

**TRANSITION AND SUSTAINABILITY  
SOCIAL DIALOGUE WITH CIVIL  
SOCIETY ORGANIZATIONS IN THE  
HIV, TUBERCULOSIS AND MALARIA  
RESPONSE IN GUYANA**



**Risks and Assistance Needs to  
Achieve a Favorable Scenario  
Action Plan**

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Risks and Assistance Needs to Achieve a Favorable Scenario – Action Plan

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## ACRONYMS

<b>ART</b>	Antiretroviral therapy
<b>CCM</b>	Country Coordinating Mechanism
<b>CPIC</b>	Caribbean People International Collective
<b>CSOs</b>	Civil Society Organization
<b>FBO</b>	Faith-based Organization
<b>GF</b>	Global Fund
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GRPA</b>	Guyana Reproductive and Parenthood Association
<b>GTU</b>	Guyana Trans United
<b>ICW</b>	International Committee for Women Living with HIV
<b>KP</b>	Key Populations
<b>LAC</b>	Latin America and the Caribbean
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men who have sex with men
<b>NAC</b>	National AIDS Committee
<b>NAP</b>	National AIDS Program
<b>NCC</b>	National Coordinating Coalition
<b>OVC</b>	Orphans and Vulnerable Children
<b>PEPFAR</b>	The United States President's Emergency Plan for AIDS Relief
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>TG</b>	Transgender
<b>VCT</b>	Voluntary Counselling and Testing
<b>YC</b>	Youth Challenge

## EXECUTIVE SUMMARY

Guyana, the only English-speaking CARICOM country in South America, has a population density of 751,223. From its first reported HIV case in 1987, the country has experienced a consistent rise in HIV incidence. Since the inception of the Global Fund (GF) in Guyana, there has also been increased attention to the situation of Tuberculosis and Malaria in the country. In its 2016 HIV epidemiological report, the Ministry of Health reports a current adult rate of 1.6% for people between 24 – 49 years old. In 2014 there were 19,005 reported Malaria cases, falling to 13,096 in 2015<sup>1</sup>, while TB prevalence in 2014 was reported at 103/100,000. Classified as a lower-middle income country, Guyana has accomplished great strides towards achieving universal access to HIV treatment, care and support with the support of the GF. To date, the fund has invested US \$44,674,960 in Guyana. This has resulted in 4,800 persons living with HIV (PLHIV) on antiretroviral therapy (ART), the detection of 2,210 new smear positive TB cases and the distribution of 127,000 Malaria insecticide-treated nets.

In accordance with its Sustainability, Transition and Co-Financing Policy, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has gradually started to withdraw, reducing its funds in countries within the Latin American and Caribbean region (LAC). As part of this process, the Country Coordinating Mechanism (CCM) welcomed the LAC Regional Platform's initiative to engage civil society organizations in a social dialogue to discuss transition and sustainability of the HIV, TB and Malaria response. Through its technical assistance, the Regional Technical Support Centre for Latin America & the Caribbean (CRAT) engaged civil society and community leaders in critical reflection on the environment and provided support for the development of an action plan. The process included the identification of possible risks to sustainability as well as technical assistance needs which may facilitate civil society to meet the challenges and avail from the opportunities presented by the changing tides of the response in Guyana. Key risks identified included: legal barriers to access to services for key populations (KP), lack of capacity of civil society organizations (CSOs) and community groups in programmatic and organizational skills, inadequate coordination and collaboration among key partners in the response, lack of national funding for CSOs and communities, high dependency on external funding in the areas of prevention and treatment, particularly for KP, and lack of cooperation between CSOs and the government in the provision of care and treatment among others.

Based on the risks and opportunities identified during the social dialogue and review of national documents and plans, 3 priority areas were identified: 1.) Sustainable Programming for Key Populations; 2.) Governance and Partnerships and 3.) Financial Sustainability of Civil Society response. These guided the development of an action plan for 2017-2020, addressing possible risks to sustainability and technical assistance needs.

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<sup>1</sup> PAHO/WHO External Evaluation, 2015

## INTRODUCTION

### 1.) BACKGROUND

“Long-term sustainability is a fundamental aspect of development and global health financing. It is essential that countries are able to scale-up and sustain programs to achieve lasting impact in the fight against the three diseases and to move towards eventual achievement of Universal Health Coverage. Countries that have experienced economic growth over the last decade are able to move progressively from external-donor financing for health towards domestically funded systems that deliver results but must be supported to do so.” – Global Fund, 2016.

The Latin American and the Caribbean (LAC) region, just like the rest of the world in varying degrees, is undergoing fundamental changes in several areas that will determine the setting, opportunities and challenges for an effective response to HIV, TB and Malaria. These changes require civil society to undergo a process of reflection and critical adaptation into a new framework of relations with general society and with those who design, approve, implement and evaluate public policies in their countries for health or other related sectors. This document and the methodological process proposed hereby are aimed at supporting and stimulating civil society in the LAC region in order to encourage taking an active role and making a significant contribution to ensure that those changes fully integrate the effective response to the three diseases abovementioned. The term most commonly used to designate transformations in progress is "transition", which may be ambiguous, since it designates an intermediate step between two conditions, a previous and a subsequent one, which is intended to be well defined, but that not always fits reality. Its application to specific countries must be done with the due precautions and nuances. The health landscape in the LAC region is being affected by four interlinked transitions: The transition of funding sources for HIV, TB and Malaria programs (among others), the transition from international commitments to health, the transition of diseases or epidemiological transition, and the population or demographic transition.

As a part of this process, a specific methodology for critical reflection on the environment and the definition of an action plan, including the identification of support and training needs which will facilitate civil societies of HIV, TB and Malaria to meet the challenges and take advantage of the opportunities offered by these new scenarios as they become evident in their respective countries is being proposed. This methodology was piloted for use by civil society organizations in Paraguay, Panama and Belize. The implementation experiences in these three countries served to evaluate and improve the methodology, which is now being replicated in the Dominican Republic and Guyana.

In Guyana, we worked closely with Guyana Trans United (GTU), a local non-governmental organization that is also a key member of Guyana's Country Coordinating Mechanism (CCM) for the Global Fund (GF). Guyana Trans United provided coordinating and administrative support to the process. The Secretariat of the Country Coordinating Mechanism was also included in the

deliberations and planning. In Guyana, 18 CSO's were successfully engaged in the Social Dialogues. Even though the majority were organizations involved in HIV work, there were some CSOs that have also taken part in the TB and Malaria response. There was also participation from UNAIDS, USAID and the Ministry of the Public Health, which serves as Principal Recipient (PR) for the GF.

## 2.) SITUATION OF HIV, TB AND MALARIA IN GUYANA

Guyana, with a population of 751,223 inhabitants and a landmass of 215,000 km<sup>2</sup> extending along the north-eastern coast of South America, is the third smallest country in the continent. It is the only English speaking country in South America and, together with Suriname, are the only South American members of the Caribbean Community (CARICOM). Guyana is divided into 10 administrative regions with four coastal regions (3, 4, 5 and 6), and has been classified as a lower-middle-income country. The first case of HIV was reported in a male homosexual in 1987, and ever since there has been a progressive increase in the number of reported cases.

The first case of HIV was reported in a male homosexual in 1987, and ever since there has been a progressive increase in the number of reported cases. Since then, the government responded quickly, as other countries did, with a medical approach. In 1989, the Government of Guyana established the National AIDS Programme (NAP) under the Ministry of Health (MOH), which resulted in the development of the Genito Urinary Medicine (GUM) Clinic, the National Laboratory for Infectious Diseases (NLID) and the National Blood Transfusion Service (NBTS). In 1992, the National AIDS Programme Secretariat (NAPS) was established and assigned with the role of coordinating the national response to the HIV/AIDS epidemic in Guyana. The National AIDS Committee (NAC) was also established in 1992, and is responsible for developing and promoting HIV and AIDS policy and advocacy issues, advising the Minister of Health and assessing the work of the National AIDS Programme Secretariat. The NAC has spearheaded the formation of Regional AIDS Committee (RACs) and networking among NGOs involved in the HIV response. In 2005, political commitment was further demonstrated by the establishment of a Presidential Commission on HIV and AIDS under the aegis of the Office of the President in order to strengthen the implementation and coordination of the various components of the National Strategic Plan across all sectors. The Commission is chaired by the President of Guyana and coordinates all HIV activities nationwide. The government's response is complemented by activities of various civil society organizations, whose approach has focused primarily on prevention with vulnerable communities and key populations (KP). In the 2012, the 2013-2020 National Strategic Plan and HIV Vision 2020 was developed as a guidance to the national response.

The epidemic in Guyana is considered generalized, as an HIV prevalence of greater than 1.0 per cent has been consistently found among pregnant women attending antenatal care clinics. Despite being categorized as generalized, Guyana's epidemic increasingly displays features of a concentrated epidemic as several KP experience significantly higher prevalence (greater than 5%) than their mainstream peers. A decline in new HIV and AIDS cases was reported during 2010-2014; however, there was an increase in 2015 with 789 new cases of HIV, compared with 758 in 2013 and 751 in 2014. This still represents a significant reduction when compared to 1,176 HIV cases reported in 2009. While the trend since 2010 has shown a greater number of reported HIV cases among females compared to

males, the male/female ratio once again increased in 2013 to 1.01, continuing into 2014 with a male/female ratio of 1.09 (MOH Surveillance data). In terms of notified AIDS cases, the male/female ratio continues to show a higher proportion among males with a ratio of 1.4 in 2014, as occurred in 2013<sup>2</sup>. UNAIDS reports a rate of 1.5% among adults between 15–49 in 2015<sup>3</sup>.

Tuberculosis is still reported to be one of the leading causes of mortality in Guyana due to communicable diseases. The incidence rate in 2014 was 103/100,000 and 71/100,000 in 2015. Regions 1, 4, 7 and 10 have incidence rates above the national average. Of the 545 new and relapsed cases in 2014, 2% were under 15 years old. The male/female ratio is 2:6 but there are no data or studies available to identify the reason. The WHO Global TB Control Report indicates that the estimated TB incidence in 2014 was 103/100,000, with a prevalence of 123/100,000 and that 25% of TB test patients were HIV positive, showing a strong co-infection trend between TB and HIV<sup>4</sup>. There has been improvement in programme management and increased Directly Observed Treatment Short-Course (DOTS) placement. Of concern is the presence of MDR-TB cases. HIV prevalence among TB cases has fluctuated over the period 2010–2014, and was 25% in 2013 and 22% in 2014. The increase in HIV prevalence during 2015 follows the reported trend in the Caribbean. PAHO/WHO estimated mortality for HIV and TB only as 4.4 per 100,000 population, while incidence was estimated at 22 per 100,000 in 2015, indicating a decrease in TB deaths.

Malaria continues to be a major public health problem. In 2014 there were 17,599 reported cases – a sharp decrease compared with 20,542 in 2013. During an external evaluation of the Malaria data conducted in August 2015 by PAHO/WHO, only 57.8% of the information from health facilities was received at the national level. After adjusting this under-reporting at the health facility level, the number of cases in 2014 was estimated to be higher (19,005) but still fewer than 2013 levels. In 2015 there was a further reduction to 13,096. The incidence rate is highest in regions 1, 7 and 8. The decrease in cases in 2014 may be due to the reduced level of mining and logging activities, as gold prices were low. Historically, the occurrence of Malaria in Guyana has been related to gold mining activity. When the gold price is high, mining operations increase, and so do the Malaria cases. Other factors for the reduction may be increased control measures, such as distribution of long-lasting insecticide-treated nets (LLINs).

### 3.) THE FUNDING LANDSCAPE IN GUYANA

Despite significant advances in HIV care and treatment, HIV/AIDS has remained a significant cause of morbidity and mortality in Guyana. The link between HIV and TB also continues to be significant, as HIV/TB co-infection, especially among KP, remains a challenge. For this reason, donors including the GF, Clinton Foundation, PEPFAR, the World Bank and others have prioritized support to Guyana, supporting the National HIV/AIDS Programme (NAP) and civil society organizations. However, external funding provided for the HIV, TB and Malaria response in Guyana has started to decrease

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<sup>2</sup> Guyana Country Progress Report 2015

<sup>3</sup> UNAIDS Global Report 2015

<sup>4</sup> WHO Global TB Control Report 2015

recently. The United States has been providing support to the fight against HIV in Caribbean countries through its President’s Emergency Fund for AIDS Relief (PEPFAR) project over the past years, and Guyana is one of the countries in the region that has benefitted greatly from PEPFAR. The US has begun to withdraw its support to upper-middle income countries in the Caribbean, and even started to cease funding in some these countries. Although Guyana does not classify as an upper-middle income country yet, support received from the Global Fund and USAID has started to decrease dramatically, and the effects are already being felt among civil society organizations and communities that have been benefitting from programmes specifically geared towards increasing HIV prevention, care and treatment among KP.

Over the years, Guyana has taken great strides towards achieving universal access to HIV treatment, care and support, as well as the Sustainable Development Goals, due to the support of the Global Fund to fight HIV, TB and Malaria. Currently, 4,800 persons living with HIV (PLHIV) are on anti-retroviral therapy (ART), 2,210 new smear positive TB cases have been detected and treated and 127,000 Malaria insecticide-treated nets have been distributed. To date, the Global Fund has committed US\$45,016,694 to Guyana’s response to HIV, TB and Malaria.

Component	Signed	Committed	Disbursed
 HIV/AIDS	US\$39,722,230	US\$35,668,962	US\$34,662,412
 TUBERCULOSIS	US\$4,384,134	US\$3,907,960	US\$3,692,837
 MALARIA	US\$6,367,448	US\$5,696,935	US\$5,318,738
 OTHER	US\$1,342,708	US\$1,342,708	US\$1,342,708
<b>TOTAL</b>	<b>US\$51,816,520</b>	<b>US\$46,616,565</b>	<b>US\$45,016,694</b>

Table 1: Global Fund investment to date in Guyana, 2017

HIV, TB and Malaria programmes have been focused on health systems, strengthening and increasing testing and treatment among KP. Under the stewardship of the MOH and the CCM, the country acknowledges the importance of sustainability, planning strategically for its HIV, TB and Malaria response, and adopting measures with the support of the Global Fund and PEPFAR. During discussions with Dr. Morris Edward, from the MOH, it was noted that: “The country has been putting contingencies in place for such an occurrence because it was expected to happen.”

In 2017 a Social Contracting assessment was conducted in Guyana by Health Policy Plus.

## OBJECTIVES AND METHODOLOGY

### GENERAL OBJECTIVE:

To implement and accompany civil society in a methodological process to assess the risks and needs related to sustainability and to plan actions from the civil society's perspective within the context of the sustainable transition from GF grants in Guyana.

### Specific Objectives:

- To strengthen the dialogue between civil society and communities on the opportunities and risks of sustainable transition in Guyana, as well as their technical assistance needs, in order to address it successfully.
- To mobilize the response of civil society and communities in Guyana through a planning process that responds to the challenges of sustainable transition.
- Disseminate the results of the methodological process among key actors in the response to HIV, TB and Malaria in Guyana.

### METHODOLOGY:

This process was conducted in Guyana between may and july 2017 using a participatory approach, which included analysis, interpretation of available evidence, the opinion of experts and key players as well as engagement in dialogue and agreement among civil society peers in Guyana. The following activities were undertaken to ensure that the objectives of the consultancy were met successfully:

- 1 Desk review of key documents including: Guyana National HIV strategic Plan; Guyana Global Fund HIV, TB and Malaria Grant; Global Response Progress Report; PEPFAR Operational Plan 2014 and most recent national epidemiological data.
- 2 One-on-one consultations with key civil society representatives to understand the role of civil society in the HIV, TB and Malaria response and discuss challenges and needs within the context of the GF transition.
- 3 A 1-day dialogue and workshop with identified civil society organizations to discuss the present epidemiological situation and response to HIV, TB and Malaria, discuss the risks and opportunities of the transitioning of the GF and other funders and to forge a joint vision for the transitioning and sustainability of civil society.

- 4 Development of a plan with proposed actions, responsible people and institutions and the corresponding implementation schedule including the needed support and training.
- 5 Preparation of a report describing the shared vision of civil society organizations on how the transition is developing in the country and what the challenges and opportunities are.
- 6 Dissemination of the report findings and action plan with key stakeholders in the HIV, TB and Malaria response in Guyana will be conducted in coordination with GTU and the CCM via an online seminar.

In Guyana, the process included initial consultations with the CCM and Guyana Trans United and discussion with 12 civil society organizations and the representative of the MOH, which also serves as the Principal Recipient for the GF in Guyana. Then, a one-day Social Dialogue session was held, which was attended by representatives of different CSOs, the CCM and key international partners such as UNAIDS and USAID. The consultant visited and interviewed thirteen (13) CSOs. The dialogue provided for information sharing, reflection and forging a joint vision for the CSOs within the context of transition and sustainability.

## FINDINGS AND DISCUSSION

The Social Dialogues in Guyana were based on two key components: 1.) one-on-one consultations with key CSOs; and 2.) a one-day session that brought together different CSOs. These provided the opportunity to gather information on the roles of civil society organizations in the HIV, TB and Malaria response, learning about their experiences with the GF and other donors, identifying risks to the sustainability of their programmes due to decrease and withdrawal of funding and possible mitigating actions.

Twenty-five (25) people, representing different CSOs, participated in the 1-day session, during which the participants discussed the situation of HIV, TB and Malaria in Guyana, as well as the response to the situation and the key priority areas of the National Strategic Plan 2013-2020 (HIVision 2020). Then they engaged in discussing the GF and the CCM, particularly the implications of the Global Fund Sustainability, Transition and Co-Financing Policy, the risks to sustainability and the possible mitigating actions and technical assistance needs.

From the review of key national documents, the one-on-one consultations and the 1-day social dialogue session, it may be concluded that great strides have been made in responding to HIV, TB and Malaria in Guyana, resulting in improved access to and uptake of services and decreased incidence. Despite these achievements, however, the CSOs identified needs and gaps that can pose threats to the sustainability of the HIV, TB and Malaria responses in Guyana. These are presented under 3 major priority areas: 1.) Prevention, Care and Treatment for KP; 2.) Governance and Partnerships; and 3.) Financial Sustainability for CSOs.

### **1.) PRIORITY AREA #1: PREVENTION, CARE AND TREATMENT FOR KEY POPULATIONS**

#### **a.) Prevention**

Due to the increasingly concentrated nature of Guyana's HIV epidemic and the associated challenges of TB and Malaria, appropriate prevention strategies require targeted interventions to reduce incidence and ongoing transmission of the 3 diseases, especially among KP. CSOs agree that specific factors continue to pose barriers to the effective prevention work with these populations. To ensure the sustainability of these initiatives, specific issues need to be addressed.

Lack of a supportive legal and policy environment, stigma and discrimination towards specific populations and inadequate data and programming pose major barriers to reaching KP. Legal and policy issues, such as criminalization of certain behaviours and unsupportive legislation, continue to be great challenges. The CSOs indicated that there is urgent need for legal reform, which includes the

repeal and elimination of laws such as the Buggery and the Cross-Dressing Law, which legitimize abuse and neglect of KP, increasing their susceptibility to HIV infection as well as stigma and discrimination.

Another major barrier to prevention efforts is the situation of church managed schools, which strongly oppose sex education and launch continuous campaigns against organizations providing services to KP. CSOs report difficulties in reaching at risk populations with prevention programmes due to their lack of visibility and fear of discrimination. Testing and counselling are key in reducing transmission among KP, but many men who have sex with men (MSM), transgender females and sex workers (SW) are still hesitant to access these services.

The CSOs indicated that these populations do not feel safe accessing services, particularly at public health facilities, where they feel most stigmatized and discriminated. Thus, there is a need to ensure that testing sites are KP friendly and accessible to ensure the uptake of services at public facilities as well as at community-based service providers. Civil society plays a crucial role in the provision of prevention services, including information and testing.

However, at the civil society level, there is the challenge of lack of human and financial resources to sustain prevention programmes.

Community organizations need support to continue planning and implementing innovative strategies to reach KP, such as MSM, TG and SW, in hot spots with testing, care and treatment. There is a need to increase prevention initiatives in rural areas and among indigenous groups especially as it relates to Malaria which is most prevalent in these areas. There is also the need for strategies, which include targeted surveillance and data collection among KP, with expanded KP-specific programming. As the focus of the national response is on curbing the epidemic of HIV and addressing TB and Malaria, particularly among KP, civil society is concerned that awareness on KP is inadequate in Guyana. There is concern among the CSOs that there is still limited data for evidence-based planning, particularly regarding populations that are difficult to reach. The concern is that MOH has neither put in place surveillance systems nor conducted studies describing the transmission dynamics among key populations, which continue to be the most affected. To ensure effective interventions with KP, it is important that programmes are evidence-based and cater to the specific needs of the populations.

Over the past years, the major sources of funding for HIV prevention have been the GF and PEPFAR. The GF includes support for the TB and Malaria joint response. Throughout the years, these two global partners have been providing support in the area of information, education and communication, testing, behaviour change communication and early treatment initiation as a part of innovative prevention strategies for KP and the general population. As funding has been decreasing specially to support these civil society organizations, many prevention programmes have been discontinued. At present, the national budget does not include support for CSOs to conduct any kind of prevention programmes, particularly with KP.

## b.) Care and Support

Guyana's care and support portfolio's primary objective is to optimize the continuum of care for persons living with HIV, TB and Malaria, particularly hard-to-reach populations. This is mainly important in order to support the scale-up of the national treatment programmes and ensure retention in care and treatment, from diagnosis through long-term treatment programmes in particular. CSOs have always played a pivotal role in the provision of care and support to KP, as well as orphans and vulnerable children (OVC). Organizations such as CPIC (Monique's Caring Hands) and Lifeline have been engaged in the provision of care and support to KP as well as to OVC. Their care and support programmes have been possible through external funding; however, as funding decreases, these organization have had to reduce or close their programmes. This is a key area of concern, as care and support are an important component of the continuum of care, especially for HIV and TB.

As some CSOs begin to buckle due to the effects of reduced funding, they look for collaboration opportunities with national entities in order to continue their programmes. There is need for the government to build partnerships with community based organizations (CBO) in order to improve access to services, especially for KP, and continue the uninterrupted provision of the services. They believe that care and support partnerships should be strengthened to continue targeting KP and OVC. There is a wealth of experience and knowledge among civil society organizations that have been providing care and support to these populations for many years. For this to happen, however, it is also important that gaps in direct service delivery be addressed by providing capacity building for local CSOs to prevent disruptions in patient care. There is need for capacity building in the programmatic as well as at the institutional level.

For this reason, it is recommended that the National AIDS Program of the Ministry of Health facilitate joint trainings for NGOs and clinical service providers to improve linkages and retention in care and treatment. Particularly there is need for supportive care services for MSM and SW. To make this effective, it would be also important to include structural support in addressing stigma and discrimination, economic opportunities, addressing issues such as gender violence, alcoholism and drug abuse, as well as providing psychological support and referrals. CSOs agree that there is need for a strategic approach to strengthening the link between community-based care and support and MOH services.

## c.) Treatment

According to the MOH, adult ARV treatment in Guyana is considered universal with an estimated 78% coverage. TB treatment coverage was estimated in 2015 at 80%, with a success rate of 69% among new and relapse cases<sup>5</sup>. To support treatment, Guyana needs to build and maintain an ample supply of recommended first line ART and other TB and Malaria medications to support the needs of

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<sup>5</sup> WHO Global TB Control Report 2015

a growing treatment population, and also needs to improve adherence to medications and retention in HIV, TB and Malaria services. Adherence continues to be a challenge as persons living with HIV and/or TB and Malaria do not have access to proper nutrition, or due to travel distance are unable to access their medications on time. The CSOs stated that the government needs to work closer with civil society to address these gaps. There is the need for a strategy to address this situation urgently, which should include the participation of civil society organizations.

Other challenges identified include violation of rights of PLHIV and other vulnerable populations due to lack of confidentiality and discrimination when accessing testing and treatment services, particularly for HIV. Due to the absence of appropriate laws, there are no protections for these populations, resulting in low utilization of the public health services available to them. Thus, the country needs to ensure that all measures are in place to reduce stigma and discrimination, which are barriers to uptake of services by KP that are the most marginalized within the health system.

In addition to improving HIV, TB and Malaria treatments and programming for KP, other factors need to be addressed. Particularly, there is the need to improve data collection for KP to ensure adequate and effective treatment programmes. To date, no studies have been conducted in Guyana to describe the factors that contribute to low treatment initiation and adherence and the uptake of services among KP. Civil society has also identified other challenges in treatment programming in Guyana, such as ARVs stock outs, lack of adherence to HIV, TB and Malaria medications, lack of retention in treatment services and low uptake of services, particularly for KP. Even though there is no official data, anecdotal evidence indicates that KP such as MSM, trans and SW still do not feel safe when accessing services. Some fear the rejection that comes with stigma and discrimination, while others feel that health care providers cannot relate to their specific needs. Thus, once again, it must be highlighted that there is an urgent need to address legal barriers to services access for these groups.

Another concern is the decentralization and integration of HIV, TB and Malaria treatment into other systems of care. It is essential that all measures be taken to ensure that services are KP friendly and that health care providers are sensitized in order to ensure that these persons will feel safe when accessing the services. In addition, the CSOs indicated that there is need for health care providers to be trained in the provision of health care services to MSM and TG females as their sexual health needs are unique. If this can be accomplished, it will promote reductions in stigma and discrimination, thus improving patient linkage and retention in treatment programmes.

**PRIORITY AREA #1: RISKS AND MITIGATING ACTIONS**

RISKS	MITIGATING ACTIONS
Legal barriers to access to services for KP and no legal protection for victims of discrimination	Removal of legal or policy barriers to access to services for KP and redress for discrimination victims
Limited capacity of CSOs to sustain programmes	Strengthened institutional and organizational structures of CSOs
Inadequate data on KP for evidence-based planning	Strengthened surveillance systems to provide data for evidence-based planning for KP
Opposition from certain faith-based organizations to sex education and initiatives with KP	Increased engagement with CSOs and communities to increase sensitization and dialogue among all Faith-based Organizations

**2.) GOVERNANCE AND PARTNERSHIPS**

The National AIDS Program Secretariat (NAPS) facilitates the implementation of the Guyana HIV/AIDS response and reports that it has accomplished significant achievements in the areas of HIV prevention, care and treatment through the coordinated efforts of its partners and stakeholders, including CSOs. In 2012, NAPS engaged its partners and stakeholders in the development of the National Strategic Plan 2013-2020, HIVision2020. HIVision2020 identifies five priority areas for the HIV/AIDS response in Guyana in the coming years: Coordination; Prevention; Care, Treatment and Support; Integration of HIV Services; and Systems Strengthening. This plan was developed based on the assumption that all partners, including international donors, will play a vital role in its successful implementation. It is interesting to note that even though the present response is focused not only on HIV, but also TB and Malaria through the Global Fund Project, TB and Malaria are not included as major components in a joint national strategic plan, but only as separate plans. This in itself raises concerns regarding the sustainability of TB and Malaria joint programmes beyond the GF.

The Country Coordinating Mechanism (CCM) was established to serve as a monitoring mechanism for the effective implementation of grants provided to Guyana by the GF to fight AIDS, Tuberculosis and Malaria. The establishment of the CCM conforms to the standards and requirements of the GF and embraces the primacy of national ownership, partnership-based governance and performance-based funding. It also holds fast to the core principle of multiple stakeholder participation and builds on existing structures at the national and community levels. It includes 25 members and alternates representing key sectors such as the government, non-government, private sector and international partners engaged in the response to HIV, TB and Malaria in Guyana. The CCM is an entity within the Health Sector Development Unit of the Ministry of Public Health. This unit

presently serves as the Principal Recipient (PR) of the GF. Thus, both CCM and the PR have been integrated into the larger system of the Ministry of Health. Civil society is represented on the CCM by the National Coordinating Coalition (NCC).

The NCC is an umbrella entity established to provide coordination and other capacity-building support to NGOs in Guyana. Through the support of “Guyana Civil Society Leadership Project”, funded by USAID, the NCC is receiving support to become established and sustainable. Thus, the NCC is in the process of establishing governance structures, hiring staff and acquiring office space as well as building capacity. The NCC has also developed a resource mobilization plan as well as strategic plans for 2016–2021, which includes sustainability as a major component. The NCC plans to work with NGOs to build their capacity to establish individual businesses that can support their sustainability. The NCC will contract a resource mobilization officer to support NGOs and has been engaged in discussions on social contracting and establishing relationships with the Office of the President and other key Ministries. The NCC recognizes that, to be fully prepared for a transition from external funding, CSOs need the development of operational documents, strengthening of relationships with government and the private sector and dialogue with key policy and decision makers at the government level. It is important that CSOs can show the impact of their work in Guyana, and thus it is equally important to conduct a socioeconomic impact study on the work of NGOs in Guyana.

Both the NAP and the CCM have played important roles in advancing the response to HIV, TB and Malaria in Guyana. Both have sought to engage civil society representation at project development, implementation and monitoring levels. This partnership has resulted in significant accomplishments in the implementation of the HIVision 2020 National Strategic Plan. However, CSOs express their concern regarding the GF transition and how this will affect the governance of the national response to HIV, TB and Malaria in Guyana. There are 3 major concerns, namely: 1.) Integration of the GF CCM into the National AIDS Program Structure; 2.) The significant involvement of key populations in these processes; and 3.) Representation and coordination of CSOs in the national response.

The focus of the National AIDS Program of the MOH has always been HIV and AIDS. The HIVision 2020 focuses on 5 HIV-related areas: Coordination; Prevention; Care, Treatment and Support; Integration of HIV Services; and Systems Strengthening. The GF projects over the years have been focused not only on HIV but also TB and Malaria.

CSOs express concern about the continuation and sustainability of programmes for TB and Malaria by the MOH as these have, for the past years, been supported by the GF. Many gains have been accomplished in TB and Malaria through the work of government as well as CSOs. Presently, strategic plans have been developed for both TB and Malaria. The GF is supporting the implementation of some of these activities. CSOs that were traditionally involved in the HIV response are now also engaged in TB and Malaria response, as are the cases of Merondoi and Artistes in Direct Support, organizations conducting information, education and communication programmes focused on all three diseases. Thus, CSOs believe that there is a need to engage in discussions at the national sustainability planning level on the topics of Tuberculosis and Malaria and the transition of programmes for these two diseases beyond the GF. In addition, it is important that whatever

decisions are made, the role of civil society and communities is taken into account and valued as important.

The second area of concern is the role of the NAP and the CCM and how a transition from the GF will impact the work of both entities. CSOs believe that to ensure that the transition from the GF and other funding is responsible and realistic, it is important to engage all partners involved in the HIV, TB and Malaria response from the CCM and the NAP, including government, non-government, private sector and international partners, in a comprehensive review to examine how the CCM, which is a GF dependent entity, can be integrated into the National AIDS Programme to sustain gains that have been accomplished under the present structure and programming of the CCM. In addition, this review should include an evaluation of the important contribution of CSOs in the overall HIV, TB and Malaria response, and how the overall achievements of both the CCM and the NAP are impacted by the contributions of CSOs. This review should be an important component in the development of the national transition and sustainability plan.

Therefore, there is also the need to provide technical support to the national coordinating bodies to ensure that they can effectively develop and implement a transition and sustainability plan for the HIV, TB and Malaria response in Guyana that includes major engagement and input from CSOs. It is also important that the CCM, the MOH/NAP and the NCC receive all the necessary technical assistance to ensure that they have the capacity for coordination, implementation, monitoring and evaluation of a sustained response during the transition period.

CSOs representatives indicated that they feel under-represented at the CCM and NAP level. Even when the focus of several GF projects has been to address KP's needs, CSOs working with KP have not truly benefitted from financial support to effectively be able to sustain their programmes and significantly participate as key players in the CCM and the NAPs. Thus, CSOs have continued to implement their programmes with limited resources. As the GF and PEPFAR have started to reduce their funding, CSOs that have been implementing programmes have begun to reduce their programming and, in some cases, even closing their offices. They believe that CSOs have an integral role to play in the response to HIV, TB and Malaria but many have not received the support from the national authorities to be able to carry out their programmes. Some CSOs also believe that the interest of KP is not significantly represented at the CCM level and that in many instances their populations are only included in a tokenistic way when the funders require their input and involvement. For example, CSOs and communities are engaged in the processes of developing concept notes and strategic plans, but not much so in the implementation and monitoring of these plans and projects.

Also, CSOs believe that there is need for greater networking and collaboration among civil society organizations especially those working with key communities. CSOs welcome the NCC initiative and many are registered as members; however, there is still concern that the NCC does not truly represent the interest of all organizations, only a few, and that there is a lot of work that needs to happen before the NCC can truly serve as a functional, effective umbrella organization representing CSOs and communities in general. CSOs also believe that all organizations need to work together to maximize on limited resources and capitalize on their collective strengths to ensure that the work of civil society will be sustained beyond the GF and other external funding.

**PRIORITY AREA #2: GOVERNANCE AND PARTNERSHIPS**

RISKS	MITIGATING ACTIONS
TB and Malaria not included as key components in National AIDS Strategic Plan	Review of sustainability of HIV, TB and Malaria Joint programme beyond GF
CCM is a GF mechanism that is dependent on GF	Review exercise of CCM and NAP to discuss the possible integration of CCM as a national entity beyond GF
Lack of meaningful representation and participation of civil society at the NAP and CCM level	Increased meaningful participation of civil society and communities in national coordinating mechanisms of the response
Limited coordination and communication among civil society organizations for collective action	Strengthened National Coordinating Coalition to ensure meaningful involvement of all CSOs and communities

**3.) FINANCIAL SUSTAINABILITY FOR CSOs**

Over the years both the GF and PEPFAR (USG) have played significant roles in addressing key population issues and advancing HIV, TB and Malaria programming for marginalized groups through support for civil society and communities interventions and engagements. Civil Society in Guyana, like in most other countries, plays an integral role in the HIV, TB and Malaria response with the support of external donors. Over the years this has resulted in a situation in which CSOs have depended heavily on international funders to be able to carry out their programmes, especially with KP. Some CSOs feel that a culture of funds-driven planning and implementation has resulted in major dependency on external funding. During the past years funders have started to decrease their support to HIV globally and this has affected the civil society response in Guyana. In light of this, CSOs express 3 major concerns: 1.) Lack of financing to sustain their organizations and programmes especially for KP; 2.) Limited capacity of CSOs to mobilize resources at international and national level; and 3.) Lack of an investment case which highlights the value of CSOs' work.

With the reduction in external funding many CSOs report decrease in programming and scaling down of initiatives with KP. Many report that their overhead and administrative expenses, such as office rental, salaries, overhead and even programmes that have been dependent on external funding are being drastically affected. In addition, CSOs are still lacking expertise in resource mobilization, proposal drafting and leadership training to be able to meet the challenges posed by transitioning from external donors. Technical assistance is needed to strengthen NGOs' administrative and financial management systems, as well as programme monitoring and evaluation capacities to ensure that these CSOs will be fully able to sustain their programmes and their organizations in a skilful, effective and sustainable manner.

As the government prepares to put measures in place for the sustainability of the HIV, TB and Malaria response, there is an urgent need that the government’s plans focus on how programming for KP at risk will be sustained and financed. CSOs have for the longest time been at the hub of HIV Prevention, Care and Treatment, especially for KP that are generally not included in national planning and budgeting. CSOs indicate that there is an urgent need to explore Social Contracting and the government’s role in engaging CSOs in planning and implementation of projects to ensure that CSOs will be able to continue their important work as a part of the national response. There is also the need to mainstream HIV within the different government ministries and to establish HIV budgets for these line ministries. This can be accomplished through engagement in the process of developing an Investment Case study. This may incorporate all three sectors -government, civil society and private- as partners in HIV financing, but with more robust financing potential through strategic investment buy-in and planning coming from local government. It is envisaged that this exercise can successfully prove to the government in dollars and cents the importance of investing in civil society’s work in order to sustain the gains in the HIV, TB and Malaria response.

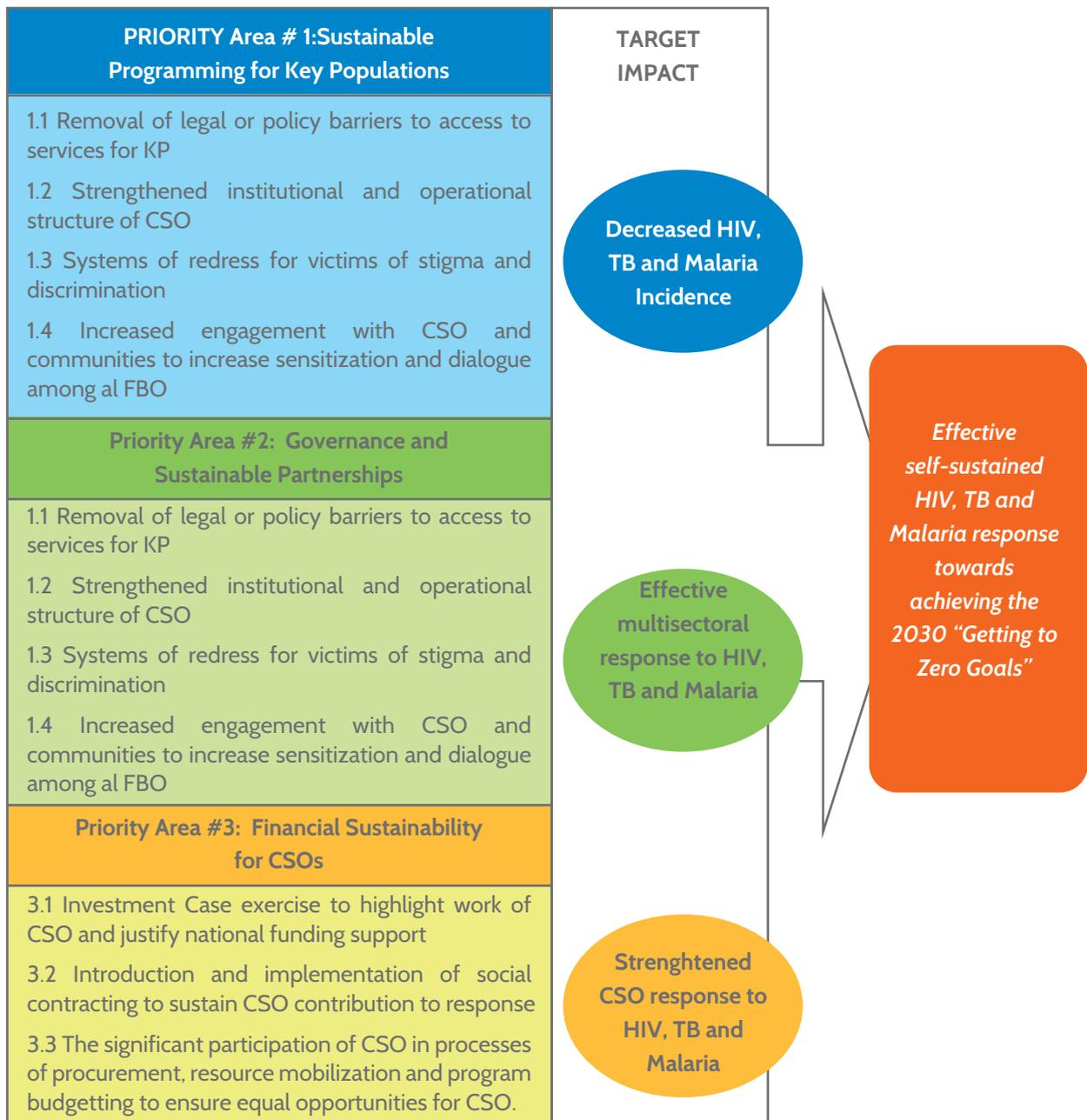
**PRIORITY AREA #3: FINANCIAL SUSTAINABILITY OF CSOs**

RISKS	MITIGATING ACTIONS
Lack of financing to sustain their organizations and programmes, especially for KP, and limited capacity to mobilize resources at international and national level	Introduction and implementation of government social contracting to sustain CSOs contribution to HIV, TB and Malaria response
Limited capacity of CSOs to mobilize resources at international and national level	The significant participation of CSOs in resource mobilization and programme budgeting
Lack of an investment case which highlights the value of the work of civil society organizations.	Investment Case exercise to highlight CSOs’ work and justify national funding support

## THE ACTION PLAN

### 3 PRIORITY AREAS:

- 1.) Sustainable Programming for KP
- 2.) Governance and Sustainable Partnerships
- 3.) Financial Sustainability for CSOs



## CIVIL SOCIETY ORGANIZATIONS – GUYANA

### TRANSITION AND SUSTAINABILITY ACTION PLAN 2017-2020

PRIORITY AREA #1: SUSTAINED PROGRAMMING FOR KEY POPULATIONS				
Expected Result 1.1: Removal of legal or policy barriers to access to services for key populations and systems of redress for victims of discrimination.				
Outcome: Increased number of key populations accessing and benefitting from HIV, TB and Malaria prevention, care and treatment services				
Risk	Mitigating Actions	Monitoring Indicator	Responsible	Targets
Legal and policy barriers to access to services for KP	1.) Review legislative gaps and lobbying for amendments to address human rights concerns	a.) Amendments identified and effected	a.) NAPS b.) CCM c.) CSOs	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Adaptation of PANCAP Model Anti-Discrimination Law	a.) Anti-discrimination law completed and approved	a.) NAPS b.) CCM c.) Parliament	
	3.) Increased lobbying capacity for CSOs and other partners with relevant parliamentarians	a.) 3 Position papers presented to and approved by Parliament	a.) NAPS b.) CSOs	
	4.) Institute systems of redress within legal and human rights mechanisms to protect and provide justice for victims of discrimination	a.) Report of cases of persons discriminated who have received some form of redress	a.) NAPS b.) CSOs	

Expected Result 1.2: Strengthened institutional and organizational structures of CSOs				
Outcome: Increased capacity of CSOs to provide HIV, TB and Malaria prevention, care and treatment services to key populations				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
<b>Limited capacity of CSOs to sustain programmes</b>	1.) Needs assessment among CSOs and community groups to identify training in organizational skills	a.) Assessment recommendations presented to CSOs, NAPS and funding partners	a.) CCM b.) NAPS c.) NCC	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Establish exchange and mentoring programme among CSOs to assist in building capacity in different organizational skills	a.) Programmes successfully implemented and reports presented	a.) NCC b.) CSOs	
	3.) Increase capacity among CSOs in the areas of human rights, advocacy, lobbying as well as in development and implementation of innovative approaches to reach KP	a.) All CSOs have participated in all training sessions	a.) NCC b.) CSOs	
	4.) Develop tailored prevention, care and treatment interventions with KP and provision of training to CSOs and others in the utilization thereof	a.) Modules developed and training sessions conducted successfully	a.) NCC b.) NAPS c.) CSOs	

Expected Result 1.3: Increased engagement with CSOs and communities to increase sensitization and dialogue among all FBOs				
Outcome: Increased capacity of CSOs to provide HIV, TB and Malaria prevention, care and treatment services to key populations				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
<b>Opposition from certain faith-based organizations to sex education, condoms and initiatives with KP</b>	1.) Identify and engage FBO leaders that have demonstrated support as champions	a.) List of FBO champions	a.) NAPS b.) NCC c.) FBOs	90-90-90 Getting to Zero -0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Develop calendar of activities with FBO champions including discussion groups, conferences and training sessions targeting other FBO leaders	a.) Calendar of activities completed	a.) NAPS b.) NCC c.) FBOs	
	3.) Organize conference #1 on Civil Rights and Religion	a.) Conference Report with agreed strategies	a.) NAPS b.) NCC c.) FBO Champions	
	4.) Organize conference #2 on Religion and Non-Discrimination from an FBO perspective	a.) Conference Report with agreed strategies	a.) NAPS b.) NCC c.) FBO Champions	
	5.) Memorandum of Understanding to be signed between NAPS, NCC and faith-based leaders for greater engagement and collaboration.	a.) Signing of Memorandum of Agreement	a.) NAPS b.) FBOs	

Expected Result 1.4: Strengthened surveillance systems to provide data for evidence-based planning for KPs

Outcome: KPs have access and are benefitting from effective HIV, TB and Malaria programming

Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
<b>Inadequate data on KP for evidence-based planning</b>	1.) Development of a research agenda specifically focused on KP and HIV, TB and Malaria	a.) Agenda developed and research implemented	a.) NAPS b.) MOH c. CSOs	90-90-90 Getting to Zero -0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Completion and dissemination of population size estimates for MSM, TG persons and SW	a.) Availability and utilization of data on population size	a.) NAPS b.) MOH c.) CSOs	
	3.) Behavior Surveillance Study for KP	a.) Availability and utilization of data on behavioral practices of KP	a.) NAPS b.) MOH c.) CSOs	
	4.) Study on Knowledge, Attitudes and Practices among KP	a.) Availability and utilization of data on Knowledge, Attitudes and Practices among KP	a.) NAPS b.) MOH c.) CSOs	
	5.) Training of CSO and other partners in the utilization of the new data to inform evidence-based planning	a.) CSOs trained to conduct evidence based planning	a.) NAPS b.) CSOs	
	6.) Establishment of a committee within the NAPS or NCC specifically assigned with the responsibility of overseeing the implementation of the research agenda	a.) Committee established and active	a.) NCC b.) NAPS	

**PRIORITY AREA 2: GOVERNANCE AND PARTNERSHIPS**

**Expected Result 2.1 Review exercise to explore the possible integration of CCM as a national entity beyond the Global Fund**

**Outcome: Sustained multisectoral coordinating mechanism for HIV, TB and Malaria in Guyana**

Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
<b>CCM is a Global Fund established and dependent coordinating mechanism</b>	1.) Assessment of the impact of GF CCM in facilitating a multisectoral approach to the HIV, TB and Malaria response in Guyana	a.) Assessment report findings completed and presented to stakeholders	a.) NAPS b.) CCM	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Based on assessment findings review of the legal structure of the NAPS and governance structure of the CCM	a.) Assessment report findings completed and presented to stakeholders	a.) NAPS b.) CCM	
	3.) Engage in discussions with stakeholders to discuss possible formal integration of multisectoral CCM into sustained national HIV, TB and Malaria response	a.) Decision made and CCM is integrated and functional within existing structures; otherwise, dissolution of CCM	a.) NAPS b.) CCM c.) MOH	

Expected Result 2.2: Review sustainability of the TB and Malaria response beyond Global Fund				
Indicator 2.2: Sustained TB and Malaria programmes				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
Ensuring that Malaria and TB response will continue to be prioritized beyond GF support	1.) Evaluate and submit report on how the GF has impacted the situation and response to TB and Malaria in Guyana	a.) Completed report disseminated among stakeholders	a.) NAPS b.) CCM	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Engage in discussions with key stakeholders, including MOH, on the sustainability of the TB and Malaria programmes implemented by GF	a.) Discussion sessions held and decisions made	a.) NAPS b.) CCM	

Expected Result 2.3 Increased meaningful representation and participation of civil society and communities at the national level of the response				
Outcome: Sustained and effective civil society and communities' participation in decision-making processes that will benefit this sector				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	Targets
<b>Lack of meaningful representation and participation of civil society at NAP and CCM level</b>	1.) Increase knowledge of CSOs, particularly KP organizations, on the National AIDS Program and the GF CCM	a.) Capacity building sessions conducted for CSOs and KP organizations	a.) NAPS b.) CCM c.) NCC	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Build capacity of CSOs, particularly KP organizations, in monitoring and evaluation of the response to HIV, TB and Malaria and the National Strategic Plans and Sustainability Plans	a.) Capacity building sessions conducted for CSOs and KP organizations	a.) NAPS b.) CCM c.) NCC	
	3.) Increase participation of CSOs in the decision-making bodies of the NAP/CCM committees (e.g. Executive Committee and GF Oversight Committee)	a.) Increased number of CSO and KP representation at NAC committees	a.) NAP b.) CCM c.) CSOs	
	4.) Engagement of CSOs in the development of the National Transition and Sustainability Plan for HIV, TB and Malaria	a.) CSOs and KP involved in planning and implementation of National Transition and Sustainability Plan	a.) MOH b.) NAPS c.) NCC	

Expected Result 2.4 Strengthened National Coordinating Coalition to ensure meaningful involvement of all CSOs and communities				
Outcome: Functional and effective joint CSOs response				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
<b>Limited coordination and communication among civil society organizations for collective action</b>	1.) Strengthening of the membership of the National Coordination Coalition as an effective mechanism for coordination among CSOs and KP organizations	a.) Mechanism established	a.) NCC	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Mobilization of support for the effective operationalization and sustainability of this coordinating mechanism	a.) Functional mechanism coordination and mobilizing funds	a.) NCC b.) MOH c.) USAID	
	3.) Socialization of ToR and Standards of Procedures for this mechanism among CSOs and KP organizations	a.) CSOs and KP organizations fully engaged in the work of the NCC	a.) NCC b.) CSOs	
	4.) Engagement of all CSOs and KP organizations in the socialization, implementation and evaluation of this CSO Transition and Sustainability plan	a.) Plan successfully implemented with engagement from all CSOs, particularly KPs	a.) NCC b.) CSOs	
	5.) Provide technical support to the CSOs to review strategic plans and harmonized them with the national HIV, TB and Malaria plans	a.) CSO plans harmonized and incorporated into a national NGO sector plan aligned with national plans	a.) NCC b.) CSOs	

PRIORITY AREA #3: FINANCIAL SUSTAINABILITY FOR CSOs				
Expected Result 3.1 Investment Case exercise to highlight CSOs' work and justify national funding support				
Outcome: Financial support from national budget secured for CSOs involved in the HIV, TB and Malaria response				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
Lack of an investment case to highlight the value of CSOs' work and the justified need for national funding.	1.) Conduct an Investment Case study, specifically highlighting CSOs	a.) Investment Case Study completed	a.) NAPS b.) NCC	90-90-90 Getting to Zero -0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Disseminate findings of Investment Case Study among stakeholders and particularly key decision-makers	a.) Investment case presented	a.) NAPS b.) NCC	
	3.) Engage in discussions with members of parliament, particularly Ministers of Finance, Economic Development, Health and Human Services, on the need to invest in the HIV response	a.) Policy paper submitted and approved by Parliament	a.) NAPS b.) NCC c.) Parliamentarians	

Expected Result 3.2 Introduction and implementation of social contracting to sustain CSOs contribution to response				
Outcome: CSOs have the financial capacity to sustain their programmes and organizations in collaboration with the government				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
Lack of financing to sustain CSOs and programmes especially for KP and limited capacity to mobilize resources at international and national level	1.) Conduct a socioeconomic impact study reflecting the situation of KP, value of CSOs work and cost of inaction	a.) Position paper presented	a.) NCC b.) CSOs c.) GF/PEPFAR d.) Parliamentarians	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Advocate and lobby for the introduction and implementation of social contracting of CSOs to sustain HIV, TB and Malaria response	a. Social Contracting policy approved and implemented	a.) NCC b.) CSOs c.) NAPS	
	3.) One-on-one lobbying with parliamentarians	a.) Support from parliamentarians for inclusion of CSOs in national HIV/TB budget	a.) NCC b.) CSOs	

Expected Result 3.3: The significant participation of CSOs in procurement, resource mobilization and programme budgeting processes to ensure equal opportunities for CSOs.				
Outcome: CSOs and KP organizations have the necessary capacity to carry out their programmes particularly with KP				
Risk to Sustainability	Mitigating Actions	Monitoring Indicator	Responsible	2020/2030 Targets
Limited capacity of CSOs to mobilize resources at international and national level	1.) Develop a resource mobilization plan for CSOs and conduct an exercise to identify potential funders and donors in the country	a.) Resource mobilization plan developed and List of potential in-country funders and donors identified	a.) NCC b.) CSOs c.) GF/PEPFAR	90-90-90 Getting to Zero –0 new cases, 0 deaths and 0 discrimination; 0 new TB and Malaria cases; 0 new TB and Malaria deaths
	2.) Provide support for the development of and implement income generating programmes for CSOs	b.) Programmes functional and successfully generating income	a.) NCC b.) CSOs c.) GF/PEPFAR	
	3.) Conduct training in marketing, resource mobilization and sustainability for CSOs	c.) Training sessions completed	a.) NCC b.) CSOs c.) GF/PEPFAR	

## MONITORING AND EVALUATION STRATEGY

A critical component for the successful implementation of the Guyana CSOs Transition and Sustainability Plan is the disciplined effort of continuous monitoring and evaluation of its implementation. These are proposed to be conducted at half year and annual intervals by National Coordinating Coalition and the National AIDS Program of the Ministry of Health. A mid-term evaluation may also be conducted to determine if the plan requires any adjustments.

It is proposed that the responsibility of monitoring and evaluation of the plan's implementation should mainly rely on the NCC Board of Directors and the Executive Committee of the National AIDS Program. Monitoring and evaluating the last year of the plan should prove useful as a basis for the steps in strategic and sustainability planning.

This plan proposes the establishment of a Monitoring and Evaluation Committee to be comprised by members of the NCC and NAPS. The purpose of this committee would be to:

- 1 Develop a Monitoring and Evaluation (M&E) Plan based on the CSOs Transition and Sustainability Plan;
- 2 In collaboration with the NCC/NAPS, implement the M&E Plan on a regular basis;
- 3 Work closely with the Board of Directors of the NCC and the Executive Committee of the NAPS to evaluate the implementation of the plan by reviewing progress made towards meeting the indicators;
- 4 Provide a comprehensive M&E report to all member agencies and stakeholders to keep them informed of the gaps and provide information to review activities and goals where necessary.

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<http://www.guyana.gfccm.org>

## ANNEXES

### Annex 1:

#### List of CSOs and others Consulted

ORGANIZATION	NSP PRIORITY AREA
Guyana Reproductive Planning Association	Prevention; Testing and Counselling
Guyana Trans United	Prevention; Advocacy; Support to Transgender persons
Artiste in Direct Support	Prevention; Advocacy
Youth Challenge	Prevention; Advocacy
Guyana Sex Workers Coalition/Caribbean Sex Workers Coalition	Prevention; Advocacy; Human Rights for Sex Workers
Merondoi	Prevention/Advocacy/Human Rights
CPIC Monique's Caring Hands	Care and Support; Counselling for key populations, youth and OVC
ICW/G Plus	Prevention; Care and Treatment; Advocacy
Lifeline	Care and Support; Counselling for key populations, youth and OVC
GuyBow	Prevention with LGBT
Guyana Civil Society Leadership Program/National Coordinating Coalition	Technical Support - USAID/Coordination
United Bricklayers	Prevention/Advocacy and Human Rights with KP
Ministry of Health	Principal Recipient - Global Fund
UNAIDS	Technical Partners
USAID	Technical Partners
CCM	Coordination of the implementation of the Global Fund

## Annex 2:

### Summary of Civil Society Organizations Profile and Interviews

#### 1.) Guyana Trans United (GTU)

Guyana Trans United was founded on 14th January 2012 in recognition of the need for more trans-specific organizations in Guyana. Several founding members had been involved in other LGBTIQ organizations and human rights work and were eager to engage greater numbers of their colleagues in such work as well as to take on greater leadership roles within their own communities. GTU promotes greater equity and human rights for all. GTU serves as a strong advocate for human rights and standing up against police abuse and violence. The mission of GTU is to empower trans Guyanese to advocate for their human rights and to participate as citizens in all decisions, which may affect their lives. GTU's main goals are to improve the quality of life of Guyanese Trans and to ensure that their rights are recognized and upheld in all domains. GTU is a member of the Country Coordinating Mechanism of the Global Fund in Guyana. To date GTU has not qualified to be a sub-recipient nor sub- sub-recipient of the Global Fund. GTU has received small pockets of funds (max US\$500) to conduct consultations with the trans community in preparation for concept notes and work plans for trans specific activities of the Global Fund. For this reason, GTU does not feel that the Global Fund transitioning out of Guyana will affect much. Presently, GTU has a Secretariat with a small staff and receives funding for projects and operational costs from USAID, COC Netherlands, FRIDA Foundation and other private donors. GTU has engaged in some sustainability planning, focusing on income generation for its members and the organization. This includes pastry making, floral arrangements and sewing through a skills-building project with COC Netherlands. The goal is to establish a cooperative that will generate revenue to cover the organization's operational costs and certain activities, while also providing for individual members. GTU indicated that key areas that need to be addressed in preparation for the transition are: 1.) Human resources; 2.) Lack of expertise in resource mobilization, proposal writing and leadership; and, 3.) Lack of knowledge of strategic planning and monitoring and evaluation. In addition, GTU believes that there is need for greater networking and collaboration among civil society organizations, especially those working with key communities. There is also an urgent need to explore Social Contracting and the government's role in engaging CSOs in project planning and implementation.

#### 2.) Guyana Reproductive and Parenthood Association (GRPA)

GRPA is a 42-year old organization focused on working in sexual health and sexual rights. It has two main departments, which are: 1.) Outreach Program for young women; and 2.) Key populations and LGBT friendly services. These services include a clinic for sexual health services; holistic, mental and physical health and programs seeking to engage more men in sexual health and rights. GRPA has served on the CCM as NGOs representative, but presently is not a member of the CCM. The organization has been a sub-recipient for the Global Fund for 3 years, but no longer receives support

from the Global Fund. Currently, GRPA is experiencing the effects of decreased funding from the Global Fund, also because their core funder, International Planned Parenthood Federation, will be affected by the policies of the new US government. Their work with youth outreach is also being affected by the decrease in USAID Cicatelli funds. GRPA has started to mobilize other resources to become self-sufficient. They are now expanding their sexual health services provision to include a cost, as they can no longer provide free services to young persons. GRPA is also advocating for an increase in the subvention that they receive from the government. There are also other funders that they had not approached before, such as COC Netherlands. Within the context of transition and sustainability, GRPA identifies the need for more support in human resources. They state that there is still lack of capacity and expertise at the organizational level in proposal writing, strategic planning monitoring and evaluation, as well as resource mobilization. They have identified the need for networking and collaboration among CSOs as a priority. They are expectant that the government will approve the social contracting policy, which will allow them to offer their expertise and years of experience in providing service to the government so that they can remain sustainable and effective. They realize that CSOs have a crucial role to play in joint advocacy, lobbying and sustainability planning.

Presently, as a part of the NCC, GRPA is engaged in sustainability planning ensuring that the NCC, as a coalition of NGOs, can continue to be sustainable. GRPA identified this initiative as an important need in terms of sustainability. They have also identified the need for quantitative data to assist in evidence-based planning at the NGOs level as critical for the transition, especially as it relates to information on the situation of PC. GRPA believes that the CSOs collective has an important role to play in being united and vocal lobbyist. CSOs must be able to work together to maximize on the limited resources available through sharing of personnel, office space, equipment and staff. In particular, they feel that CSOs need to learn about the national budget and understand its different line items, as main funding opportunities for CSOs may be found therein.

### **3.) Merondoi**

Registered in 2007, Merondoi started off as a behaviour change communication project under PEPFAR. The methodology adapted from the CDC included modelling positive behaviour through stage and radio drama, street theatre and art. In 2010, PEPFAR funds ceased, and Merondoi had to mobilize resources elsewhere. The organization's activities have been possible through support from the European Union Fund as well as some government funding. The organization has felt the impact of the decrease in funding as they have experienced reduction in their staff due to loss of human resources, decrease in programs and downsizing of offices. Merondoi is not a member of the CCM, but is represented by the National Coordinating Committee, which is the umbrella entity that represents all NGOs. Merondoi is not a sub-recipient of the Global Fund, but has been sub-contracted by sub-recipients, such as the Business Coalition, Alpha and Omega and IOM, for specific activities such as interventions at schools and street theatre. Merondoi has not only focused on activities for HIV and TB but also for Malaria. They have seen this diversification in their work as necessary and effective.

#### **4.) Artiste in Direct Support – A.I.D.S.**

Keith Andre O'Brien, who had the vision to educate gay men about HIV and STIs through the arts, started Artiste in Direct Support in 1992. A.I.D.S is a community-based organization of volunteers whose area of work is HIV/AIDS education through theatre. Since its inception, the organization has grown from a 5-member group to a registered body of 50 persons. A.I.D.S. is one of 8 NGOs involved in the HIV/AIDS/STI Youth Project funded by USAID, and is responsible for the communication aspect of the project, which involves the production of television, radio and printed advertising, including brochures. A.I.D.S has also received funding from the Global Fund as a SSR through Alpha and Omega to reach key populations with information, testing and counselling and support. Even though the organization still receives some support, they acknowledge that funding has decreased. They have experienced a decrease in the programs they implement, especially in reaching key populations. Due to this, they have started to identify innovative ways of mobilizing necessary resources to sustain their organization and programs. One initiative is returning to stage performances in order to draw funds. Overall, they feel that there is need for training and capacity building for all players involved in the response at the civil society level, especially when working with key populations. There is need for greater sensitization at all levels in the work with youth and key populations. There is also need for joint lobbying through initiatives such as the NCC, which is an umbrella organization for all CSOs to work in collaboration.

#### **5.) Youth Challenge**

Youth Challenge (YC) is an organization providing opportunities for young persons in the areas of life skills and health education. With the support of entities such as USAID, UNDP, PAHO and the Global Fund, Youth Challenge has successfully conducted extensive work across Guyana. Since 2006 – 2015, YC received support from the Global Fund for projects in HIV prevention; the organization does not receive any support from the Global Fund at present, and have expressed not being interested since the funding has not been cost-effective for them. Currently, the organization has a 13-member staff office. YC is not a member of the CCM. The organization feels that there is need to focus on new international funders as well as in-country private donors for sustainability. As a part of its sustainability program, the organization has diversified its focus from HIV to other areas of interest. YC believes that each organization needs to position itself to be viable in the context of social contracting, and must potentialize what they are best at in order to sell that service as a means of sustainability; they also believe that CSOs need to be able to identify specific areas of collaboration between them and the government, and that an important strategy for this would be empowering CSOs with knowledge on how the government and the national budgets work in order to explore which of the CSOs' services are most attractive to the government, as in a social marketing plan.

#### **6.) Guyana Sex Workers Coalition/ Caribbean Sex Workers Coalition**

The Guyana Sex Workers Coalition office also serves as the Secretariat for the Caribbean Sex Workers Coalition. Both organizations are registered to work with sex workers (SW). The main area of focus of these organizations is advocacy and human rights to improve health services, employment and housing opportunities for SW. The Caribbean Sex Workers Coalition is a sub-recipient of the Global

Fund at the regional level, which has supported the Guyana Coalition in establishing a secretariat. The local coalition has also received funds to conduct small projects once or twice a year. Presently the Guyana Coalition receives funding from the European Union and USAID. They indicated that the USAID support comes with some limitations due to a US policy that does not support legalization of sex work. Presently, the Guyana Coalition also receives funding from the Caribbean Vulnerable Communities as a part of the regional Global Fund project for the Caribbean. Presently, the organization indicated that they are not too concerned about the withdrawal of Global Fund from the country since they are not receiving much support from the Global Fund at present and most of their funding comes from Europe. They do recognize, however, that they will be somewhat affected since their Secretariat is funded by the Global Fund. Within the transition context, the Coalition sees an urgent need to address decriminalization of sex work. There is need for legal reform and removal of legal barriers to access health and other services for sex workers. The organization believes that religious interference, stigma and discrimination and taboos towards different organizations need to be addressed. There is also a need for capacity and leadership building at the organizational level to empower agents for change with knowledge and skills to be able to engage in discussions with government and faith-based leaders. Collectively, CSOs need to be able to work effectively as a network, be focused and not funds-driven, and to be empowered with knowledge and skills in the areas of advocacy, lobbying, income generation, resource mobilization, budgeting and management of funds.

## **7.) Caribbean People International Collective – CPIC (Monique’s Caring Hands)**

CPIC Monique’s Caring Hands Centre is the first of twenty NGOs established within the Caribbean. It was the brainchild of Dawn Stewart, Founder/CEO of CPIC Inc. She officially opened the centre in August 2003, and named the centre after Monique Gildarhie, a 24-year old Guyanese young woman who died in 2002 of AIDS-related illnesses. The mission of the CPIC Monique’s Caring Hands Centre is to promote healthy lifestyles among Guyanese providing a safe atmosphere where all can participate and benefit from the programs and services offered. Over the years, the organization has been involved in providing services to MSM, LGBT, PLHIV, OVC and elderly persons. In 2012 the organization received support from the Global Fund for a CPIC shared that currently the Youth Summit, which is a popular annual event, is being affected due to lack of funding. They also shared that their Staff has been released, there are no salaries and many times the organization must rely on volunteers. Monique’s Helping Hands Centre has its own building, which was donated by a private sponsor; they lack, however, adequate staff and funds to implement their programs. CPIC believes that an important strategy in the context of transition and sustainability is to involve organizations that are not the traditional HIV organizations, and that issues of poverty affecting youth, empowerment of the youth, suicide and life-skills need to have a stronger focus. These can all be linked to HIV but, to be able to gain support from the government, it is important to mainstream HIV with the projects that the government is already implementing. The organization also believes that meeting with government officials and decision-makers is critical to raise awareness of KP needs among them. Also important is to empower KP organizations so that they can play a leadership role in the work of HIV/TB and Malaria in Guyana.

## 8.) Lifeline

Lifeline is an organization that provides care and support to people living with HIV (PLHIV) through funding from USAID, PANCAP, and the Collegiate Church as well as from the private sector. Lifeline is not a member of the CCM, but participates as a part of the NCC. In the past, Lifeline received support from the Global Fund to conduct testing and counselling as a part of their VCT programme, currently supported by USAID. The organization reports that reduced funding has impacted their work significantly as they have had to cut their day care program for orphans and vulnerable children. They will soon have to close their centre, as there are no funds to support their present rental expenses. The staff size has also been reduced dramatically. The organization has been engaging in some resource mobilization as a part of its sustainability planning, which includes garage sales, food sales and punch cards for donations. Lifeline believes that CSOs need to strategize together on ways in which they can be paid to provide the services that they presently offer for free. The NCC is poised in a good position to assist CSOs in lobbying with the government for social contracting policies that will engage the services in offer at present by the CSOs for a cost to the government.

## 9. GuyBow

GuyBow is an LGBT organization started in 1999 by Keith Andre O'Brien. It started as an informal social group focusing on the topic of HIV. When it became formalized in 1999, it started to implement activities in the area of HIV advocacy and prevention, and the organization worked closely with Artiste in Direct Support and the Ministry of Health in the implementation of these programs. In 2011 due to decrease in funding, GuyBow became more of a referral organization for the LGBT community. Presently the organization implements a program with male and female sex workers in region 7. Once a member of the CCM, today is represented through the NCC. GuyBow shared that their growth was affected by the decrease in funding and, thus, they have made a conscious decision not to be dependent on external funding. Therefore, they have worked on making the organization self-sufficient and on mobilizing resources among private sponsors and their membership. Their sustainability plan also includes collection of membership fees; contributions to the organization from stipends and payments received for meetings attended or work completed on behalf of the organization, and ensuring that they do not take on high costs for operational expenses that they may not be able to support once funding is finished. COC Netherlands presently provides support for their office space. GuyBow's main focus is on ownership and sustainability. Within the context of transition and sustainability, GuyBow believes that there is need for greater sensitization at health institutions to ensure provision of human rights based services without discrimination. There is also a need to focus on crosscutting issues like mental health, domestic violence among others.

## 10. United Bricklayers

United Bricklayers is an organization based in Burbeece that works with key populations. It was initially funded by USAID, starting in 2006, then by the Global fund in 2014 and 2015-2017. Presently the organization implements a gender-based violence program through support from the Caribbean Vulnerable Communities Coalition. One of the main strategies of the organization has been to link HIV with other social issues such as suicide, gender-based violence, school dropouts etc. The

organization is not a member of the CCM but is represented through the National Coordinating Committee. The organization presently receives funds as a sub sub-recipient to reach MSM, trans and sex workers. The organization recognizes that the reduction and withdrawal of external funds, especially from the Global Fund, is already affecting their work. The organization had to work without funding for a full year, depending on volunteers to avoid having to close down; and also suffered when there was no more funding support through PEPFAR. They have stated that their programs with young persons, MSM, Trans and sex workers will definitely be affected if they no longer have access to the Global Fund support. The organization has started to do some sustainability planning that includes sales and other small fund-raisers, but the funds collected are minimal and they can't substitute the fund received from funders. From the transition context, United Bricklayers believes there is need to work to ensure that sexual education will continue to be available to in and out of school youth, especially MSM and transgender. Their concern is that this education needs to be institutionalized and not controlled by radical churches. There is also a need for greater understanding of gender and sexuality among persons that have to work with youths, such as teachers, faith-based leaders and uniformed services. The organizations believe that this will only happen if all CSOs work together with one joint vision in a united and effective manner.

## **11. International Community of Women Living with HIV/ G Plus**

ICW serves as a branch of G Plus in Guyana, which was established in 1992 to serve as a network by women for women with HIV. It came about as a response to the marginalization of women with HIV. The organization is focused on advocacy, HIV outreach to women, domestic violence, sexual and reproductive health and rights, improving the quality of living of women with HIV and working with different organizations that work with women and girls. Over the years ICW has received support from UNAIDS, USAID, the European Union and the National AIDS Program to implement its programs. In the past G+ received support from the Global Fund to do outreach with persons living with HIV especially in the area of adherence in different regions. Presently G+ and ICW are not receiving any funds from the Global Fund. This reduction in funding has resulted in the loss of their building, staff and programs. In fact, G+ reports that there are no activities being implemented. As a part of its rebuilding and sustainability the organization is presently seeking to acquire its own building for office space and programs. However, this is a major challenge as there are limited funding sources. ICW/G+ believes that one strategy for sustainability would be the acquisition of one building for several NGOs that work in the area of HIV/TB and Malaria. They need to advocate for low cost utilities and increase coordination among members of the NCC.

## **12. Guyana Civil Society Leadership Project (Volunteer Youth Corp)/National Coordinating Coalition/National Coordinating Coalition**

The Guyana Civil Society Leadership Project is a project started by USAID to provide technical assistance to the National Coordinating Coalition to become established and sustainable. They seek to build the capacity of the NCC by establishing governance structure, hiring staff and acquiring office space as well as building capacity. When the project comes to an end it will transition into the NCC. The project is focused on making the NCC sustainable and has started by submitting proposals to the government for assistance. They have developed a resource mobilization plan for the NCC as well as

strategic plans for 2016-2021 that include sustainability as a major component. They are working with NGOs to build their capacity to establish individual business that can support their sustainability. They are seeking a resource mobilization officer to support the NGOs and have been engaged in discussions on social contracting and established relationships with the Office of the Presidency. In preparation for the transition there is need for the development of operational documents, strengthening of relationships with government and the private sector, dialogue with key policy and decision makers at the government level to show the impact of the work of NGOs and to conduct a socioeconomic study on the impact of the work of NGOs in Guyana.

## Annex 3:

### Guided Questionnaire for Interviews

1. Share a bit about your organization?
2. Does your organization have any relationship with the CCM and the Global Fund? Share.
3. Does your organization serve as a sub-recipient or beneficiary of the Global Fund?
4. What do you know about the present Global Fund project being implemented?
5. What do you know about transitioning of the Global Fund?
6. How will this impact your organization and its work?
7. Has your organization been affected by withdrawal of other funders?
8. What do you know about sustainable planning?
9. What needs to happen before the Global Fund transitions out of Guyana?
10. What are key areas that need to be focused on for the population that your organization serves?
11. Do you believe the government is ready to take over the total cost of the HIV/TB/Malaria response? Why?
12. How do you think people will react to the government using taxpayers' money to fund HIV/TB/Malaria and key populations such as MSM and Trans that are highly stigmatized by society?
13. What role can civil society play in the context of transition?
14. As advocates, what strategies are needed in the transition scenario?

## Annex 4:

### Agenda for 1 day Social Dialogue with CSOs

JUNE 8TH, 2017

DAY 1		FACILITATOR: Martha A. Carrillo, MSc.
8:00 – 8:15	ARRIVAL AND SIGN-IN	
8:15 – 8:30	Overview of session: Agenda, Goals and Objectives of the Pilot Project	Presentation
8:15 – 8:30	The National Situation and Response to HIV and TB in Guyana, the Global Fund and National HIV Strategic Plan	Small Group Work and Presentation
8:30 – 9:30	The Situation of Civil Society Organizations in Guyana – Projects and Programs for the next 5 years (2020)	Small Group Discussions
10:15 – 10:30	BREAK	
10:30 – 11:30	The Situation of Civil Society Organizations Transition and Sustainability – Impact, risks and needs	Small Group Discussions
11:30 – 12:15	The Situation of Civil Society Organizations Transition and Sustainability – Impact, risks and needs	Plenary – Group Presentations and discussions
12:15 – 1:15	LUNCH	
1:15 – 1:30	TEAM-BUILDING ACTIVITY	Energizer
1:30 – 3:30	Identification of Priority Areas and strategic Objectives	Small Group Discussions
3:30 – 4:30	Presentation of Priority Areas, strategic Objectives	Plenary – Group Presentations and discussions
4:30	SUMMARY AND CLOSING	



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