations work with populations including: Sex workers, men who have sex with men and PLHIV. There is more inclusion now: There are structured committees for PLHIV, sex workers and men who have sex with men at the level of the national programme. Civil society supports diverse organizations. There has been the establishment of the sex worker coalition and the Faith Coalition in HIV/AIDS. There has been the strengthening of the programme for most at risk populations by CSO involvement in various regions. The national response is not engaging civil society in a way it should: Civil Society engagement should be different fro that of an international organization

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Funding is available, however proposals are necessary to access funds. Eligibility is CSOs for funding is an issue. Fund raising is done by CSOs to finance programme activities. even though there are some opportunities to scale up the response by CSOs, some donors are leaving. Access to technical support is relatively easy. The challenge is poor coordination at the national level. Technical support is sometimes not adequately provided because of lack of human resources. The government provides adequate technical support. Capacity of CSOs should be build for accessing funds, managing funds, spending funds and reporting.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

25-50%

Men who have sex with men:

>75%

People who inject drugs:

<25%

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

>75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

-

Since 2009, what have been key achievements in this area:

Quality of services provided by CSOs has been improved and expanded to reach outlying regions. There is greater involvement of civil society in the planning and decision making with regards to the HIV response. There has also been more involvement of the private sector in the response. There is a more focused approach to most at risk populations including MSM and sex workers. Civil society participation on the Country Coordinating Mechanism has been retained and maintained.

What challenges remain in this area:

There needs to be more networking and partnerships among CSOs to avoid duplication of efforts. Funding for CSO work is constantly being reduced preventing organizations from providing optimal services to the target audience. Many CSOs have closed because of funding cuts. Lack of adequate human resources has also affected the work of CSOs. There should be greater inclusion of civil society as part of the decision making process as it relates to the national strategic plan, budgeting process and monitoring and evaluation. Access to riverain/interior locations is also a challenge.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLHIV have been involved during strategic planning through consultations. They are also involved in policy formulation, for example in the development of the Ministry of Health stigma and discrimination policy. There is also representation on the Country coordinating mechanism for Global Fund programmes.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Deportees: NO

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

There is non discrimination based on ethnicity, gender and religion.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

National HIV Workplace Policy, Guyana Human Rights Association and the Code of Ethics for Health Care Workers

Briefly comment on the degree to which they are currently implemented:

The laws are not fully implemented

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

-

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

Deportees: Yes

Briefly describe the content of these laws, regulations or policies:

Gross Indecency Act, Sex work and cross dressing is illegal. prison inmates are not allowed access to condoms.

Briefly comment on how they pose barriers:

Because of stigma and discrimination, sex workers, men who have sex with men and transgendered cannot freely access services. Fear of penalization can also hamper disclosure.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

There was the development of the Domestic Violence Act and the "Stomp it out" campaign by the Ministry of Human Services to increase awareness of domestic violence in all types of relationships. Sexual and any other type of violence meted out against women and girls will be prosecuted. Safe homes are provided for victims, there is also the involvement of the police and social workers in their situations.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

There is inclusion in the Ministry of Health's Stigma and Discrimination policy. Guyana National HIV Prevention Principles, Standards and Guidelines specifically mentions Human Rights.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

For PLHIV- Prevention with Positives For MSM- Prevention (VCT) For Sex Workers- Prevention (VCT) For Pregnant Women- PMTCT For General Population- TB/HIV Prevention

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

There is enforcement of Stigma and Discrimination policy at all health facilities. However, the behavior of some health care workers may prevent some individuals from accessing the services. To address this, suggestion box, book of records and documented code of ethics are put in place to prevent acts of stigma and discrimination at health facilities.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

There is ongoing training of health care workers to reduce the level of stigma and discrimination. There are efforts to increase the knowledge on different populations including their needs and location.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

Yes

IF YES, briefly describe the content of the policy or law:

the National HIV Workplace Policy has been developed through the Ministry of Labor. Occupational Health and Safety Officers are trained as HIV Officers to ensure workplace policies/ practices and programmes on HIV/AIDS are implemented.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

General Public and In School Youth

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Since 2009, what have been key achievements in this area:

Development of the Ministry of Health's Stigma and Discrimination Policy, implementation of the Code of Ethics for Health Workers' interaction with patient, training of health care workers, greater involvement of NGOs.

What challenges remain in this area:

Punitive laws that criminalize sexual minorities and other vulnerable groups. The draft national legislation for Discrimination should be passed. There is stigmatization and ridicule of marginalized populations by religious groups.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

3

Since 2009, what have been key achievements in this area:

Non-criminalization of HIV, the national Discrimination Act has been drafted, Health care workers are continually being trained on stigma and discrimination and human rights, the HIV workplace policy is being implemented.

What challenges remain in this area:

There is limited structure for implementation/enforcement of laws and policies, the draft legislation on discrimination needs to be passed, there should be more active engagement with the judiciary, stigma is being perpetuated by religious groups.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

From surveys such as the Biological and Behavioral Surveillance Surveys and from the national HIV strategic plan

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Strongly Disagree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Disagree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

The national prevalence of HIV has decreased. There has been an increase in Health and family Life education (HFLE) training for teachers and CSOs together. The management and leadership capacity of health care staff has improved. There has been a scale up of the VCT programme and sustained success of the PMTCT programme.

What challenges remain in this area:

More work needs to be done with most at risk groups including MSM and sex workers. The HFLE programme needs to be fully implemented and sustained with assistance from civil society. The non-involvement of parents of in-school youth should be addressed along with training of teachers on sexuality. There needs to be a stronger partner notification programme regarding positive persons in VCT services.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Universal access to treatment, adherence to treatment, Support for PLHIV including nutritional support and home based care.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

There has been increase in the number of care and treatment sites, more health personnel have been trained to provide treatment and care services, and more NGOs are providing support services. Additionally there has been early diagnosis of infants through the PMTCT programme.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Disagree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

There has been a reduction in the prevalence of HIV. Most of all of the hospital offer PMTCT. The Food Bank has been established in response to nutritional needs. There has been more involvement of NGOs in the Home based care programme. Support group meetings for PLHIV has resulted in secondary prevention activities. There is expansion in treatment: universal access to treatment, more sites providing treatment, care and support and more health care workers trained in this area. There has also been a scale up of the TB prevention programme.

What challenges remain in this area:

Transportation to access riverain/interior locations, being able to communicate with differently-abled PLHIV, ensuring an adequate supply of drugs, expansion of the treatment, care and support system in the workplace, disclosure is a challenge especially in the workplace and among family members, basic necessities should be available for all PLHIV .

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

6

Since 2009, what have been key achievements in this area:

There is early diagnosis for OVC. Nutritional and psychosocial support is provided to OVC. General support is provided to both HIV positive and negative OVC.

What challenges remain in this area:

Mapping of OVC should be conducted to determine location and size of the OVC population. There needs to be a more structured programme for OVC with regards to them knowing their HIV status. Basic necessities should be available for all OVC. Programmes should be implemented with regards to truancy, adherence to treatment, nutrition and alcohol use among OVC.

Source URL: <http://aidsreportingtool.unaids.org/86/guyana-report-ncpi>