

Advancing Partners & Communities

Guyana HIV/AIDS Reduction and Prevention Project

Final Report | July 2019



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Guyana HIV/AIDS Reduction and Prevention Project



ADVANCING PARTNERS & COMMUNITIES

Advancing Partners & Communities (APC) is a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

ACKNOWLEDGEMENTS

APC is proud of the impact its work has had on thousands of lives in Guyana. The team is grateful for the opportunity provided by PEPFAR, USAID, and JSI to work with the Guyanese people and be part of efforts to reduce HIV and AIDS in Guyana.

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Cover photo: The voluntary counseling and testing room at the offices of Artistes in Direct Support (AIDS), Georgetown, Guyana. Photo credit: Joshua Yospy/JSI.

JSI RESEARCH & TRAINING INSTITUTE, INC.

2733 Crystal Drive, 4th Floor
Arlington, VA 22202, USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

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Acronyms

AIDS	acquired immune deficiency syndrome
APC	Advancing Partners & Communities
ART	antiretroviral therapy
ARV	antiretroviral
BBSS	Biobehavioral Surveillance Survey
LTFU	loss to follow-up
MOPH	Ministry of Public Health
MSM	men who have sex with men
NAPS	National AIDS Programme Secretariat
NGO	nongovernmental organization
CBO	community-based organization
PHDP	Positive Health and Dignity Prevention
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	person living with HIV
PP	Priority Populations
FSW	female sex worker
GBV	gender-based violence
S&D	stigma and discrimination
SOGI	sexual orientation and gender identity
TG	transgender
JSI	JSI Research & Training Institute, Inc.
KP	key population
USAID	United States Agency for International Development



MAP OF GUYANA



BACKGROUND

Guyana has a population of approximately 747,884 people (2012 census), with a landmass of 215,000 square km extending along the north-eastern coast of South America. It is the only English-speaking country in South America and is bordered by Suriname, Brazil, and Venezuela. Guyana is divided into 10 administrative regions, and according to the 2012 census of the Guyana Bureau of Statistics, most of the population (89.1 percent) is concentrated in the coastal areas (Regions 3, 4, 5, and 6).

Following the first diagnosed case of AIDS in Guyana in 1987, government response was swift, fully cognizant of the devastating effects of HIV. In 1989, the Government of Guyana established the National AIDS Programme under the Ministry of Public Health (MOPH), which resulted in the development of the Genito-Urinary Medicine Clinic, the National Laboratory for Infectious Diseases, and the National Blood Transfusion Service. In 1992, the National AIDS Programme Secretariat (NAPS) was established and charged with coordinating the national response to the AIDS epidemic.

Since the first case of AIDS was reported, there has been a progressive increase in the number of reported cases. The epidemic in Guyana is considered generalized with an HIV prevalence of greater than 1 percent among the general population. Based on UNAIDS 2017 estimates, findings suggest that Guyana's adult HIV prevalence is 1.7 percent, while incidence declined slightly, from 0.7 per 1,000 population (all ages) in 2010 to 0.62 in 2017.

The Guyana Biobehavioral Surveillance Survey (BBSS) 2014 showed a sharp decrease in the HIV prevalence among female sex workers (FSWs), from 26.6 percent (BBSS 2005) to 5.5 percent. There was also a marked decrease in prevalence among men who have sex with men (MSM), from 21.2 percent (BBSS 2005) to 4.9 percent, and among miners, from 6.5 percent in 2000 to 1 percent.

Treatment with antiretroviral drugs started in April 2002 at the Genito-Urinary Medicine Clinic. By the end of 2018, there were 23 treatment sites within both the public and private sectors across the country. The treatment program expanded over the years to include management with antiretroviral therapy (ART) and enhanced capacity for the diagnosis of opportunistic infections and laboratory monitoring of patients.

PROGRAM OVERVIEW

From September 2013 to September 2019, JSI Research & Training Institute, Inc. (JSI) implemented the US-AID-funded Advancing Partners & Communities (APC) Guyana HIV/AIDS Reduction and Prevention Project. Initially, the project covered eight of Guyana's 10 administrative regions and supported 12 grantees that are part of Guyana's national HIV and AIDS response.

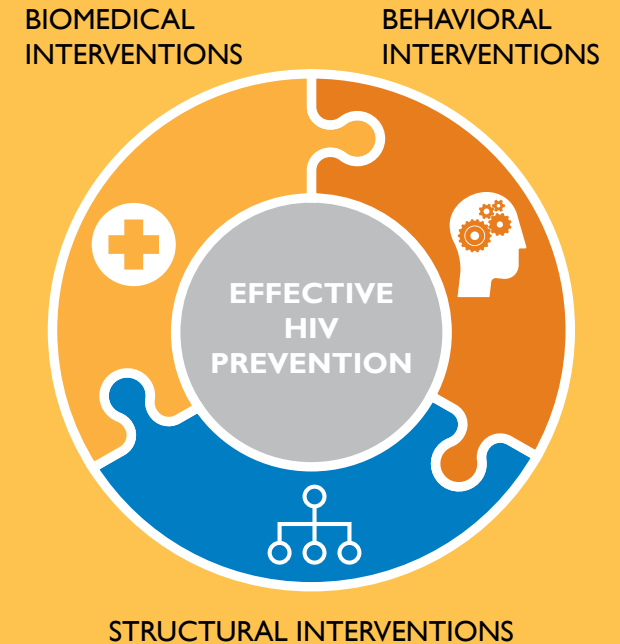
Region 4, the urban and densely populated area around the capital of Georgetown, has been most affected by the HIV and AIDS epidemic, with 72.8 percent of new infections diagnosed in 2014. Following programmatic shifts in 2016 by the United States President's Emergency Plan for AIDS Relief (PEPFAR), APC shifted its focus to work exclusively in Region 4, targeting the key populations (KPs) that are most at risk of contracting HIV: MSM, FSWs, and transgender (TG) individuals.

No single prevention intervention can stop HIV transmission. Successful prevention programs require a combination of evidence-based, biomedical, behavioral, and structural interventions, including testing and linkage to care, and efforts to reduce policy and human rights barriers. This combined approach was the backbone of APC's

THE SOCIO-ECOLOGICAL FRAMEWORK USED BY APC



COMBINATION APPROACH



PROJECT OBJECTIVES

- Improve the operational framework for local nongovernmental organizations (NGOs) to reach key populations and provide services.
- Improve efficiency of service delivery to reduce unit costs.
- Strengthen the partnership between NGOs and the government to expand services with the same amount of investment and ensure viability of NGOs' role in the national HIV response.
- Explore initiatives to ensure sustainability of NGO programming based on best practices.

efforts to deliver high-impact prevention interventions. The project design included innovative, evidence-based, and cost-effective solutions, tailored to meet the needs of populations at risk of HIV in Guyana, in the contexts where programs are implemented, and where individuals reside.

Recognizing that individuals' levels of risk are shaped by social and structural determinants, APC used the social-ecological model, which provides a framework for examining the multi-level domains of HIV infection risk and its relationship to individuals' HIV risk within the network, community, and public policy contexts. The framework improved understanding of the key factors of HIV infection and vulnerabilities. It also helped define resource channels and guided development of evidence-informed combination HIV prevention programs that can change individuals' behavior by confronting the underlying drivers of their vulnerability to HIV.

APC GUYANA PROJECT TIMELINE 2014–2019

Program Areas

GBV: Gender-based Violence

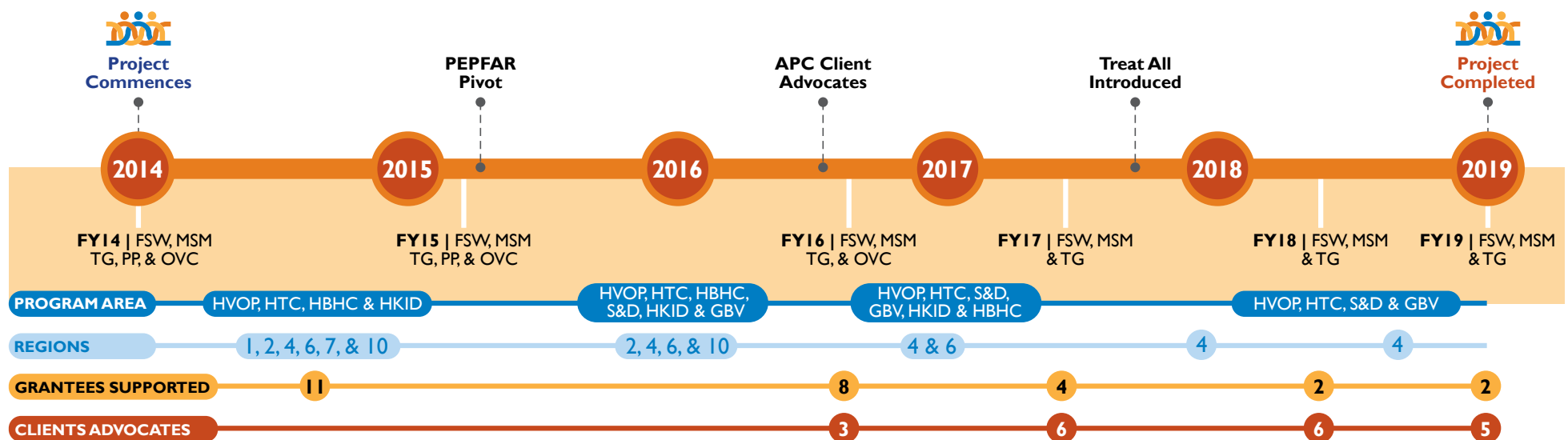
HBHC: Home Based Care

HKID: HIV positive children

HTC: HIV Testing and Counseling

HVOP: Prevention

S&D: Stigma & Discrimination



APC PARTNERS



Lifeline Counselling
Services



Guyana Trans United



Artistes in Direct
Support



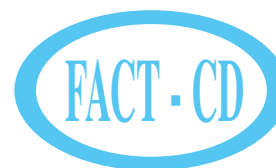
G-Plus



Youth Challenge
Guyana



AGAPE Network



FACT - CD



Linden Care
Foundation



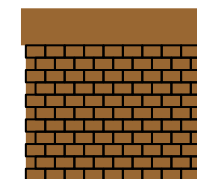
Hope Foundation



Hope for All

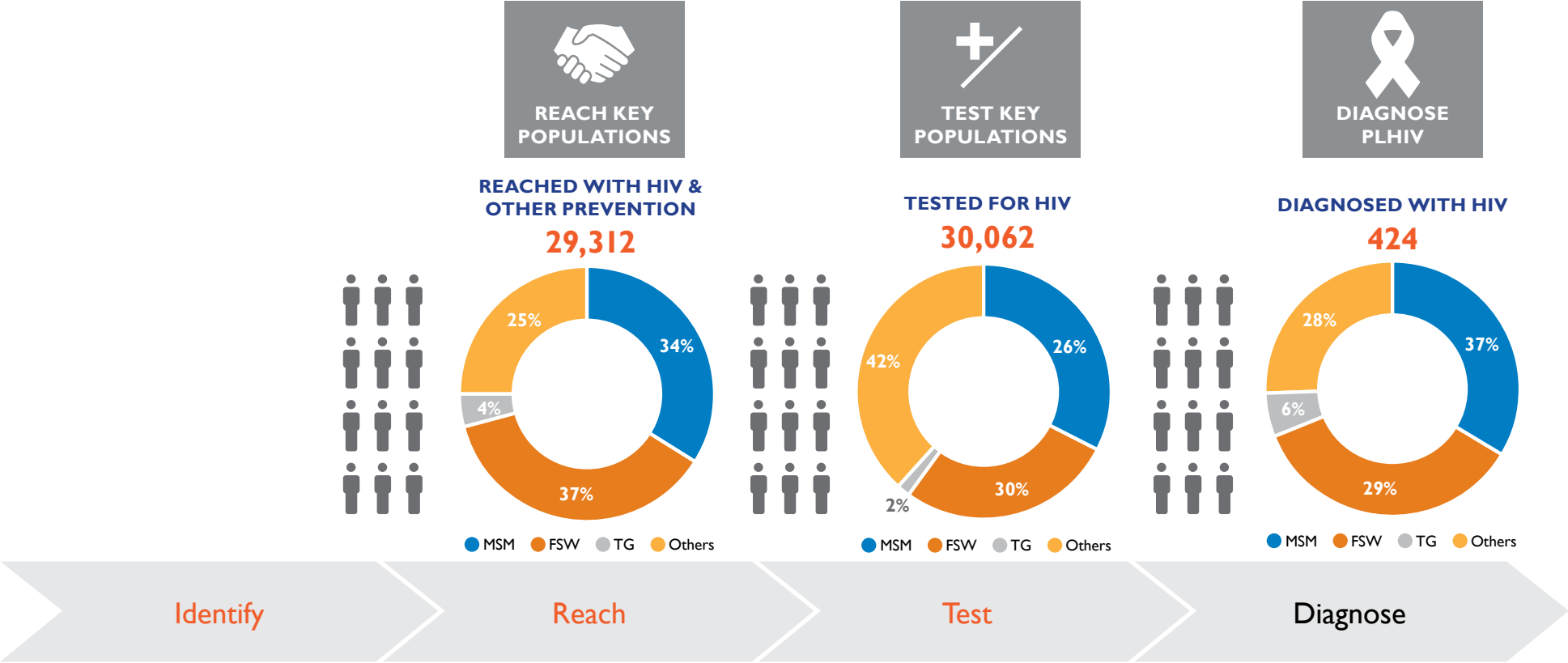


Comforting Hearts



United Bricklayers

PROJECT ACHIEVEMENTS





Condom demonstration with trainee teachers at the Cyril Potter College of Education.



A social worker from United Bricklayers conducting a prevention session during community outreach.

HIV PREVENTION AND TESTING

Nongovernmental organizations (NGOs) and community-based organizations (CBOs) have always been integral to the national response to HIV and AIDS because of their community reach. During its six years in Guyana, APC funded 12 NGOs and CBOs, including three that are KP-led, to implement HIV and other prevention activities focused on KPs and priority populations (PPs) across eight administrative regions. The KPs comprised MSM, FSWs, and TGs, while the PPs included loggers, miners, clients of sex workers, and residents of communities adjacent to mining and logging communities. APC later expanded its team to include client advocates, who were placed at various care and treatment sites to respond to the demands of the epidemic in Region 4.

APC provided training and technical assistance needed by the implementing partners, particularly frontline staff, to strengthen efforts to promote behavior change and facilitate regular access to HIV-prevention services and products among KPs. Support for these NGOs and CBOs included salaries, stipends, travel expenses, mentorship, and training for people conducting HIV outreach and prevention activities. Prevention activities were conducted at high-prevalence areas across the regions, including in and around mining and logging camps, as well as in adjacent communities frequented by the target populations.

During the initial years, prevention outreach and activities were conducted in all regions except 8 and 9. During the later years of the project, following the PEPFAR shift to geographic locations with the highest disease burden, activities were restricted to Region 4, particularly in and around Georgetown. To better reach individuals with the highest risk of contracting HIV, APC redesigned and implemented strategies to ensure successful referrals and linkage to treatment for those found to be HIV positive. This included peer-to-peer interventions through social and sexual networks, and the use of information communications technology.

Over six years, APC provided 29,312 prevention service packages, mostly to KPs (10,864 FSWs; 9,989 MSM; 1,032 TG individuals, and 7,427 to the general population). The service packages included provision of prevention and risk reduction education; information and communication materials; condoms and lubricants; referral for HIV tests; and other services. The number of KPs reached with HIV prevention (KP_PREV) represents 74.6 percent of the total estimated number of individuals reached with prevention services.

APC-supported clinics conducted 30,062 HIV tests (HTC_TST) with KPs accounting for 21,885 or 58.3 percent (9,159 FSWs; 7,743 MSM; and 623 TG individuals) of all who accepted testing. This compares to 41.7 percent (or 12,537) of tests conducted with members of the general population. Of the 21,885 HIV tests conducted among KPs, 305 people (124 FSWs; 158 MSM; and 23 TG individuals) were diagnosed as HIV positive; while 115 people from the general population had a positive diagnosis. Those who declined testing were given information on the benefits of testing, risk-reduction counseling, and a directory of testing sites in case they decided to be tested later.



PUBLIC SERVICE ANNOUNCEMENTS

APC collaborated with NAPS/MOPH to develop and launch four public service announcements (PSAs) that encourage HIV testing, disclosure of status, initiation of treatment if diagnosed with HIV, and treatment adherence. Each of the PSAs was produced in three formats—a one-minute video, a 30-second video, and a 30-second audio recording. The PSAs have been distributed widely across various media platforms, including internet, radio, and television. Various government ministries agencies, community-based partners, and individuals have broadcast them.

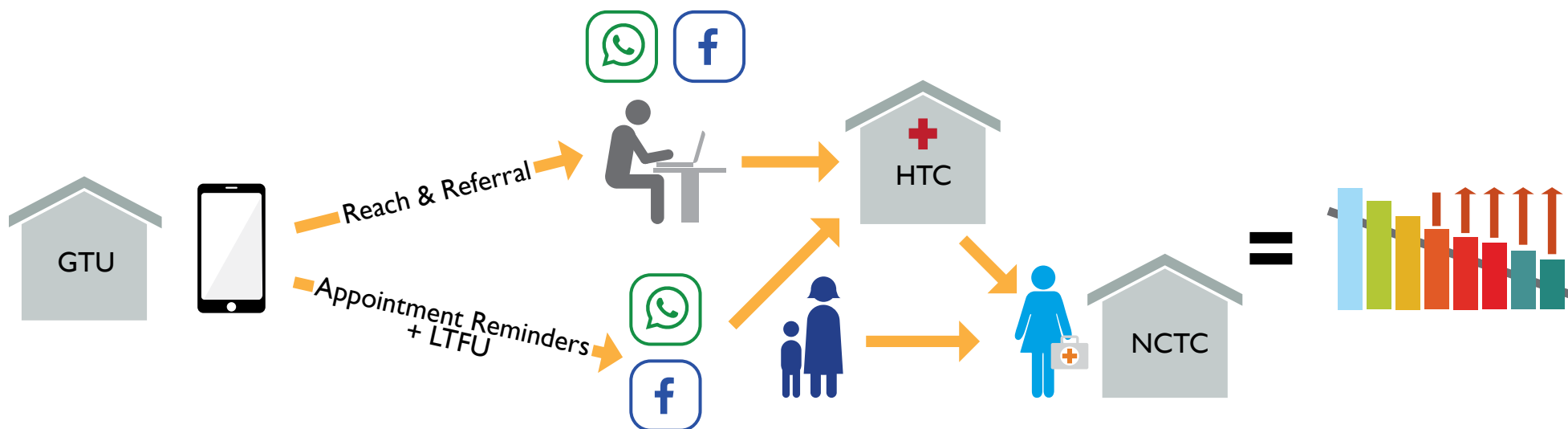


INNOVATIONS FOR REACHING 90-90-90

Identifying and reaching people for HIV testing and diagnosis, linking those who test positive to immediate ART and care, and retaining them on treatment require dynamic and innovative approaches in both community and health settings. This is especially true for members of KPs, who are reluctant to access services within the care continuum for a variety of reasons, including discrimination, lack of resources, fear of double stigma associated with living with HIV and being member of a KP, and concerns about confidentiality and KP-friendliness of services.

Using information communications technology platforms such as Facebook, WhatsApp, informal/formal SMS messaging, and dating and cruising sites, APC developed strategies to complement activities to reach hard-to-reach and higher-risk KP members, and recruit KPs into the service network. Trained grantee providers supported virtual social network outreach, referrals, and follow-up using both passive and active approaches at each step of the 90-90-90 care continuum.

USING ICT PLATFORMS AND APPLICATION





Peer educators from Artistes in Direct Support conducting street theater in downtown Georgetown.

SUPPORTING CBOs IN COMMUNITY-LEVEL ADVOCACY AND EDUCATION

Community-level advocacy is an important way to reduce the stigma and discrimination (S&D) perpetuated against people because of their sexual orientation, gender identity or expression, or HIV status. As countries strive for policies and legislation that promote gender equity, community-level advocacy can facilitate changes in attitudes and norms needed to support enforcement. Between November 2017 and December 2018, APC provided eight S&D and sexual orientation and gender identity (SOGI) training sessions to enhance the community-level advocacy knowledge and skills of 21 frontline workers—including KP-identified staff—from two CBOs. The S&D training focused on negative attitudes and predispositions perpetuated by communities that fuel violence and stigma against lesbian, gay, bisexual, and TG individuals, including those living with HIV. The SOGI training exposed participants to concepts relating to sex, gender, and sexuality, and used a spectrum model to explain the fluidity and diversity of sexual orientation, gender identity and expression, and sexuality.

This training enhanced the CBO staff's ability to articulate barriers to health care and other related services for KPs. For example, after the Caribbean Court of Justice declared in an 2018 ruling that Guyana's cross-dressing law was unconstitutional and violated an individual's right to freedom of expression, Guyana Trans United used its S&D and SOGI training to engage communities and stakeholders on trans-related issues.

USING CLIENT ADVOCATES TO RETAIN AND RE-ENGAGE PEOPLE IN HIV CARE

Unprecedented gains in quality of life have been achieved through the expansion of HIV care, treatment, and support services in Guyana. However, these gains can only be maintained if patients are retained in care. Patients who are loss to follow-up (LTFU) threaten epidemic control and the long-term success of the HIV response. Adherence to clinical appointments and ART are paramount for good clinical outcomes and reduced mortality.

Because of the high disease burden in Region 4, APC deployed six site-based client advocates to the region during the last two years of the project. The client advocates supported the MOPH's efforts to find and relink HIV-positive persons who were no longer attending the clinic. They used a combination approach—including telephone calls, home visits, probing social and sexual networks, searching social media (Facebook), messaging platforms (WhatsApp), and contacting support partners listed on clinical records—to find and re-engage patients into care. Typically, these interventions were conducted after regular work hours and on weekends, and mainly comprised home visits. This was a challenging process for the advocates, who often were given incorrect telephone numbers and addresses for clients, resulting in multiple visits and/or telephone calls to locate LTFU clients.

Client advocates contacted 1,386 persons, 663 (48.7 percent) of whom re-enrolled into care and treatment. Client Advocate services also promoted HIV information and access to HIV testing and counseling, education and psychosocial support for self-management of HIV, linkage to ART, and other services for staying healthy.

“Because of ya’ll always calling and checking up on meh, mek ah does remeba fuh guh clinic and tek meh meds”

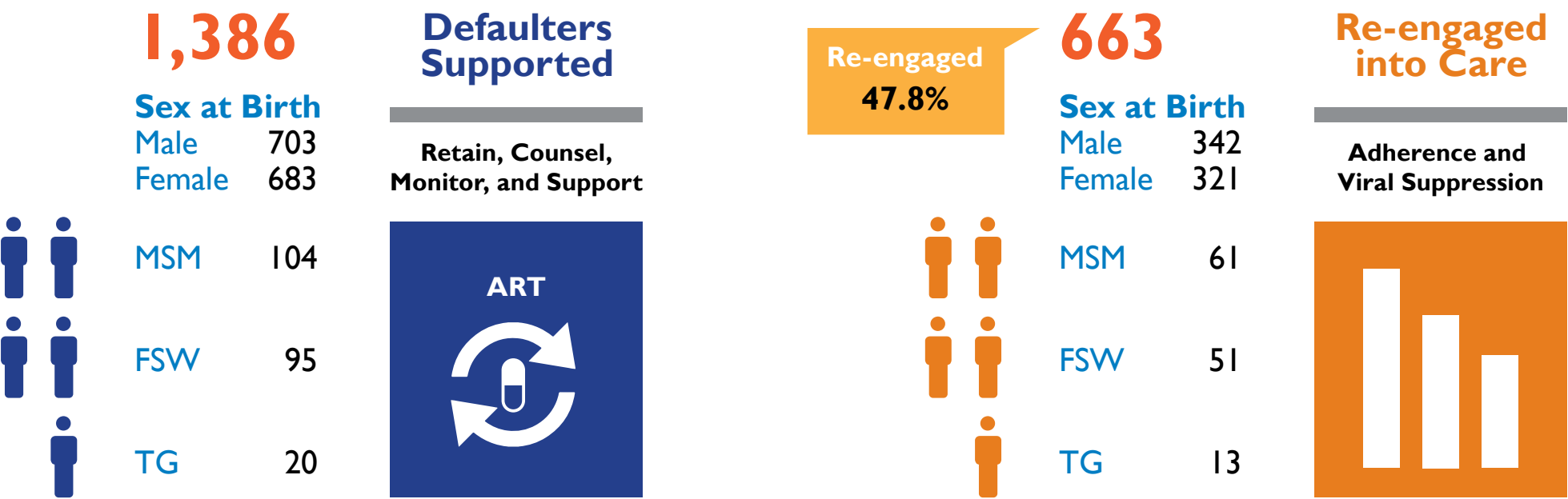
—KP client living with HIV

(“If it was not for your continued contact and reminders for clinic appointments, I would not remember to attend and to take my medications.”)



CLIENT ADVOCATE SUPPORT FOR LOSS TO FOLLOW-UP

OCTOBER 2017 – JUNE 2019



WHEN PASSION AND PERSISTENCE COINCIDE WITH PURPOSE

Michelle is a feisty woman who sometimes wears her dreadlocks like a crown. She is a client advocate hired by APC to help link newly diagnosed and defaulting HIV-positive persons to care and treatment services. On any given day she can be seen hunched over a telephone or traversing the streets of various communities to find HIV-positive persons who have defaulted on their clinic visits.

"From day-to-day it differs," she says. "Some days it's tough. You can spend hours walking around trying to find someone. Many a time the addresses they give the clinic are fake. How to find them then?" Michelle explains that because of fear of stigma and discrimination, some clients have stopped attending clinic. They don't want their families and friends to find out they are living with HIV. "But I don't give up...I don't give up on them," she says. "When I go into the community, I walk and ask questions. I have to be careful that I don't expose them so sometimes I make up stories." She says she often goes to several houses in the vicinity before she goes to the home she is targeting. When she gets there, she makes sure she has the correct person before discussing his/her absence from clinic. She notes that, "Sometimes the address they give is deliberately false to protect them. They will often leave instructions with the residents of the stated address and depending on what you say/reasons you give, only then will the correct address be disclosed."

Taking time to develop a relationship with the clients is essential. "Once a client trusts you then they will be open to having an honest discussion with you. They understand that you are there to help. And once you get them to understand the concept of "undetectable equals un-transmittable" then you would have gotten over the biggest challenge. These are the little things that makes a difference," Michelle notes. "Everyone wants to be undetectable and once they trust that you have their best interest at heart, they will work with you. And you forget all the miles you walked to find them, and all the phone calls you made where they pretended to be someone else. I hope my clients continue to see me as a resource and not only take my calls but continue to call me when they need help."



On the phone, Michelle guides a client of ways to reduce side effects of ART.

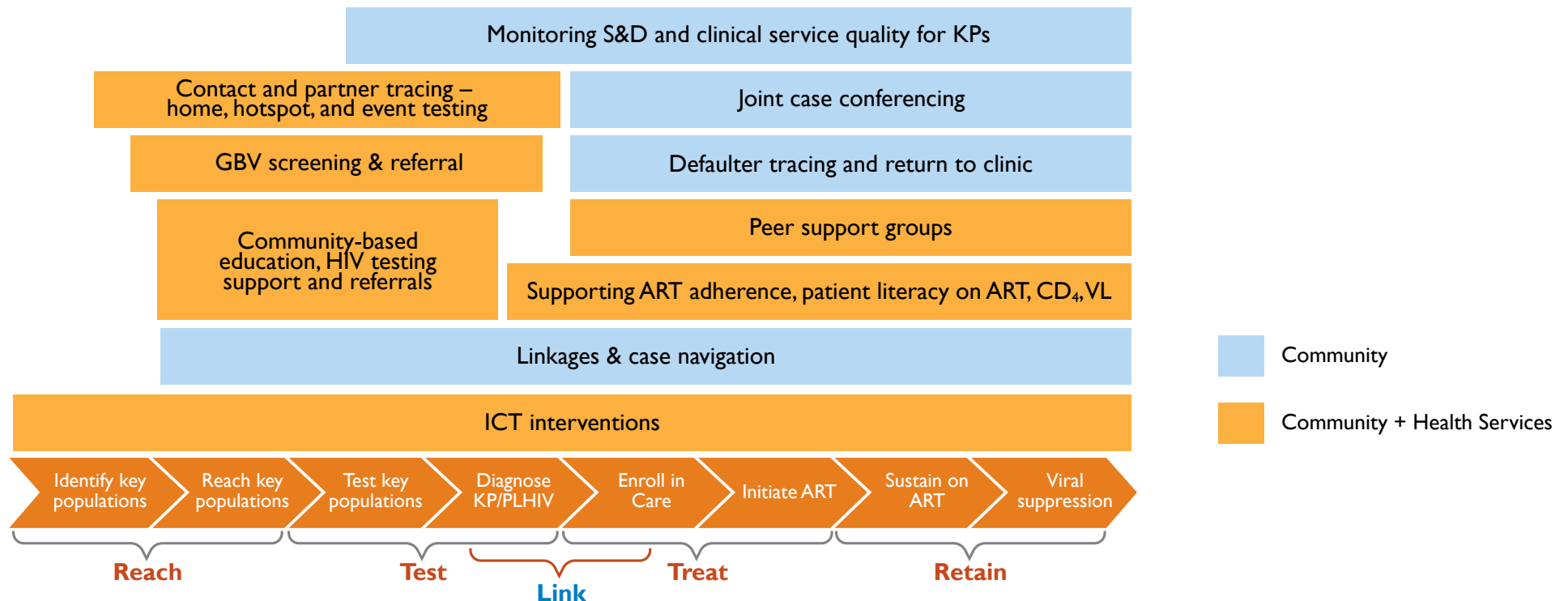
Tomaisha Hendricks/JSI

CARE AND SUPPORT FOR PEOPLE LIVING WITH HIV

Comprehensive and holistic management of HIV requires that all HIV-related difficulties for people living with HIV (PLHIV) be addressed. APC's package of care and support services addressed both medical and non-medical needs of adults and their children. Through application of the Positive Health and Dignity Prevention (PHDP) concept, adults were supported to manage their health and well-being through a range of services including psychosocial support, adherence and treatment literacy, and life-skills training. Children benefitted from psychosocial support, educational and vocational training, case management, and nutritional support.

APC collaborated with NAPS to strengthen the skills of physicians, nurses, and social workers in the provision of services to members of KPs, with specific focus on clinical services for TG individuals. Such an activity, requested by members of the TG population and NAPS, had not been facilitated locally in many years. Participants at the two-day training included health care workers from both the public and private health care systems. The training was facilitated by Asa Radix, a transgender doctor who works at the Callen-Lorde Community Health Center in New York City, one of the largest transgender clinics in the world.

APC'S CARE AND SUPPORT SERVICES



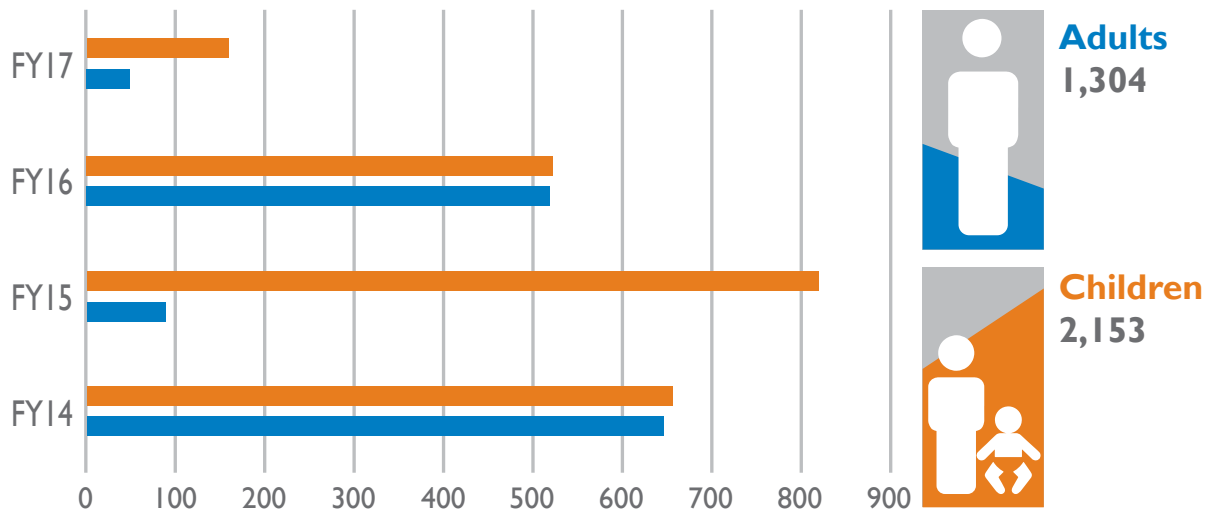
ORPHANS AND VULNERABLE CHILDREN

During the early years of the project, APC provided funding and technical assistance to NGOs (Comforting Hearts, FACT, AGAPE, Hope Foundation, Hope for All, Linden Care Foundation, and Lifeline Counselling Services) in six administrative regions to provide support for orphans and vulnerable children (OVC). The services included after-school care, psychosocial and nutritional support, and sexual and reproductive health support. For the period 2014 to 2017, APC supported the provision of services to 2,153 children who were either living with HIV or orphaned and/or made vulnerable by HIV. Emphasis was placed on ensuring that the children's HIV status was known and that those who were positive received treatment and other services. The after-school support and homework assistance programs were implemented for all OVC, although most were primary-school age. After-school programs for older OVC included building skills in areas including literacy, cosmetology, crafts, food and nutrition, garment manufacture, and life skills.

“I went to the cosmetology class, now I can do nails and hairs. I would not have these skills if I didn’t attend the session.”

— Shalinie, OVC program beneficiary

ADULTS AND CHILDREN BENEFICIARIES FY 2014-2017



“Pervasive stigma and discrimination continue to hinder the fight against HIV.”

— Rhonda Moore, program manager, NAPS



REDUCING STIGMA AND DISCRIMINATION AMONG HEALTH CARE WORKERS

The APC project recognized that stigma and discrimination against KPs and PLHIV stifle information-seeking, discussion, and disclosure of HIV status. Stigma and discrimination create an “us versus them” mindset and inhibit access to care and treatment. For PLHIV, stigma and discrimination can be worse than the disease; they are often treated with suspicion and hostility, denied access to needed services, and subjected to harassment and physical violence, as well as having a lack of support from family and friends.

During the last four years of the project, APC sensitized 218 health and social services providers, as well as auxiliary staff, from seven HIV care and treatment centers in Region 4, to S&D and SOGI. Pre-test evaluations suggested an increase in trainee knowledge and understanding of key concepts related to these areas, and feedback from CBO partners and KPs suggested improved interaction between health care providers and KP members following the training.

ATTITUDES OF 218 HEALTH WORKERS, SOCIAL SERVICES PROVIDERS, AND AUXILIARY STAFF PRIOR TO APC TRAININGS



3 in 5 HCWs agreed that HCWs sometimes talk badly about PLHIV



1 in 11 HCWs agreed that they would be ashamed if a family member had HIV



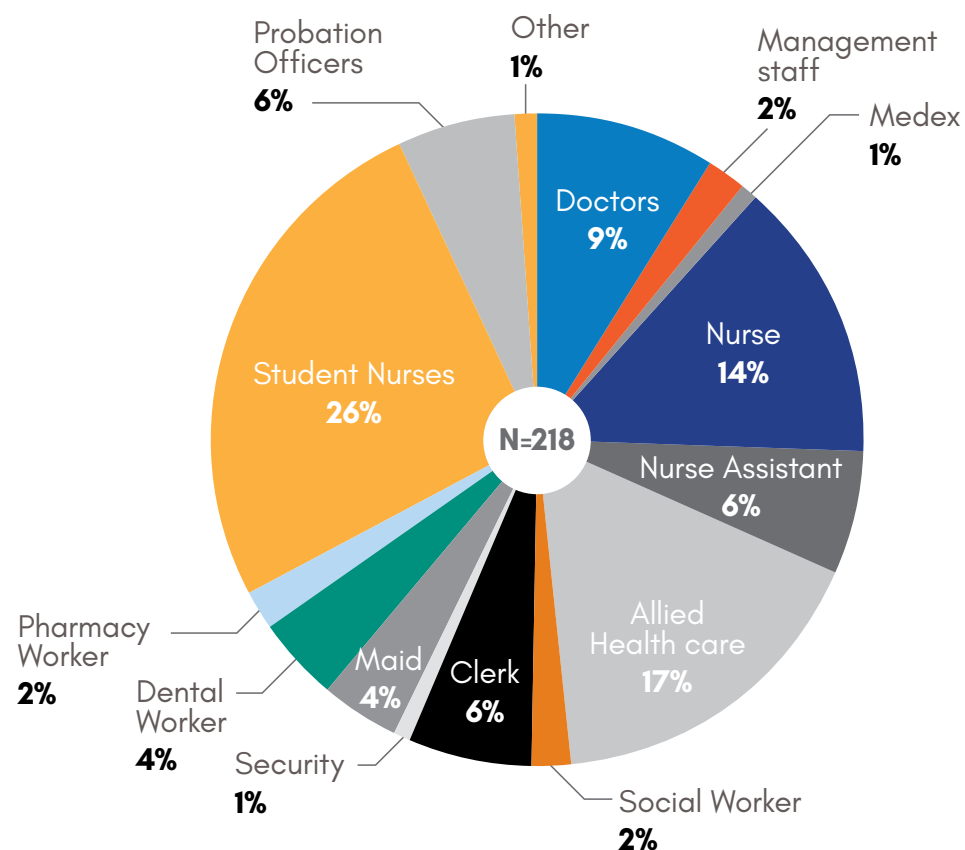
1 in 8 HCWs indicated that they would not treat a KP patient the same way as any other patient

“Nurse if wasn’t fuh you I would not be doing all of this and going no clinic, cause them people ain’t know how fuh talk to yuh”

— KP client living with HIV

(“Nurse, if I did not have your support, I would not be accessing services and attending clinic, because health care workers do not communicate in a professional manner.”)

PROFESSIONAL CADRES SENSITIZED WITH HIV STIGMA, DISCRIMINATION, & SOGI INFORMATION FY 2016-2019



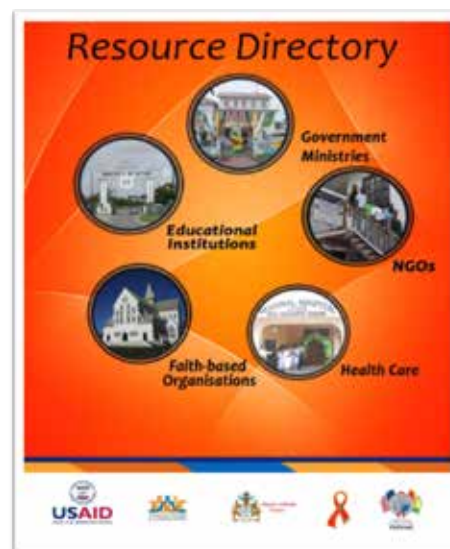
“APC provided more structured capacity building and empowerment sessions, thus equipping Hope for All (HFA) staff with knowledge and techniques for disseminating HIV information to reach more at-risk populations. As a result, HFA was able to expand the services offered to the key populations, thereby making a greater impact in the national response to HIV in relation to zero new infection and zero discrimination in Region 2.”

— Shaundelle Butters Belfield,
Executive Director, Hope for All.




SUPPORT TO POLICIES AND STANDARD OPERATING PROCEDURES

APC worked with MOPH and NAPS to develop, strengthen, and implement several policy documents and accompanying standard operating procedures (SOPs), including Guyana's national guidelines and SOPs for HIV prevention for KPs, community-based care, and support for adults and children, referred to as the Resource Pack for Working with Key Populations: Guidelines and SOPs. APC also worked with NAPS to update and finalize national guidelines and SOPs for S&D and SOGI. Additionally, APC supported the training of health care providers and support staff to implement these guidelines, with the ultimate aim of improving the quality of services provided to clients.



POLICIES AND SOPs SUPPORTED BY APC

- Peer Educators HIV Training Manual
- Resource Directory for Support Services
- Guidance for Improving Retention in Care and Support through Defaulter Tracing
- Protocol for Screening and Responding to Gender-based Violence
- Guidelines for Supporting and Integrating PHDP Programming
- PHDP Baseline Questionnaire and Tools



“Through attending various trainings that were happening through APC it impacted my life more, to be aware of myself as a trans woman and to face society. I never knew there was a difference between MSM and trans women. Because of the SOGI training I identify not as an MSM but a trans woman.”

— Royston Savory,
OVC facilitator and community advocate

Royston Savory (right), OVC Facilitator
and Community Advocate.

GENDER-BASED VIOLENCE

In Guyana, KPs experience high levels of HIV and gender-based violence (GBV). A combination of entrenched gender norms, laws that criminalize sex work and same-sex relationships, and HIV-related stigma exacerbates the violence and hinders access to HIV-prevention, treatment, and support services. Guyana's 2014 BBSS found that one-quarter-to-one-third of sex workers experienced rape (25.2 percent male, 25.1 percent female, and 31.1 percent of TG individuals). HIV prevalence for MSM, FSWs, and TG individuals are 5–10 times greater than that of the general population.

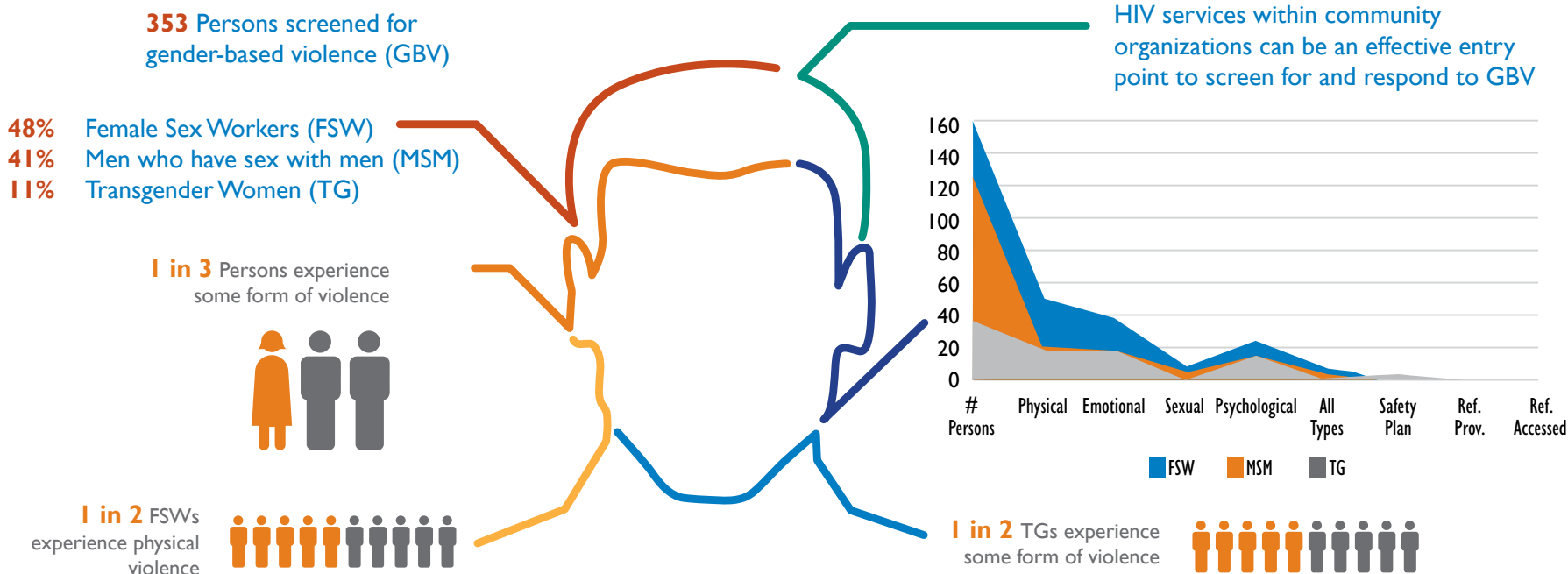
The GBV component of APC's project in Guyana focused on multiplying the effects of PEPFAR investments by integrating GBV-prevention and response into existing CBO and health services/HIV programs. It included supporting and developing guidelines and SOPs for screening, reporting, and responding to violence; training civil society and health personnel to respond to violence and support survivors; and strengthening coordination across sectors (health, police, and legal services). Through its partners, APC helped develop and strengthen networks and linkages between primary providers and community-based services.

APC's partners were able to provide client-friendly, integrated HIV and GBV services, alleviating treatment barriers and expanding referrals by connecting survivors to a comprehensive network of services for recovery, including safety and legal protection, shelter and health care, psychosocial counseling and financial support, and empowerment and knowledge of right to a life free from violence.

GENDER-BASED VIOLENCE SCREENING AMONG KEY POPULATIONS FY2016-2019

Key Lesson

HIV services within community organizations can be an effective entry point to screen for and respond to GBV



ASSESSMENT OF PROJECT IMPACT

Over the life of the APC project, thousands of Guyanese benefitted from a range of HIV-focused services across multiple regions. From the development of national guidelines and SOPs to training of health care providers, to supporting HIV-prevention and testing, Guyanese from KPs and the general population accessed high-quality services in fixed settings and through mobile sites that brought services into communities. Services included HIV-prevention education and sexually transmitted infection testing, links to care and treatment services, and LTFU support.

Through 77 trainings over a six-year period, health care providers, social workers, child protection workers, teachers, lay counselors, peer educators, finance officers, and project managers from traditional and non-traditional sites improved the quality and delivery of services they provide. As a result, thousands of KP members benefitted from services, including from the 12 grass roots organizations supported by APC.

Altogether, 21,885 prevention packages were delivered to KPs. Of the 30,062 HIV tests conducted, 58.1 percent were among KP members. Of those, 305 had a positive diagnosis and were referred for services. Overall, 424 persons were diagnosed HIV-positive; 28 percent identified as members of the general population.

Peer-to-peer service provision resulted in multiple benefits for the target population. Peer capacity-building improved service quality, such as clearer and more impactful prevention messaging, which led to an increase in the number of people opting to use HIV testing and counseling, support group, and referral services.



SOGI training with Guyana Trans United.

GUYANA'S FIRST TRANS-LED ORGANIZATION

APC supported the development of the first TG-led organization in Guyana. Guyana Trans United is a grassroots organization that provides services primarily to people who are transgender. Starting with two people working out of their home in 2014, Guyana Trans United is now a full-fledged organization with a staff of more than 30 and multiple sources of funding for various projects, all of which support the TG population in Guyana. With support from APC, Guyana Trans United accessed 20 acres of land from the Government of Guyana and developed a farm as part of their sustainability efforts. APC also sourced technical assistance from the Ministry of Agriculture.

*“Thanks for all you doing for us,
and may the lord continue to
bless you and the organization
to do more”*

— KP client living with HIV

RECOMMENDATIONS

- HIV programs should provide services based on the health needs and preferences of PLHIV, including those from KPs. Some examples of this include decentralization, reducing the number of required clinic visits and wait-times for appointments, and upholding individual dignity and respect.
- Continue to build capacity for grassroots organizations and their beneficiaries to help them develop skills to serve as lay providers and program implementers.
- Create a supportive and nurturing environment for OVC to help guide and empower them to make healthy decisions and achieve their full potential. This will elevate their socio-economic status and improve their prospects for a successful life.
- Continue SOGI and S&D training for health care workers to sustain and advance changes in attitudes and improve their interactions with members of KPs. Also, interaction among care providers, CBOs, and KPs should be encouraged since stigma against KPs usually stems from a lack of knowledge about gender and sexual diversity.

CONCLUSION

APC, in close collaboration with civil society and private-sector partners, the MOPH/NAPS, and a range of other stakeholders, met its objectives and KP service-provision targets. Guyana's ability to provide services to KPs continued to improve over the life of the project, as reflected by the more than 29,000 people who accessed prevention services between 2013 and 2019. Over 30,000 individuals received an HIV test, and many of them were able to do so because the civil society partners that teamed up with APC took the services into the communities. The client advocates reconnected more than 650 LTFU HIV-positive people to care and treatment services.

APC trainings increased health care worker awareness and appreciation of problems that KP members experience, and helped reduce S&D in health care settings. APC supported and facilitated the development of provider skills specific to the needs of members of KPs, such as TG health, which increased the number of target populations accessing health services at traditional health centers and hospitals.

Overall, APC contributed significantly to the development and implementation of guidelines and SOPs that resulted in improved services, not only for KP members, but the public as a whole. APC's 77 trainings on various subjects improved the knowledge and skills of hundreds of health care providers, social workers, teachers, community outreach workers, and peer educators. The more than 30,000 Guyanese who benefited from HIV education provided by APC and its partners are now able to make better and more informed choices, resulting in fewer persons being at risk for HIV infection.

“The continuous training seminars provided by APC, along with feedback systems, allowed staff members of Artistes to not only be exposed to new learnings; but also to apply new learnings to their daily work routine to improve services provided to the clients.”

— Executive Director,
Artistes in Direct Support



Lisa Thompson/JSI

Advancing Partners & Communities
JSI Research & Training Institute, Inc.
2733 Crystal Drive, 4th Floor
Arlington, VA 22202.
info@advancingpartners.org
www.advancingpartners.org



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