



USAID
FROM THE AMERICAN PEOPLE

GUYANA COUNTRY STRATEGY- 2009 TO 2013

SEPTEMBER 18, 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by Joan Goodin and Bechir Rassas of Management Systems International and Jaime Benavente of MetaMetrics, Inc. under subcontract to Management Systems International, with the support of Georgia Sambunaris, USAID Senior Financial Markets Specialist

MISSION COUNTRY STRATEGY PAPER – GUYANA



A subsidiary of Coffey International, Ltd.

Management Systems International

Corporate Offices

600 Water Street, SW

Washington, DC 20024



Contracted under RAN-M-00-04-00049-A-FY05-070

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ACRONYMS

| | |
|---------|--|
| A&B | Abstinence & Be Faithful |
| ADP | Agricultural Export Diversification Program |
| AFC | Alliance for Change |
| ART | Anti-Retroviral Therapy |
| A&YP | Adolescent and Youth Program |
| CARICOM | Caribbean Community |
| CDC | Center for Disease Control |
| CSDS | Community Support and Development Services |
| CIDA | Canadian International Development Agency |
| CSO | Civil Society Organization |
| DCA | Development Credit Authority |
| DFID | Department for International Development |
| DG | Democracy and Governance |
| DOD | U.S. Department of Defense |
| EG | Economic Growth |
| EGAT | Economic Growth and Trade |
| EPA | Environmental Protection Agency |
| FBO | Faith Based Organization |
| GDA | Global Development Alliance |
| GDP | Gross Domestic Product |
| GFC | Guyana Forestry Commission |
| GGMC | Guyana Geology and Mines Commission |
| GHARP | Guyana HIV/AIDS Reduction and Prevention project |
| GHATM | Global Fund to Fight AIDS, TB and Malaria |
| GoG | Government of Guyana |
| GTIS | Guyana Trade and Investment Support |
| HBC | Home Based Care |
| HHS | U.S. Department of Health and Human Services |
| HR | Human Resources |
| IADB | Inter-American Development Bank |
| IDP | International Development Partner |
| ILO | International Labor Organization |
| IPED | Institute of Private Enterprise Development |
| IPR | Intellectual Property Rights |
| IR | Intermediate Result |
| ISO | Intermediary Support Organization |
| MCC | Millennium Challenge Corporation |
| MMU | Materials Management Unit |
| MOH | Ministry of Health |
| MSM | Men who have sex with Men |
| NDC | Neighborhood Democratic Council |
| NGO | Non-governmental Organization |
| OD | Organization Development |
| OVC | Orphans and Vulnerable Children |
| PASA | Participating Agency Service Agreement |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PLWHA | Persons Living With HIV/AIDS |
| PMTCT | Prevention of Mother to Child Transmission |

| | |
|--------|---|
| PNC | People's National Congress |
| PPP | People's Progressive Party |
| QI | Quality Improvement |
| R&D | Research & Development |
| SCMS | Supply Chain Management System |
| SCP | Support Competitiveness Program |
| SDP | Service Delivery Point |
| SI | Strategic Information |
| SO | Strategic Objective |
| STI | Sexually Transmitted Infection |
| SW | Sex Workers |
| TB | Tuberculosis |
| TIP | Trafficking in Persons |
| UNDP | United National Development Programme |
| UNICEF | United Nations Children's Fund |
| USAID | U.S. Agency for International Development |
| USDOL | U.S. Department of Labor |
| VCT | Voluntary Counseling and Testing |
| WB | World Bank |
| WHO | World Health Organization |

Build to Strength and Celebrate Guyana

I. OVERVIEW

1. Country Context

Originally a Dutch colony, Guyana became a British possession in 1815. Following the abolition of slavery, the freed slaves purchased plantations and established the first villages in Guyana. At the same time, other labor was imported from Portugal, China and India. At the end of their indentureship period, Indians bought land from the Africans who then moved to the urban areas. This settlement pattern was reinforced as a result of colonial interventions and has contributed to ethnic and political polarization and a turbulent political history. The first modern political party, the People's Progressive Party (PPP) was established in 1950 with a British-educated Afro-Guyanese and a U.S.-educated Indo-Guyanese as the leaders. With British intervention, the party split in 1953 and the Afro-Guyanese leader founded the People's National Congress (PNC) while the Indo-Guyanese leader continued to lead the PPP. The PPP and PNC have remained the country's major political forces since the 1950s.

Guyana achieved independence from Britain in 1966, and in 1970 became the Cooperative Republic of Guyana. The 1980 Constitution was adopted to reflect the socialist ideology of the PNC government. In fact, the country has been ruled primarily by socialist-oriented governments headed both by Afro-Guyanese (PNC) and Indo-Guyanese (PPP). The first election considered to be free and fair occurred in 1992, when the PPP won. Since then, elections have tended to be marked by hostility and violence. The current president, who is head of the PPP, took office in 1999, following a decision by the then President to hand over the reins of power. He was re-elected in 2001 and again in 2006. The 2006 national and regional election was the first free and fair, non-violent election since 1992 and was seen as an important step toward consolidating democratic governance. Another significant result of that election was that for the first time in decades a third party, the Alliance for Change (AFC) with a multi-ethnic membership from both the PPP and the PNC, won enough votes to obtain five seats in Parliament. A joint two-party minority obtained one seat in the National Assembly. Local elections in the country's six municipalities and 65 Neighborhood Democratic Councils (NDCs) have not occurred since 1994 and are now expected in 2009.

This small country of some 770,000 is one of the poorest in the Hemisphere, with per capita GDP of \$974 in 2006. As noted in the FY 2010 Mission Strategic Plan, the country "faces many development challenges: a political climate that threatens the country's ability to consolidate democracy; weak democratic institutions and inconsistent rule of law; an HIV/AIDS epidemic that threatens the country's development and strains an already overburdened health sector; and a deteriorating security situation." These factors, combined with the rising crime rate, poor security and limited domestic market, have also challenged Guyana's capacity to achieve economic growth and continued out-migration (some 90% of university students leave the country upon graduation). Underlying all of these challenges are the fundamental ethnic cleavage in the population and the relatively centralized decision making processes. A weak civil society and fragmented private sector are not adequately equipped or are unwilling to engage in or influence decision-making processes.

The 2004-2008 USAID/Guyana strategy focused on three major programmatic components: HIV/AIDS, Economic Growth (EG) and Democracy and Governance (DG). These components will continue to be pursued in the follow-on strategy (2009 - 2013). In addition, as shown in Section V, four cross cutting activities addressing Institutional Capacity Building, Biodiversity and Forestry, Youth, and Public-Private Partnerships, will be pursued. Gender will also be given priority across the Mission's activities and will

be incorporated in all programmatic areas. This will include the collection of data disaggregated by gender, in USAID-sponsored activities as well as gender-related research, gender analysis training and technical assistance, where appropriate.

2. U.S. Foreign Policy and Foreign Assistance Goals

As stated in the FY 2010 Mission Strategic Plan, U.S. interests in Guyana are shaped within the context of the challenges described, and “center on (1) stopping the spread of HIV and AIDS; (2) preventing visa fraud and illegal migration; (3) encouraging market-directed, socially responsible growth; and (4) blocking the drift toward democratically sanctioned autocracy.”

The U.S. Foreign Assistance Framework (July 10, 2007) places Guyana in the category of Developing Countries, which is defined as: “States with low or lower-middle income, not yet meeting MCC performance criteria, and the criterion related to political rights.” The End Goal of US Foreign Assistance for countries in this category is: “Continued progress in expanding and deepening democracy, strengthening public and private institutions, and supporting policies that promote economic growth and poverty reduction.”

In FY 2008, a two-year (US\$6.7 million) MCA Guyana Threshold Country program began. It focuses on improving both the government’s fiscal management and the business investment climate. This includes assisting the Government of Guyana (GoG) with the implementation of its new value-added tax system, developing ways to assist and educate taxpayers, and better planning and control of spending. The program also supports efforts to reduce the number of days and costs associated with starting a business by modernizing and streamlining the business registration process.

Another challenge for Guyana is the fact that for the second time, the country was placed on the Tier 2 Watch List for Trafficking In Persons (TIPs) in 2008. The Report states that, “While the government has undertaken a commendable initiative to increase public awareness of the dangers of human trafficking through a nationwide outreach campaign and advertising of its anti-trafficking hotline,” greater victim assistance needs to be provided, along with other measures.

3. Synergies with Other USG Agencies and Programs

Synergies with other USG agencies are regularly pursued in weekly meetings of the US Country Team, in which the USAID Mission Director participates. The other USG agencies present in Guyana include: DOS, DOD, HHS/CDC and Peace Corps. In addition, synergies are achieved through individual exchanges and discussions among program personnel within the various agencies and the staff of the three major USAID program areas: HIV/AIDS, Economic Growth, and Democracy and Governance.

II. DEMOCRACY AND GOVERNANCE

1. Situation Analysis

A January 2008 assessment of the governance environment in Guyana indicated that “The fundamental dysfunction of Guyana’s democracy – ethno-political mobilization – will be slow to change, but must be addressed if Guyana is to realize its great potential. All of the other major DG problems (good governance, justice, etc.) are subsidiary to this underlying dynamic, so programs that fail to address, even in subtle ways, the root problem will likely be marginal and unsustainable in the long term. Given a DG environment marked by continuity (even intransigence) in many respects, but also by historic events bringing some hope..., there appear to be new opportunities to focus the USAID program to more effectively address core issues.” That assessment mirrored the conclusion of a 2002 DG Assessment, which found that, because of the continued ethno-political cleavage, donor programs tended to “mask themselves behind the most innocuous titles and descriptions possible,” and asserted that “a meaningful DG strategy must break this pattern and be less risk-averse.” One historic event that brought hope for future progress was the free, fair and non-violent national election that occurred in 2006 – the first violence-free election in 14 years, which also resulted in a new party gaining seats in the National Assembly.

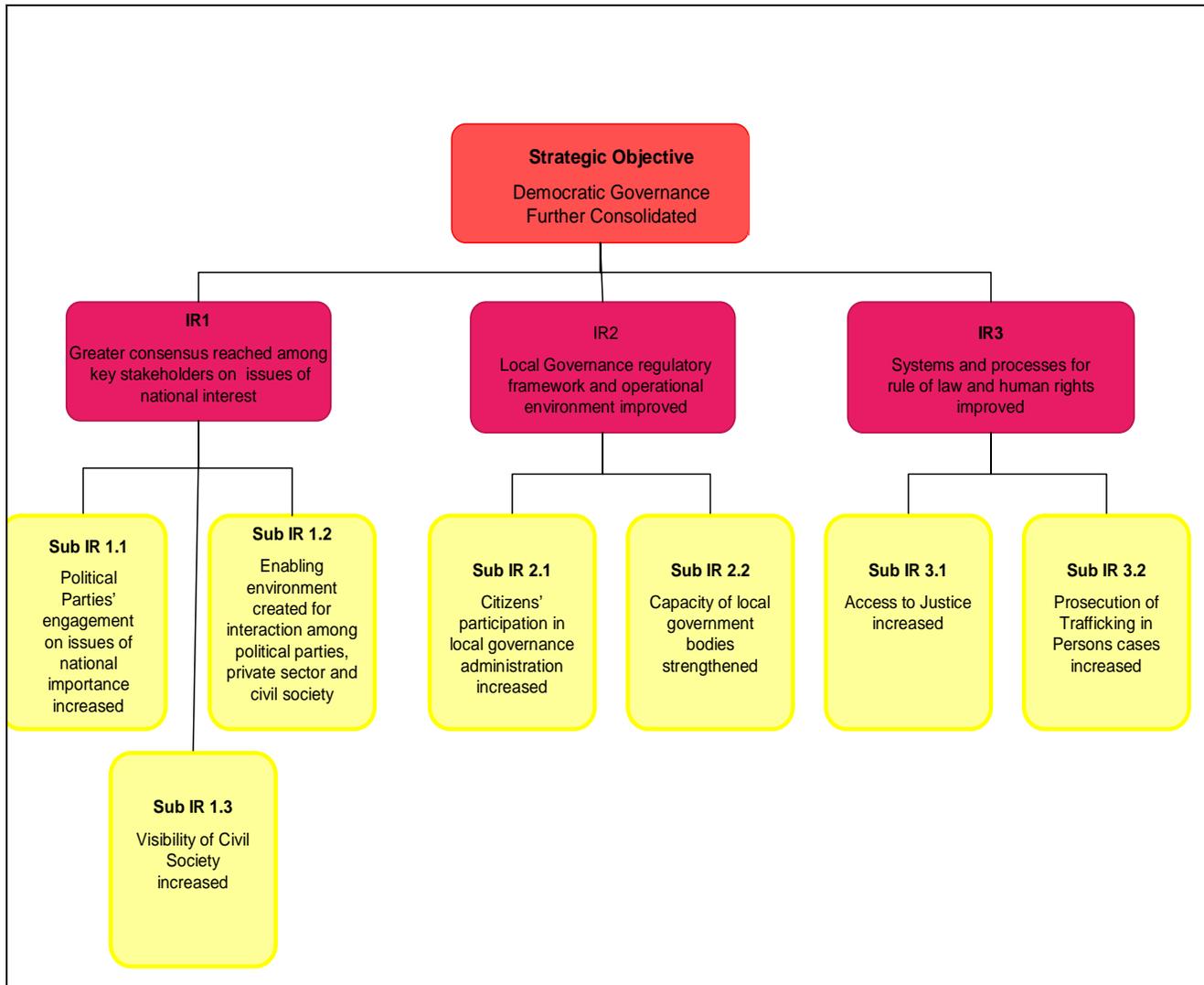
Given these assessments and potential future opportunities, the follow-on DG strategy will focus on supporting fora and encouraging opportunities for discussion and consensus building among stakeholders: within and among the political parties, between them and key organizations within civil society and the private sector. Strengthening selected private sector associations and civil society organizations to participate in democratic and governance processes, and moving them toward sustainability in the face of diminishing international donor support will also be pursued. Efforts to ensure free, fair and violence-free local and national elections will be a special focus of the program, while strengthening newly-elected local government bodies and educating citizens in target communities about their civic rights and responsibilities will also be pursued. Efforts in the justice sub-sector will complement those of the IDB and will focus on mediation, expansion of the computerization of case data of the Court Registry and prosecution of TIPs cases.

2. Results Framework

As shown below, the Strategic Objective (SO) of the Democracy and Governance program strategy is to further consolidate democratic governance in Guyana. Taken together, three Intermediate Results (IRs), each of which is supported by Sub IRs, are designed to produce that highest-level SO. IR 1 – Greater consensus reached among key stakeholders on issues of national interest – will be achieved by political parties engaging on issues of national importance (Sub IR 1.1), with an enabling environment for interaction among political parties, the private sector and civil society (Sub IR 1.2) and increasing the visibility of civil society (Sub IR 1.3). Various regional and global issues have been identified by Guyanese stakeholders as having a major potential impact on the country’s development over the next five years. These include climate change and its implications for flooding, the food crisis (which is seen as both a challenge and an opportunity), and the fuel crisis. These are the types of topics that lend themselves to productive and positive inter-sectoral interaction, as called for in Sub IR 1.1 and 1.2.

The second IR is to improve local governance in target communities, the achievement of which is based on increasing citizen knowledge of local governance in those communities (Sub IR 2.1) and strengthening newly-elected local government bodies in the communities targeted, which assumes that local elections

take place (IR 2.2). The third IR focuses on improving systems and processes relating to rule of law and human rights. That is to be achieved through increasing access to justice (Sub IR 3.1), and prosecution of cases of Trafficking in Persons (Sub IR 3.2).



3. Anticipated Results Over the Five Year Strategy Period, U.S. Foreign Assistance Priorities, and Critical Assumptions

As shown in the Results Framework above, the USAID DG program for the period from 2009 to 2013 is designed to achieve the continued consolidation of democratic governance in Guyana. It is also expected that by the end of the period key CSOs working in USAID’s three program areas will be significantly strengthened and well on the way to institutional sustainability. At the same time, political parties will engage in both formal and informal discussions on issues relating to the socioeconomic development of their country and interact regularly with the private sector and civil society organizations targeted, thus building consensus around key issues. To facilitate that process, venues will have been created – whether

physical sites or regular gatherings – as platforms on which to increase political integration and cross-sectoral cohesion. Finally, it is expected that with local government elections, the performance of NDCs and municipal governments will be improved, and citizens in key communities will be effective in exercising their civic rights and responsibilities. It is also expected that civic education will produce greater understanding and tolerance and increase the likelihood of free, fair and violence-free elections at the national level in 2011. Finally, it is anticipated that the systems and processes related to the rule of law and human rights (particularly Trafficking in Persons or TIP) will be improved through increased access to justice and prosecuting of TIPs cases.

The results expected are linked to the interventions described in the US Guyana Mission’s FY2010 Strategic Plan for *Governing Justly and Democratically*, which calls for enhancing effective citizen participation and inclusion in the democratic process; promoting good governance and consensus-building; and supporting another free and fair national election in 2011. The Plan notes that the long delayed local government elections, now scheduled for FY 2009, will provide the platform for US assistance for the establishment of local government institutions and systems that support greater autonomy of local government bodies in decision making and related areas.

Among the Objectives included in the Foreign Assistance Framework, the definition of the “Governing Justly and Democratically” Objective for Developing Countries such as Guyana is: “Support policies and programs that accelerate and strengthen public institutions and the creation of a more vibrant local government, civil society and media.” The relevant Agency-wide program components included in the USAID/Guyana strategy for 2009-2013, as defined in the Foreign Assistance Framework, are: Rule of Law and Human Rights, Good Governance, Political Competition and Consensus Building, and Civil Society.

One of the assumptions underlying the DG component of the follow-on strategy is that local elections will take place in 2009. Because elections at the local level have not been held since 1992, it is assumed that the great majority of candidates elected to the six municipalities and 65 Neighborhood Democratic Councils (NDCs) around the country will be new to public office and will need training and orientation for the effective and efficient performance of their duties. A related assumption is that local government constituents will need information and citizen education in order to exercise their rights and responsibilities in support of improved service delivery by and development of municipalities and NDCs.

It is also assumed that the national elections scheduled for 2011 will build on the positive experience of the 2006 elections. To help ensure that outcome, assistance for elections management, voter education and information will be required.

Underlying the entire DG program is the assumption that, given the resources available, it is not possible for USAID to work in all communities across the country, nor with all civil society organizations. Therefore, to achieve meaningful results, it will be necessary for the Mission to adopt clear criteria for the selection of the locations and organizations to be targeted, thereby avoiding a lack of focus and dispersion of effort.

4. Cross Sectoral Synergies

Strengthening democratic governance in Guyana has clear implications for the success of all other program components. As has been seen in many other countries, investors are loathe to enter markets where their legal rights cannot be assured and decision-making is limited to a few individuals. The existence of strong civil society organizations, including well-functioning private sector associations, that act both as advocates and watchdogs, helps to balance top-down decision making by political leaders,

while protecting citizens' rights at all levels. In addition, as demonstrated in the PEPFAR program, reliable local NGOs are critical to the effective and efficient delivery of health care services, and also complement government efforts in education, sanitation, natural resource preservation, and other vital services.

5. Synergies with Other Donor Programs

One donor-led activity of special relevance for the DG program relates to the draft document formulated recently by a working group of donors, including USAID, called the *Framework for Engagement: A Collaborative Approach to Aid Effectiveness Programming for Civil Society in Guyana*. The framework is intended for use within the context of the Paris Declaration for Aid Effectiveness and donor coordination. It calls for periodic interaction between civil society and (International Development Partners) IDPs, individually and collectively in support of aid effectiveness and deepening communication between civil society and donors. The IDPs identified in the area of DG-related programming include CIDA, DFID, UNDP, WB, and USAID, representatives of which are to determine how the strategy is to be operationalized.

Another particularly relevant opportunity for synergy is the three-year (US\$7 million) *Enhancing Public Trust, Security and Inclusion* Program signed by the GoG and UNDP. This is a follow-on to UNDP's three-year Social Cohesion Programme which was completed in August 2007. The new initiative will focus on community development and employment generation for youth. It will work through GoG ministries and with grassroots organizations. Project management will be coordinated by UNDP and will include one representative in each ministry. In discussions with the Governance Advisor in the President's Office, it was agreed that the UNDP and USAID initiatives at the community level could achieve significant synergy through coordination, particularly in the selection of the communities to be targeted.

The Inter-American Development Bank (IADB) has a *Civil Society Advisory Group/Committee*, which meets periodically to receive updates on the Bank's activities. Currently, IADB is providing US\$25 million to the GoG for a four-year program titled *Modernization of the Justice Administration System*, designed to "enhance the investment climate and rule of law through improved public sector governance." The three program sub-components are: enhancing institutional capacity, strengthening linkages among justice institutions, and improving access to justice. Given the Bank's significant support in this area and USAID's modest DG funding, the justice sector will not be a major focus of the USAID strategy.

Other donors, including CIDA and DFID, are in the process of planning their new strategies which, when completed, may also provide opportunities for synergy. However, programming is being done at a Regional (Caribbean) level and country specific programming will be considered within this framework.

6. Illustrative Activities

IR 1: Greater consensus reached among key stakeholders on issues of national interest.

Sub IR 1.1: Political parties' engagement on issues of national importance increased.

- a. Opportunities provided for dialogue and consensus building processes among parties.
- b. Technical assistance and training on issues such as the use of polling, platform development, internal organization and financing, candidate debates, constituency and public outreach.
- c. Support provided for local and national elections management and electoral processes.

Sub IR 1.2: Enabling environment for interaction among political parties, the private sector and civil society created.

- a. Facilitated seminars and public events organized around the major global, regional and domestic issues that are likely to affect the socioeconomic development of Guyana over the next five years with the participation of political parties, the private sector, CSOs, academics and leading experts.
- b. Studies, surveys and other materials dealing with the issues discussed and the rights and responsibilities of citizens are disseminated.
- c. A “young leaders” program for youth to engage in dialogue and consensus building processes.

Sub IR 1.3: Visibility of civil society increased.

- a. Training and institutional capacity building of CSOs engaged in advocacy for their interests or the delivery of services in the areas of trafficking in persons (TIP), democracy and governance and economic growth.
- b. Initiatives supported to enable CSO participation in decision-making processes between and among CSOs and government authorities (e.g., line ministries, key government agencies, and parliamentary committees).
- c. Public awareness of the activities of CSOs increased through information-sharing and dialogue among journalists and CSOs, training of media professionals and production and dissemination of information on their missions and activities.

IR 2: Local governance regulatory framework and operational environment improved.

Sub IR 2.1: Citizens’ participation in local governance administration increased.

- a. Civic education on the structure, mandate and operations of NDCs provided to citizens.
- b. Citizens engage their local government administration in development activities.

Sub IR 2.2: Capacity of local government bodies strengthened.

- a. Support for implementation of reforms in local government.
- b. Capacity building provided for newly-elected NDC councilors and staff to improve local government operations.
- c. Opportunities created and activities undertaken to build trust among NDC authorities and citizens.
- d. Opportunities explored to support an association of NDCs to represent local interests at the national level and achieve greater accountability to the grassroots.

IR 3: Systems and processes for rule of law and human rights improved.

Sub IR 3.1: Access to justice improved.

- a. Key systems, including the case management system and alternative dispute resolution mechanisms, are institutionalized.
- b. Obstacles related to case backlog are addressed.

Sub IR 3.2: Prosecution of cases of Trafficking In Persons (TIPs) increased.

- a. Measures to address TIP issues, including prosecutions, public education, and victim support are implemented.

7. Potential Partners

Relations and interaction with interested agencies of the GoG will be maintained during the implementation of the DG program. In addition, other local partners are to be selected and will include

civil society organizations that advocate on behalf of their members or deliver services to their constituents. Priority will be given to the selection of organizations operating within the three program areas of the USAID strategy. These might include, for example, the Private Sector Commission, which represents 14 sectoral member associations and chambers and 20 corporate members, and the Forestry Producers Association, both of which work in the area of economic growth; the Guyana Bar Association, the Guyana Association of Women Lawyers, and the Ethnic Relations Commission, active in the DG area; and selected grantees of the PEPFAR program, including Help and Shelter, whose efforts in the field of trafficking in persons (TIP) will also be supported.

8. Program Funding Scenarios

It is anticipated that the annual budget for the DG component of the strategy will be approximately US\$2 million. Taking into account the relative importance of the various facets of the program and the assumptions outlined above, DG funding is to be divided as follows among the three program areas: IR 1 = 55 percent; IR 2 = 30 percent; and IR 3 = 15 percent. For activities related to public awareness/media, additional support will be provided through the three-year media program to be carried out by the University of Guyana and Ohio University, starting in 2009.

III. ECONOMIC GROWTH

1. Situation Analysis and Rationale

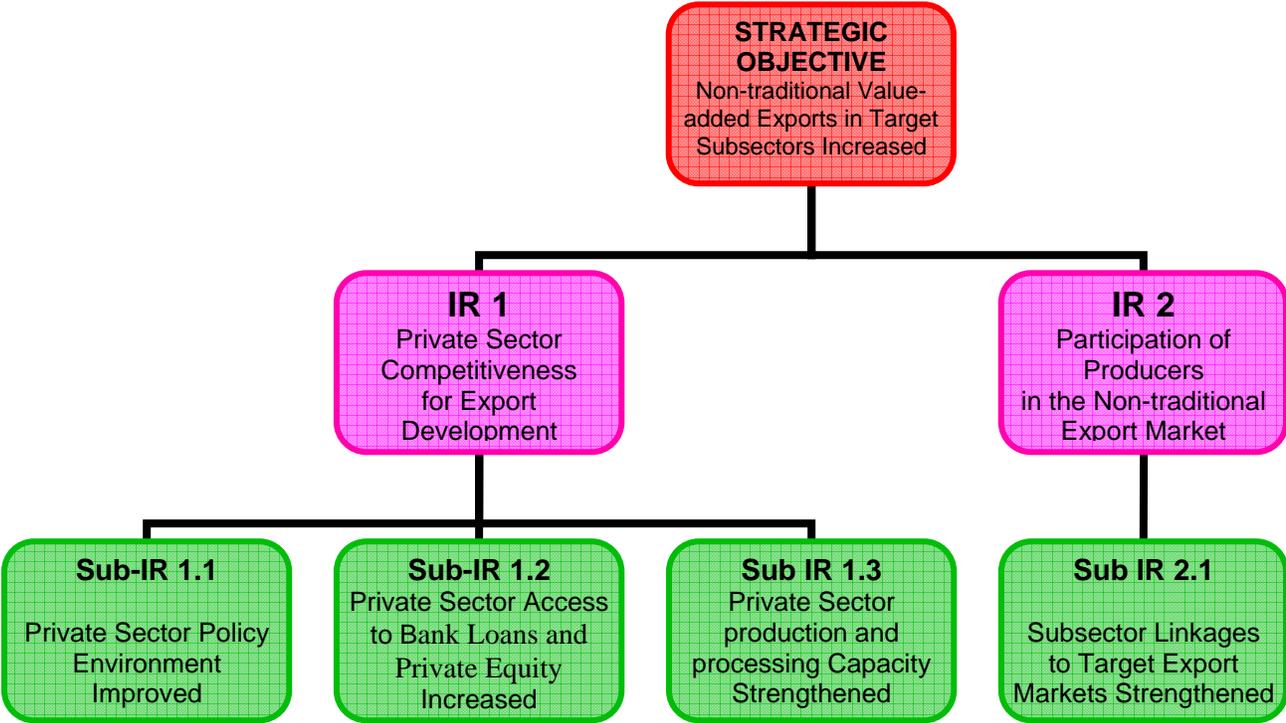
Guyana is one of the poorest countries in the Western hemisphere. Overall economic growth performance in recent years has been low. This result derives in part from cyclical natural disasters, such as the severe flooding that caused contraction in 2005, but it is fundamentally due to structural factors, particularly low productivity. Low overall capital formation and a high ratio of government to private sector investment account for much of Guyana’s low productivity. Private capital formation represents less than one-third of total gross fixed investment.

Guyana is a very small and open economy, with a domestic market limited by a modest population base of some 770,000 inhabitants. The country’s dependence on trade is high, indicating that its economy is extremely vulnerable to external shocks such as high world petroleum prices or fluctuations in the prices of its exported commodities. Fluctuating export prices are particularly destabilizing because Guyana’s export sector is dependent upon five commodities – sugar, gold, bauxite, timber and rice – which account for 75 percent of export earnings.

The factors briefly outlined above suggest that expanding Guyana’s national economy in coming years will be dependent on the country’s ability to raise its productivity, improve its competitiveness in international markets, and diversify its productive base.

Recognizing this economic reality, the government and private sector of Guyana have highlighted competitiveness and the need to raise private investment and growth as the central issues to be addressed. As detailed below, USAID/Guyana’s economic growth program is grounded in the country’s aspiration to fulfill that pledge.

2. Results Framework



As depicted in the graphic representation above, the ultimate or Strategic Objective (SO) of USAID/Guyana's economic growth program is to support the country's effort to improve its competitiveness and broaden its economic base through increased non-traditional, value-added exports in selected subsectors. Achievement of this SO will be dependent upon success in two Intermediate Results (IRs) and four lower-level results or Sub IRs. The first IR — Private Sector Competitiveness for Export Development Enhanced — will be achieved through a concerted effort to improve private sector policies (Sub IR 1.1), to increase private sector access to bank loans and private equity (Sub IR 1.2), and to strengthen private-sector production and processing capacity (Sub IR 1.3). The results framework also shows that an increase in non-traditional value-added exports will not be achieved without greater participation of producers in the non-traditional export market (IR 2), which in turn will depend on the extent to which the program will strengthen subsector linkages to target export markets (Sub IR 2.1).

3. Anticipated Results Over the 2009-2013 Strategy Period, Critical Assumptions and U.S. Foreign Assistance Priorities

As illustrated in the results framework and as detailed in later sections, the major focus of USAID's economic growth program over the 2009-2013 period will be to assist Guyana in its effort to enhance competitive advantage in international markets and to rapidly increase the value of its non-traditional exports as measured by the percent change in the value of those exports. This objective will be achieved by promoting linkages with international markets, supporting reform in critical policy areas to improve the trade and investment environment, building capacity of key private and public sector organizations, and strengthening the dialogue between the public and private sectors. It is expected that these and similar efforts will result in a markedly higher competitive advantage and a rapid and sustained increase in high-value, non-traditional exports.

These expected results are based upon four critical assumptions. First, the absence of political violence and civil strife in Guyana. Second, government's sustained commitment to improving the country's competitive advantage in international markets and to supporting a forward-looking dialogue with the private sector. Third, no prolonged downturn in the regional and world economy. Fourth, Guyana's commitment to relative macroeconomic stability and the need to reduce the cost of business transactions, as reflected in its progress toward eligibility for MCA compact status through the two-year Guyana MCC Threshold Country Program.

As described in the U.S. Foreign Assistance Framework and as detailed in the 2007-2012 Strategic Plan for the U.S. Department of State and USAID, one of the U.S. strategic objectives is to promote economic growth and prosperity in assisted countries by strengthening private markets, promoting trade and investment, and stimulating agricultural development. Guyana is classified as a "Developing Country," with a graduation trajectory of advancing to the "Transforming Country" category. Program area priorities in such countries include improvements in enabling and business environments and expansion of productive capacity in key sectors. Based on those documents and on the supplemental reference regarding the foreign assistance standardized program structure and definitions, USAID/Guyana's economic growth program as outlined in the present strategy is at the heart of the U.S. strategic economic development objective and related areas of intervention. Equally important, the program supports a critical goal in the U.S. Mission to Guyana's FY 2010 Strategic Plan — Encouraging Market-Directed, Socially-Responsible Growth — which emphasizes economic competitiveness and institutional reform to create favorable conditions for increased exports.

4. Strategic Focus

Building upon USAID/Guyana’s program achievements. There is near consensus among government organizations, donors, NGOs and the private sector that USAID/Guyana’s economic growth program has provided a strong strategic direction to the development of the high-value, non-traditional export sector. As stated in the U.S. Mission to Guyana’s FY 2010 Strategic Plan, the program has also attracted national attention as it has been repeatedly commended by the president of Guyana, who has advised other development partners to emulate the USAID model. But the job has just begun; the genuine momentum that has been generated must now be built upon and strengthened.

A highly focused strategy. The success of USAID/Guyana’s current economic growth program is due to its judicious selection of a limited number of highly targeted sub-sectors where the country’s competitive advantage is highest. To avoid spreading resources and management capacity too thinly and to achieve maximum development impact, the 2009-2013 program will continue to feature a highly focused orientation.

Supporting Guyana’s national competitiveness strategy. USAID’s economic growth program is in line with Guyana’s national competitiveness strategy, which emphasizes the need to stimulate trade and investment, diversify the country’s productive base, and strengthen its institutional infrastructure and policy-making capability.

Market-driven economic growth. Experience in Guyana and throughout the world has demonstrated that a market-driven growth model is the most effective mechanism for the implementation of Guyana’s export sector strategy. Linking private sector exporters with the international market will provide domestic producers with concrete market opportunities and enhance their drive to succeed — thus charting a new way forward in the country’s effort to diversify and deepen its productive base.

Leading the way in the country’s drive to manage a rising competitive challenge. Competitive advantage does not exist naturally; it has to be created and continuously nurtured. This is particularly true in the case of Guyana, where exporters face an increasingly globalized market environment and an ever more immediate and intense competition. USAID’s work in the target subsectors will enhance the country’s supply response to opportunities in other non-traditional export subsectors, as Guyana transitions away from a fixed set of preferences to a reciprocal, open trading regime under the Economic Partnership Agreements (EPA) recently concluded between the Caribbean Forum of African, Caribbean and Pacific States and the European Union. It will also accelerate Guyana’s regional integration into the Caribbean Community Single Market Economy (CSME) by helping other sectors be better positioned to take advantage of CSME opportunities.

5. Strategic Subsectors and Illustrative Activities

The economic growth program will focus on advancing the success and expansion of forest products, aquaculture, agribusiness, and ecotourism — four centers of dynamism that offer the greatest opportunities for foreign-exchange earnings and high export growth, and considerable potential for spillovers and linkages with other productive activities. As the 2004-2008 strategy moved into its final year, opportunities in other areas — such as manufacturing, information and communication technology, and e-commerce — were considered. However, it was concluded that expanding into those areas would reduce program focus and effectiveness of resource use.

Forest Products. In the forest products subsector, the program will reinforce and extend overseas market linkages; promote durable buyer-exporter relationships; introduce markets for new tree species and

innovations to improve recovery rates; expand into higher value-added products such as specialty lumber, furniture and building components, and flooring and decking products; expand the current linkage-building model throughout the subsector by targeting medium and small firms; and facilitating financing of required capacity and product upgrades for those firms.

A major program objective will be to assist Guyana in its effort to put in place the necessary measures for the conservation, protection, management and utilization of its forest resources to ensure that the productive capacity of the forests is maintained and enhanced. By expanding markets, USAID/Guyana will further revitalize the forest products sector. Since the program will continue to target timber processors who market certified hardwoods and provide technical assistance to promote low-impact timber harvesting and other environmentally-sound practices, stronger market linkages will increase producers' capacity and interest in improved environmental practices and ecological standards. USAID/Guyana will also pursue other public-private partnerships to improve forest yields while ensuring conservation of ecosystems, biodiversity, and environmental balance.

Aquaculture. In aquaculture, the program will strengthen market linkages with international buyers and potential investors; support intensified expansion of export-ready aquaculture farms; promote collaboration between large aquaculture operations and smaller satellite aquaculture farmers; concentrate on the production of fresh frozen whole tilapia, but move over time to higher value-added frozen tilapia products. Other aquaculture species will also be considered, as appropriate. Partnership opportunities with local organizations to remove major constraints, such as credit, will be pursued. For instance, a Development Credit Authority partnership with the Institute of Private Enterprise Development (IPED) will be explored. IPED is a local non-profit organization that provides supervised loans and business development services to micro and small entrepreneurs countrywide. Strong emphasis will also be placed on environmental considerations. For instance, since tilapia aquaculture may pose a risk to the environment, USAID will ensure that its interventions are "Regulation 216" compliant and that strong mitigation measures are in place. USAID will also intensify work with the WWF Tilapia Aquaculture Dialogue, which seeks to mitigate the negative environmental effects of tilapia farming.

Agribusiness. There is considerable potential for increasing the export of non-traditional fruits and vegetables in Guyana. But critical elements of a more flourishing export program have yet to be put in place. A number of overseas importers have already been identified, but the supply has not always been forthcoming — suggesting the need for a more integrated approach that would pay attention to the demand as well as the supply dimensions of the fruit and vegetable sub-sector.

To this end, USAID/Guyana will work in close collaboration with the Agricultural Export Diversification Program (ADP), a five-year, \$22 million IADB-financed initiative. Focusing on the aquaculture and fruit and vegetable sub-sectors, the program seeks to improve private sector entrepreneurship, export promotion and business support through improved standards and an enhanced general business environment. The program will work in a wide range of technical areas along the agribusiness value chain — from on-farm production technology to export logistics and financing.

An example of USAID-IADB collaboration would be for USAID to concentrate on building international market linkages and on facilitating export transactions and business arrangements, particularly in the area of agribusiness financing. ADP would address the wider range of issues pertaining to fruit and vegetable R&D, production technology, farmer and processor training, quality standards improvement, and other efforts to establish a reliable, commercial-scale supply of export-quality produce.

Ecotourism. Building on the successful birding tourism model developed under the 2004-2008 strategy, USAID/Guyana will broaden its support to the ecotourism sub-sector to unleash its massive untapped potential. Guyana is the only English-speaking country on the South American continent. In addition to

spectacular geological and hydrological features, about 80 percent of its landmass is covered by tropical rainforest — much of it is still intact. Biodiversity inventories indicate that thousands of species have been identified, including over 200 species of mammals, about 900 species of reptiles and amphibians, over 800 species of birds and over 6,000 species of plants. Most researchers and scientists believe that hundreds more species remain unidentified.

USAID/Guyana’s economic growth program will strengthen linkages with international birding tourism organizations; organize birding familiarization tours for international tour operators; build capacity of sub-sector institutional partners to lead linkage-building activities; support local birding suppliers/operators to meet the demand that familiarization tours create; support improvements in infrastructure and management systems to meet market demand; and support expanded participation in the broader global market for growth niches such as nature tourism and adventure tourism. Other interventions would include GDA partnership opportunities to promote the protection of migratory bird habitats through environmental awareness, habitat rehabilitation and ecotourism with organizations such as the Iwokrama International Center for Rainforest Conservation and Development. Potential partnerships with international organizations relative to specific migratory species, biodiversity, and ecosystem conservation would also be pursued.

6. Approaches and Funding Across Sub-sectors

General approach. Program funds will support technical assistance; training; market discovery activities such as cost-sharing participation in market fairs and trade shows; limited procurement of equipment in support of demonstration trials and similar intervention methods; and co-financing operations with other donor initiatives.

A dynamic approach to program implementation. The program will support business strategy formulation and implementation across the four sub-sectors. It is expected that intensive efforts will continue to be devoted to forest products, agri-business and aquaculture as these three sub-sectors offer the greatest opportunities for growth and diversification. However, to keep up with the dynamic nature of world-market demand, support for a given sub-sector will by no means be a static process. As economic forces continue to alter the speed and suddenness with which international markets affect the four sub-sectors, pragmatism and flexibility will be of the essence.

In addition, Guyana may qualify for an MCA Compact during the 2008-2013 period — assuming the current two-year MCC Threshold program is successfully implemented. Such a development may affect USAID/Guyana’s focus and implementation methods. Since leveraging resources strategically and optimizing program impact will involve refining interventions and reordering priorities as new economic opportunities arise, the program will continuously monitor progress, review approaches, redirect efforts, and adjust funding allocation accordingly.

Strengthening public-private consultative processes. Strengthening public-private consultation will be a priority consideration. Gains from training, institutional capacity building and direct resources will be enhanced through such consultation. Similarly, private-public partnerships — a central element of our strategy — will not be possible in the absence of a policy dialogue to realize their potential.

An integrated approach to sub-sector development. Recent experience in Guyana has demonstrated that supply could not always meet international importers’ needs, particularly in the fruit and vegetable market. The demand-supply imbalance is due to several factors, including poor technological infrastructure, inadequate awareness of quality standards and/or limited access to standard services — indicating the need to extend program support to the supply side of the target sub-sectors. Under the new

strategy, we will continue to work in close collaboration with the relevant government organizations and development partners to ensure that international market linkages are fully integrated with production-capacity enhancement and the many other interventions needed along the entire value chain.

New directions. As outlined in the illustrative activities for each sub-sector, a central goal under the new strategy will be to intensify and broaden current initiatives. Another task will be to implement innovative approaches to refine those activities and maximize their impact in light of new facts in the operating environment. Illustrative examples of the new interventions are briefly discussed below. The number of those interventions and the intensity with which they will be implemented will depend on program funding and available opportunities in each subsector.

Development Credit Authority (DCA). There is agreement in Guyana that insufficient access to affordable finance for investment and working capital, a risk-averse banking sector, and insufficient foreign direct inflows of capital are major constraints to private sector participation. Using USAID's partial credit guarantees under the DCA, we will leverage our resources to set up a DCA guarantee facility with commercial lending institutions willing to supply credit for equipment and working capital necessary to finance private sector initiatives in the targeted sub-sectors. The rationale for the DCA arrangement is two-fold. First, it will increase the flow of capital to market participants. Second, it will ensure that local financial institutions maintain substantial risk and have ample incentive to undertake thorough due diligence and project oversight. Since DCA guarantees cover only a given percentage of the default risk, local financial institutions will continue to assume most of that risk — hence their need to remain heavily involved in the vetting and oversight processes. It is expected that DCA guarantees will establish the foundation for relationships that will continue the flow of credit to those subsectors long after DCA involvement has ended.

Diaspora direct investment. USAID will also lend its program support to attract Diaspora direct investment and harness its potential contribution to the targeted subsectors. It is evident that emigration of the best educated and most talented professionals represents a considerable opportunity cost and a severe constraint to more rapid economic development in Guyana. It is equally evident that this same population plays a valuable safety-net function and a significant economic development role through remittances channeled to the home country. However, much of the capital channeled to Guyana through remittances is currently used for consumption, not for investment. Mobilizing the Diaspora to serve as a channel to expanded or create new business opportunities through direct investment will be an integral part of our support to the targeted sub-sectors.

Public-private partnerships. Other innovative activities will include development of private-public partnerships to promote domestic and foreign investment in the priority export sub-sectors.

Intellectual property rights. The Iwokrama International Center for Rainforest Conservation and Development has been selected as a pilot site for the second phase of the Guiana Shield Initiative funded by the European Union and implemented by the UNDP office in Guyana. This initiative will enable the Iwokrama Center to carry out feasibility studies and develop business plans for marketing non-timber forest products. It will also enable USAID/Guyana to fund supporting activities such as branding, patent protection and similar intellectual property rights (IPR) services to increase the value of Iwokrama exports. USAID funding will depend on whether IPR legislation supporting such interventions will be in place,

Striking a balance between environmental conservation and economic growth. Our strategy is built on the premise that conservation, environmental integrity and sustainable economic activity are mutually reinforcing. Our efforts to revitalize the forest products sub-sector will demonstrate that Guyana's forests can be economically viable as well-managed ecosystems. Similarly, while our aquaculture and

agribusiness initiatives will continue to feature export-led growth, they will be developed with a view toward building awareness and capacity to help Guyana adhere to international environmental standards. The natural synergies and strong symbiosis between our sustainable forest management and ecotourism sub-sectors are readily apparent.

USAID/Guyana has recently conducted an assessment to meet requirements under Section 118 (tropical forests) and 119 (endangered species) Foreign Assistance Act of 1964 as amended, which call for USAID missions to identify necessary threats to conserve biodiversity and forests, and articulate how proposed mission actions address those threats. An important next step will be to tap into the expertise of the U.S. Forest Service and jointly develop programs to address the environmental dimension of our development work through a Participating Agency Program Agreement between the EGAT Bureau and the U.S. Forest Service.

There are indications that Guyana aspires to be at the forefront of the international dialogue on forests, biodiversity and climate change, as indicated by President Jagdeo's proposal to offer the country's forests as a giant carbon offset, and as illustrated by a precedent-setting agreement with Canopy Capital, a U.K.-based equity firm, to fund rainforest conservation in Guyana. USAID/Guyana's partnership with the U.S. Forest Service would be instrumental in supporting this larger biodiversity initiative.

7. Cross-Sectoral Synergies

There are strategic synergies among USAID/Guyana's economic growth, health, and democracy and governance programs. A vibrant civil society encourages the freedom to choose, with beneficial effects on economic growth and individual welfare. Similarly, higher private sector participation in economic activity will strengthen a critical segment of the non-governmental organizations, with beneficial effects on institutional development and improved governance. The strategic synergy between economic growth and a healthier human resource base is readily apparent.

Translating strategic synergies into operating synergies within USAID/Guyana's portfolio will require finding platforms of mutual interest among the three programs. Many collaboration initiatives will emerge as operations unfold. For instance, USAID/Guyana's health and economic growth programs have cooperated to support the design and construction of a modern cold storage facility at Cheddi Jagan International Airport. This facility is to be used for vaccine storage as well as for handling fruits and vegetables for export. Other collaborative efforts will be planned, including those associated with cross-cutting activities such as youth-related interventions. Similarly, using economic-growth sub-sector organizations as institutional vehicles for civil society outreach and public education activities may be an effective means of collaboration with the democracy and governance program.

8. Synergies with Other Donor Programs

Collaboration with other donors under the economic growth program has been excellent. Intensification and broadening of program activities under the 2008-2013 strategy will offer ample opportunity for even closer collaboration. Trends in economic growth programming among other donors such as CIDA and DFID indicate a shift from Guyana-focused programs toward broader regional CARICOM initiatives in which Guyana may or may not figure prominently. In addition, the Inter-American Development Bank (IADB), Guyana's largest single development partner, has significantly scaled down funding — from average annual funding of \$100 million to an average annual funding of \$16 million.

Despite this shift, opportunities for collaboration in economic growth activities between USAID/Guyana and other donors remain strong, particularly since several donor coordination groups are now in place. In

this perspective, the Agricultural Export Diversification Program (ADP) and the Support for Competitiveness Program (SCP), two well-funded IADB initiatives, merit particular mention. Since ADP's area of intervention will include aquaculture and fruit and vegetable production and export, the complementarities and potential synergies between this program and USAID/Guyana's planned activities in the two sub-sectors will offer an ideal platform for collaboration. Two of the SCP's major objectives are to strengthen institutions for public-private dialogue on competitiveness and to improve the business environment for investment and export development. The SCP's firm-level grant-funding facility will be of particular relevance to USAID-Guyana's export promotion goal.

Aligning our economic growth activities with those of our development partners will serve two important functions. First, it will eliminate duplication of effort and make our activities as cost-effective as possible. Second, it will ensure better alignment of our technical assistance with Guyana's priorities, systems and procedures, and strengthen the country's technical and institutional capacity.

9. Potential Local Partners

All activities under the economic growth component will be implemented in close collaboration with local partners, including the public and private sectors, civil society and the research community. Potential local partners are too numerous to be fully listed here. The following is a partial list of key partners covering the four target sub-sectors.

Ministry of Foreign Trade and International Cooperation; Ministry of Tourism, Industry and Commerce; Ministry of Agriculture; Office of the President; Guyana National Bureau of Standards; Guyana Forestry Commission; local chambers of commerce; Guyana Tourism Authority; Iwokrama International Center for Rainforest Conservation and Development; Private Sector Commission; New Guyana Marketing Corporation; National Aquaculture Association of Guyana; Forest Producers' Association; Tourism and Hospitality Association of Guyana. University of Guyana; Montpelier Farms of Antigua; Greenfield Farms of the U.S; Institute of Private Enterprise Development; remittance agencies; and private sector operators in the forest products, ecotourism, agribusiness and aquaculture sub-sectors.

IV. HIV/AIDS

1. Situation Analysis

In March 2008, USAID/Guyana entered the final year of its 2004–2008 HIV/AIDS strategy under the President’s Emergency Plan for AIDS Relief (PEPFAR). The Mission is now preparing the next phase of its HIV/AIDS initiative for the period 2009-2013. An assessment of the HIV/AIDS portfolio was conducted in 2007 to review the results of the program to date and identify approaches that could be employed in the future. In early 2008, the USAID Health Team used that information to prepare an initial draft of the new HIV/AIDS strategy.

The assessment showed that Guyana faces a low-level generalized HIV epidemic with current projections indicating a slight upward trend in prevalence and a slight downward trend in incidence. As prevalence increases, the need for anti-retroviral therapy (ART) also increases due to the longer life expectancy of HIV+ people. Findings also indicated that, by 2007, 60 percent of people with advanced HIV infection were receiving ART. In 2007, 97.7 percent of the pregnant women who were reached (14,000) by the prevention of mother to child transmission (PMTCT) program agreed to be tested,¹ with 64 percent of HIV+ clients receiving ART. Approximately 11 percent of the population between 15 and 19 years of age has been tested for HIV and know their status. Approximately 77 percent of HIV+ clients with presumptive TB received TB and HIV treatment.

The Ministry of Health (MOH) screens all donated blood for HIV following international quality assurance standards. The Voluntary Counseling and Testing (VCT) program network has expanded from 27 sites in 2005 to 44 sites in 2007, and similarly the PMTCT service network has expanded from 53 sites to 110 facilities during the same period. The private sector partnership initiative has involved 43 local private sector companies in protecting their workers against HIV. The palliative care program continued to increase its home-based care between 2006 and 2007. During this period, 903 children orphaned or made vulnerable (OVC) by HIV were provided with care and support. Approximately 2,400 people were trained in HIV testing, care, and support programs, prevention-related activities and systems strengthening, including strategic information. Some 40,000 more persons were reached with messages promoting abstinence and being faithful (A&B), while over 60,000 were reached with messages addressing behavior change beyond A&B. In 2007, the GoG allocated \$503,805 to the National AIDS Program Secretariat as an indication of the significant level of its commitment.

Between 2009 and 2013, the Mission’s HIV/AIDS program will continue to advance the long-term objectives of the current strategy and, in addition, will support the necessary institutional capacity building needed in both the public and private sector to sustain a continuous, integrated and effective response to HIV/AIDS. Activities will focus on the achievement of the program goals of reducing HIV transmission, mitigating the impact of illness and strengthening the health system. The program will also seek to transfer full responsibility for an efficient and cost-effective supply chain management system to the MOH and/or its partners.

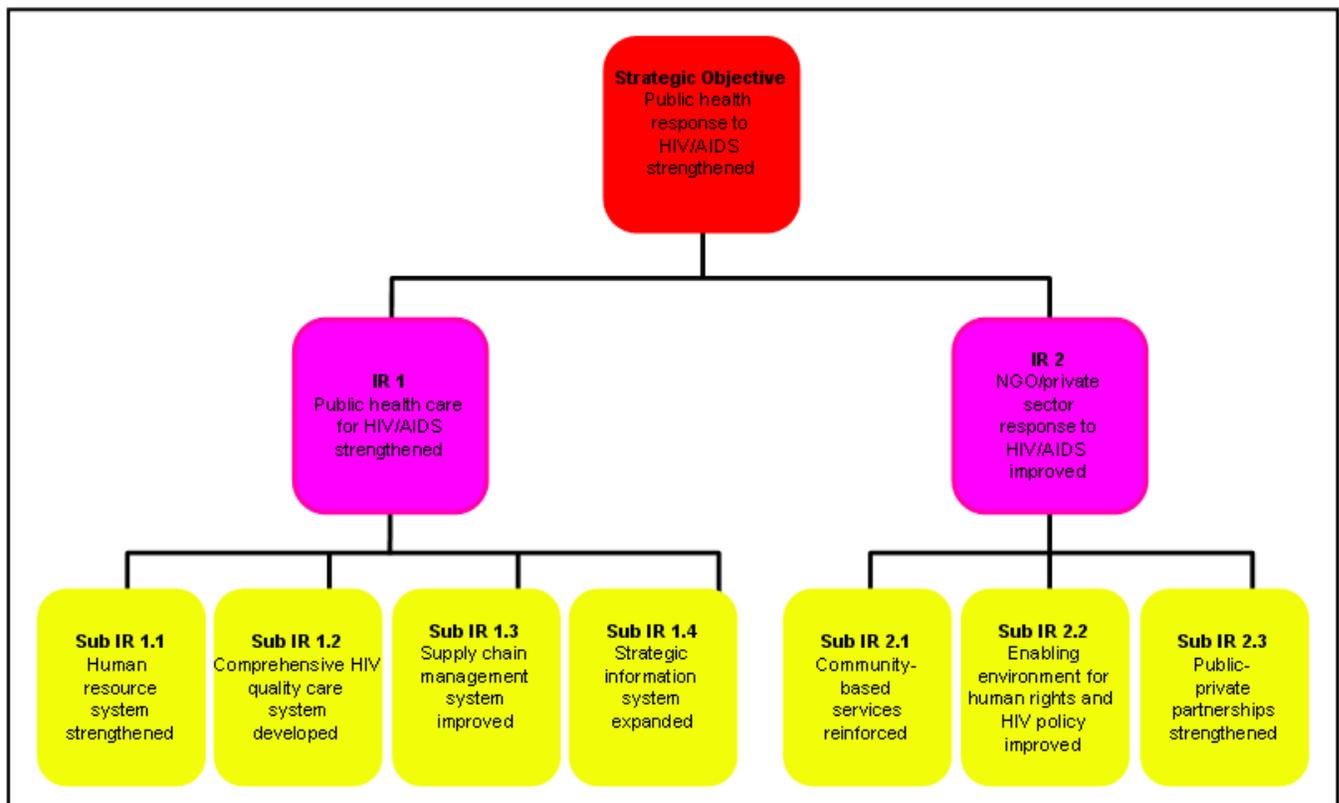
2. Results Framework

As shown in the graphic presentation below, the Strategic Objective (SO) of the HIV/AIDS program from 2009 to 2013 is to strengthen the public health response to HIV/AIDS. Its achievement will be dependent upon the success of two Intermediate Results (IRs): Public health care for HIV/AIDS strengthened (IR 1) and NGO/private sector response to HIV/AIDS improved (IR 2). Four Sub-IRs will support the

¹ UNGASS, Country Report, 2007.

achievement of IR 1: i) Human resource system strengthened; ii) Comprehensive HIV quality care system developed; iii) Supply chain management system improved; and iv) Strategic information system (SIS) expanded. The expansion of the SIS not only includes the public sector but also supports the expansion of SIS capacity of the NGO/private sector since these sectors will be significantly involved in the provision of HIV/AIDS services. Technical assistance will be provided to strengthen the link between civil society and the public sector for reporting and information sharing on the sector's responses to HIV/AIDS.

IR 2 will be achieved through implementation of three Sub IRs: i) Community-based services reinforced; ii) Enabling environment for human rights and HIV policy improved; and iii) Public-private partnerships strengthened.



3. Critical Assumptions

Four critical assumptions have been taken into consideration for design of the HIV/AIDS program: 1) the PEPFAR/Guyana program will continue to receive an average level of US\$18-\$20 million per year, with USAID being responsible for approximately 60 percent of the annual funding allocation; 2) the strong partnership between USAID and the GoG will continue and grow stronger; 3) the overall level of support provided by other international donors will be sustained; and 4) the Global Fund to Fight AIDS, TB and Malaria will continue to provide funding as USAID transfers responsibility for programs such as PMTCT to the MOH.

4. Foreign Assistance Priorities

For Developing Countries such as Guyana, the “Investing in People” Objective of the Foreign Assistance Framework is defined as: “Encourage social policies that deepen the ability of institutions to establish appropriate roles for the public and private sector in service delivery.” Both Health and Social Services and Protection for Vulnerable Populations are listed as program areas. The USG Guyana FY 2010 Mission Strategic Plan lists “Stopping the spread of HIV and AIDS” as Goal #1. The Plan states that the goal is to increase care and treatment to 50 percent of the HIV+ population by FY 2009, and “maintain no waiting list for enrollment in the fully subsidized treatment program.”

5. Illustrative Activities

IR 1 Public Health Care for HIV/AIDS Strengthened

Strengthening the institutional capacity of the MOH will require technical support in various areas, including human resource development, planning and management. Support to the MOH will focus on its capacity to deliver comprehensive, integrated and quality health care services within the Guaranteed Package of Services. As discussed below, interventions will: i) develop personnel and HR management systems at all levels; ii) build a strong foundation in quality assurance and improve the quality of services; iii) improve supply chain management; and iv) create the technical basis to monitor the epidemic, including collecting and using data for decision making.

i) Human Resources (HR) – USAID will provide technical assistance for the development of a MOH strategic plan for human resources. The development of a HR system is essential for enabling the transfer and sustainability of HIV prevention, care, and treatment programs. HR development and planning will be considered an ongoing and iterative process to be addressed at the central, regional, and local level.

Broad areas of assistance will be made available as the MOH addresses HIV workforce issues. HR planning assistance will include national strategies/policies, advocacy and leadership programs for health sector development, HR information systems and data for decision making, as well as workforce realignment or task shifting. As the strategic plan is developed and implemented, issues of workforce development and performance will be addressed. A key component will be in-service training, including opportunities for advancement by HIV/AIDS professionals, and the alignment of training curricula with standards and guidelines. The MOH will be responsible for this in-service training and will provide the leadership for its development in coordination with the Health Science Education Unit and technical assistance from CDC. Assistance will also be provided to strengthen supportive supervision and quality assurance/improvement systems to increase job satisfaction and retention. Opportunities to apply creative problem solving and upward mobility in the workplace will be provided by a quality improvement system that incorporates supportive supervision, but also must be backed by HR policies. Special focus will be placed on, but not restricted to, increasing the capacity of Maternal & Child Health, Disease Control, and Materials Management Units.

ii) Quality Care System – Although some of the HIV service delivery points (SDPs) in the health system already have quality improvement (QI) mechanisms, they are not comprehensive and are not integrated into the quality assurance system currently under development. The design of a comprehensive HIV QI system will require strong leadership from the National AIDS Program Secretariat for setting service standards. Since NGOs can deliver a large proportion of the services supporting the national HIV program and also provide important links to clinical services, systems to improve quality at the NGO level will be considered at the outset.

As the system is designed, there are several dimensions of quality that must be considered. With the client in mind, the system will include: appropriate interpersonal communication between provider and patient built on trust, respect, confidentiality, courtesy, responsiveness, empathy and effective listening; respect for the capacity of the patient to make informed decisions; continuity by minimizing the need for patients to go through several steps; and increased access to services by eliminating geographic, economic, social, or cultural barriers. In addition the system will address standards of technical performance, effectiveness of care, safety to minimize risks of injury or infection, and comfort, including cleanliness and privacy.

To make the QI system effective, the MOH will establish a strategy to integrate the system into overall management at the national, regional, and local level, keeping in mind that quality improvement starts at the SDP. Key outcomes from QI will include an increase in adherence by patients resulting from an appropriate level of care, positive response to treatment, better utilization of resources, increased morale among health workers, and improved management of health units. The QI intervention will be supported by both USAID and CDC. CDC will lead the improvement of laboratory services, and will support the overall system design with an emphasis on ART delivery, especially pediatric AIDS and TB/HIV co-infection. The MOH will identify appropriate units to participate in the program. For example, the Disease Control Unit will likely be a primary partner, and the role of regional offices will be closely examined.

iii) Supply Chain Management System (SCMS) – Comprehensive support for the SCMS development began in 2007 with significant results to date. USAID will continue to provide the MOH/SCMS initiative with the necessary assistance for the completion of the new warehouse facility, institutionalization of warehousing practices, strengthening of in-house capacity for procurement, distribution, and program reporting from the field and central levels, dissemination of standard treatment guidelines, development of a complete Essential Drugs List, and procurement of pediatric medication, adult second line medication, and laboratory commodities.

The MOH envisions that the MMU will become a center of excellence for all aspects of SCMS. This is to be achieved by maximizing operational efficiency and optimizing supply chain resources. The MMU will then be able to ensure the timely procurement, storage, and distribution of essential medicines of good quality in optimal quantities at the lowest possible cost. At the outset, the MMU will require technical assistance in areas such as warehouse management support and on-the-job training; information systems; forecasting, reporting, and procurement support; infrastructure design, costing, and construction. As the early phase ends, USAID will no longer support physical infrastructure and system design, but will continue to provide technical assistance and training on issues that emerge as the system matures and the MMU becomes less dependent on donor support. USAID will continue to support the procurement of ART drugs, counseling and testing supplies, and laboratory supplies, and could add other prevention materials (including condoms to clinics and NGOs), and safe injection supplies. By the end of the second phase of the HIV strategy, it is expected that the SCMS project will assist the MMU to organize SC systems in all regions and to introduce the basics of SCMS at every SDP.

iv) Strategic Information System (SIS). SIS is a basic platform to develop a quality improvement model and program management, as well as to satisfy M&E requirements and continuous public health surveillance. The key challenge will be to direct all past SI efforts and the new ones toward integration into a single strategic information system. Although significant progress has been made in the area of SIS, there is still much to be done, particularly for the integration of the various information initiatives. The objective will be to define the use of data for decision-making as the cornerstone of all efforts for strengthening SIS at national and regional levels. Therefore, all SIS interventions will place “Data for Decision Making” as the key requirement for the system design and all supporting activities. Thus, enhancing strategic information will be addressed at all levels both within the public health sector as well

as civil society and the private sector. A primary goal is to develop institutional and individual capacity within both sectors to design and collect their own data, analyze it, and disseminate findings. A second goal is to promote the use of data for decision making. And finally, a third goal is to improve the quality of the data collected. The use of data has been proven to be the best strategy to ensure continuous improvement in the quality of data.

Activities during the previous period focused on the areas of routine program monitoring, surveillance, research, and evaluation. These interventions were weighted toward surveys for surveillance and research which, while they do produce valuable information to investigate specific topics, they cannot produce information at the speed required for the normal implementation of a health program. These will constitute important building blocks upon which new HIS initiatives will be developed. Emphasis will be placed on the development and perfecting of routine service statistics from each of the health services in a health unit, passing through the different levels of aggregation, reaching the central health level. USAID will support the establishment of a central strategic management information system unit (MIS Unit) within the MOH to be responsible for receiving and managing routine and continuous health information coming from service delivery points. The Unit will also be responsible for routine program monitoring, surveillance, statistical analysis, research and evaluation. This initiative will be connected to the National AIDS Program Secretariat (NAPS). For the HIV/AIDS program, such an initiative will be guided as a collaborative effort between the MOH and NAPS. They will jointly develop the capacity to satisfy all the information needs at different levels of the HIV/AIDS program. Clear lines of communication and scopes of work for personnel in the MIS Unit and NAPS will create transparent mechanisms for collaboration within the program.

Routine data will flow up from every SDP in both the public sector and the NGO/private sector to the NAPS regional unit and to the MIS Unit. The MIS Unit will be responsible for receiving, managing and reporting the data coming from various Service Delivery Points (SDPs), thus achieving a greater homogeneity in the type, quality and timeliness of the data, assuring comparability of data and quality reporting. In the end, the SIS will be capable of producing all the data needed to manage and assess the intervention on a routine basis. Once the routine information system is working steadily, the MIS Unit will also program specific non-routine data gathering, such as periodic population based surveys for impact evaluation. However, this non-routine data gathering must also respond to the strategic goal to be useful in the decision-making process.

The planning of future surveys (e.g., DHS) will be done with extreme care so as not to negatively affect the level of effort devoted to routine system development. Surveys will be conducted only when justified through thorough assessments. Since the system will address routine data collection and analysis, national surveys or program evaluations will require specific on-site assistance from technical advisors. Thus, the reinforcement of the capacity to collect, analyze and use survey data will be focused on local and program managers and, therefore, the majority of the technical assistance resources will be devoted to these levels. The M&E function is essential to the program, but will not be the main focus of the MIS Unit. The goal will be for a routine system to increasingly become capable of satisfying the data needs for programmatic evaluation. In the meantime, evaluation requirements will be identified throughout the life of the program and specified in an M&E plan. For example, the 2007 HIV/AIDS Assessment identified several M&E tasks: evaluation of the PMTCT program; cost effectiveness of CSMP; analysis of HIV patient data to monitor possible new drug resistance; needs assessments for improving pediatric AIDS; mapping high risk behaviors to identify new sector/sub-populations and development of new interventions. In addition to these tasks, population-based surveys will be required to determine the level of impact of the programmatic interventions. The various levels of M&E initiatives will be integrated into a single health information system, managed by the MOH in coordination with NAPS and used by all stakeholders in the HIV/AIDS national effort.

Special emphasis will be placed on the continuous monitoring and evaluation of QI, based on the on-going review and improvement of small, discrete interventions. QI is essentially grounded in the results of its own process – both progress and failures. It requires a continuous monitoring and evaluation of the activities pursued. It is therefore essential to have a built-in M&E component that allows for periodic reviews of progress. However, this M&E endeavor will not be considered a parallel system. The evaluation element of QI will be incorporated into the regular and routine information system at the service delivery units where the QI initiative is being implemented. The monitoring element will follow the mechanics of any other project activity monitoring. The QI information system will become an additional ‘analytical’ local level piece in the overall MOH health information system that will not necessarily increase health workers’ burden.

MOH clinical services have operational monitoring systems working at a relatively appropriate level, though they need further strengthening. The main challenge will be at the community level where community-based services (i.e. prevention, home-based care, and OVC attention) have very limited program monitoring and almost non-existent local capacity to conduct these activities. It is expected that with the expansion (in number, scope, and quality) of community-based services, local capacity for program monitoring will also expand. A critical component of a community-based services monitoring system is the organization of a social networking model that calls for tracking the networks and providing pertinent information.

In five years, the MOH Department of Strategic Information within the Disease Control Branch will have established a strong patient information system that links the field sites to the central unit in a network that allows for timely, quality data to be compiled, analyzed and used in program planning. HIV/AIDS strategic information will be fully integrated into the overall health sector process. It is envisioned that the SI unit will be staffed by trained national level and regional officers providing training, supportive supervision and quality assurance in the field

IR 2 NGO/Private Sector Response to HIV/AIDS Improved.

To achieve this IR, USAID will build on its strong relationships with NGOs and with the private sector. This result will be pursued through activities in the three areas described below.

i) Community Based Services – This will include Abstinence and Be Faithful (A&B) and other prevention approaches, voluntary counseling and testing (VCT), Home Based Care, and OVC programs. QI approaches from the public sector will be transferred to the NGO sector, thus improving the quality of NGO services while also introducing new approaches for community outreach and prevention. Focus will be placed on addressing individual risk perception, promoting individual behavior change to prevent HIV transmission, and increasing individual health-seeking behaviors (testing, care, STI/HIV treatment) through peer to peer interventions and small group sessions. An important component of this program is the provision of care and treatment for people living with HIV/AIDS (PLWHA) and promoting behavior change among HIV+ people (for example to prevent opportunistic infections). Sero-discordant couples will continue to be a focus of the program. These behavioral change interventions will be linked with community-based VCT, community care and support, and support to OVCs.

VCT activities will focus on facilitating better access by ensuring greater geographic coverage with a strong focus on most at-risk populations and men. Emphasis will be placed on strengthening the link between VCT and care, as well as on designing mechanisms to decrease stigma and discrimination towards high-risk populations at the community level and service sites. Health care personnel will be trained in data collection and reporting and will adopt provider-initiated counseling and testing policies and practices. Community care and support will continue to expand through technical assistance and monitoring. Local partners will be engaged to increase the reach, as well as adherence to both pre-ART

and ART care. Efforts will be made to strengthen the referral system between MOH facilities and NGOs. Support to OVCs will be coordinated by the Ministries of Labor, Human Services and Social Security, supported by UNICEF and local NGO/FBO partners. Youth participation in national or local level planning and service delivery will be promoted and facilitated.

Technical assistance to build local capacity for the strategic planning, implementation, and monitoring of community HIV services within local governments, NGOs, CBOs, and FBOs will be a priority. USAID will continue to provide both organizational development and technical expertise for the development of civil society's response to HIV/AIDS.

ii) Enabling Environment for Human Rights and HIV Policy – Community leadership and advocacy around HIV issues within a human rights context are an essential ingredient for ensuring that responsive and effective programs are implemented. USAID will create an enabling environment for emerging leaders to come forward. Training and mentoring will be provided in advocacy and national planning issues. USAID will also advocate for: formal approval of a national HIV/AIDS policy and a national workplace policy; national legislation on sexual abuse; formal approval of the “Children’s Bill,” which includes the OVC policy; and removal of the Value Added Tax on condoms.

iii) Public-Private Partnerships – Leveraging support from the private sector and other donor agencies will continue as part of the policy activity. Public-private partnership activities will support the Human Rights and HIV Policy interventions, as well as the Community Based Services intervention. This will promote further development of programs such as HIV in the Workplace, the Condom Social Marketing initiative, and other activities that encourage a multi-sector response. It is also envisioned that the Condom Social Marketing program could continue as a new partnership through Guyanese condom importing and distribution companies, with linkages to the community outreach strategy.

6. Focus Areas and Anticipated Results

USAID/Guyana’s support will be particularly needed in two critical areas: prevention and care and treatment programs.

Prevention

Despite recent GoG and civil society efforts that have noticeably improved AIDS-related morbidity and mortality, the expanding number of people infected with HIV continues to be a major concern. Increased access to resources for prevention has not kept pace with resources for treatment. The 2009-2013 USAID strategy will continue to focus on prevention, including a) expanded access to PMTCT services; b) safer sexual behaviors; c) prevention programs for vulnerable populations; and d) reduced stigma; and safe medical injections.

i) Voluntary Counseling and Testing: In line with WHO and Guyana’s stated vision, the VCT program focus will be to scale up services toward universal access by the end of the 2009-2013 strategy period. This will first cover areas with available and accessible services in terms of staffing, supply and infrastructure; and then it will expand toward areas with difficult access and constraints in existing health services. Although gains in VCT, and particularly in testing, have been substantial, the number of people served is still relatively low. The current level of testing of 12 percent is not satisfactory (given that the population at significant level of risk is about 300,000² people and that for 2007, MOH and PEPFAR reported 29,730³ people receiving counseling and testing for HIV and their test results.)

² UN Population, Statistics Division, Demographic and Social Statistics, 2008

³ PEPFAR Guyana 2007 annual report

Two key elements are involved in increasing the level of VCT. The first is to reach populations such as men, adolescents and at risk youth, homosexuals and sex workers. The second is to implement communication strategies focusing on the population that is unaware of their HIV status and encourage them to access HIV services. Strengthening the direct referral system is also critical to ensuring that HIV+ persons receive the care, support, and services needed. To increase the use of VCT among high-risk populations, efforts will be made to decrease stigma and increase awareness of the personal perception of risk.

ii) Abstinence and Be Faithful (A&B): A&B efforts will continue to focus on activities that encourage behavior to reduce the risk of infection. These activities will include promotion of the benefits of delayed sexual debut until marriage, secondary abstinence for those who are sexually active, partner reduction, and fidelity. Men will be targeted specifically to discourage cross-generational sex and encourage fidelity, partner reduction and other behavior change, emphasizing familial responsibility. Linkages to other prevention activities will be made for sexually active youth and, where appropriate, referrals for STI, HIV and AIDS treatment and care. USAID will continue to support NGOs/FBOs for implementation of these activities.

iii) Preventing Mother-to-Child Transmission: The focus of this effort is to provide universal access to PMTCT services. To reach this goal, remote and difficult-access geographic areas will be given special attention. In addition to these challenges, the PMTCT program will focus on improving the service quality and on overcoming specific programmatic challenges (i.e., baby testing and appropriate feeding practices, pregnant women continuity of their participation in the program, partners' involvement, etc.) As with VCT, this expansion will begin in areas with adequate services and support systems. As PMTCT services continue to expand, site monitoring will be strengthened to ensure they are functioning at the appropriate level. Another important focus of USAID's PMTCT activities will link PMTCT services to partner testing. This will require trained staff and capacity to extend testing services to family members. Strengthening referrals to other services, such as infant feeding practices, oral dehydration, malaria control, family planning, and other public health services, will continue to be pursued. Patient tracking will also help to ensure that women complete the program and access other health services as needed. Follow-up for mothers through to labor and delivery and on to treatment will remain the responsibility of the MOH and its community-based partners. This capacity will be institutionalized and strengthened. USAID will support the provision of technical assistance to update PMTCT protocols. An increase in the number of HIV+ pregnant women engaged in the program until delivery will be achieved through the strengthening of outreach to partners, and the deployment of a peer counselor/educator component.

iv) Adolescent and Youth Services: Adolescent and Youth Prevention programs currently implemented by NGOs under USAID's A&B initiative will not be part of the new USAID strategy. However, the Agency will continue to target youth through CSO and CBO prevention activities. In addition, USAID will encourage and assist any PEPFAR and CDC effort to increase access to adolescent and youth-friendly services.

v) Vulnerable or High Risk Populations: Interventions targeting most at-risk-populations will continue to be carried out through NGOs. This will involve services promoting behavior change, including increased use of HIV counseling and testing, appropriate referrals for care and treatment, partner management, control of substances and, consistent and correct condom use. Given that alcohol misuse plays a critical role in HIV risk behavior and HIV transmission, and also as a factor in non-adherence to ARV medication, USAID will place emphasis on this area in our program. Services will also be provided for PLWHA and their partners and families. USAID will continue to collaborate with the private sector to facilitate an efficient supply chain of branded condoms to non-traditional outlets, access to free condoms, and appropriate social marketing. Acknowledgment of human rights and the recognition

that sexuality/reproduction are included in those rights is a moral responsibility and practical necessity for prevention interventions, particularly with vulnerable groups, such as Sex Workers (SWs), Men who have sex with Men (MSM), and Injecting Drug Users (IDUs).

vi) Other Preventive Interventions: Workplace programs will continue to be an important focus of the strategy. For the social networking model to saturate high-risk populations and link to populations that do not necessarily identify as high-risk involves connecting interventions like workplace or faith-based programs to the prevention activities implemented by NGOs. The USDOL and ILO and the Ministry of Labor are to work with USAID to set priorities, maintain current and make new private-sector partnerships, and link the workplace program with community-based interventions. Another focus of attention will be the gold and diamond mining areas, with an HIV prevalence rate of four percent among miners. The Mission will also continue to support the innovative condom social marketing program carried out through a network of private sector partnerships. Increased distribution capacity and outreach to populations demanding this preventive method will be central to USAID support.

Treatment and Care

Care for PLWA and related services will focus on expanded access to: a) counseling and testing; b) monitoring of the HIV situation of participants in PMTCT interventions after delivery; and (c) ART and treatment for opportunistic infections. Care and support services include enhanced capacity for a comprehensive, community-based response to the needs of PLWHAs and OVCs. Essential palliative care services that will be available to people infected or affected by HIV include clinical care, psychosocial care, social services and spiritual care. Palliative clinical and NGO care sites will be increased from 14 to at least 25, where a total of 1,500 PLWHAs and their family members will be served, not including care for TB/HIV co-infections. Children orphaned or made vulnerable by HIV will continue to be given special attention. OVC and home-based care (HBC) services will continue to be available in the most affected regions. Policies, standards, and sustainability strategies for OVC and HBC programs in partnership with the government will be strengthened.

Collaboration will continue with public education institutions such as the Institute of Distance and Continuing Education (IDCE) for the conduct of certified HBC training. Efforts will also be made for the economic empowerment of PLWHA and their families through partnerships with the private sector. CSOs and CBOs will continue their successful efforts to mainstream prevention as well as counseling and testing and a solid care program for those infected and affected by HIV/AIDS. USAID will continue to address socio-economic concerns of PLWHA through collaboration with micro-finance enterprises such as IPED.

7. Cross Sectoral Synergies

The future of Guyana's socioeconomic development, as well as the consolidation of democratic governance, are intimately linked to prospects for a healthy and growing population base. Programmatic synergies within USAID's Economic Growth portfolio will be pursued in areas such as the provision of employment opportunities for the HIV/AIDS-affected population, especially youth, while PEPFAR grantees working with youth populations and in difficult areas of the country will be targeted by the DG program. All opportunities for synergistic programming within the Mission will be vigorously pursued.

In addition, CDC and USAID will continue to have many opportunities for collaboration, most notably with regard to quality improvement and strategic information. Also, with PEPFAR financial support, both agencies have specific responsibilities regarding support for adolescents and youth (A&Y) – CDC through its support to the MOH and USAID through support to the NGO sector. There is a need to reinforce A&Y efforts through the tight coordination of planning and resources in an initiative oriented

toward the development of an organizational front against HIV and its effect on adolescents and youth. This will require extensive collaboration between these two US Agencies. Fortunately, this need is well understood by the US Embassy that is the responsible for leading the PEPFAR efforts. Other synergies among US agencies relate to the Department of Labor (USDOL) and USAID in support of the Workplace Programs that will continue to be a component in the new program period. This coordination and synergy will also involve the Ministry of Labor and the ILO. USDOL will take the lead on workplace programs, but with technical assistance from USAID. This could help in the development of initiatives to address the need for employment among segments of the population so badly hit by the HIV/AIDS epidemic.

8. Synergies with Other Donor Programs

The other international agencies that have been involved directly or indirectly in HIV/AIDS programs include: CIDA; DFID; the Global Fund to Fight AIDS, TB and Malaria (GFATM); IADB; United Nations AIDS Program (UNAIDS); UNICEF; UNDP; UNFPA; WB; and WHO. Through PEPFAR, USAID will continue to contribute to the GoG strategy for an integrated, horizontal, health information system and to maintain support for the WB's HIV/AIDS program. USAID will also continue to collaborate with GFATM, which is particularly strategic since GFATM is funding the work of the National AIDS Program Secretariat (NAPS) and the MOH. WB funding ends in 2008, and the country is applying for another round of GFATM support. Prospects for collaboration between USAID and UNICEF are good, as the latter is planning to expand its HIV/AIDS program significantly, focusing on capacity building for PMTCT and OVC. These plans also include support to PLWHA, youth, and monitoring and evaluation technical assistance.

The IADB is supporting a health sector strengthening project with multidimensional goals, including: 1) strengthening health service delivery; 2) building institutional capacity by improving information and management systems and strengthening the procurement and distribution system for pharmaceutical and health materials; and 3) developing human resources in the health sector by updating curricula and skills of health staff, reviewing the remuneration/allowances systems to improve staff retention especially in the underserved areas. Although IADB does not have HIV/AIDS-specific activities, their systems approach is tightly interrelated to most of the USAID interventions in health, particularly IR 1 (Public Health Care for HIV/AIDS Strengthened).

9. Potential Local Partners

USAID's productive relations with GoG agencies will be maintained during implementation of the new strategy, since health activities require close collaboration between the public and private sector, as well as with civil society and the research community. Important potential local partners include the following.

Public sector: The key GoG partner is the MOH. The program will continue to coordinate with the Ministries of Education, Youth and Culture, Labor, Human Services and Social Security and Finance. Close collaboration with NAPS will also be critical.

Private sector: Partners will include non-profit, membership associations and local businesses. The Private Sector Partnership intervention will build on the GHARP project and workplace initiative to reduce the impact of HIV. The CSM is another experience with significant participation of the private sector that could be replicated.

Civil society: NGOs that advocate on behalf of or deliver services to their members will be sought as local partners, particularly organizations that serve children, women, mothers and youth. Those organizations will be at the heart of efforts related to community mobilization and home care and treatment. The new

strategy will seek to organize a broad network of CBOs that could assist in providing coverage to populations at risk.

10. Program Funding Scenarios

It is expected that PEPFAR/Guyana will maintain an annual funding level of \$18-\$20 million, with USAID responsible for approximately 60-65 percent of that amount, or an annual budget of about \$12 million. This will permit the necessary increase in human resources and quality improvement envisioned in the strategy. Resources for community-based services, human rights and HIV policy, and private sector partnerships may be distributed differently in future years, but should remain relatively the same across the portfolio.

Looking at other possibilities, a reduction to \$10 million would likely affect quality improvement, strategic information, and human resources. Also, human rights and HIV policy would be reduced, while levels for community-based services and private-sector partnerships would remain the same. Such a reduction could also affect the number of PMTCT, palliative care, and VCT sites supported by USAID, while QI, SI, and HR systems would be less extensive and less developed over time. On the high side, if USAID is able to secure \$15 million for the new strategy, the scope of community-based services, human rights and HIV policy interventions would be expanded.

V. CROSS CUTTING ACTIVITIES

Cross cutting activities are designed to complement the existing strategic objectives by addressing issues that are common to all the strategic objectives. It allows for the optimal use of scarce resources and a sustainable approach in the attainment of the Mission's development objectives.

It refers to activities that are to be pursued in a collaborative manner, across all three programmatic components of the strategy, with funding coming from all program areas and oversight responsibilities housed in designated program offices. The following four activities are included in this category.

1. Institutional Capacity Building – DG & HIV/AIDS Offices

Each of the three main program areas – i.e., DG, EG and HIV/AIDS – includes activities conducted in collaboration with non-profit membership associations and CSOs. While a degree of institutional development has been provided for some organizations in the past, particularly for PEPFAR grantees, the new strategy provides an opportunity to extend organization development (OD) services to civil society partners across the board and to ensure that state-of-the-art techniques are made available to all. This will not only contribute to strengthening civil society as an important actor in the effort to consolidate democratic governance, but will also move partner organizations along the path to institutional sustainability as international donor support diminishes.

To ensure that modern, tested institution-building methodologies are available to key Guyanese advocacy organizations and service providers, one or more indigenous entities that specialize in OD services will be retained and strengthened to act as Intermediary Service Organizations (ISOs). The Mission's experience with local OD specialists includes the assistance provided to PEPFAR grantees by Community Support and Development Services (CSDS), a local NGO that has expressed interest in becoming an ISO, helping to strengthen organizations in other sectors, as well. As reported in USAID's May 2007 *NGO Sustainability Index for Central and Eastern Europe and Eurasia* (where research on this subject has been conducted): "The development and support of ISOs is critical to the growth and maturation of the civil society sector." ISOs are defined as either non-profit or for-profit entities that support and assist NGOs through means such as training, technical assistance, coalition building/advocacy and networking. Generally, ISOs can be divided into two categories. One type focuses on straight capacity building through OD training and TA to NGOs. The other type serves as an advocacy platform, undertaking policy and advocacy work for the whole or part of the civil society sector. In addition, some ISOs are also grant-making institutions. This focus on the institutional capacity of USAID/Guyana's local stakeholder organizations in all program areas will complement efforts to strengthen their technical skills.

Specialized technical assistance will be provided to the local organization(s) selected in order to ensure the successful transfer of proven OD techniques and their adoption by the newly-minted Guyanese ISO(s) while working with USAID partners in the areas of HIV/AIDS, economic growth and democracy and governance.

2. Biodiversity and Forestry- EG Office

⁴There are two types of investors eyeing Guyana: those that see volumes of standing timber and mineral deposits as raw material needed for industrial development, and those who see volumes of standing carbon reserves with valuable biodiversity.

⁴ FAA 118/119 Biodiversity and Tropical Forest Assessment Guyana- April 2008

Principal donors assisting with tropical forests and biodiversity remain limited. With increased donor and investor attention, the GOG has moved forward on legislative actions to strengthen environmental management. This includes a new Forest Act, an updated Amerindian Act and draft wildlife regulations. Far more legislative action and institutional coordination are needed, however, to protect biodiversity and tropical forests in Guyana. The drafting of a Protected Areas Act has only just begun and a second National Biodiversity Conservation Action Plan (NBAPII) has been developed, but not approved or distributed, and reportedly is deficient on the subject of protected areas. Meanwhile, institutional fragmentation contributes to land use conflicts between mining and forestry in the hinterlands. Forest operators with timber rights (granted by the Forestry Commission) allow miners with subsurface rights (granted by the Geology and Mines Commission) to gain access to sites; however, their destructive practices undermine sustainable forest management and companies' prospects of obtaining certification for meeting environmental standards.

The Lethem-Georgetown road has significant potential to exacerbate these threats, particularly in the absence of strong local governance, enabling policy frameworks, environmental markets and public awareness. With Guyana facing both these looming threats, and new and innovative opportunities to attract foreign investment in biological assets that to date have not been commercially traded on a market, the Mission has an opportunity to assist the country and its citizens in the right direction while meeting program objectives in Democracy & Governance, Economic Growth and Health.

EG activities have supported the development of bird ecotourism, promoting the country as a competitive destination and capturing a share of the market niche. Investments have been targeted at working with a variety of conservation and tour operators to build skills for guides, produce an updated local bird list, and improve accommodations as dictated by the market. The Project has also promoted and raised awareness of wood producers regarding niche markets, best practices, certification and legality standards for timber. Under the 2009-2013 strategy, to the Mission will build on this work through new GDA public private partnerships in the natural resources sector.

In the past, the Democracy and Governance program has focused on many governance challenges, including the important goals of mitigating conflict, ensuring free and fair elections, and strengthening local government. Under the new strategy, opportunities have opened up with the granting of territorial rights to at least 97 Amerindian communities (whose land cover 15% of Guyana's land area) and the passage of the Amerindian Act, 2006, which contains provisions for environmental governance. This legal framework allows the Mission's EG and DG programs to collaborate in working with Village Councils to build their skills in governing mining and timber leases, proposing new protected areas, and working with national agencies such as GFC, GGMC, and the EPA, to enforce environmental laws. Proper management of natural resources will maximize the economic earning potential of these communities, while building local governance capacity will be critical to countering threats from economic activity spilling over from Brazil, and related land use conflicts.

Guyana is a country of many strengths, but one which unfortunately has suffered from division, emigration, violence and related impact on citizen morale. Raising citizen awareness of Guyana's valuable biodiversity and natural assets will be used to improve national pride (i.e. campaigns to promote symbols of national pride) and to form a more positive identity among citizens. USAID will also support the development of an environmental professionals association which ideally will operate outside the context of divisive political and ethnic affiliations, allowing environmental issues and solutions to be freely discussed and policy issues advocated.

USAID and USG efforts to combat HIV/AIDS also have an indirect positive impact on biodiversity in the long term, as citizens free of illness will be able to focus efforts on more productive activities. Efforts will focus on addressing environmental and health issues through support for environmental/health education

awareness programs, which can include issues such as those surrounding the use of mercury in gold mining as well as other pertinent messages.

3. Youth – EG Office

⁵To address the wide variety of needs and interests of today’s youth, a holistic approach to youth livelihood development is merited. The term “livelihood development” refers to all efforts to improve the capacities, capital (human, social, productive and economic) and activities needed to sustain life (Chambers and Conway, 1992). It broadly includes activities related to employment preparation and entrepreneurship, as well as enterprise creation and development. Hence, common components included in an effective and sustainable holistic approach to youth livelihood development are:

- **Life skills**, such as building self-confidence, working in teams, and other interpersonal skills;
- **Employability and/or entrepreneurial skill building**, such as via career counseling, job or business opportunity identification, market-led product development, labeling, advertisement and distribution;
- **Financial literacy education**, including personal financial management, the importance of savings mobilization, and how to calculate returns on investment and interest costs; and,
- **Access to investment capital**, which can come from grants, family or personal savings, loans or equity investments.

These components are particularly relevant to the Guyana situation and can be incorporated into approaches under any one or across the three program areas of the Guyana strategy. Mission assistance will focus on youth between the ages of 15-25 inclusive.

Life Skills: The USAID/Guyana Democracy & Governance program has in the past worked with youth and community based organizations to provide capacity building and greater involvement in decision making. Some of this has been in collaboration with other international donors, like UNICEF in an effort to maximize technical quality and depth. Building on these efforts, activities can focus on Youth Association development and building youth networks. Older adolescents living with or affected by HIV, and youth in other vulnerable positions or communities will also be provided support under the Mission’s youth focused activities.

Employability and/or entrepreneurial skill building & Financial Literacy Education: Utilizing Higher Education for Development partnerships which involve local educational institutions and private sector businesses can be useful in providing opportunities for deepening the skills of youth and providing for their development and participation in nation building. Having these partnerships focus on non-traditional skills development offers greater opportunity for full utilization of the skills gained as a result of USAID’s support. Partnerships established with the Institute for Private Enterprise Development and other micro finance institutions, can also be further developed to offer the appropriate services. Lessons can be learned from other donor approaches including the UK funded- Guyana Youth Business Trust.

Access to investment capital: Development Credit Authority (DCA) financing for micro-enterprise and pre-micro-enterprise youth loans for self-employment initiatives. The areas of the EG program’s clusters in ecotourism, agribusiness, timber and forestry, as well as aquaculture, will be emphasized in DCA based youth employment programs.

Technical assistance will be closely coordinated with other donors and partners to enable youth recruitment, mentoring programs, business plan development and educational opportunities. Maximizing

⁵ Youth Microenterprise and Livelihoods: State of the Field. Lessons from the 2007 Global Youth Microenterprise Conference

opportunities that exist under each program area and across program areas will enhance youth livelihood development.

4. Public-Private Partnerships – EG Office

USAID/Guyana’s strategy for 2009-2013 envisions increased opportunities in public-private partnerships, including Global Development Alliances (GDAs). Alliance building business models will be able to combine the resources of corporations, foundations, nonprofit organizations, and donors to expand on development assistance to Guyanese counterparts. Through innovative models for public private alliances USAID/Guyana’s strategy will benefit by maximizing the effectiveness of aid to address Guyana’s development challenges more effectively.

Building on lessons learned from existing successful public-private partnerships in the Health sector which include the Guyana HIV/AIDS Reduction & Prevention project (GHARP) supported Guyana Business Coalition, the cold storage facility at the Cheddi Jagan International airport and the GTIS/GHARP/Iwokrama collaboration for training and employment of tour guides in the Iwokrama Rainforest Reserve national park, new approaches can be designed which harness private sector expertise and other resources to address development challenges.

Additional PPPs in the area of local and regional development, trade, labor, biodiversity and rainforest management, and institutional development and reform will both maximize partner resources and enhance public and private investment in the country. Special emphasis will be placed on engagement of the Guyanese diaspora in the US, UK and Canada.

Future technical assistance will seek to engage new partners, identify mutual interests and formalize memoranda of understanding in order to achieve more robust and sustainable development outcomes in the areas of Health, EG and DG and specific new interventions in the area of biodiversity, ecotourism and forestry.

ANNEX 1

ILLUSTRATIVE PERFORMANCE MANAGEMENT PLANS

USAID/GUYANA DEMOCRACY AND GOVERNANCE PROGRAM ILLUSTRATIVE PERFORMANCE MANAGEMENT PLAN

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|--|---|---|--|---|--|------------------|---------|
| | | | | | | Frequency | By |
| STRATEGIC OBJECTIVE: DEMOCRATIC GOVERNANCE FURTHER CONSOLIDATED | | | | | | | |
| Number of target policy decisions taken with input from political parties, civil society and the private sector | <u>Definition:</u> Policy level decisions taken by the administration or legislative branch <u>Unit of Measure:</u> # of Decisions | Target stakeholder groups | Review of reports by target stakeholder groups | To be set in collaboration with target stakeholder groups | To be set after baseline is determined | Semi-annually | DG Team |
| IR 1: Greater consensus reached among key stakeholders on issues of national interest. | | | | | | | |
| Number of issues around which consensus is reached by political parties, civil society and the private sector | <u>Definition:</u> Consensus reached on the analysis of select problems facing Guyana and possible solutions <u>Unit of Measure:</u> # of issues around which consensus is reached | Target stakeholder groups | Review of reports by target stakeholder groups and program staff | Baseline = 0 | To be set in collaboration with target stakeholder groups | Quarterly | DG Team |
| Sub IR 1.1: Political parties' engagement on issues of national importance increased. | | | | | | | |
| Number of events conducted with the participation of two or more political parties on selected issues of national importance | <u>Definition:</u> Events include confidence building sessions and dialogues among the political parties on issues of national concern <u>Unit of Measure:</u> # of events | Program reports | Review of program reports | Baseline = 0 | 4 events per year | Quarterly | DG Team |
| Number of members of political parties who participate in training and TA on issues concerning party operations | <u>Definition:</u> TA and training provided on issues such as the use of polling, platform development, internal organization and financing, candidate debates, constituency and public outreach <u>Unit of Measure:</u> # of participants | Record of inscriptions and TA services provided | Activity tracking and program reports | Baseline TBD once data are collected on party membership | Assessment made of the number of party members as a basis for annual targets; life of program target = 10% of total membership | Semi-annually | DG Team |

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|---|--|--------------------------------------|--|--------------|--|------------------|---------|
| | | | | | | Frequency | By |
| STRATEGIC OBJECTIVE: DEMOCRATIC GOVERNANCE FURTHER CONSOLIDATED | | | | | | | |
| Number of domestic election observers trained with USG assistance | <u>Definition:</u> Local observers trained to monitor local and national elections <u>Unit of Measure:</u> # of local observers trained | Training records and program reports | Activity tracking; Review of records and reports | Baseline = 0 | Targets to be set once the number of potential observers is established | Annually | DG Team |
| Sub IR 1.2: An enabling environment created for interaction among political parties, the private sector and civil society. | | | | | | | |
| Number of facilitated seminars and public events organized around the major global, regional and domestic issues likely to affect the socio-economic development of Guyana in the next 5 years with the participation of key stakeholders | <u>Definition:</u> Key stakeholders include political parties, the private sector, CSOs, academics and leading experts. <u>Unit of Measure:</u> # of seminars and public events | Program reports | Review of program reports | Baseline = 0 | 4 seminars or public events each year | Quarterly | DG Team |
| Number of studies, surveys and other materials dealing with the issues discussed and the rights and responsibilities of citizens disseminated by USAID | <u>Definition:</u> Studies, surveys and civic education materials produced by USAID or other donors or researchers related to the issues discussed and citizens' rights and responsibilities disseminated by USAID through the web or copies distributed to key stakeholders | Program reports | Review of program reports | Baseline = 0 | Annual targets to be set once the key issues are identified | Quarterly | DG Team |
| Number of youth from political parties and select CSOs who participate in the "young leaders" program created to engage youth in dialogue and consensus building processes | <u>Definition:</u> Members of the youth arms of political parties and youth-oriented CSOs who participate in the program <u>Unit of Measure:</u> # of youth who participate | Grantee reports and program records | Review of reports and records; activity tracking | Baseline = 0 | Annual targets to be set once an assessment is made of the number of members of party youth arms and youth-oriented CSOs | Quarterly | DG Team |

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|--|---|---|---------------------------------------|--|---|------------------|---------|
| | | | | | | Frequency | By |
| STRATEGIC OBJECTIVE: DEMOCRATIC GOVERNANCE FURTHER CONSOLIDATED | | | | | | | |
| IR 2: Local governance regulatory framework and operational environment improved | | | | | | | |
| Number of communities where the regulatory environment is improved and citizens and NDC authorities work together to solve priority local problems | <u>Definition:</u> Criteria created for improvement of the regulatory environment and the identification of community groups <u>Unit of Measure:</u> Number of target communities | Reports by grantees and NDC records | Review of reports and NDC records | Baseline to be set after target communities are selected | Targets to be set once baseline is established | Quarterly | DC Team |
| Sub IR 2.1: Citizens' participation in local governance administration increased. | | | | | | | |
| Number of citizens who participate in civic education about local government | <u>Definition:</u> Civic education includes the structure, mandate and operations of NDCs in target communities <u>Unit of Measure:</u> # of citizens | Grantee reports and program records | Review of grantee reports and records | Baseline = 0 | Annual targets to be set once communities are selected | Quarterly | DG Team |
| Sub IR 2.2: Capacity of local government bodies strengthened. | | | | | | | |
| Number of NDC councilors and staff who participate in capacity building activities | <u>Definition:</u> NDC leaders and staff in select communities who participate in seminars on NDC operations <u>Unit of Measure:</u> # of seminar participants | Grantee records and program reports | Review of records and reports | Baseline = 0 | Annual targets to be set once target communities are selected | Quarterly | DG Team |
| Number of NDC authorities and local citizens who participate in the activities undertaken to build trust | <u>Definition:</u> NDC leaders and citizens who participate in opportunities for the joint discussion of local issues <u>Unit of Measure:</u> # of NDC leaders and citizens | Grantee records and program reports | Review of records and reports | Baseline TBD once target communities are selected | Annual targets to be set once the baseline is created | Quarterly | DG Team |
| Number NDC leaders who support creation of a network of NDCs to represent local interests at the national level and achieve greater accountability to the grassroots | <u>Definition:</u> An NDC network may be an informal mechanism for communication and information-sharing or a more formal association, either as a separate body or in conjunction the Municipal Government | Survey of NDC leaders in target communities and program reports | Review of reports | Baseline TBD once target NDCs are selected and initial survey is conducted | Annual target to be set once the baseline is established | Quarterly | DG Team |

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|--|---|--|--|--------------|--|------------------|---------|
| | | | | | | Frequency | By |
| STRATEGIC OBJECTIVE: DEMOCRATIC GOVERNANCE FURTHER CONSOLIDATED | | | | | | | |
| | Association <u>Unit of Measure:</u> # of NDC leaders | | | | | | |
| IR 3: Visibility of civil society increased. | | | | | | | |
| Number of major new advocacy actions conducted by selected CSOs as part of their advocacy campaigns | <u>Definition:</u> Advocacy actions are conducted by selected CSOs and are visible to the public <u>Unit of Measure:</u> Any advocacy action that is visible to the public and/or members of the government and is recognizable by those target groups as an advocacy effort | - Records of target associations and CSOs on their advocacy campaigns; - Interviews with government representatives and/or sample of the public targeted by specific advocacy campaigns | - Interviews with target organizations, supported by documentation - Media coverage monitoring (press and television) | Baseline = 0 | Annual targets = 4 advocacy actions per participating organization | Quarterly | DG Team |
| Sub IR 3.1: Institutional capacity of CSOs strengthened. | | | | | | | |
| Number of selected organizations implementing Institutional Improvement Plans developed with USAID program support | <u>Definition:</u> Institutional Improvement Plans are formulated and implemented by selected organizations to capitalize on institutional strengths and overcome weaknesses <u>Unit of Measure:</u> # of selected organizations | CSO reports and program records | Review of reports and records | Baseline = 0 | Targets to be set once organizations are identified | Quarterly | DG Team |
| Sub IR 3.2: Participation of CSOs in decision-making processes increased. | | | | | | | |
| Number of opportunities created to enable issue advocacy among government authorities and CSOs | <u>Definition:</u> Opportunities include seminars, forums, and public events with participation by government agencies, such as line | Event records and program reports | Review of records and reports | Baseline = 0 | Three events annually | Quarterly | DG Team |

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|---|--|--|---|---|---|------------------|---------|
| | | | | | | Frequency | By |
| STRATEGIC OBJECTIVE: DEMOCRATIC GOVERNANCE FURTHER CONSOLIDATED | | | | | | | |
| | ministries and parliamentary committees, and CSOs <u>Unit of Measure:</u> # of events | | | | | | |
| Sub IR 3.3: Public awareness of the activities of CSOs increased. | | | | | | | |
| Number of opportunities created for information-sharing and dialogue among journalists and representatives of CSOs | <u>Definition:</u> Opportunities include press conferences, seminars and other events <u>Unit of Measure:</u> # of events | Event records and program reports | Review of records and reports | Baseline = 0 | Three events annually | Quarterly | DG Team |
| Number of journalism students participating in the Higher Education Program sponsored by USAID who are trained in issues related to democratic governance, economic growth and HIV/AIDS | <u>Definition:</u> Journalism students participating in the Higher Education Program carried out by the University of Guyana and the University of Ohio <u>Unit of Measure:</u> # of students | Program reports | Review of program reports | Baseline = 0 | Annual targets to be set based on the program work plan | Quarterly | DG Team |
| Number of informative pieces disseminated by CSOs on their missions and activities | <u>Definition:</u> Brochures, flyers, journals and other materials published and disseminated by CSOs <u>Unit of measure:</u> # of materials disseminated | Reports by participating CSOs | Review of organization reports | Baselines TBD when participating organizations are identified | Targets to be set once baselines are established | Quarterly | DG Team |
| IR 4: Systems and processes for rule of law and human rights improved | | | | | | | |
| Key systems institutionalized | <u>Definition:</u> Key systems include case management and ADR systems (both public and private) <u>Unit of measure:</u> TBD | Records and reports from key institutions and CSOs | Review of records and reports | Baseline TBD when systems are identified | Targets to be set once baseline is established | Semi-annually | DG Team |
| Sub IR 4.1: Access to justice improved | | | | | | | |
| % of cases in backlog addressed | <u>Definition:</u> % of the total number of cases that are pending for more than the normal period of time <u>Unit of measure:</u> % of cases pending | Court and related records | Review of court records and related information | Baseline TBD when current backlog is established | Targets to be set once baseline is established | Semi-annually | DG Team |

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|---|---|---------------------------------------|----------------------------|--|--|------------------|---------|
| | | | | | | Frequency | By |
| STRATEGIC OBJECTIVE: DEMOCRATIC GOVERNANCE FURTHER CONSOLIDATED | | | | | | | |
| IR 4.2: Country ranking for trafficking in persons (TIPs) improved | | | | | | | |
| Measures implemented to address TIPs | <u>Definition:</u> Measures include prosecutions, public education and victim support | Reports by relevant agencies and CSOs | Review of relevant reports | Baseline TBD once measures currently in place are identified | Targets to be set once baseline is established | Semi-annually | DG Team |

USAID/GUYANA ECONOMIC GROWTH PROGRAM ILLUSTRATIVE PERFORMANCE MANAGEMENT PLAN

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|---|---|-------------|------------------------|----------|---|------------------|----|
| | | | | | | Frequency | By |
| ECONOMIC GROWTH | | | | | | | |
| Strategic Objective: Non-traditional Value-added Exports in Targeted Subsectors Increased | | | | | | | |
| Percent change in value of international exports of targeted commodities as a result of program assistance (4.5.2) | <u>Definition:</u> <u>Unit of Measurement:</u> Percent | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Intermediate Result 1: Private Sector Competitiveness for Export Development Enhanced | | | | | | | |
| Total investment by program-assisted firms | <u>Definition:</u> <u>Unit of Measurement:</u> Dollar | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Sub-intermediate Result 1.1: Private Sector Policy Environment Improved | | | | | | | |
| Number of policy reforms/regulations/administrative procedures passed/approved to enhance sector governance and/or facilitate private sector participation in competitive markets as a result of program assistance (4.4.2) | <u>Definition:</u> <u>Unit of Measurement:</u> Number | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Sub-Intermediate Result 1.2: Private Sector Access to Bank Loans or Private Equity Increased | | | | | | | |
| Amount of private financing mobilized with a DCA guarantee (4.2.2) (4.6.2) | <u>Definition:</u> <u>Unit of Measurement:</u> Dollar | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Number of SMEs that successfully accessed bank loans or private equity as a result of program assistance (4.6.2) | <u>Definition:</u> <u>Unit of Measurement:</u> Number | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline | Life of Program Target | Data Acquisition | |
|---|---|-------------|------------------------|----------|---|------------------|----|
| | | | | | | Frequency | By |
| ECONOMIC GROWTH | | | | | | | |
| Sub-Intermediate Result 1.3: Private Sector Production and Processing Capacity Strengthened | | | | | | | |
| Number of additional hectares under improved technologies as a result of program interventions (4.5.2) | <u>Definition:</u> <u>Unit of Measurement:</u> Number | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Intermediate Result 2: Participation of Producers in the Non-traditional Export Market Increased | | | | | | | |
| TBD | <u>Definition:</u> <u>Unit of Measurement:</u> | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Number of farmers, processors, and others who have adopted new technologies or management practices as a result of program assistance (4.5.2) | <u>Definition:</u> Others: any other participants in the value chain of the product under consideration <u>Unit of Measurement:</u> Number | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |
| Sub-Intermediate Result 2.1: Subsector Linkages to Target Export Markets Strengthened | | | | | | | |
| Number of new business linkages to international markets established as a result of program interventions | <u>Definition:</u> New: established during the target year <u>Unit of Measurement:</u> Number | | | | Year 1: Year 2: Year 3: Year 4: Year 5: | Annual | |

Note: Numbers in parentheses refer to program element numbers in the list of “standard” program element-level indicators for FY 2008. Indicators with no program element numbers are “custom” indicators. Standard indicators are used for reporting purposes.

USAID/GUYANA HIV/AIDS PROGRAM

ILLUSTRATIVE PERFORMANCE MANAGEMENT PLAN

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|---|---|----------------------------|--|-----------------------|------------------------|--|--------------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGTHENED | | | | | | | |
| Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | Number of pregnant women given a complete course of antiretroviral prophylaxis | PMTCT Reports & Registers | Review of Services Statistics Reports combined with Special Analysis | 156 | 100% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Number of babies provided with a complete course of antiretroviral prophylaxis in a PMTCT setting | Number of babies provided with a complete course of antiretroviral prophylaxis in a PMTCT site | PMTCT Reports & Registers | Review of Services Statistics Reports combined with Special Analysis | 171 | 100% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Number of women who tested HIV positive | Number of women who receive their test results and post test counseling for | PMTCT Reports & Registers | Review of Services Statistics Reports combined with Special Analysis | 205 | 100% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Percent of infants born HIV+ to mothers who are HIV+ | Number of HIV+ positive infants born to HIV+ mothers expressed as a proportion of all infants born to those mothers | UNGASS Reports Registers | Review of Services Statistics Reports combined with Special Analysis | 40-50% | 10% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Percent of pregnant women aged 15–24 who are HIV+ | Number of HIV+ pregnant women aged 15-24 expressed as a proportion of all pregnant women aged 15-24 | UNGASS Reports Registers | Review of Services Statistics Reports combined with Special Analysis | 3% | <1% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Percentage of children HIV+ still alive 12 months after ARV therapy begins | Number of HIV+ adults & children receiving ART still alive 12 months after HIV+ diagnosis, as proportion of all adults and children who test HIV positive during the last 12 months | UNGASS Reports & Registers | Review of Services Statistics Reports combined with Special Analysis | 70-75% | 85% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |

⁶ Data in the Baseline Column are for 2007, unless specifically stated in the corresponding cell and the sources the 2007 USAID HIV/AIDS Assessment and/or the 2008 USAID SO5 Program Brief. These figures may change if new information becomes available.

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|--|--|------------------------|--|-----------------------|------------------------|--|--------------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGTHENED | | | | | | | |
| IR 1 Public Health Care for HIV/AIDS Strengthened | | | | | | | |
| Percentage of all deaths attributable to HIV | Number of deaths attributable to AIDS expressed as a proportion of all annual deaths | MOH Service Statistics | Review of Services Statistics Reports combined with Special Analysis | 6.9% (MOH, 2005) | 5.2% | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Incidence of HIV | Number of new HIV cases in a population over a year | MOH Service Statistics | Review of Services Statistics Reports combined with Special Analysis | TBD | TBD | Baseline & Annual & End of Project | USAID Contractors & NAPS |
| Number of population 15-24 HIV+ | Number of people infected with HIV among those 15-24 | MOH Service Statistics | Review of Services Statistics Reports combined with Special Analysis | TBD | TBD | Baseline & Annual & End of Project | USAID Contractors & NAPS |
| Number of persons 15-24 that know their HIV status | Number of 15-24 in a VCT Program | MOH Service Statistics | Review of Services Statistics Reports combined with Special Analysis | TBD | TBD | Baseline & Semiannual & End of Project | USAID Contractors & NAPS |
| Prevalence of HIV | Proportion of HIV+ people in a population | Survey | DHS Population based survey | TBD | TBD | Baseline & End of Project | USAID Contractors & NAPS |
| Sub IR 1.1 Human Resource System Strengthened | | | | | | | |
| Number of health care workers provided with advanced skills building | Number of senior health care professionals provided with opportunities for advanced skills building ⁷ | Dept RH-MOH Payroll | Review of Services Statistics Reports combined with Special Analysis | 10 | 500% Increase | Annual | USAID Contractors |
| Number of new healthcare professionals and workers trained in any HIV-related service. | 'New' in the Definition to be further elaborated (PEPFAR.) | MOH Registers | Review of Services Statistics Reports combined with Special Analysis | TBD | 150% Increase | Annual | USAID Contractors |
| Number of new healthcare workers retained in the | 'New' in the Definition to be further elaborated (PEPFAR.) | MOH Registers | Review of Services Statistics Reports | TBD | 90% | Annual | USAID Contractors |

⁷ Such as advanced level in-service training, establishment of affiliations with universities and professional organizations that result in career advancement.

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|---|---|-----------------|--|-----------------------|------------------------|------------------|-------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGENED | | | | | | | |
| workforce after a specified period of time ⁸ . | | | combined with Special Analysis | | Increase | | |
| National human resource policies in use to support Human Resources for Health | Indicator to be defined by PEPFAR | MOH Registers | Review of Services Statistics Reports combined with Special Analysis | TBD | YES/NO | Annual | USAID Contractors |
| A National HRH implementation plan developed and budgeted | Indicator to be defined by PEPFAR | MOH Registers | Review of Services Statistics Reports combined with Special Analysis | 0 | 1 | Annual | USAID Contractors |
| A National Human Resources Information System (HRIS) in place | Indicator to be defined by PEPFAR | MOH Registers | Review of Services Statistics Reports combined with Special Analysis | 0 | 1 | Annual | USAID Contractors |
| Sub IR 1.2 Comprehensive HIV Quality Care System Developed | | | | | | | |
| Percent of clinical sites using standards of HIV at a minimum satisfactory level ⁹ . | Number of sites offering HIV care at a satisfactory level expressed as proportion of all sites that provide HIV care | MOH Reports | Review of Services Statistics Reports combined with Special Analysis | TBD | 100% Increase | Semiannual | USAID Contractors |
| Percent of health care professionals providing HIV services that have been trained for that service in the last 12 months | The number of health care professionals providing HIV care that have been trained for that service in the last 12 months expressed as proportion of all HIV health care workers | MOH Reports | Review of Services Statistics Reports combined with Special Analysis | TBD | 60% Increase | Semiannual | USAID Contractors |
| Percent of health care professionals reporting accepting attitudes towards PLWHA | Number of health care professionals reporting accepting attitudes towards PLWHA expressed as a proportion of all health care professionals | Special Surveys | Review of Services Statistics Reports combined with Special Analysis | TBD | 80% Increase | Semiannual | USAID Contractors |

⁸ TBD by PEPFAR

⁹ In similar Programs this minimum satisfactory level has been set at 60% average in all the services, assuming that no service is below 40%

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|---|---|----------------------------|--|-----------------------|------------------------|------------------|-------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGTHENED | | | | | | | |
| IR 1.3 Supply Chain Management System Improved | | | | | | | |
| Number of service sites providing the minimum package of PMTCT services according to national standards | Number SDP providing services according to nationally defined minimum package of services for PMTCT ¹⁰ | MOH Registers | Review of Services Statistics Reports combined with Special Analysis | 45 | 200% Increase | Semiannual | USAID Contractors |
| Number of service sites providing counseling and testing services according to national standards | VCT provides HIV counseling and testing to those who seek to know their status. | Reports from MOH Registers | Review of Services Statistics Reports combined with Special Analysis | 26 | 100% Increase | Semiannual | USAID Contractors |
| Percent of health facilities with safe final disposal methods for sharp and infectious waste. | Indicator to be further defined | MOH Registers | Review of Services Statistics Reports combined with Special Analysis | TBD | 30% Increase | Semiannual | USAID Contractors |
| IR 2 NGO/Private Sector Response to HIV/AIDS Improved | | | | | | | |
| Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful | Training should include A&B in accordance with standards. ¹¹ | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 50 | 100% Increase | Semiannual | USAID Contractors |
| Number of individuals trained to promote HIV/AIDS prevention through behavior change beyond abstinence and being faithful | Training should include topics beyond those in A&B. ¹² | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 45 | 120% Increase | Semiannual | USAID Contractors |

¹⁰ National standard defines minimum package of services for PMTCT as: 1. Counseling & testing for pregnant women, 2. ARV prophylaxis to prevent MTCT and 3. Counseling for safe infant feeding.

¹¹ Programs should include: 1. Importance of abstinence in reducing the prevention of HIV transmission among unmarried individuals; 2. Decision of unmarried individuals to delay sexual activity until marriage; AND/OR Programs that promote being faithful: 1. Importance of being faithful in reducing the transmission of HIV among individuals in long-term sexual partnerships; 2. Elimination of casual sex and multiple sexual partnerships; 3. Development of skills for sustaining marital fidelity.

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|--|---|-------------------|--|-----------------------|------------------------|------------------|-------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGENED | | | | | | | |
| Number of facilitators trained in HIV prevention | PEPFAR Next Generation Indicator | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 45 | 100% Increase | Semiannual | USAID Contractors |
| Number of local organizations provided with appropriate technical assistance to strengthen HIV behavior change program | Definition of this indicator needs to be reviewed. Original is in Footnote ¹³ | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 15 | 100% Increase | Semiannual | USAID Contractors |
| Sub IR 2.1 Community-based Services Reinforced | | | | | | | |
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their OVC program | Definition of this indicator needs to be reviewed. | NGOs T.A. Reports | Reports and Special Analysis | 8 | 300% Increase | Semiannual | USAID Contractors |
| Number of individuals trained to provide palliative care | Number of individuals trained to provide HIV-related palliative care ¹⁴ | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 25 | 25% Increase | Semiannual | USAID Contractors |
| Number of local organizations provided with relevant, targeted and consistent technical assistance to strengthen their | Number of local organizations provided with T.A according to plans for strengthening their palliative care program. ¹⁵ | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 13 | 25% Increase | Semiannual | USAID Contractors |

¹² Other behavior change beyond A&B includes the targeting of behaviors that increase risk for HIV transmission such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, using drugs or abusing alcohol in the context of sexual interactions, and using intravenous drugs.

¹³ This indicator seeks to measure the quality, consistency and sustainability of the technical assistance. Relevant TA addresses issues pertinent to the implementation of a particular service and issue. Targeted TA is focused and directly addresses the issues identified. Consistent TA is ongoing and involves regular follow-up to ensure issue do not resurface.

¹⁴ Training on HIV-related palliative care services should include one or more of the following service areas: A) clinical/medical including TB/HIV, B) psychological, C) spiritual, D) social, and E) prevention care services for HIV-infected individuals and family members.

¹⁵ Consistent TA is ongoing and involves regular follow-up (at least twice) to ensure issues do not resurface.

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|--|--|-------------------------|--|-----------------------|------------------------|------------------|-------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGTHENED | | | | | | | |
| palliative care program | | | | | | | |
| Sub IR 2.2 Enabling Environment for Human Rights and HIV Policy Improved | | | | | | | |
| Number of local organizations provided with technical assistance for HIV-related policy development | Activities directly addresses issues identified in T.A. Plan ¹⁶ | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 10 | 25% Increase | Semiannual | USAID Contractors |
| Number of local organizations provided with technical assistance for HIV-related institutional capacity building | Activities directly addresses issues identified in T.A. Plan ¹⁷ | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 15 | 25% Increase | Semiannual | USAID Contractors |
| Number of individuals trained in HIV-related policy development | Activities directly addresses issues identified in T.A. Plan | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 10 | 25% Increase | Semiannual | USAID Contractors |
| Number of individuals trained in institutional capacity building | Activities directly addresses issues identified in T.A. Plan | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 25 | 25% Increase | Semiannual | USAID Contractors |
| Number of individuals trained in HIV-related community mobilization for prevention, care and treatment | Activities directly addresses issues identified in T.A. Plan | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 25 | 300% Increase | Semiannual | USAID Contractors |
| Number of individuals trained in HIV-related stigma and discrimination reduction | Activities directly addresses issues identified in T.A. Plan | NGOs T.A. Reports | Review of Services Statistics Reports combined with Special Analysis | 20 | 500% Increase | Semiannual | USAID Contractors |
| Number of policies finalized | Number of HIV-related policies | NGOs | Reports and Special | 2 | 1000% | | USAID Contractors |

¹⁶ Policy activities aim to: • Broaden and strengthen political and popular support for HIV/AIDS policies and programs; • Improve the operational environment for these programs, including better planning and financing; • Ensure that accurate, up-to-date information informs policy decisions; and • Build in-country and regional capacity to participate in policy development

¹⁷ Institutional capacity building activities may include: • Strategic Planning, • Registration, • Financial Management • Human Resource Management • Networks Development • Commodities, Equipment and Logistics Management • Infrastructure Development.

| Performance Indicator | Indicator Definition & Unit of Measurement | Data Source | Data Collection Method | Baseline ⁶ | Life of Program Target | Data Acquisition | |
|---|---|----------------------|------------------------------|-----------------------|------------------------|------------------|-------------------|
| | | | | | | Frequency | By |
| SO: PUBLIC HEALTH RESPONSE TO HIV/AIDS STRENGTHENED | | | | | | | |
| and approved | finalized and approved | T.A. Reports | Analysis | | Increase | Semiannual | |
| Number of leaders trained | Number of leaders including community, religious and political leaders trained in HIV related subjects | NGOs T.A. Reports | Reports and Special Analysis | 10 | 500% Increase | Semiannual | USAID Contractors |
| Number of capacity building interventions conducted with complete GF CCM | Interventions to address specific roles of CCM members such as proposal development and review, costing, advocacy, program performance evaluation, etc. | NGOs T.A. Reports | Reports and Special Analysis | 2 | 500% Increase | Semiannual | USAID Contractors |
| Sub IR 2.3 Public-private Partnerships Strengthened | | | | | | | |
| Number of new public-private partnerships established | Needs to be further defined | NGOs T.A. Reports | Reports and Special Analysis | 5 | 300% Increase | Quarterly | USAID Contractors |
| Value of cash and in-kind contributions by non-public partners to public-private partnerships | Need to be further defined | NGOs T.A. Reports | Reports and Special Analysis | TBD | TBD | Quarterly | USAID Contractors |
| Number of potential private sector partners being explored | Need to be further defined | NGOs T.A. Reports | Reports and Special Analysis | 5 | 300% Increase | Quarterly | USAID Contractors |

ANNEX 2
PERSONS INTERVIEWED

PERSONS INTERVIEWED

| US Mission & USAID/Guyana | |
|---------------------------------------|--|
| Karen Williams | Deputy Chief of Mission |
| Peter R. Hubbard | Mission Director |
| Chloe Noble | Program Management Specialist, Program Office |
| Julia Roberts | Health/HIV/AIDS Manager |
| Dhanmattie Sohail | DG Program Manager |
| Winston Harlequin | EG Program Manager |
| Edris George | Program Management Specialist, Health |
| Colleen Noble | Strategic Information Officer |
| Aretha Majeed | Secretary/Administrative Assistant |
| Rajdeo Rupnaraine | IT/Communications & Records Clerk |
| Wynette Oudkerk | Program Assistant |
| Sayan Garnett | Driver |
| Mark Williams | Driver |
| Government of Guyana Officials | |
| Office of the President | Gail Texeira, Advisor on Governance |
| Ministry of Health | Leslie Ramsammy, Minister; Cornelia Ndifon, HIV/AIDS Specialist, Hospital Corporation; Marcia Paltoo, Health and Wellness Unit |
| Guyana Elections Commission | Dr. R.S. Surujbally, Chairman; Gocool Boodhoo, Chief Elections Officer |
| Judiciary | Justice Carl Singh, Chancellor |
| Guyana Forestry Commission | James Singh, Commissioner |
| Guyana Tourism Authority | Brian James, Chairman |
| Ministry of Foreign Trade | John Isaacs, Permanent Secretary |
| Other Donors | |
| The World Bank | Tamara Amoroso Whalen, Operations Analyst |
| Inter-American Development Bank | Marco C. Nicola, Representative, Country Office Guyana |
| DFID | Nicola Jenns, Head, DFID Guyana |
| High Commission of Canada (CIDA) | Brett Maitland, First Secretary (Development); Mark Mostovac, Counsellor (Development) |
| UNDP | Carlos del Castillo, Officer-in-Charge |
| Other Organizations | |
| Ethnic Relations Commission | Bishop Juan Edghill, Chairman; Christine King, Chief Executive Officer; John Willems, Commissioner, Private Sector |
| People's Progressive Party (PPP) | Donald Ramotar, M.P., General Secretary |
| FHI/GHARP Project | Kwame Asiedu, COP; Colleen Anderson, VCT/PMTCT Officer; Orrin Boston, Administrative Director; Deryck Cummings, Private Sector Partnership Manager; Juliet Dos Santos, Administrative Assistant; Gwen King, Workplace Program Officer; Florence Dada Olatunji, Health Education coordinator; Jomo Osbourne, Director technical Services; Navindra Persaud, Director SI/Prevention Unit; Shawna Reis, OVC Officer |
| MSH/GHARP Project | Maryellen Glennon, Multi-Sector Program Officer |
| Supply Chain Management System | San San Min, COP |
| Dorothy Bailey Health Center | Head Nurse; Internist MD; OBGYN MD; 3 nurses; 5 youth |

| | |
|---|---|
| | service providers |
| Youth Challenge Guyana | Dmitri Nicholson, HIV/AIDS Programme Manager; Samantha Haynes, Administrative Officer/Finance Manager; Shameza David, Community Outreach Coordinator; Robert James, Program Officer |
| Community Support & Development Services (CDSC) | Oswald Dey, Executive Director; Janelle Leitch, Field support coordinator, Administration |
| Guyana Bar Association | Teni E. Housty, President; Kashir A. Khan, Past President |
| Guyana Women Lawyers Assn. | Gem I. Sanford-Johnson, President |
| Alliance For Change (AFC) | Clayton Hall, General Secretary |
| Private Sector Commission | Capt. Gerald Gouveia, President |
| USAID/GTIS Project | Carl Larkins, Chief of Party |
| GTCP/IP | Coby Frimpong, Chief of Party |
| Iwokrama | Dane Gobin, CEO |
| New GMC | Nizam Hussain, General Manager |
| Forest Producers Association | Justin Habibullah, Executive Director |
| USAID/Washington | |
| LAC/RDS/DHR | Eric Kite |
| LAC/CAR | Robert Boncy |
| LAC/RSD/BBEG | Douglas R. Pulse |
| LAC/RSD | Kerry Byrnes |
| EGAT/AG | Harry Rea |
| EGAT/EG/EPG | Jim Elliott |
| EGAT | Georgia A. Sambunaris, Financial Markets Spec. |
| EGAT/EG | Stuart Callison |
| GH/HIV/PEPFAR | Heidi Mihm |
| EG Intern | Stephen Morton |
| GH & LAC | Lindsay Stewart |