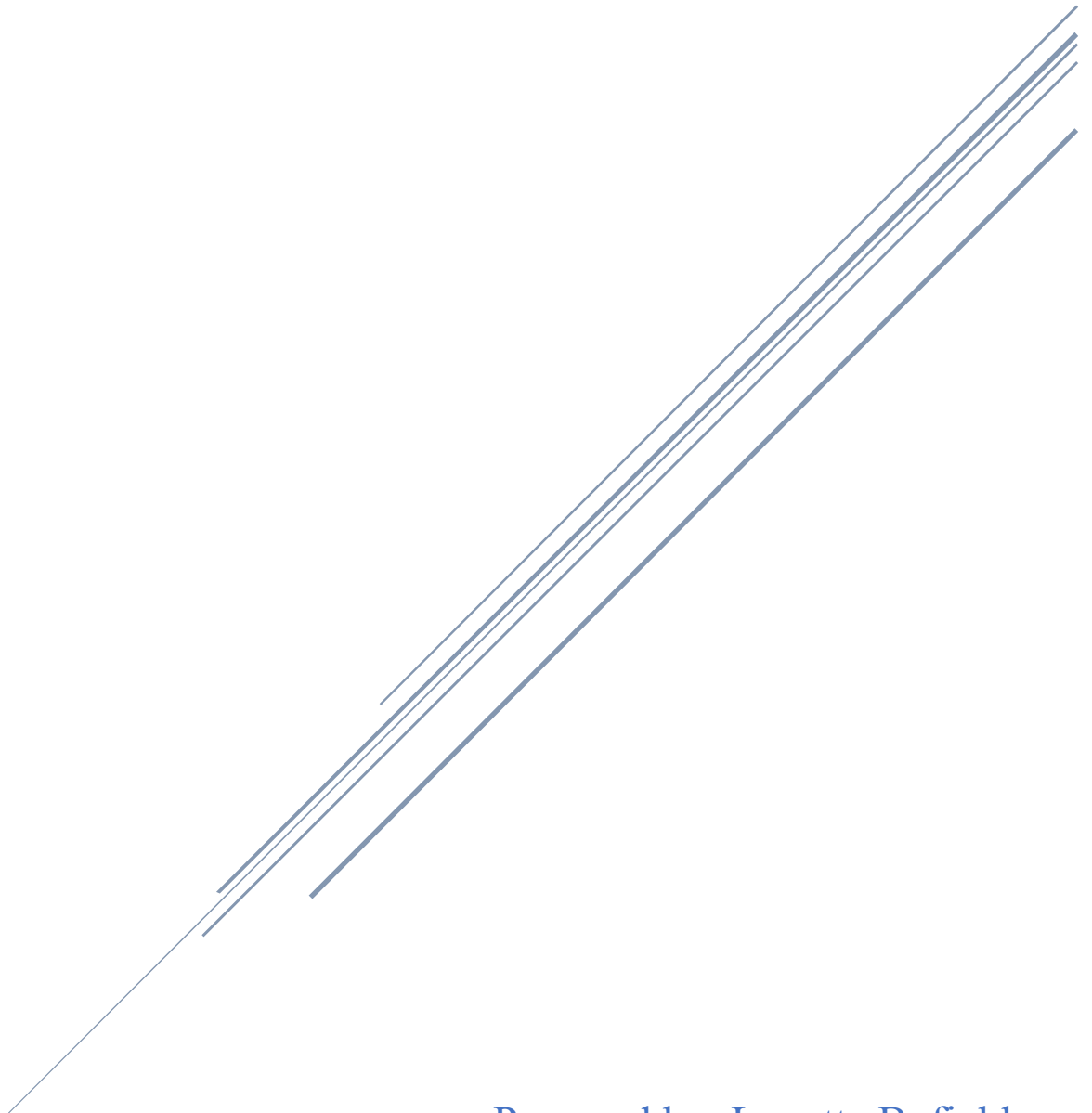


# REPORT: COMMUNITY ENGAGEMENT FOR THE REPRIORITIZATION OF JAMAICA GLOBAL FUND GRANT CYCLE 7



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# Report on: Community Engagement for the Reprioritization of Jamaica Global Fund Grant Cycle 7

## Overview

The global Fund to Fight AIDS, Tuberculosis and Malaria is being impacted by the rapid changes in the global health program landscape. However, it continues to provide support for countries and communities to respond to these changes. The Global Fund has employed a two-pronged approach: temporarily pausing select components of grant implementation until funds are received and reducing a portion of national grants while reassessing and reprioritizing key interventions. The original Jamaica Global Fund Grant Cycle 7 (GC7), 2025-2027, grant was reduced from USD\$15,423,239 to USD \$13,232,666. This indicates a 14.2% reduction in the total allocation. A key principle in the reprioritization process is the promotion of inclusive and transparent decision making. In this regard the Country Coordinating Mechanisms (CCM) are tasked with organizing meeting with CCM members to discuss the reprioritization of interventions and as needed the revision of budget amounts.

## Objective of the consultancy

1. To provide technical assistance to community stakeholders in Jamaica through a participatory support process.
2. To prepare communities for more active involvement in the review and adjustments processes for Global Fund's Cycle7 (GC7) grant.
3. To ensure that all community actors engage in meaningful reprioritization work which includes, discussions with the HIV/TB Program, Ministry of Health and Wellness (MOHW) on the priority programs of; pay for results package and social contracting.

## Methodology

### 1. Preparatory Meetings

**Project initiation/Kick off Meeting;** The consultant participated in one virtual meeting with the Project Coordinator for Via Libre-Latin American Hub and the Chair of the Jamaica Coordinating Mechanism (JCCM). The meeting was coordinated by Via Libre and it provided an overview of the project, outlined the project timeline and highlighted the need for community

involvement in the reprioritization process. The JCCM chair, confirmed an upcoming technical meeting where the consultant would participate to gain insights for the project. The meeting would provide further information on integrating community voices while ensuring alignment with Global Fund objectives.

The funding and contractual arrangements were also briefly discussed. It was agreed that the inception report and an implementation plan should be submitted as per the deliverable schedule on the contract.

**Global Fund lead for Human Rights and the consultant Meeting;** the meeting was convened to discuss the alignment one of the global fund priorities; i.e. reducing human rights barriers within the reprioritization process.

**JCCM Meeting;** The consultant was able to access information from the JCCM meeting that was organized with the JCCM members to provide information on the reprioritization process and the need for their involvement.

**Global Fund and PR team meeting** The Global Fund Human Rights technical lead convened a meeting with the PR team to request updates on the implementation to date of interventions from the human rights plan.

**Desk Review;** The consultant also researched and reviewed the Global Fund prioritizations documents to synthesize the information and ensure that there was clarity on the concepts for reprioritization and the guidelines for discussions with the community.

## 1. Community engagement/consultation

The consultant liaised with the JCCM chair and the chair of the civil society forum to coordinate the virtual meeting. Prior to the meeting persons were informed of the critical role that this meeting would play in the reprioritization process and the importance of their involvement to promote transparency in the process. The consultant developed agenda items for the meeting and these were discussed with both the JCCM chair and the Chair of the Civil Society Forum.

The meeting was convened on July 17, 2025. There were fourteen participants representing eleven civil society organizations (CSO). The CSO partners represented persons living with HIV (PLHIV) that included orphans and vulnerable children (OVC) and adolescents living with HIV (AOL). There were also representatives from CSOs implementing programs for key populations and other vulnerable populations including youths, women and girls, and female sex workers.

The two lead sub recipients under the GC7 grant; Jamaica Network for Persons Living with HIV (JN plus) and Jamaica AIDS Support for Life (JASL) were in attendance.

The JCCM Chair provided the overview of the meeting and stressed that the exercise builds on the pause/deferral of certain activities initiated by the Global Fund in April 2025 and focuses on reprioritizing investments to preserve and enable access to lifesaving services across disease programs and health and community systems, including to cover for partner gaps. The key considerations that would guide the discussion were outlined:

The key concepts for the reprioritization included:

- Budget reprioritization framework focusing on life saving interventions
- Sustainability and integration of response mechanisms
- Community systems and human rights strengthening activities
- Fee-for-service implementation model
- Social contracting and public private partnerships

The discussions centered on evaluating activities marked for reduction or paused or kept from the previous budget adjustment exercise. Particular attention was given to the key populations, PLHIV, prevention package of services and human rights components.

## Discussions on the GC7 Budget

The participants were guided through the document by the consultant. The consultant stressed the importance of the community engagement as the mechanism to ensure that the voice of the key population and the PLHIV are included in the reprioritization process. There was further guidance on the allotted time frame for the completion of the reprioritization process and the recognition that the aim was to avoid delays in securing approval from the Global Fund for the revised plan. In this regard it was emphasized that new activities and significant changes to activities would affect the time and the processes for Global fund review and approval and ultimately the pace of implementation. Nonetheless participants were directed to review the interventions within the context of the national programme with the focus on sustainability and integration. One important goal was to promote interventions that would preserve the contribution of the CSO partners in the national programme response.

The consultant then shared the GC7 document and invited participants to review the interventions that were previously selected to; “pause”, “reduce” or “keep”. Participants should also strive to ensure alignment with the GF reprioritization guidelines.

## Summarized key discussion issues and recommendations

The participants were actively engaged in the review process. There were some interventions that generated more robust and extensive discussions than others. The consultant guided the discussions to ensure that opinions were shared and that decisions were consensual. Following the discussions the recommendations for change were included on the budget and sent to the JCCM Chair to be submitted to the PR for the incorporation in their review process. The PR completed the revision and shared the revised document with the JCCM Chair. The consultant then reviewed the document to identify the PR's responses to the recommendations from the community consultations. The consultant inserted comments into the revised budget and shared the information at the JCCM validation meeting conducted August 8, 2025.

The issues and the recommendations from the CSO consultation along with the responses from the PR have been summarized and outlined below:

### ***SR Grant Management and Administrative Costs***

The meeting extensively discussed the proposed reduction in the amount of funds allocated for grant management to the two CSO subrecipients. Participants argued that the proposed reduction was too severe given existing constraints and reduced support for administrative positions. They stated that the CSOs were experiencing limited operational funding while striving to maintain compliance with the grant's procurement and reporting requirements.

### ***Fee-for-service (FFS) implementation model***

The proposed reduction was also discussed within the frame of FFS for service providers. Funds were converted under grants management to FFS. There was consensus among participants on the value of the FFS approach. However, there were concerns relating to the seemingly low calculated cost of technical support from the implementing agency and the escalating operational costs. These costs need to be revised to reflect an increase.

**CSO Recommendation:** There was consensus that the grant management amounts should not be reduced and the PR should engage with the SRs to revise the cost for FFS.

MOHW/PR response: Discussions held with SRs. The PR's decision was that the activities earmarked for reduction will be integrated back into the grant while they endeavor to be attentive to the "Fee for Service" framework

### ***Community systems and human rights strengthening activities***

Participants reviewed activities related to human rights programming, including legislative tracking tools, referral systems, and community led monitoring, reducing human rights barriers to HIV/TB services -ensuring nondiscriminatory provision of health care. The majority of the human

rights activities were earmarked to be “kept”. Participants were in full agreement for the maintenance of these human rights activities as per grant requirement.

***Legislative tracker:*** There was extensive discussion relating to one activity in this module that was proposed to be paused that is, the legislative tracker aimed at improving laws, regulations and policies relating to HIV/TB. There was consensus that this activity should not be paused owing to its’ critical role in monitoring the human rights environment.

**CSO Recommendation:** keep this activity and reduce budget allocations across the years.

MOHW/PR response: This activity has been kept in the budget with budgetary adjustments. Adjustments were also made to:

***Training of Health Care Workers:*** Adjustments were made to incorporate training of Health care providers on Human rights as one activity to eliminate stigma and discrimination in all settings. HCW will be trained in human rights to deliver stigma and discrimination free service to transgender population.

### ***Community Led monitoring***

Within the Fee for Services (FFS) framework there were adjustments to the community led monitoring activity to facilitate alignment. The activity focuses on engaging CSO entity to complete mystery shopping assessments to identify challenges faced by KPs in accessing public services and produce comprehensive reports. Discussions were conducted between the SR and the PR to facilitate these adjustments.

Follow up discussions between the SR & PR also resulted in the inclusion of one new activity relating to Community led monitoring that is, the engaging of an IT consultant to develop a Jamaica Anti-Discrimination System for HIV (JADS) Centralized case management software to improve JADS. This new activity will be submitted in the revised budget.

***Social Contracting and public private partnership:*** The discussion suggested that this activity needed the support from the grant as the MOHW is currently building its capacity to develop social contracting policy. The value of developing the framework is recognized in sustaining the contribution of the CSO to the national response.

**CSO Recommendation:** keep the activity and apply a reduction the amount.

MOHW/PR This activity was maintained in the revised budget.

### ***Support Services and Implementation; PLVIH, Adolescents living with HIV and Orphans and vulnerable children other vulnerable population (ALHIV/OVC/OVP)***

Discussion covered various support services including back-to-school support, psychosocial services, and treatment support groups. Participants emphasized the need to ensure adequate funding for direct beneficiary support while improving implementation efficiency.

Concerns were raised about whether allocated amounts could effectively support necessary social support services for treatment adherence.

Back to school support ALHIV/OVC- The "Back to School" initiative is a vital component of the program, providing essential support to ALHIV who are orphans and/or living below the poverty line. This intervention helps to promote educational continuity, reduce stigma, and improve psychosocial well-being, thereby contributing to better health and developmental outcomes for this vulnerable group.

**CSO Recommendation:** There should be no reduction to this activity

**MOHW/PR Response:** These activities were maintained without reductions.

### ***Prevention Package of Services OVP***

The discussion for the interventions to be reduced, paused or kept under this module was primarily within the framework of FFS. The activities were mostly targeted at other vulnerable populations, and PreP. Participants had limited discussions on this module. The details on the FFS and the PFR were not yet fully articulated in the budget at the time of the CSO consultation.

However, the specific activities were included in the revised budget that was subsequently shared at the JCCM validation meeting. While there was consensus and approval there was concern about the proposed time frame of one year for the FFS. There was agreement that the issue would be discussed with the Global fund for guidance in this regard. World AIDs Day was added as new activity on the revised budget.

### **Next steps:**

**RBC and HIV Prevention package of services:** The report captures the issues, the recommendation from the CSO consultation as well as the revisions to the GC7 budget by the PR in response to the recommendations. This is in keeping with the scope of the consultancy. There are other ongoing discussions that are intended to complement the community consultation. The discussions are being conducted between the JCCM and the PR to ensure completeness to the reprioritization process. These conversations are related to:

- i. The deliberate inclusion of human rights and gender elements in the RBC HIV prevention package of services. The specific issues would be the inclusion of questions on human rights violations in the risk assessment tool to determine high risks individuals to receive plus package of services.
- ii. The strengthening of linkages mechanisms of cases identified by RBC implementers (3 CSOs and 4 RHAs) to legal services, mental health at public sites, and social protection.
- iii. The development of the package for treatment services.



## Lessons learned/ Observations

1. While the CSO displayed a willingness to participate in the reprioritization activity there seemed to be some amount of weariness of the process.
2. The community demonstrated good understanding of the global fund guidelines and the shifts in the funding priorities. This suggests that communication between the partners is of fairly good standard.
3. The time frame for the community engagement presented some challenges as there competing commitments among the key players that affecting scheduling.

## Meeting Participants

<b>Name</b>	<b>Organization</b>
1. Shannique Bowden	Jamaica Youth Advocacy Network (JYAN)
2. Glenroy Murray	Equality For All Foundation Ltd. (EFAF)
3. Judy-Ann Nugent	Jamaica Network of Seropositives (JN+)
4. Venessa Parkinson	Jamaica for Justice (JFJ)
5. Lamar Grant	TransWave Jamaica
6. Sheré Samuels	Transwave Jamaica
7. Mickel Jackson	Jamaica for Justice (JFJ)
8. Conroy B. Wilson	The ASHE Company
9. Claudette Richardson-Pious	Children First
10. Hopie E -Olive Edwards	Jamaica Community of Positive Women (JCW+)
11. Racquel Brown	Center for HIV/AIDS Research (CHARES)
12. Joy Crawford	Eve for Life
13. Kandasi Levermore	Jamaica AIDS Support for Life (JASL)

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