



SUPPORTING PEPFAR
GUYANA TRANSITION
PLANNING FOR HIV
PREVENTION, CARE, AND
SUPPORT SERVICES IN THE
NGO SECTOR

Brief

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The United States Agency for International Development (USAID) supports the implementation of the United States President’s Emergency Plan for AIDS Relief (PEPFAR), a United States government (USG) initiative to save the lives of people living with HIV (PLHIV), in almost 100 countries. Since 2003, PEPFAR has worked with these countries to create systems that have stabilized the HIV epidemic by preventing new infections and providing care, support, and treatment to those infected and affected by HIV. The PEPFAR program in Guyana has made significant progress, and will transition from a service delivery model to one that provides targeted technical assistance over the next five years (2013–2017).

Within this context, there is an identified need to clearly define roles and responsibilities for all key stakeholders and delineate next steps in the transition to ensure long-term sustainability of HIV prevention, care, and support services and the continuum of care for people infected and affected by HIV and AIDS. Toward this effort, the USAID- and PEPFAR-funded Health Policy Project (HPP) supported PEPFAR Guyana by

conducting a high-level assessment of HIV and AIDS nongovernmental organizations (NGOs), relevant private sector entities, the Ministry of Health (MOH), the National AIDS Program Secretariat (NAPS), and other relevant line ministries in Guyana. The aims of this assessment were to document the country’s capacity gaps and needs to support the transition of financial responsibility for HIV services from donors to the country, and to suggest approaches for ensuring an ethical transition and sustainability of these services over time.

The HPP team conducted this work between April and September 2013. The multi-phased approach included a desk review of relevant program documents, a participatory assessment involving key informant individual and group interviews, a desk-based expenditure analysis using existing program data for FY08–FY12 (see Table 1 for a list of indicators), and facilitation of a two-day stakeholder meeting.

After documenting the capacity gaps and needs as well as accompanying requests for technical and

Table 1. Expenditure Analysis Indicators

Indicator
1. % of funding received from sources between FY08 and FY12
2. % of HIV Expenditure provided by PEPFAR
3. % of Indirect Expenditure provided by PEPFAR
4. % of HIV Expenditure
5. % of PEPFAR direct expenditure on prevention, and % of PEPFAR direct expenditure on care and support
6. % of PEPFAR direct expenditure on specific activities for key populations (key populations are defined as MSM and SWs)

financial assistance, as identified by key informants and workshop participants, HPP triangulated data from all sources and identified six priority areas for USAID/PEPFAR’s continued support. The HPP team aligned all recommendations with the Country Ownership (CO) dimensions, as defined by the Global Health Initiative (Table 2). While HPP’s recommendations largely support strengthening Guyana’s capabilities and political leadership and stewardship, they are ultimately cross-cutting because the CO dimensions are not mutually exclusive.

Table 2. GHI Country Ownership Dimensions

Country Ownership Dimensions	General Characteristics
1. Political leadership and stewardship	Host Government has a clear aspiration for what should be accomplished in each stage of program development, implementation and monitoring, generated with input from their own cities and rural areas, civil society, NGOs, and private sector, as well as their own citizens
2. Institutional and community ownership,	Host country institutions (inclusive of government, NGOs, civil society, and the private sector) constitute the primary vehicles through which health programs are delivered and take responsibility for each program
3. Capabilities	Host country has effective workforce, organizations and systems at all levels able to perform activities and carry out responsibilities that achieve priority health outcomes
4. Mutual accountability, including finance.	Host country is responsible to country citizens and international stakeholders for achieving planned results

Capabilities

1. HPP recommends that USAID continue funding NGOs that provide prevention, care, and support services to key populations. As nongovernmental organizations, these groups are successful in providing services to groups that are otherwise difficult to reach, largely due to stigma and discrimination. Of the 15 organizations included in this assessment, seven focus considerable effort on key populations programming: Artiste in Direct Support, United Bricklayers, Youth Challenge, Hope Foundation, Linden Care Foundation, FACT, and Hope for All. Many of these groups also provide related support to adjacent populations, which are important groups to reach given Guyana’s concentrated epidemic. Table 3 provides more information on each NGO, including location by region, and the percentage of PEPFAR expenditures related to key populations by region for FY08–FY11 and FY11–FY12.
2. The HPP team recommends that USAID provide technical assistance to these NGOs in conducting impact evaluations to determine the impact of the services delivered to key populations. Despite reporting financial data and key indicators to donor agencies, the NGOs do not have the data necessary to determine the effectiveness of the services they deliver. Using the results of this analysis, organizations delivering services to key populations will better understand how to use scarce resources effectively.

Leadership and Stewardship

3. HPP recommends that USAID—through existing mechanisms such as Advancing Partners and Communities—invest in building the capacity of NGOs in business development and ethical transition planning. NGOs providing HIV services in Guyana are heavily reliant on PEPFAR funding—not only to support HIV prevention, care, and support services, but to cover their indirect expenditures or recurring costs such as rent, utilities, and staff salaries. HPP’s analysis suggests that a reduction in funding must be preceded by considerable capacity building to ensure continued viability of these organizations. Once staff members are trained, providing support for a day-long

Table 3. NGOs by Region and Percentage of PEPFAR Expenditures on Key Populations Programming

Name of NGO (Region)	Region	FY 2008–2011	FY 2011–2012
Hope for All	2	1%	8%
Agape	4	0%	0%
Artistes in Direct Support	4	92%	95%
G+	4	Did not receive PEPFAR funding during this period	Did not receive PEPFAR funding during this period
GBCHA	4	0%	0%
GRPA	4	2%	Did not receive PEPFAR funding during this period
Help & Shelter	4	0%	0%
Lifeline Counseling	4	0%	0%
Youth Challenge	4	15%	28%
Comforting Hearts	6	0%	0%
St. Francis	6	Did not receive PEPFAR funding during this period	Did not receive PEPFAR funding during this period
FACT	6	8%	17%
United Bricklayers	6	49%	77%
Hope Foundation	7	4%	26%
Linden Care Foundation	10	2%	18%

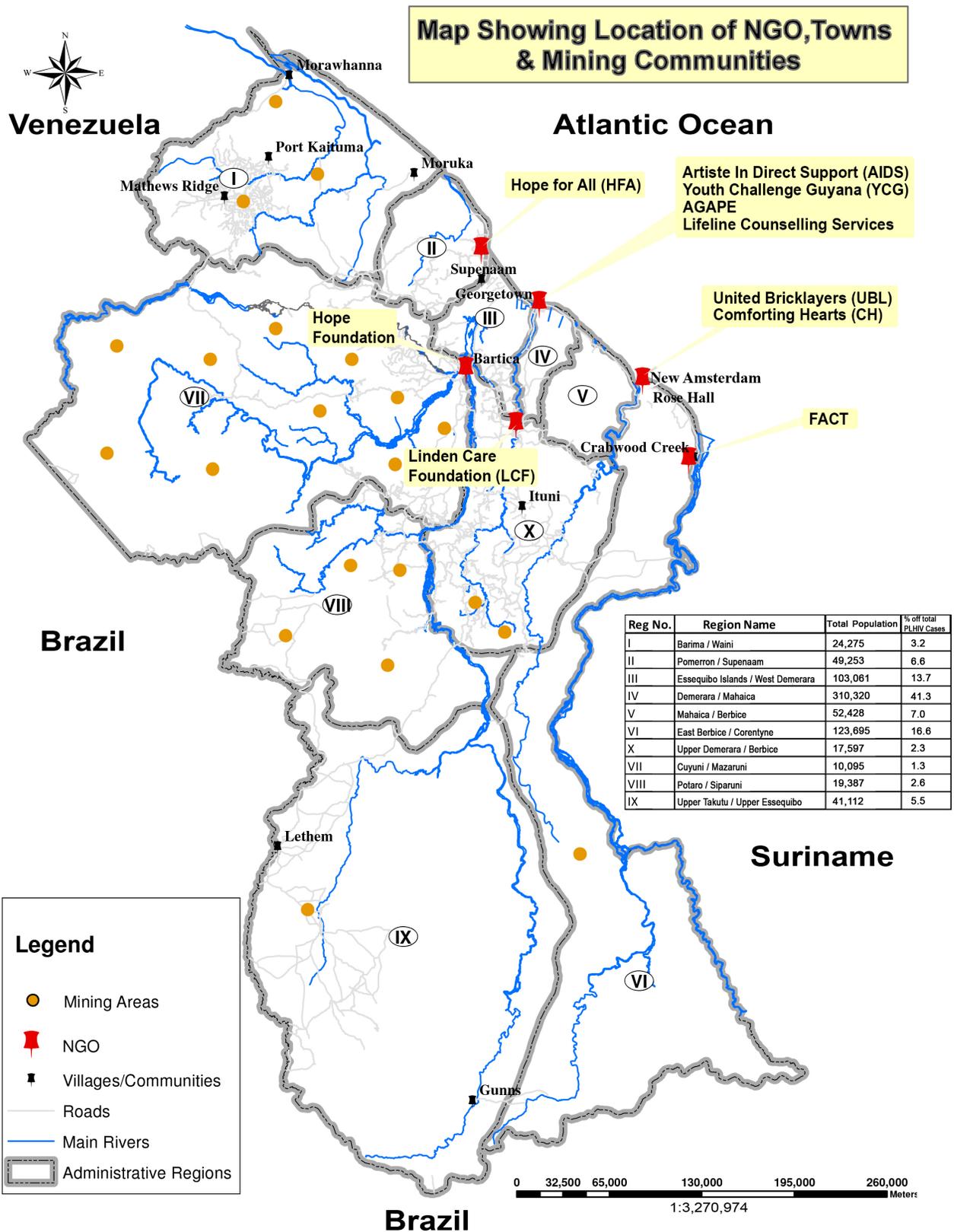
“marketplace” would enable the NGOs to showcase their programs and services to other potential funders.

- HPP recommends that USAID/PEPFAR provide technical assistance to MOH/NAPS to ensure evidence-based planning for and implementation of HIV services during the transition period and beyond. While Guyana’s HIVision 2020 lays out a national strategy for the HIV and AIDS response, it does not include the overall cost or impact of implementing the strategy. Likewise, within the national strategy, there is an identified need to focus on key populations, but accurate size estimates are not available for these groups in Guyana. The following analyses are recommended:
 - Cost the national strategic plan.** As a result of this exercise, NAPS will have a better understanding of its resource needs, which will inform future applications to the Global Fund to Fight AIDS,

Tuberculosis and Malaria (GFATM) and other related funding requests.

- Conduct size estimation.** Worldwide, donors continue to emphasize the need for evidenced-based strategic planning and resource allocation. Key populations are often hidden, so it is challenging to calculate size estimates. However, having an estimate will help inform strategic planning, funding requests, and resource allocation.
- Model impact associated with a costed national strategic plan.** Finally, modeling the impact will help NAPS understand the mix of programming dollars required to ensure adequate coverage while also averting new infections.

Supporting these three interrelated activities will enable MOH/NAPS to better understand the epidemic, inform the tailoring of the national and subnational response, and guide any associated investment in HIV and AIDS programs.



5. HPP recommends that USAID support additional research to understand what HIV programs and services are needed to support youth—both in- and out-of-school and orphans and vulnerable children (OVC). Interview data suggest that some NGOs identify youth as an important population in need of support. This was further validated by the expenditure analysis, which revealed that organizations such as Agape and Lifeline directed over 50 percent of direct expenditures to addressing these programming needs. While OVC and youth may not be the highest PEPFAR priority, this transition period is an opportunity to collaborate and coordinate efforts with other donors and development partners to identify who, within this sector, is best positioned to continue supporting critical areas in need of intervention.
6. HPP recommends that USAID provide financial and technical assistance to reengineer and strengthen the NGO Coordinating Committee (NCC) for HIV. A strong NCC will ensure sustainable partnership between civil society (not just HIV organizations), MOH, NAPS, and the broader health system. A strong NCC will also ensure better representation on the GFATM Country Coordinating Mechanism and will ultimately lead to sustainability for civil society beyond the PEPFAR transition period.

As PEPFAR continues to transition from a service delivery model to one that provides targeted technical assistance, strategic USAID support for the areas identified above will undoubtedly have an indirect impact in other country ownership areas as Guyana continues to strengthen its leadership and stewardship; institutional and community ownership; and systems for finance and mutual accountability. Active involvement and engagement from all sectors, with particular emphasis on joint collaboration between the USG and the government of Guyana, will ensure the ethical and sustainable transition of Guyana's HIV and AIDS program.

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