



Regional Platform
Latin America and Caribbean
Support, Coordination and Communication



SUSTAINABILITY OF COMMUNITY RESPONSE ACTIONS TO HIV, TB AND MALARIA IN PARAGUAY

**Analysis and Planning of CSOs in the context
of the Global Fund transition process**

**Consultancy Report
JANUARY 2017**

FOR:
CRAT – VÍA LIBRE – ALLIANCE

COUNTRY:
PARAGUAY

BY:
INÉS LÓPEZ G.

REPORTING PERIOD:
DECEMBER 2016 - JANUARY 2017

1- INTRODUCTION

2- PRELIMINARY INFORMATION

3- METHODOLOGY

4- WORKING SESSIONS ON “SUSTAINABLE CIVIL SOCIETY”

INFORMATION

4.1. Financial Transition

4.2. Transition of health, epidemiological and population commitments

4.3. Report on Human Rights, Gender and Participation

4.4. Exposing CSO sustainability experiences

ANALYSIS

4.5 Group analysis of the Global Fund transition process in Paraguay.

Identification of technical assistance priorities and needs.

PLANIFICATION

4.6 Collective construction of the Action Plan

5- PRESENTATION

5.1. Presentation of the Preliminary Plan to CSO, CCM and GF Special Mission Representatives

5.2. Comments, recommendations and contributions.

6- CONSULTING KEY ACTORS

7- CONCLUSIONS

Paraguay has received various grants from the Global Fund for HIV, TB and Malaria, which has provided unprecedented financial resources to national programs. Yet, if there is one achievement to be highlighted, especially in the socio-political context and recent history of the country, it is the effective incorporation of community-based organizations in the design, implementation, and monitoring of projects. Although this participation is recent and selective in TB projects and almost inexistent in Malaria, it took place since the very beginning in the HIV area, and has been essential to reach the most affected populations with the most effective strategies.

In a transitional scenario, such as the present one, it is necessary to include all relevant actors, and Civil Society Organizations (CSOs) are absolutely essential for sustaining actions and impact. And, just as governments will need support, so will CSOs to reach this goal. This document reports on the methodological process to assess risks and needs for technical assistance and to plan the actions of civil society and communities in order to ensure the community response to HIV, TB and malaria within the framework of the sustainable transition processes of the Global Fund in Paraguay. This has been possible thanks to the technical and financial support of the Regional Platform for Latin America and the Caribbean, Via Libre and Alliance.

The Country Coordination Mechanism (CCM) was set up in Paraguay in July 2002 as a body connecting government, civil society, private sector and international cooperation agencies for the designing of proposals and management of resources in order to strengthen national responses to HIV/AIDS, Tuberculosis and Malaria. At present, the Presidency is held by the Minister of Health and the Alternate Vice-Presidency is held by the Network Coordinator of NGOs working on HIV and AIDS.

- HIV

The epidemic in Paraguay is concentrated in key populations: trans women (26.2% - Year 2011), men who have sex with men (13.4% - Year 2011), sex workers (2.1% - Year 2011) and drugs users, where high prevalences of HIV and STI have been found through different studies comparing these groups to the general population. The prevalence in postpartum women in 2013 was 0.5% (95% CI, 0.36-0.69), representing the proxy for prevalence in women from the general population. There is still a difference in access to HIV testing, where priority is given to women for prenatal care, which is reflected in the highest number of women tested (89.3%) and (10.7%) men tested during the same period.

A study conducted in 2016 found that the prevalence of HIV in the indigenous population in Paraguay was 0.25% (CI 95% 0.1 to 1), whereas a 2007 study found an HIV prevalence of 0.7% in the people deprived of their freedom.

The Ministry of Public Health and Social Welfare leads the national response to HIV through the National HIV/AIDS-STI Program (PRONASIDA). Since its inception, PRONASIDA has a dual function: normative and care. The Strategic Plan for the National Response to HIV/AIDS and STI 2014-2018 was prepared with the participation of representatives from all sectors of society, including representatives of key populations organizations. In 2016, several state institutions signed a Commitment Agreement for the formation of the National HIV/AIDS Council (CONASIDA). The country has a legal framework that, in general and from its

conception, guarantees that all the population has access to health and protects the rights of all the people without distinction. However, given the discrimination and stigma caused by the epidemic that overlaps other preexisting (gender, race, poverty); civil society and PRONASIDA pushed towards the construction and subsequent approval by the National Congress of the specific Law 3940/09, which “sets forth rights, obligations and preventive measures in relation to the effects produced by Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).”

During the Global Fund's management and funding period, numerous non-governmental organizations from several areas were invited to participate in the design and, later on, in the implementation of proposals. This led to the finding of rural and indigenous women organizations, confessional groups, human rights organizations, guilds, trade unions, and even student organizations. However, their participation has been very uneven, at specific times or for brief periods. On the other hand, there have been organizations with constant and increasing participation throughout the project implementation period, such as NGOs gathering people living with HIV, female sex workers, or the LGBT population. These are the organizations that have proposed and implemented large part of the activities for projects financed by the Global Fund, and it is upon them that the burden of the transition process will fall and, therefore, they will be the ones to respond adequately to the growing demands of the communities, but with a considerably reduced budget in the short term, following the gradual withdrawal of GF as a funding entity in the country.

- **TUBERCULOSIS**

According to WHO estimates, the incidence of TB in Paraguay had a decreasing trend of 33% for the period 1990-2013. with an annual decrease of 1.4%. In the same period, prevalence for TB in Paraguay decreased from 92 to 53 cases per 100,000 inhabitants, representing a 43% reduction by 2015. Also TB mortality also declined from 4.8 to 2.9 cases per 100,000 inhabitants with a reduction of 40% by 2015. Paraguay reports more than 78% of cases of new positive acid-alcohol-resistant bacteria and cures 85% thereof. The incidence of all forms of TB among the indigenous population has declined progressively from 459.5/100,000 in 2004 to 272.0/100,000 in 2013.

The totality (100%) of the Ministry's health facilities has capacity to treat and monitor patients with tuberculosis. Throughout the country there are 133 acid-fast bacilli smear labs, 11 culture labs, 2 laboratories processing Gene Xpert and the Central Laboratory of Public Health (Laboratorio Central de Salud Pública), where anti-bacillary drug sensitivity tests are processed. In contrast to what happens in HIV, civil society organizations have had minimal and incidental involvement in the implementation of TB projects. In recent years, the organization “Alientos de vida” (Breath of life, ALVIDA by its Spanish acronym), has been almost the only one to develop actions jointly with the National Tuberculosis Control Program. GF funding has enabled them to collaborate with the National Program by supporting the diagnostic and social mobilization tasks, with collaborators affected by TB and who have been specially trained.

- **MALARIA**

From the epidemiological point of view, malaria is endemic in the country, transmitted through *Plasmodium vivax* with some sporadic cases imported due to *Plasmodium falciparum*. The autochthonous transmission due to *P. falciparum* has been eliminated in 1996 (last case detected). The historical behavior of malaria presents cyclical unstable variations, especially comparing the decades of the 80s and the end of the 90s, with trends towards the decline of cases. Since 2000, the number of cases has been drastically reduced through the implemented monitoring and control activities.

The most significant weakness of the health system affecting the results of malaria control in the country is the poor coordination and integration of the program and the health services of the state network, and in greater proportion with private services. Over time, efforts have been successful in reducing malaria to zero cases. This great national achievement makes it possible for Paraguay today to be in the privileged list of the six countries of the region that is on the way to certify the elimination of autochthonous transmission of malaria throughout the national territory.

- **INVESTEMENT IN HEALTH**

Paraguay is in a considerably weaker economic position than the LAC region as a whole. The average GDP per capita from 2005 to 2014 was only US \$ 3,246, compared to the region's US \$ 8,197 GDP per capita. As expected, the average health

expenditure per capita during this period was similarly low, at only US \$ 281, compared to the LAC average of US \$ 576. However, despite comparatively low levels of health spending, this figure has quadrupled in recent years from US \$ 92 per person in 2005 to US \$ 464 per person in 2014. Health spending trends in Paraguay have been relatively stable in the last decade, marked by high levels of out-of-pocket spending. This pattern reflects a persistent gap in health spending, which may indicate reduced political will and/or limited capacity to increase investment in public health.

In mid-December 2016, the Country Coordinating Mechanism received the official communication from the Global Fund Board that Paraguay had been allocated up to US \$ 7,334,288 for HIV, TB and Resilient and Sustainable Systems for Health (RSSH) for the period 2017-2019. The amounts allocated have been determined mainly on the basis of the burden of disease and the level of income. Paraguay was classified as a medium-high income country.

The important reduction of funds from international cooperation imposes greater challenges of urgent response because, despite the many advances obtained in recent years, the lack of accessibility to and the quality of health services is still noticeable. The exclusionary and fragmented health system scuppered or limited the success of many of the policies and corrective measures had been implemented for years. Among the main challenges on the way to reversing this situation is, on the one hand, achieving intersectoral and community intervention in health decision-making.

In support of the CSOs in Paraguay, touched by the transition process, the Regional Platform for Latin America and the Caribbean, Via Libre and Alliance provided the technical and financial assistance so that organizations could understand the scope of the transition, consider its implications, and establish a road map. A participatory methodology was then proposed which would use the analysis and interpretation of the available evidence, the opinion of experts and key actors, and the dialogue and agreement between peers.

The application of the methodology followed these steps:

1. **Selecting a local CSO**
2. **Identification of CSOs**
3. **Previous consultations and call**
4. **Programming and preparation of the Working Session**

Part One: The objective was to provide the most relevant information directly from the national programs and the main beneficiaries. The main topics of the presentations were the transitions from funding sources, health commitments, epidemiological and demographic. Each of the speakers was sent a guiding questionnaire, drawn from the documentation provided by CRAT. A time was set aside for questions and inquiries after each presentation.

Part Two: From this moment on, the Working Session would be exclusively for CSOs members. Here, the managers of the organizations scheduled two main presentations. The participation of two CSOs representatives with experience in each of the topics was requested for the presentation “*Género, Derechos Humanos y Educación. Participación OSC*” (Gender, Human Rights and Education. OSC Participation) and for the development of the topic “*Experiencias de sostenibilidad política y financiera de la sociedad civil*” (Experiences of political and financial sustainability of civil society).

Part Three: This part focuses on group work, with each group comprised by two CSOs with greater expertise on the subjects included in the guiding questionnaire, which elaboration was also based on questions suggested by the documentation provided by CRAT.

Part Four: As the final part, and in plenary, participants will develop the Action Plan. CSOs were informed of and agreed to the objectives that, at the end of the process and to the extent possible, the following products would be made available:

- The shared vision among civil society groups on how the transition is unfolding in the country, identifying challenges and opportunities.
- A plan with proposed actions, accountable persons and institutions, and its implementation timeline.

WORKING SESSIONS ON “SUSTAINABLE CIVIL SOCIETY”

The Working Session Working Session on CSO Sustainability was held on Thursday, December 15, 2016 in Asuncion, Paraguay, from 8:00 to 18:45, with a single break for lunch. It counted with the support of the organization UNES for the facilitation and for everything related to the logistics of the workshop. The directors of the TB and HIV Programs were invited as guest-speakers, each accompanied by a technical team, the TB and HIV project coordinators of the Principal Recipients, and the representatives of all invited organizations. The program was developed according to schedule, with the very good disposition from the participants, who agreed to work non-stop, except for the necessary lunch break.

UNES President, Mrs. Lucy Esquivel, welcomed and opened the Working Session; thereafter, the consultant thanked the speakers for their attendance and willingness to prepare a presentation adhering to the provided guide, and introduced the agenda and methodology before giving way to the presentations.

PART ONE:

INFORMATION AND PROSPECTS FROM GOVERNMENT AND PRINCIPAL RECIPIENTS

4.1 FINANCIAL TRANSITION:

● GLOBAL FUND PROJECTS ON HIV

The topic “Transición Sostenible: Análisis de Situación Actual y Futura” (Sustainable Transition: Current and Future Situation Analysis), was presented by Ms. Mary Royg, HIV and AIDS Projects Coordinator for CIRD Foundation. The CIRD is the organization that serves as Principal Recipient of HIV projects funded by the Global Fund in Paraguay.

Ms. Royg emphasized that the prevention activities of the Global Fund-financed projects were conducted with a strong participation of CSOs, that the role of civil society is relevant and that it has a cost to be covered. The main challenges ahead are: greater investment in Research, Prevention and Education, incorporating Civil Society as an indispensable service provider, place the key populations approach as a strategic axis, address the issue of discrimination as a continuous process to work on for an extended period of time, and to sustain and expand funding and technical effort for Monitoring and Evaluation. This presentation is included in Annex 2 to this report.

Remarks by the plenary:

One of the most notable comments was the one regarding the commitment undertaken in Round 8 of generating a civil society that is connected and committed to the Response to HIV, and this was the greatest achievement, all the more, taking into consideration that the organizations were central counterparts in addressing aspects where the State had and still has greater limitations and less experience. However, it was deemed necessary to give greater visibility to the work done by the civil society in the National Response in order to improve communication with all the rest of society and thus to achieve its support.

● GLOBAL FUND PROJECTS ON TB

Eng. Myriam Caballero is TB projects coordinator at ALTERVIDA Foundation. Just like all the persons who were responsible for a presentation at the Working Session, she

was also handed a guiding questionnaire to prepare her presentation, in which she highlighted the Global Fund's contributions to the National Tuberculosis Control Program in the last twelve years, in terms of Human Resources, Management, infrastructure, products and services for patients with TB, research and social communication, among others.

The main challenges for sustaining actions and impact are related to structural deficiencies in the country's health system: insufficient budget, infrastructure deficit, weaknesses in the management of inputs, infrastructure and human resources, local priorities overlapping those of the National Tuberculosis Control Program. Other problems stem from the fact that service is not patient oriented. Thanks to the GF project, monitoring and supervision has been more systematic, which has resulted in improved quality.

In 2009, the *“Guía para la Implementación de Alianzas Público-Público y Público-Privada para el Control de la Tuberculosis en el Paraguay”* (Guide for the Implementation of Public- Public and Public-Private Partnerships for the Control of Tuberculosis in Paraguay) was made known. At present, sustainability is the priority. Its recommendations include showing seriousness, efficiency and transparency, and to conduct very rigorous analysis of each of the services so that it can be included in the budget in the future. In the words of Eng. Caballero, the development of a coordinated effort with the civil society is an inexcusable priority.

Remarks by the plenary:

CSOs expressed their willingness of having greater participation in the national response to tuberculosis; they also pointed out that there is a need to improve procedures for persons deprived of their liberty and improve management of resources. Regarding the TB communication, they said that NGOs could do much to disseminate strategies and campaigns, and to bring the population closer to being tested and following treatments.

4.2. TRANSITION OF HEALTH, EPIDEMIOLOGICAL AND POPULATION COMMITMENTS

● NATIONAL STI/AIDS CONTROL PROGRAM

Dr. Tania Samudio, director of PRONASIDA, made her presentation on *Planes gubernamentales de actuación en salud. Participación de las OSC* (Government action plans in health. CSO participation). The director provided a great deal of timely information, both programmatic and financial. Her presentation is attached to this report.

Dr. Samudio said the government is aware of the gaps in the response to HIV. She believes that there are good opportunities to ensure an adequate political and budgetary response. In terms of challenges, she pointed out the lack of trained health personnel, especially in the interior regions of the country, the urgency to improve education and prevention, and to reduce the treatment dropout rate. There are institutional failures of the health system proper. Sometimes these failures depend on local management itself, although there are indications that decentralization is progressing.

Among the strategies to reducing gaps, she mentioned the decentralization of services and said that it is extremely important to promote community participation for linking the services. Education and Prevention must become a priority, and it should be achieved that the Ministry of Education provides sexual education programs as way of primary prevention. She also recommended the strengthening and improvement of community participation.

Remarks by the plenary:

- It is necessary to clarify in which way PRONASIDA can continue to work with CSOs when the GF funding ends. It was pointed out that only 3% of the national budget is destined to prevention, reason for it being necessary to work towards extending that limit.
- CSOs are very concerned about the future in health regions. Furthermore, it was highlighted the stock out situations in laboratories and even in private pharmacies when it comes to medicines for opportunistic infections. It is necessary to conduct studies on the reasons for patients' lack of adherence and to establish strategies to reverse this.
- It was reported the incorporation of volunteer counselors at the service of the referral hospital through an agreement with Vencer Foundation and the Institute of Tropical Medicine.

● NATIONAL TUBERCULOSIS CONTROL PROGRAM

Dr. Sarita Aguirre, Director of the National Tuberculosis Control Program, stated in her presentation that there is still much to be done towards strengthening the Health System and, consequently, the Services. Around 30% of the services still do not have a TB Plan in place. The work for detection and treatment of TB and HIV co-infection is still at an incipient stage and underlines the goal: “Complete the treatment satisfactorily and achieve patients’ healing.” On the other hand, she reports that the budget destined for training and communication is limited. The monitorization of cases in persons deprived of liberty continues to be an ongoing challenge. Strengthening of laboratories should be conducted through a comprehensive health intervention, with the work focused on the different Directorates of the Health Regions.

With regards to sustainability, Dr. Aguirre asserts that it must be understood that it is not solely an issue of money, but also management, particularly in Health Services, and that the promotion of strategies articulated with the Ministry of Justice, at least in relation to medical rotation actions, is essential to improve the care and follow-up of patients in prisons.

Remarks by the plenary:

CSO representatives reiterated the necessity that the government further develops joint works with the civil society, especially for the communities in the interior of the country, the indigenous population and the persons deprived of liberty. They mentioned that it is essential to reinforce the joint work of TB and HIV programs, particularly for the detection and treatment of TB/HIV co-infection, and that more joint advocacy should be done for additional resources.

PART TWO: **THE CSOs POINT OF VIEW**

From this point of the Working Session Program, the organizations worked alone, without the presence of representatives from other sectors.

4.3. REPORT ON HUMAN RIGHTS, GENDER AND PARTICIPATION

Ms. Adriana Irún, from the Centro de Denuncias en VIH y Derechos Humanos (HIV and

Human Rights Whistleblower Center) and network coordinator of NGOs working on HIV/AIDS in Paraguay, gave a presentation on the state of affairs of human rights, gender issues and the situation of social participation in Paraguay.

As a starting point, she has taken the concept of integral health and its elements: universality, integrality and participation. She also notes that the impact of the economic crisis is greater on people with fewer resources, and that there is an authoritarian and discriminatory culture in the country that has been dragging on for many years. Recently, the Centro de Consejería y Denuncias (Counseling and Complaints Center) conducted an investigation into the barriers to access to justice for PLWHA and Most-at-risk populations (MARPs), and the fear for discrimination remains one of the main causes hindering the formalization of complaints to the corresponding instances.

General knowledge of the Law 3940/09 on the rights of people with HIV / AIDS is perceived as lacking, and institutions are not well coordinated for its implementation. Education is necessary in order to banish myths and prejudices. She states that budget shielding should be ensured for the provision of antiretrovirals, TB drugs, and prophylaxis kits, and also discusses the difficulties for the integrality and decentralization of care.

The problem of the HIV test requirement in the workplace and at the time of conducting immigration procedures needs a quick solution. On the other hand, the protection that should be provided by the public prosecutor's office to trans persons, sex workers, etc., who blow the whistle is still pending. Barriers are greater when it comes to complaints made in the criminal sphere due to the social stigma and cost to follow up cases of key populations, and no law is recorded on cases related to HIV/AIDS. She points out that the challenges of this environment are the low budgetary level for social programs, the existing social stigma, gender inequality, and integral health. In terms of sustainability, she sees with concern a higher level of indebtedness of the country and the international cooperation withdrawal, so now that there are higher goals to meet, there are less funds.

Remarks by the plenary:

Concern is reiterated for the increasingly conservative and discriminative environment that even reaches authorities and power positions, recommending consequently to

reinforce advocacy for the rights of persons deprived of their liberty and under TB or HIV treatment.

The need to define the best procedure for handling discrimination cases in the school environment is considered urgent. The school bullying protocol applied at present makes invisible that the true cause is HIV.

4.4. EXPOSING CSO SUSTAINABILITY EXPERIENCES

Juan Domingo Centurión, President of the organization “Ñepyrú”, prepared the presentation entitled “*Experiencias de sostenibilidad política y financiera de la sociedad civil que trabaja en VIH en el Paraguay*” (Experiences of political and financial sustainability of civil society working on HIV in Paraguay), which is included in this report, and that reveals several CSO ventures funded by the Global Fund. Therein he mentions that most of these ventures have required the investment of good amounts of money and the efforts from CSO members but, not having received the adequate funds or assistance, these initiatives have eventually ended up in failure.

There is still work to be done in order to identify priority challenges, barriers to overcome, the modality and the opportunities.

Remarks by the plenary:

Each attendant provided data and commented on specific experiences. They pointed out that the professionals hired to advise on these ventures should not only have knowledge on the subject, but also on the organizations which they are providing the service for, adding that often their proposals did not take into consideration the NGOs' realities in terms of human resources, schedules, capacities, etc.

They have also stated that it is necessary to seek other forms and sources of funding. For example, it is positive to develop scientific knowledge, because information benefits decision making and is also a service that can be provided by CSOs. Community mobilization, transparency and accountability should be promoted.

Ensuring that the bases become communicated and coordinated soon was declared as a necessary goal, as well as strengthening the work in networks, and seeking innovation. Undoubtedly, rethinking the work structure, priorities and budget of each organization is the most immediate. It was agreed that working with the National TB Program should be considered as an opportunity.

PART THREE:

ANALYSIS OF INFORMATION AND PERSPECTIVES

4.5. GROUP ANALYSIS OF THE GLOBAL FUND TRANSITION PROCESS IN PARAGUAY. IDENTIFICATION OF TECHNICAL ASSISTANCE PRIORITIES AND NEEDS

At this point of the Working Session on “Sociedad Civil Sostenible” (Sustainable Civil Society), the representatives of the organizations were divided into three groups, each of which received a questionnaire to be used for discussion and analysis. Each group was requested to take note of the main concerns and to share them later in the plenary. Some groups applied the questionnaire and directions faithfully, others devoted more time to the analysis itself and less to take notes. The results are given in full in Annex 2 to this report.

PART FOUR:

PLANNING

4.6. COLLECTIVE CONSTRUCTION OF THE ACTION PLAN

Day One: 15/12/2016

At the end of the third part, when the results of each group were presented, all participants were invited to work in the plenary building an Action Plan that would take into account the information received in the morning, what the groups had analyzed, and the knowledge and experiences of each organization.

Work was done by completing a matrix, which was proposed and accepted, resulting in the first draft of the Action Plan. Attendees expressed their desire to revisit the document, more at ease and with some more data at hand, before its approval. The main difficulty was to pay for some items and to determine the institutions and persons that could provide the training or service identified as necessary. It was very propitious for organizations to identify their mutual skills and abilities, and to show their willingness to put them at disposal for the benefit of all.

This first Working Session concluded after over 11 hours of work.

Day Two: 24/01/2017

The second Working Session was held on January 24, 2017, at UNES headquarters. The same organizations that worked on last December's Working Session were convened to attend, and an additional one was included, OPUMI, the organization of women living with HIV. This event coincided with the presence of the consultant Carlos Diaz de Leon in Paraguay, who was invited to participate as a facilitator. The session started at 15:00 and ended at 18:00.

During the exercise, each organization took notes on the plenary's recommendations for the activity entrusted to them and some ideas to consider. They also made the decision to approve the Action Plan - Preliminary Version, and decided to submit it to the Global Fund mission, that was in Paraguay at the time, during the session on CSO. For this purpose, the consultant was requested to accompany this presentation in order to provide technical support, if necessary.

PRESENTATION OF THE PRELIMINARY PLAN TO CSO, CCM AND GF SPECIAL MISSION REPRESENTATIVES

On Friday, January 27, 2017, the Action Plan - Preliminary Version was presented in the meeting room of the CCM and the premises of the General Directorate of Health Surveillance of the Ministry of Public Health and Social Welfare.

The event was attended by the Country Coordinating Mechanism Secretary, the representatives of the organizations that participated in the construction of the Action Plan, the representatives of the organization ALVIDA, that works in the area of TB, and members of the Global Fund mission: the head of Paraguay's Global Fund project portfolio and portfolio manager for Latin America and the Caribbean, Filippo Larrea, consultant Carlos García de León, and Ms. Maureen Lewis and Ms. Anna Tabitha Bonfert from Aceso Global. The president of UNES, Ms. Lucy Esquivel, and Mr. Alfredo Gaona from Fundación Vencer were in charge of making the presentation. Each of the representatives of the other organizations participated providing input and information to respond the mission members' queries, and to provide more details. The consultant was also invited to comment on some points related to the approaches and scope of certain activities.

The members of the GF mission congratulated the Paraguayan organizations for the timely initiative to prepare an Action Plan, and also for the contents thereof, which was considered as very good.

CONSULTING KEY ACTORS

After the Working Sessions, a brief questionnaire was sent to key actors to get their opinion on the process and the immediate prospects. The perceptions of the institutions and organizations that responded to the consultation can be found in the annexes to this report: National HIV and TB programs, Principal Recipient Altervida and the organizations OPUMI, SOMOSGAY, UNES.

In an effort to summarize the various opinions, most participants agreed on the viability of the Action Plan, although it was considered that it still needs adjustments and that may be enriched with the input of the organizations, as well as maintaining a line with national policy and programs. SOMOSGAY considered that it is not a viable plan because the institutional conditions for its development are not in place.

Regarding the integration of CSOs into broader processes, the Principal Recipient of the TB project, ALTERVIDA, responded that this component can be included in the HIV Concept Note and that it could also be analyzed how to include these lines in the TB grant for CSOs working on TB. Also, PRONASIDA and other CSOs have seen this integration possible.

PRONASIDA considers that the dialogue process should be strengthened by means of communication to society about the contribution and impact performed by CSOs. For its part, the organization OPUMI has stated that the great challenge still to be surmounted within the Social Dialogue framework is to integrate the key actors from the Education, Labor, Justice, Ministry of Women, Children and Adolescents, Governance and Municipalities sectors, as well as SAS, SENAVITAT. With respect to the resistance or rejection to the Social Dialogue, the organization SOMOSGAY affirms that there is resistance because relations among institutions are rooted in competition and not in collaboration. In the same line, OPUMI said: “Until now there is resistance to the approach to comprehensive sexuality education, legal frameworks that have to do with the Bill against all forms of discrimination and the Sexual, Reproductive and Maternal Perinatal Health Law. One of the ways that may contribute to reduce or eliminate resistance or rejection is to promote debates and political dialogues with propositive actions between civil society and the State.”

At the conclusion of the process initiated in December 2016, it may be stated that the general and specific objectives set out at the beginning have been fulfilled.

The methodological process was made known to social organizations, and it was understood and accepted by them. It has also been submitted to the CCM's Technical and Political Committees and then to the CCM in full. The reception could not have been more positive, and it aroused the interest and the support of everyone from the beginning.

When consulting CSO managers about their views regarding the methodology, they highlighted its simplicity and efficiency, calling it "user-friendly" and easy to understand for all. The guiding questions that were used for the preparation of the presentations, as well as for the group work, were considered very useful and conducive. They consider that the Plan just as it was conceived will allow all organizations to participate by furthering their expertise and knowledge for the benefit of all. They also pointed out that, unlike other plans, this one is light and perfectly compatible with each organization's separate plans.

Finally, it should be noted that the work has been accomplished without incident, in a climate of permanent dialogue among the organizations, with respectful disagreements and favorable consensus, and with mutual recognition in terms of capacity, trajectory and expertise.