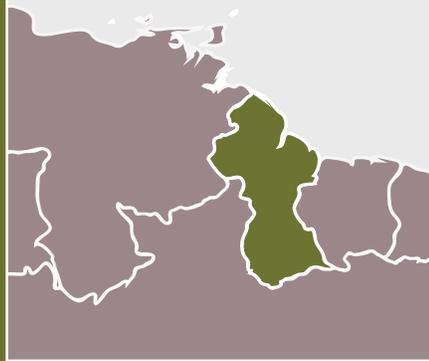


policy

August 2014

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



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Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

AUGUST 2014

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

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ABBREVIATIONS

ABC Abstinence, Be Faithful, and Condoms
AIDS acquired immune deficiency syndrome
CCM Country Coordinating Mechanism
CSDS Community Support and Development Services
EU European Union
FY fiscal year
GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria
GHARP Guyana HIV/AIDS Reduction and Prevention
GOG Government of Guyana
HBC home-based care
HCT HIV counseling and testing
HIV human immunodeficiency virus
HPP Health Policy Project
MOH Ministry of Health
MSM men who have sex with men
NAPS National AIDS Program Secretariat
NGO nongovernmental organization
OVC orphans and vulnerable children
PEPFAR President's Emergency Plan for AIDS Relief
PLHIV people living with HIV
SWs sex workers
USAID United States Agency for International Development
USG United States government
WB World Bank
VCT voluntary counseling and testing

EXECUTIVE SUMMARY

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.

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)

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

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%

Leadership and Stewardship

- 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 “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.

BACKGROUND

The United States Agency for International Development (USAID) supports the implementation of the United States President's Emergency Plan for AIDS Relief (PEPFAR), a U.S. government (USG) initiative to save the lives of people around the world who are suffering from HIV and AIDS, in approximately 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. Due to the progress that has been made over the past 10 years, PEPFAR/Guyana is transitioning from a service delivery model to one that provides targeted technical assistance.

As part of the transition in Guyana, direct funding for service-related activities will shift and USG-supported programs will transition to local partners. The USAID/Guyana team has been working closely with the MOH to develop a transition plan that delineates the specific steps to shift key services to the government of Guyana (GOG) and local nongovernmental organizations (NGOs).

HIV and AIDS services currently account for 7 percent of the Ministry of Health (MOH) budget. Current transition plan discussions suggest the GOG, with strong support from the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM), will assume responsibility for treatment procurement and implementation costs. The National AIDS Program Secretariat (NAPS) currently relies on USAID funds to support NGOs that provide services for key populations such as sex workers (SWs), men who have sex with men (MSM), and people living with HIV (PLHIV). The NGO sector in Guyana currently provides significant support for prevention and community-based care and support activities for key populations. While the MOH recognizes the role that NGOs, community-based organizations, and the private sector play in addressing HIV and AIDS, adequate infrastructure, human resources, and oversight are not yet in place to ensure a continued, robust response and stable transition.

Until February 2013, USAID provided technical support to prevention, care, and support programs in Guyana through the Guyana HIV/AIDS Reduction and Prevention (GHARP II) project. This was a three-and-a-half year task order under the AIDSTAR indefinite quantity contract (IQC) mechanism. It developed preventive interventions to promote behavior change among most-at-risk or key populations—particularly MSM and female sex workers (FSWs)—and directly addressed the stigma and discrimination (S&D) that impede their access to services. The project also worked to strengthen the capacity of local NGOs to provide high-quality HIV services that complement the national health program.

Several NGOs in Guyana receive funding through USAID. As USG resources for Guyana decline, there is uncertainty around the ability of NGOs to locate other sources of funding and technical assistance to continue their engagement in the HIV response. As such, the role of NGOs and the MOH, as well as other government agencies and private entities, must be clearly defined to ensure that the transition process promotes long-term sustainability of HIV prevention, care, and support services to ensure the continuum of care for people infected and affected by HIV and AIDS.

Building on the efforts of previous USAID initiatives, the USAID- and PEPFAR-funded Health Policy Project (HPP) supported PEPFAR Guyana by conducting a high-level assessment of HIV and AIDS NGOs, relevant private sector entities, the MOH in Guyana, and other line ministries, to document the country's capacity gaps and needs. The assessment aimed to support the transition of financial responsibility for HIV prevention, care, and support services from donors to the country; identify other areas in need of assistance; and suggest approaches to ensuring a sustainable HIV response over time.

OBJECTIVES

The overall goal of HPP is to strengthen policy, advocacy, and governance for strategic, equitable, and sustainable health programming in developing countries. HPP specifically focuses on key health issues such as family planning and reproductive health (FP/RH), HIV, and maternal health, while also promoting program integration and health systems strengthening.

In Guyana, the HPP team sought to address the following objectives:

1. Assess ten NGOs currently supported by USAID to identify what HIV and AIDS prevention, care, and support services these entities deliver in Regions 2, 4, 6, 7, and 10; four additional NGOs that were previously funded by USAID; and one with no USAID funding history, to examine their current activities and determine how they could continue to function without USAID support.
2. Meet with other donors, private sector representatives, and the MOH to determine their previous, current, and future levels of program funding for NGOs engaged in HIV and AIDS prevention, care, and support activities in the selected regions.
3. Understand the need for community-based prevention, care, and support services.
4. Draw upon key informant interviews and focus group discussions to define the changing role of the MOH in coordinating and liaising with all other entities in view of an expected decrease in external funding.
5. Identify NGO prevention, care, and support activities to be prioritized for continued support from USAID/Guyana.
6. Extrapolate, to the degree that existing expenditure data allow, the funding needed from country and donor sources for the delivery of services by assessed NGOs when PEPFAR support decreases.

The role of NGOs, the private sector, the MOH, and other government agencies and their capacity gaps and needs must be clearly defined and identified during the transition process to help ensure the long-term sustainability of HIV prevention, care, and support services and the continuum of care for people infected and affected by HIV and AIDS. This assessment will contribute to a longer-term transition strategy.

METHODOLOGY

To address the objectives outlined above, the HPP team triangulated data from multiple sources including a desk review, participatory assessment, expenditure analysis, and a stakeholder meeting. Details regarding each of these components are provided below.

Desk Review

The HPP team collaborated with members of the participatory assessment team to identify key documents to help inform this activity. Relevant documents included, but were not limited to, lists of NGOs receiving USAID funds and those that previously received support, budgets and program reports from USAID-funded NGOs, Country Operational Plans (COPs), GFATM grants, program/project budgets and reports, the PEPFAR Guyana Transition Plan, and recommendations from related assessments.

Participatory Assessment

HPP collaborated with USAID to conduct a two-week participatory assessment that collected qualitative information through a combination of individual and group key informant interviews. Key informants included NGO program managers and service providers; private sector entities; representatives of the MOH, NAPS, and other line ministries; donor and development partners such as the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Joint United Nations Program on HIV/AIDS (UNAIDS); and representatives of the PEPFAR-Guyana team. See Annex A for a complete list of contacts.

Expenditure Analysis

The HPP team collected PEPFAR expenditure data for FY08–FY12 (October 2008–September 2012) for each NGO through Community Support and Development Services (CSDS).

Data were classified as indirect expenditure if they were not attributable to a particular program activity, but were attributable to the operations of the NGO. Indirect expenditure included staff salaries, recurrent expenditures such as utilities and office supplies, and workshops on financial planning and monitoring and evaluation. Direct expenditure included any expenditure that was directly attributable to an activity. This included any prevention, care, and support activity expenses such as support groups for MSM or travel expenses for home-based care (HBC) visits.

The HPP team entered each NGO’s expenditure data by activity into an Excel spreadsheet. Next, activities were classified as direct prevention or direct care and support expenditures, based on the details provided in the CSDS spreadsheet. Subtotal expenditures for all indirect expenditures were entered using a similar approach. The HPP team reviewed all data entry to ensure quality and accuracy.

After creating and disseminating a reporting template, HPP obtained information directly from each NGO on non-PEPFAR sources of funding for HIV and non-HIV activities, which was transmitted electronically.

HPP analyzed all of the expenditure data for the 10 NGOs that are currently supported by PEPFAR, as well as five NGOs that previously received PEPFAR funding. Relevant excerpts of the analysis are included in the main body of this report. The entire expenditure analysis inclusive of all six indicators is available in Annex F.

Stakeholder Meeting

Following the assessment and expenditure data analysis phase, HPP organized and facilitated a two-day meeting with key stakeholders including the GOG, NGOs providing HIV services, private sector entities, and donor/development partners to explore how their respective roles and responsibilities need to adapt during the transition to ensure consistent quality and sustainability of HIV prevention, care, and support services. Through this process, participants identified capacity-building and other resource needs required to support the transition period. Detailed proceedings from the workshop are presented in the “HPP Recommendations” section, and stakeholder recommendations are included as part of this larger assessment report. For more details on the workshop proceedings, see Annex B.

Data Analysis

HPP analyzed the primary and secondary data collected in an attempt to accomplish the following:

1. Summarize what HIV and AIDS prevention, care, and support services are currently being delivered in Regions 2, 4, 6, 7, and 10;
2. Create detailed NGO profiles that include information on operations, such as the number of staff and board composition, and highlight existing funding streams from donors, the private sector, and other sources;
3. Draw upon key informant interviews to estimate the need for community-based prevention, care, and support services;
4. Document the country's high-level capacity gaps and needs to be filled during the transition and for long-term sustainability;
5. Clarify the changing role of the MOH in coordinating and liaising with all other entities in view of the expected decrease in external funding; and
6. Prioritize prevention, care, and support activities for continued support from USAID/Guyana as well as those in need of critical attention.

Limitations

It is important to note a number of limitations associated with this assessment.

First, this report does not adequately capture the views and perspectives of the MOH/NAPS. While the HPP team made every effort to schedule time with MOH and NAPS representatives, due to competing priorities in-country, including GFATM deadlines and national-level strategic planning meetings, MOH/NAPS were unable to participate in this assessment as initially planned. To address this gap, HPP encourages USAID to share the final version of this report with MOH/NAPS as a communication tool that encourages a prioritization activity and results in the identification of next steps in the transition planning process.

Also, while HPP was able to conduct an expenditure analysis using available program data, it is important to recognize the limitations of this analysis. Using available data, HPP was able to establish a preliminary understanding of the kinds of services NGOs in Guyana provide with respect to HIV prevention, care and support. The expenditure analysis also provides a preliminary understanding of which NGOs support key and adjacent populations. This analysis is unable, however, to address objective #6, which is a request to understand what funding is needed from national and donor sources to ensure continued support for HIV and AIDS programs. Suggestions for how to best address this identified need are included in HPP's recommendations.

SITUATIONAL ANALYSIS

Prior to and following the assessment, the HPP team conducted a desk review to help inform the development of interview guides, the expenditure analysis, and workshop design. The following sections provide information regarding country ownership principles, the current PEPFAR program snapshot in Guyana, and the country’s epidemiological profile.

Country Ownership

The Global Health Initiative (GHI), which emphasizes a “whole of government” approach to public health initiatives, is based on the principle of ensuring sustainable effective, efficient and country-led public health programs. PEPFAR transition planning is in alignment with the principles of GHI and emphasizes country ownership, which is characterized by government, communities, civil society, and the private sector working together to identify priority needs, implement programs, and invest in a sustainable response.

The USG has identified four dimensions of country ownership (CO), which are listed and defined in Table 4.

Table 4. Factors for Strong Country Ownership¹

Ownership Dimensions	General Characteristics
1. Political leadership and stewardship	<p>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 the private sector, as well as their own citizens</p> <ul style="list-style-type: none"> • National plans are aligned to national priorities to achieve planned targets and results, with full costing estimates and plans incorporated • Host country (public and private sectors) is the architect that fully implements and provides oversight of national plan to achieve results and applies and scales up evidence-based best practices; this includes specific activities conducted by stakeholders at each stage from design to delivery of programs
2. Institutional and community ownership	<p>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</p> <ul style="list-style-type: none"> • Host country institutions adopt and implement transparent, evidence-based policies/regulations for priority areas that align with national plans • Host country institutions manage funds

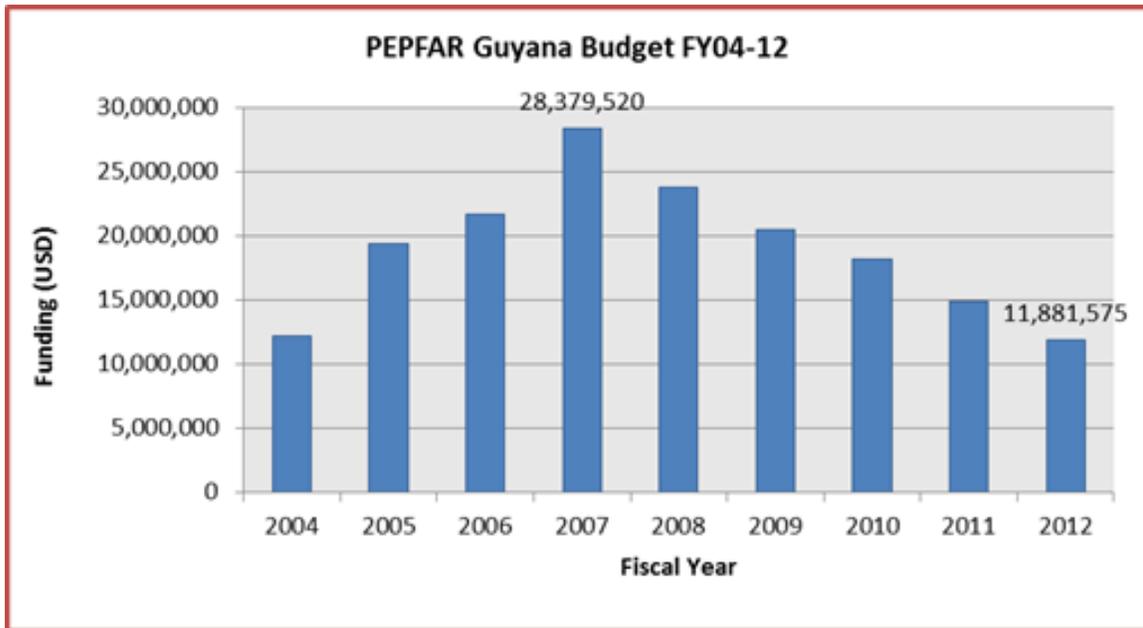
¹ <http://www.ghi.gov/principles/docs/ownershipInteragencyPaper.pdf>

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Ownership Dimensions	General Characteristics
3. Capabilities	<p>Host country has an effective workforce, organizations and systems at all levels that are able to perform activities and carry out responsibilities that achieve priority health outcomes</p> <ul style="list-style-type: none"> • National coordinating bodies and local institutions have the ability to gather and analyze epidemiological and program data to plan and measure program progress and results • Host country institutions have the capabilities required to perform or oversee activities for programs • Host country institutions have the ability to dynamically modify programs based on evidence and feedback from monitoring processes
4. Mutual accountability, including finance	<p>Host country is responsible to its citizens and international stakeholders for achieving planned results</p> <ul style="list-style-type: none"> • Host government is responsible for financing and financial stewardship over health • Explicit roles and responsibilities are described with appropriate management of performance in place • Measures are robust • Information and processes are transparent and there are mechanisms for input and feedback from civil society, the private sector and donors

The CO dimensions outlined above provide a useful framework by which to assess and measure Guyana’s progress during PEPFAR transition. While the four dimensions were not used in the design of HPP’s assessment or workshop, they help frame the recommendations that emerged from the overall assessment.

Figure 1: PEPFAR Guyana Budget FY04–12



PEPFAR Guyana

Guyana is one of the original PEPFAR focus countries and has been receiving support for HIV treatment, prevention, care, and support since FY04. Figure 1 illustrates changes in funding over time, through FY12.

In collaboration with the PEPFAR team, the GOG is preparing for the transition of ownership and leadership of the HIV response to the country. This includes the MOH, other line ministries, civil society, and the private sector.

To support this effort, the MOH has established transition planning technical working groups for key elements of the national HIV response, including supply chain management, treatment, prevention, and care and support. A draft transition plan was also developed, which outlines draft milestones and next steps.² The following section provides more information on the HIV epidemic and national response in Guyana.

HIV in Guyana

Located on the northern coast of South America, Guyana is a Caribbean Community (CARICOM) member. It has a total population of 751,223,³ which consists of four main ethnic sub-groups including Indo-Guyanese (43.5%); Afro-Guyanese (30.2%); those with mixed heritage (16.7%); and Amerindians (9.2%).⁴

² U.S. Department of State. 2012. PEPFAR Guyana Transition Plan (2013–2017).

³ Government of Guyana, Ministry of Health. HIVision 2020 National HIV Strategic Plan (2013–2020).

⁴ Government of Guyana, National HIV/AIDS Programme. 2009. http://www.hiv.gov.gy/gp_hiv_gy.php.

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Guyana is divided into 10 administrative regions, with the largest concentration of the population living in and around Region 4, which accounts for the largest proportion of notified HIV cases.⁵ See Figure 2 for a detailed map showing the number of HIV cases per region.

By the end of 2012, HIV prevalence was estimated at 1.3 percent, using the UNAIDS Spectrum Estimation Projection Package, while the number of PLHIV was estimated at 7,200.⁶ Biological and behavioral surveillance studies for key populations conducted in 2005 and 2009, reveal a concentrated epidemic among high-risk groups, including men who have sex with men (MSM) (21.2%, 2005; 19.4%, 2009) and female sex workers (FSWs) (26.6%, 2005; 16.6%, 2009).⁷ Data on children ages 0 to 14 who are living with HIV are unavailable, while the number of orphans attributed to AIDS between the ages of 0 and 17 is estimated at 4,200.⁸

The MOH and NAPS published their National Strategic Plan for 2013 to 2020 in August 2013. Entitled *HIVision 2020*, the plan's stated goal is to reduce the social and economic impact of HIV and AIDS on individuals and communities. The overall strategic objective of the plan is to reduce the spread of HIV and improve the quality of life of PLHIV. The plan identifies five priority areas: coordination, prevention, care and treatment, integration, and strategic information. Coordination and integration, in particular, address the establishment of one overarching mechanism to govern the national HIV response and the development of one program that aligns all parties and stakeholders to work together. Key to the successful implementation of *HIVision 2020* are the strong engagement of and coordination with civil society organizations (CSOs) and the private sector. The strategic plan has not yet been costed.

According to the National Composite Policy Index (NCPI),⁹ CSOs have played a key role in the HIV response, particularly in helping to reach most-at-risk and hard-to-reach populations. According to the NCPI, 25 to 50 percent of PLHIV programming and more than 75 percent of MSM, SWs, S&D, HBC, and orphans and vulnerable children (OVC) programming is provided by CSOs.¹⁰ MSM and SWs are particularly difficult to reach in Guyana due to the criminalization of homosexuality and sex work, as evidenced by the Gross Indecency Act and Buggery Laws.

Despite the critical role of CSOs in providing services to key and hard-to-reach populations, the NCPI says their role has largely focused on implementation, with limited capacity to influence the development of advocacy platforms for policy reform. Civil society is represented in the GFATM Country Coordinating Mechanism (CCM), but it is not clear how strong a role it plays in formulating national policies and budgets. The NCPI cites this and the need to strengthen fund management as areas in need of strengthening.

To develop a better understanding of the role of HIV and AIDS NGOs in Guyana, USAID asked HPP to assess and document the work of USAID-funded NGOs (both current and past) in providing services.

⁵ Government of Guyana, Ministry of Health. *HIVision 2020*. National HIV Strategic Plan (2013–2020).

⁶ Government of Guyana, Ministry of Health, National AIDS Programme Secretariat. 2012. Annual Report.

⁷ PEPFAR. Country Operational Plan. 2013. <http://www.pepfar.gov/documents/organization/222167.pdf>

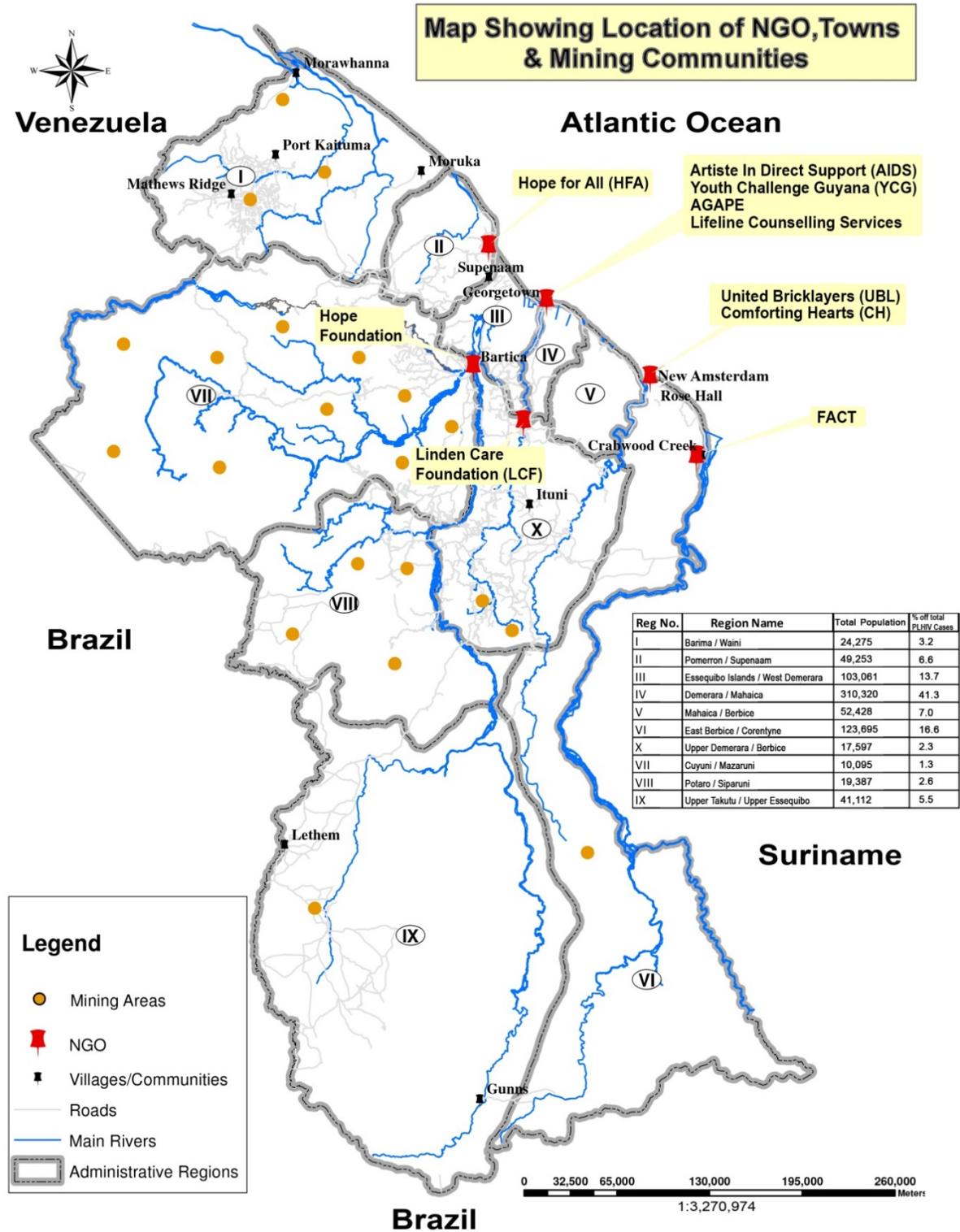
⁸ <http://www.pepfar.gov/documents/organization/145721.pdf>

⁹ UNAIDS. 2012. <http://www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2012countries/Guyana%20NCPI%202012.pdf>.

¹⁰ UNAIDS. 2012.

<http://www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2012countries/Guyana%20NCPI%202012.pdf>.

Figure 2. Percentage of PLHIV by region and location of NGOs



ASSESSMENT FINDINGS

NGO Profiles

Overview of NGOs

From 2008 to 2012, USAID provided funding for HIV prevention, care, and support services to as many as 20 NGOs in Guyana, which varied in scope and size. This report documents the work of 15 of those NGOs across Regions 2, 4, 6, 7 and 10. A table summarizing which organizations provided prevention, care, and support services can be found in Annex D. Detailed profiles of the NGOs are available in Annex E.

Mission and history

The 15 NGOs were established independently between 1992 and 2008, so there is some variation in maturity of operations. For example, Artistes in Direct Support (AIDS) was established in 1992 and became an early responder to HIV and AIDS; it has since developed extensive ties within the community. One of the organization's founders is an active leader within civil society who participates in several working groups and committees, including the CCM, the Most-at-Risk Populations (MARPs) Steering Committee, and the Prevention Technical Working Group. Another group, United Bricklayers, was established in 2008 and is now creating inroads in the Berbice area to reach key populations and develop networks to diversify its funding portfolio.

The NGOs' missions also vary in scope. Thirteen are community-based and two are faith-based.

Of the 15 NGOs included in this assessment, eight were located in Region 4, four in Region 6, one in Region 2, one in Region 7, and one in Region 10. However, some organizations provide services outside of the region in which they are located. For example, Comforting Hearts is located in Region 6 but also serves Region 5. Similarly, Youth Challenge Guyana is based in Region 4 and conducts several activities in the hinterland area located within Region 8.

Operations

Following 2008 guidance from CSDS, a USAID-funded intermediary organization, nearly all of the NGOs strengthened their respective institutions by establishing a board of directors to provide organizational oversight. Each board of directors ranges in size from five to nine members. The boards are generally headed by a chairperson, an executive director, or a project coordinator. Nearly all NGOs have a legal expert on the board. Other board members represent varied disciplines and include religious leaders, project managers, entrepreneurs, accountants, community leaders, and welfare officers.

Staff composition across organizations varies according to their program priorities, but generally includes a mix of full- and part-time staff, as well as paid and unpaid volunteers. NGOs referred to paid volunteers as staff members who worked part-time and received a stipend rather than a salary. United Bricklayers had the smallest staff: four full-time and one part-time employee and six paid and two unpaid volunteers. Family Awareness Consciousness Togetherness (FACT) is among the largest in size with 19 full-time and eight part-time employees and two paid and 11 unpaid volunteers.

HIV Services

NGOs currently receiving PEPFAR funding provide a range of HIV prevention, care, and support services. Combination prevention activities include HIV counseling and testing, HIV prevention and risk reduction education, condom demonstration and distribution, referrals to services such as care and treatment, treatment for other sexually transmitted infections (STIs), and social services and economic strengthening opportunities. Service provision also includes the creation of an enabling environment

through sensitization sessions with healthcare providers at primary healthcare facilities and HIV treatment sites.

Care and support services include home-based care, monthly support group meetings, case tracking, life skills sessions, and economic strengthening opportunities.

Beneficiaries

Under previous PEPFAR guidance, USAID-funded NGOs provided services to in- and out-of-school youth as part of an Abstinence, Be Faithful, and Condoms (ABC) program. They also provided prevention services to miners, loggers, and members of adjacent communities such as Amerindians. Changes were made to PEPFAR guidance in September 2011, and the NGOs revised their activities to focus on prevention services for key populations. Support for miners, loggers, and adjacent communities still exists, but is minimal due to the increased focus and expenditure on MSM and SWs.

With regard to care and support, NGOs provided services to HIV-positive adults and OVC. OVC include children below age 18 who are either infected or affected by HIV.

Community Needs

The NGOs interviewed for this assessment reported variation in their individual organization's ability to meet the needs—both for HIV services and more broadly—of the communities they serve. The following section highlights identified areas in need of additional support as well as some of the challenges these groups face.

HIV-related support

The NGOs interviewed for the assessment overwhelmingly cited the importance of PEPFAR funding for HIV prevention, care, and support services in Guyana, but several noted the program's limitations regarding allowable services using PEPFAR dollars. For example, while the NGOs provide nutritional counseling, PEPFAR money does not support the procurement of food items. NGOs reported that they applied for World Bank funding or support from Food for the Poor and reached out to local businesses, including grocery stores, to help address this gap. While OVC are supported until the age of 18, once they "age-out" and become adults, they are transitioned to the adult HBC program. NGO representatives interviewed felt strongly that beneficiaries need a period of transition before enrolling in the adult program. OVC in transition find it challenging to move from participating in support groups with their peers to support groups that include older adults. Specific support groups and empowerment sessions for this population would address this challenge and effectively support the transition.

Economic and food security

The majority of NGOs identified that the communities in which they work require more support than is currently available in terms of HIV prevention, care, and support services. While providing services to PLHIV is critical, emphasis was also placed on supporting the entire family structure to ensure economic and food security. Specific services that are needed include job and income generation skills development as well as nutrition support. Improving adult literacy was cited as an important and related need.

Noncommunicable diseases and other health needs

NGOs identified that while HIV prevention, care, and support are critical, particularly for key and adjacent populations, the general population requires broader health and wellness support. Identified areas in need of greater support include blood pressure and hypertension screening, diabetes testing, school-based health education, prevention of teen pregnancy, domestic violence awareness, substance abuse referrals, and suicide/crisis counseling among others.

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Mobile services and transportation

NGOs that serve hinterland populations and “riverain” communities reported challenges in providing routine, high-quality mobile services to those in need. In some instances, the regions they serve are vast, encompassing remote areas. Travel to these areas can be challenging, depending on road and weather conditions. In other instances, the best mode of transportation is speedboat. These NGOs reported a need for more reliable transportation—either they wished to purchase a speedboat and did not have the funds to do so or their vehicle/boat was old and in need of maintenance and/or upgrade.

High-level capacity gaps and needs

Key informants identified several key areas in which NGOs and MOH/NAPS could use additional capacity development to strengthen their abilities to transition from a service delivery model to targeted PEPFAR technical assistance. These include business development and resource mobilization for NGOs and both an organizational development and human resource needs assessment for MOH/NAPS as well as costing of the national HIV strategic plan. More detailed findings are presented below.

NGOs: Business development and resource mobilization

The majority of NGOs interviewed indicated a reliance on PEPFAR funding to support indirect costs including staff salaries or other recurrent costs such as utilities and office supplies. As PEPFAR funding continues to shift, these organizations will need to identify other sources of funding to ensure viability. Many of the NGOs interviewed cited this as an area of concern and identified the need for business development skills. Some specific areas where technical assistance is required are described below.

Resource landscape orientation

While a few of the NGOs interviewed had previous experience applying for non-PEPFAR funding, all of them identified the need for a comprehensive orientation to the broader donor/resource landscape in Guyana. Some had obtained this type of information by sharing with partners or seeing funding opportunities listed in the newspaper, but most expressed interest in participating in an orientation or having a resource guide.

Proposal development training

The NGOs with experience applying for non-PEPFAR funding understood that each donor has its own guidelines regarding what constitutes a successful proposal or application. Many organizations felt comfortable submitting to USG/USAID since they are familiar with the application requirements, though the majority welcomed the idea of training and capacity building for proposal development targeting other sources.

Due to limited staff and Board availability, several NGOs expressed a desire for training in business development skills and proposal writing for all lead staff. They also emphasized the importance of having a critical mass of trained staff to ease the workload and allow for better-quality submissions.

Business plan development and business development marketplace

Previously, GHARP II worked with NGOs to hold a one-day event in which NGOs showcased their strengths and presented a business plan to attract private sector engagement. NGOs reported this as a promising practice. Due to inclement weather and other complications, turnout that day was limited. Still, the majority of NGOs interviewed expressed interest in participating in a follow-on event, which could include other donors/development partners.

Private sector engagement

A handful of NGOs had ongoing partnerships with private sector organizations. However, many called upon GBCHA to improve efforts in connecting private sector companies with NGOs providing HIV prevention, care and support services. NGOs said they lacked information on identifying appropriate

contacts within private sectors organizations who are GBCHA members. Meanwhile, private sector organizations stated that they were not fully aware of the work that NGOs were implementing. Both entities called for GBCHA to foster ongoing relationships and continuing support from private sector organizations.

NGOs: Coordination and advocacy

Since the closure of GHARP II, the NGOs have not had as strong a voice or a mechanism within which to organize. While NGOs acknowledge the existence of the NCC, the assessment team heard mixed views of this committee’s effectiveness in facilitating information sharing across organizations, organizing NGOs as a sector to develop advocacy platforms/strategies, and providing overall coordination. While some organizations recognize that efforts have been made in these areas, others cited a geographic disconnect: those located outside of Georgetown felt there was a lack of representation and/or engagement.

MOH/NAPS: Human resources assessment

Key informants identified the importance of determining the actual human resources needed to sustain the HIV/AIDS program within MOH/NAPS as PEPFAR and GFATM programs downsize. This is particularly important since the Ministry of Health is experiencing difficulty absorbing the PEPFAR-supported staff which is necessary for the effective implementation of the program. Moreover, the GFTAM is unable to fund these positions. As PEPFAR and other donor-funded programs continue to transition, MOH/NAPS will need an evidence-based human resource strategy that maps and aligns policy and program needs with trained personnel.

MOH/NAPS: Costing HIVision 2020

The MOH recently published *HIVision 2020*, which outlines Guyana’s national strategic plan for 2013–2020. While the plan articulates priority areas, strategic objectives, and expected and intermediate results, it has not been costed to assess the value of all resources required to ensure successful implementation and achievement of national targets.

MOH/NAPS: Key populations size estimation

In addition to costing the national strategic plan, the MOH/NAPS identified the need to establish accurate size estimates of key populations to ensure effective HIV programming. As noted in the situational analysis, Guyana’s concentrated epidemic is largely driven by key populations, who are characteristically difficult to reach. Knowing the number of people who are most-at-risk would allow policymakers to make strategic investments in HIV programs to effectively avert new infections and identify people in need of treatment, care, and support.

Roles and Responsibilities to Support Sustainable Transition

Key informants across stakeholder groups overwhelmingly agreed that further dialogue is needed to ensure shared understanding of what transition planning entails. Recent discussions around country ownership have sought to clarify that references to “country” need not imply the government working alone, and should include the broader context of civil society, the private sector, and other key groups. Therefore, as PEPFAR transitions from a service delivery model to targeted technical assistance, there is a need, identified by key informants, to clarify the roles and responsibilities across all stakeholder groups. The following section highlights thoughts and ideas collected during the two-week participatory assessment. HPP used these reflections to inform the design and facilitation of the two-day stakeholder meeting with the aim of solidifying, and perhaps codifying, a shared understanding of transition planning for all participants.

MOH/NAPS: Leadership, vision, oversight, and coordination

Key informants from all stakeholder groups emphasized the importance of MOH/NAPS providing leadership and strategic vision for transition planning, as well as coordination for the HIV response. While NAPS supports all of the NGOs providing HIV services with direct procurement for condoms; test kits; information, education, and communication materials; and reporting forms, according to those interviewed, NAPS has not played a leadership role in the national HIV response of civil society. Instead, PEPFAR and other donors filled this role, while coordination was largely carried out by USAID-funded initiatives such as GHARP I and II. Across the board, development partners, other line ministries, PEPFAR representatives, and NGOs recognized the importance of ensuring NAPS's ability to transition effectively into this role.¹¹

MOH/NAPS: Oversight for NGOS

In addition to providing leadership and vision, key informants expressed the importance of NAPS providing oversight of NGOs to ensure the quality of service delivery and alignment with the national strategy. NGOs that were interviewed described NAPS oversight as inconsistent; some suggested that routine visits are the norm while others suggested a total lack of site visits.

MOH/NAPS: Coordination, not implementation

Interviewees expressed the importance of having NAPS play a stronger role in leading the national HIV response, but key informants across stakeholder groups clearly articulated that coordination should not be confused with implementation. To eliminate duplication of efforts, emphasis was placed on allowing the NGOs to focus on providing HIV prevention, care, and support services for key populations such as MSM, SWs, or other hard-to-reach populations.

NGOs: HIV prevention, care, and support with a focus on key populations

All stakeholders, including the MOH/NAPS, agreed that NGOs have a unique role to play in reaching key populations and geographically hard-to-reach groups. They have provided these services since 2011, when PEPFAR refined its focus to target MSM and SWs. As PEPFAR transitions from service delivery to targeted technical assistance, and within the context of the concentrated HIV epidemic in Guyana, there is an identified need for NGOs focus on prevention, care, and support services for key populations, as opposed to the general population. This view is shared by the government. One government official stated, "NAPS ... need(s) the NGOs because they do not have the capacity to provide the services to most-at-risk populations that the NGOs are currently providing."

It was also noted that NGOs have a key role to play in providing HBC and follow-up care to PLHIV and their families.

NGOs: Advocacy and governance

In addition to providing HIV services to key populations, informants across stakeholder groups stated that NGOs need to play a stronger role in advocacy and governance to hold government accountable. One individual described the relationship between NAPS and the NGOs as a "workshop relationship." In other words, NGOs are invited to receive training on a particular subject matter, but most of them are not actively engaged in policy dialogue and strategic planning discussions. In fact, most NGOs were largely unaware of the existence of HIV technical working groups or transition committees. To ensure that the national HIV response transitions from donors to a country ownership model, NGOs will need to play a stronger, more visible role.

¹¹ Building on the work led by GHARP II, the Advancing Partners and Communities global project will provide capacity building and technical assistance to NGOs.

Expenditure Analysis

In addition to the qualitative analysis to assess and document the current HIV prevention, care, and support services provided by NGOs and the capacity gaps and needs of all stakeholders, the HPP team also conducted an expenditure analysis for the period FY08–FY12 (October 2008–September 2012).

HPP analyzed all of the expenditure data for the 10 NGOs that are currently supported by PEPFAR and five that previously received PEPFAR funding. Network of Guyanese Living with HIV and AIDS (G+) and St. Francis Community Developers (SFCD) did not receive any PEPFAR funding during this period. HPP calculated indicators using expenditure data available during FY07–08. For each NGO, HPP assessed six indicators when possible; these are listed in Table 1. A breakdown of funding streams is provided in Annex E, and Annex F includes a detailed expenditure analysis by indicator, with methodology and assumptions. Some summary trends are provided after the table.

Table 5. Expenditure Analysis Indicators of Interest

	Indicator	Numerator	Denominator
1.	% of funding received from sources between FY08 and FY12	Expenditure by source of funding	Total expenditure as a sum of all funding sources
2.	% of HIV expenditure provided by PEPFAR	HIV expenditure provided by PEPFAR (exclusive of cost share)	Expenditure as a total of all funding sources earmarked for HIV
3.	% of Indirect expenditure provided by PEPFAR	Indirect expenditure provided by PEPFAR	Total indirect expenditure as a sum of all funding sources
4.	% of HIV expenditure	HIV expenditure	Total expenditure as a sum of all funding sources
5.	% of PEPFAR direct expenditure on prevention, and % of PEPFAR direct expenditure on care and support	PEPFAR direct expenditure on prevention PEPFAR direct expenditure on care and support	PEPFAR direct expenditure total
6.	% of PEPFAR direct expenditure on specific activities for key populations (key populations are defined as MSM and SWs)	PEPFAR direct expenditure on key populations	PEPFAR direct expenditure total

NGOs dependent upon PEPFAR to support HIV programs

PEPFAR funding supports, at minimum, 80 percent of expenditures for 10 of the 15 NGOs included in this assessment. PEPFAR supports at least 80 percent of HIV expenditures for Hope Foundation, Youth Challenge, Fact, and GBCHA, and over 90 percent of HIV expenditures for Help & Shelter, Comforting Hearts, Agape, Lifeline Counseling, United Bricklayers, and Linden Care Foundation.

Select numbers of NGOs provide support to key populations

Specific NGOs received a directive from USAID in 2011 to increase their expenditure and focus on key populations. Table 2 shows the percentage of key populations spending for FY08–FY11 and FY11–FY12, demonstrating an increase in the percentage of direct expenditure on key populations. Table 2 also identifies where each NGO is located. The greatest percentage of PLHIV cases are found in Regions 4 and 6, followed by Regions 2, 10, and 7. NGOs providing support to key populations in these regions include AIDS, United Bricklayers, Youth Challenge, Hope Foundation, Linden Care Foundation, FACT, and Hope for All.

Table 6. Percentage of PEPFAR direct expenditure on key populations by region and % of total PLHIV cases:

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%

Other populations in need of services

The expenditure analysis revealed that some NGOs were also providing support to adjacent populations such as miners, loggers, Amerindians, and other groups including security guards and bus owners, as well as OVC.

For example, five of the 10 NGOs included adjacent populations as part of their prevention, care, and support activities. While the majority of these five organizations spent a nominal percentage of direct expenditures to reach these groups, the analysis revealed that Youth Challenge, which spends 100 percent of direct expenditure on prevention programming, spent 47 percent of programming dollars on miners, loggers, Amerindians and other vulnerable populations in FY08–FY11. See below for the percentage spent by the four remaining organizations.

- AIDS spent 0.6 percent on prevention with security guards and bus owners; expenditure on bus owners was in FY09 and expenditure on security guards was in FY11.
- FACT spent 8 percent on prevention with loggers and Amerindians in FY08–FY12.
- Hope for All spent 1 percent on prevention with loggers and Amerindians in FY10.
- LCF spent 6 percent on prevention with miners, loggers, and other adjacent populations in FY11.

Likewise, five of the 10 NGOs provided care and support for OVC who were both infected and affected by HIV. Two of these organizations spent more than 50 percent of their direct expenditure on OVC activities—Agape (70%) and Lifeline Counseling (68%)—while three organizations spent in between 23 and 42 percent, including Hope for All, Comforting Hearts, and LCF, in order of magnitude.

Workshop Findings

The two-day workshop presented an opportunity to further explore and validate many of the findings that emerged during the assessment. Workshop participants identified challenges related to the PEPFAR transition and in some instances, requested technical and/or financial assistance. These findings and associated requests were categorized under the CO dimensions presented earlier in the situational analysis.

Political Leadership and Stewardship

Lack of engagement in transition planning

Workshop participants expressed disappointment that more representatives from the private sector were not engaged in discussions about the transition. Private sector representatives suggested that it was difficult for them to attend for a full two days and requested that USAID host a half-day follow-up meeting with the heads of private sector organizations to secure their engagement and support during the transition period and beyond.

Participants also expressed concern that NAPS was unable to commit to two full days of workshop participation, which was considered critical to ensuring a seamless and sustainable transition. Specifically, participants wondered how NAPS's absence would affect the overall transition and next steps. In general, participants wished to see full engagement from all key stakeholder groups moving forward and requested support from USAID to facilitate continued discussion with NAPS to ensure greater coordination and collaboration between the NGOs and the MOH.

Institutional and Community Ownership

Expand the role of the private sector with support from Guyana Business Coalition on HIV/AIDS (GBCHA) and other associations

Workshop participants felt strongly that the private sector has an important role to play in the national HIV and AIDS response. While efforts have been made to secure private sector representatives' active engagement and support, stakeholders agree that this sector holds untapped potential. At present, private sector support is particularly limited outside of Georgetown. The lack of private sector engagement and interest in supporting NGOs has been attributed to a limited or unclear understanding of the NGOs and their respective missions and objectives.

As noted by workshop participants, increasing engagement of the private sector falls squarely within the mission and mandate of the GBCHA. In addition to stronger coordination and guidance from GBCHA, participants requested that private sector partners adopt specific NGOs and/or commit to specific programmatic areas that are not funded by PEPFAR, such as OVC feeding programs, so their financial support is guaranteed as part of an annual budget. Likewise, knowing which causes and issues are supported by private sector entities will enable NGOs to direct their marketing efforts strategically. Other associations, including the Consultative Association of Guyanese Industries (CAGI), were identified as potential vehicles for soliciting broader private sector engagement.

Mapping of NGOs

Private sector partners and other key stakeholders expressed having a limited understanding of the services NGOs provide in support of the HIV and AIDS response.

The workshop participants requested support for the continuation of Youth Challenge's work to map the location and activities of all NGOs that provide HIV and AIDS services as a way of communicating what resources and support are available.

Clarify roles and responsibilities and strengthen NGO engagement

NGOs expressed concern regarding their lack of engagement in the development of national strategies, such as *HIVision 2020*, which has the potential to result in a duplication of services. The NGOs recognized the need to present a cohesive platform that outlines their view of their role in the national response to HIV and AIDS. They seek to have their activities included as part of the MOH's workplan and budget, while maintaining their independence as a civil society that can hold the government accountable for including civil society's voice. Furthermore, increased engagement would help clarify the roles and responsibilities of NAPS in relation to the NGOs to ensure coordinated provision of HIV prevention, care, and support services.

The workshop participants requested USAID assistance to facilitate dialogue and discussion between the NGOs and NAPS and to strengthen their capacity in advocacy and strategy development.

Build strategic alliances with private sector partners

Participants noted that most NGOs keep accounts at Republic Bank, yet the bank is not a member of the GBCHA. Likewise, Metro Stationery offers discounts to NGOs even though it is not a GBCHA member.

In addition to educating the private sector about the importance of supporting the HIV response in Guyana, workshop participants requested that GBCHA increase its efforts to engage with groups that informally support HIV and AIDS programs. Participants also expressed support for "voting with NGO dollars" as a way to encourage patronizing businesses that support HIV services.

Strengthen the NGO Coordinating Committee (NCC)

The NCC, which was established to facilitate communication, collaboration, and coordination among the USAID-funded NGOs delivering HIV prevention, care, and support services, is nonfunctional and in need of restructuring. As a result, the NGOs expressed having limited ability to hold the government accountable for increasing civil society participation and for representing NGO interests in the HIV response and beyond.

To ensure the active engagement of civil society in policy development, formulation, and implementation, by the end of the transition period, participants would like to see the NCC function as a registered, well-established, formal body, with membership from broader civil society organizations and an infusion of new energy and vision. Although the NGOs have a representative on the committee, participants expressed dissatisfaction with the quality of representation and viewed this as an area in need of improvement. Specifically, participants would like to have the NCC establish an office and define a mandate that extends to broader health and social issues to ensure the inclusion of non-USAID-funded NGOs. Establishing an NCC secretariat to help support policy development and engagement with stakeholders was also identified a critical need, as was better representation on the GFATM Country Coordinating Mechanism.

Participants requested direct support from USAID to assist the NCC with formulating an advocacy platform and strengthening its organizational development structure. The ultimate vision is for the NCC to function at different levels (i.e., national and subnational) and to be a body recognized by all relevant stakeholders across sectors within the region.

Collaborate/coordinate with stakeholders

Workshop participants expressed having a limited understanding of how each stakeholder group currently supports the HIV response. By the end of the transition period, stakeholders envision having an established mechanism for effective coordination and communication across key stakeholder groups that would allow for the sharing of information, resources, objectives, and targets.

Toward this effort, workshop participants requested the establishment of a coordinating body (e.g., a technical working group or other committee) to ensure effective communication and coordination among NGOs, MOH/NAPS, and other line ministries (such as the Ministry of Education and Ministry of Labor, Human Services and Social Security [MoLHSSS]) and the private sector.

Clarifying care and support from home-based care

Workshop participants expressed concern that HBC is currently considered synonymous with care and support, when in fact NGOs provide a comprehensive package of services that are inclusive of far more than care and support. The current definition of HBC appears limited and driven by donor reporting requirements rather than actual need and corresponding service delivery. USAID must ensure that there is clarity on the part of the NGOs regarding this program area.

The PEPFAR transition is an opportunity to use terms and develop indicators that reflect the needs of the community. Participants requested revising PEPFAR's definition of care to include an array of support, such as economic strengthening, psychosocial support, and adherence counseling, particularly as beneficiary needs evolve and PLHIV live longer.

Government subventions and other direct financial assistance

The majority of HIV and AIDS NGOs in Guyana use PEPFAR funds to support indirect expenses, including rent and utilities, making these organizations particularly vulnerable as PEPFAR funds decline. Workshop participants pointed out that the government does not currently have a way to channel financial resources directly to NGOs outside of subventions, which are capped.

Participants requested that, by the end of the transition period, the government establish a funding mechanism that will allow financial resources to flow directly to NGOs, without compromising their autonomy. Discussion of this point referred to the need for these organizations to simultaneously develop their advocacy skills to ensure a continued ability to hold the government accountable. Specifically, participants requested that the government issue subventions and/or provide office/building space rent-free to CSOs so they can continue to provide necessary services to communities. Participants also requested that the government make the process of obtaining subventions and office space transparent.

Support for NGO income-generation activities

Few NGOs have successfully established and operated income-generating initiatives. Examples of successful initiatives include canteens, tailoring and selling school uniforms, and renting out conference space.

NGOs expressed strong interest in receiving support from USAID during the transition period to establish and grow income-generating initiatives. They specifically asked that their current cost-share contribution (3–7%) be used for income-generating activities that support the organizations directly.

Capacity building for business development

NGOs reported having a limited understanding of the donor landscape and a need for more information on funding cycles and priorities. There is a related need to improve proposal writing skills and understand how each donor evaluates applications, particularly as NGOs continue to seek funds outside of USAID.

The NGOs requested support from USAID during the transition period to strengthen their capacity to prepare and submit successful proposals to a diverse portfolio of donors/development partners, and have an opportunity to learn more about non-USAID donors. They specifically requested that USAID host a donor-NGO “matchmaking” or marketing event to provide opportunities for dialogue and awareness. Specifically, workshop participants requested that USAID's new implementing partner, Advancing

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Partners and Communities, support donor orientation and “matchmaking” sessions so that NGOs can orient donors to their mission, objectives, and business strategies.

Timely feedback and certification

NGOs noted that feedback from donors and development partners is either limited or negative. The workshop participants understood that development partners may only receive periodic updates from their head offices, but requested the same timely communication that is required of them when reporting.

In addition, NGOs hoped to be formally certified by donor and development agencies for providing high-quality services so they could attract future funding.

The workshop participants requested receipt of timely feedback so they could identify what worked well and what programs might be replicated or marketed to other donors. Specifically, the NGOs asked that USAID issue receipts of accreditation or certification to identify trusted partners. This type of certification could allow NGOs to demonstrate their proven track record of strong performance in service delivery and reliable operations and systems.

Loosening development partner funding protocols

NGOs expressed that current funding protocols are too rigid. For example, several organizations noted difficulties with financial transactions because many development partners can only wire funds to bank accounts. This method is not always practical for areas outside of Georgetown. They were also concerned about delays in funding which, in turn, impact service delivery. The NGOs requested that USAID work with its implementing partner to ensure timely delivery of grant funding. USAID is working with the Advancing Partners and Communities to address this issue.

Support from USAID to document and disseminate best practices

NGOs have a limited ability to document and disseminate best practices, either through print or web media. Similarly, some workshop participants identified the difficulty in attracting a diverse portfolio of funding to ensure sustainability in service delivery.

The NGOs requested USAID support during the transition period to document and disseminate promising practices to key stakeholders as a way to attract funders who may not be familiar with their work.

Capabilities

Conduct impact evaluation

Workshop participants expressed not having a clear idea of which programs are most effective. Although they submit annual PEPFAR reports and routine financial data, many felt that having information about program impact would be informative and help with more targeted service delivery. Participants requested PEPFAR support to conduct an impact evaluation before the end of the transition period.

HPP Recommendations

Drawing upon findings from the three primary data sources—the assessment with key informant interviews, expenditure analysis using available program data, and a two-day workshop with key stakeholders—HPP identified several critical areas for USAID | PEPFAR’s continued support as well as strategic areas for engagement to ensure a sustainable and evidence-based transition that upholds the principles of country ownership. The HPP team aligned all recommendations with the Country Ownership dimensions outlined earlier. While HPP’s recommendations largely support strengthening Guyana’s capabilities and political leadership and stewardship, ultimately they are cross-cutting because the CO dimensions are not mutually exclusive.

Capabilities

1. As a matter of priority, HPP recommends that USAID continue funding NGOs that provide prevention, care, and support services to key populations. As nongovernmental organizations, they are successful in providing services to groups that are otherwise difficult to reach, largely due to stigma and discrimination. Of the fifteen organizations included in this assessment, seven focus considerable effort on key populations programming including, Artistes 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 is an important group to reach given Guyana's concentrated epidemic.
2. The HPP team recommends that USAID provide technical assistance to these NGOs so they can conduct 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 necessary data to determine the effectiveness of the services they deliver. The results of such analysis will allow organizations delivering services to key populations, to better understand how to effectively use scarce resources.

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 trained, providing support for a day-long "marketplace" would also enable the NGOs to showcase their programs and services to other potential funders.
4. 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 also 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 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, making size estimates challenging. However, having an estimate will help inform strategic planning, funding requests, and resource allocation.
 - **Model impact associated with 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 inter-related activities will enable Guyana to better understand its epidemic, inform how best to tailor 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 OVC. Interview data suggest that some NGOs identify youth as an important area 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 address these programming needs. While OVC and youth may not be the highest PEPFAR priority given limited availability of funding, this transition period is an opportunity to collaborate and coordinate efforts with other donors and development partners to identify who, among 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 re-engineer and strengthen the National Coordinating Committee for HIV. A strong NCC will ensure sustainable partnership among civil society (not just HIV organizations), MOH/NAPS, and the broader health system. It 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.

CONCLUSION

As PEPFAR continues to transition from a service delivery model to one that provides targeted technical assistance, strategic USAID support for the areas identified in this study 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 GoG, will ensure an ethical and sustainable transition of Guyana's HIV and AIDS program.

ANNEX A: LIST OF CONTACTS

List of Organizations and Individuals Interviewed

No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
1.	May 28, 2013	USAID	Edris George		USAID	In briefing	
2.		Lifeline Counseling Service	Gloria Joseph Robin Lewis Wilton Evelyn Deslyn Persaud	Executive Director(ag)/M&E Officer Social Worker Nurse Supervisor Accountant	Lifeline Counseling Service 332 East Street, South Cummingsburg Tel: 226-8684, 231-7289 Email: gloriagj@yahoo.com	Key Informant Interview	4 persons
3.		AGAPE Network	Lauren Fraser Shondell France Kayana Amos Candice Sharples	Executive Director Project Coordinator Social Worker Accountant	Agape Network Lot 2 Turkeyen, Upper Dennis Street, Sophia Tel: 227-3711, 618-5469 Email: agapenetwork.guyana@yahoo.com	Key Informant Interview	4 persons
4.	May 29, 2013	Guyana Responsible Parenthood Association	Ms. Patricia Bisnauth Sheila Fraser Paula Sampson Arlene Moses June	Executive Director Clinic Manager Senior Program Officer M&E Officer Multipurpose Technician/Case Navigator	Guyana Responsible Parenthood Association 70 Quamina Street, South C/burg, Georgetown Tel: 225-0738; 225-0739 Email: pbisnauth@gmail.com	Key Informant Interview	5 persons
5.		Help and Shelter	Margaret Kertzious	Project Coordinator	Help and Shelter Homestretch Avenue, D'urban Backland, Georgetown Tel: 227-8353 Email: hands@yahoo.com	Key Informant Interview	1 person

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
6.		Youth Challenge Guyana	Dmitri Nicholson Samantha Humphrey Troy Nurse	Executive Director Accountant Monitoring Officer	Youth Challenge Guyana G Enachu Street, Section K, Campbellville, G/town Tel: 223-7884/5, 691-0474/225-0129 Email: dnicholson@ycgi.org	Key Informant Interview	3 persons
7.		Guyana Business Coalition	Suzanne French Duanne Lewis	Executive Director Accountant	The Guyana Business Coalition on HIV/AIDS 108 Orange Walk Bourda Tel: 225-0972 Email: sfrench@guybizcoalition.org	Key Informant Interview	
8.	May 30, 2013	United Bricklayers	Eulanie Ouseley-Torrezao Juanita Borrowes Joshua Torrezao Antoine Dey Shavonne Borrowes	Projector Coordinator Prevention Coordinator Board member Peer Educator VCT Officer	United Bricklayers 25-25 Charles Place, New Amsterdam Berbice Tel: 333-3322/4524 Email: unitedbricklayers@yahoo.com	Key Informant Interview	5 persons
9.		Hope Foundation	Ivor Melville Marilyn Bryan Nixon William	Executive Director Accountant Prevention Coordinator	Hope Foundation Lot 18 Sixth Avenue, Bartica Essequibo Tel: 455-3144; 455-2891/699-9874/680-1827 Email: coapbartica@yahoo.com	Key Informant Interview	3 persons
10.		Comforting Hearts	Simmone Bailey-Hoyte Garfield Grant Ashana Ramjag	Project Coordinator M&E Officer Accountant	Comforting Hearts 6-18 Coburg Street, New Amsterdam, Berbice Tel: 333-4722/6351/2837; 648-8431 Email: comfortingheart@hotmail.com	Key Informant Interview	3 persons

Annex A: List of Contacts

No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
11.	May 31, 2013	Hope For All	Shondelle Butters-Belfield Dr. Allison Brown Vanessa James Juliana Farley Daphne Beet	Executive Director Board member Accountant VCT Coordinator M&E Officer	Project Coordinator, Hope For All 6 Suddie, Essequibo Coast Tel: 774-4598 Cel: 627-0571/613-5723/623-0006 Email: hopeforall_hivaid@yahoo.com	Key Informant Interview	5 persons
12.		Suddie Hospital	Dr. Allison Browne Melengrate Pearce Irene Sooklall Yegest Sasenarine Omesh Sesnarayam	Regional Health Officer Counselor Tester Social Worker Dot Worker Data Entry Clerk	Suddie Hospital Suddie, Essequibo Coast Region 2 Tel: 774-4560 doc_broson@hotmail.com	Treatment Center	5 persons
13.		St. Francis Community Development	Alex Foster Bobby Ally Anand Ramdial	President Finance Officer M & E Officer	St. Francis Community Development East Sideline Dam, Rose Hall Town Berbice Tel: 337-4090; 616-7561 Email: sfcdguyana@yahoo.com	Key Informant Interview	3 persons

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
14.		FACT	Annette Jaundoo Richard Collymore Troy Savory Jewel Corlette Norenan Some ?? Marcia Kissoon Towana Moore	Project Coordinator Prevention Coordinator Prevention Officer Social Worker Board member Accountant CHPC Caregiver	Family Awareness Consciousness Togetherness 78 Village Corriverton Corentyne, Berbice Tel: 335-3990 Email: factgroup@yahoo.com	Key Informant Interview	7 persons
15.	June 3, 2013	UNICEF	Jewel Crosse Cornelly McAlmont	Youth and Adolescent Development Officer Child Survival Officer	UNICEF Brickdam and Winter Place Georgetown Tel: 227-3662 ext 111 jcrosse@unicef.org	UN Developmental Partner	2 persons
16.		MOH/NAPS	Dr. Shanti Singh	Program Manager	MOH/NAPS Hadfield Street, Stabroek Tel: 226-8572 Email: fsjaanthony@gmail.com	Government of Guyana	1 person
17.		Artistes In Direct Support	Desiree Edghill Nazim Hussein Tricia Ashby	Executive Director Board Member Accountant	Artistes in Direct Support 156 Alexander Street, Kitty Georgetown Tel: 225-5112/227-7321/624-8030 Email: artsup92@yahoo.com	Key Informant Interview	3 persons
18.	June 4, 2013	Linden Care Foundation	Hazel Maxwell Lauren Parris Hyacinth Sandiford Naomi Cox	Executive Director Accountant Board member Nurse Supervisor	Linden Care Foundation Linmie Office Complex, Watooka, Mackenzie, Linden Tel: 444-2827-9, Fax: 444-2828 Email: hmaxwell16@yahoo.com	Key Informant Interview	4 persons
19.		Upper Demerara	Colleen Farrell	Social Worker	Upper Demerara Regional Hospital	Treatment Center	1 person

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No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
		Regional Hospital			Wismar Tel: 442-0811		
20.		G +	Crystal Albert-Jones	Program Manager	Network of Guyanese Living with HIV/AIDS - G Plus A & B Joseph Pollydore Drive, Cemetery Road, Georgetown Tel: 683-6930 gplus2010@yahoo.com	Key Informant Interview	1 person
21.		Private Sector	Delmar Tobin	Human Resource Officer	Grace Kennedy Remittance Services Water Street, Georgetown Tel: 227-5146 Ext 5142 Email: Delmar.tobin@gkco.com	Private Sector	3 persons
22.			Tracey Lewis	General Manager	Guyana Lottery Company 357 Lamaha Street, North Commmingburg Georgetown Tel: 225-9633 Email: glcl@guyana-lottery.com	Private Sector	1 person
23.			Yvette Feidtkou	Human Resource Manager	Sterling Products Ltd Farm East Bank Demerara Tel: 263-7403-6 Email: yfiedtkous@yahoo.com	Private Sector	1 person
24.		Peace Corps	Flavio Rose	Program Coordinator, Response Project	Peace Corps 33A Barrack Street, Kingston Georgetown Tel: 225-5072 FRose@peacecorps.org	PEPFAR	1 person
25.		UNFPA	Babsey Persaud-Giddings	Program Officer	UNFPA Mexican Embassy 44 Brickdam, Stabroek Tel: 223-6571 Persaud-giddings@unfap.org	UN Development Partner	1 person

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No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
26.	June 6, 2013	UNAIDS	Dr. Roberto Campus Samantha Hall	Country Director Program Assistant	UNAIDS CIDA Building 56 New Market & Main Streets Tel: 225-1580 Email: halls@unaids.org	UN Development Partner	2 persons
27.	June 7, 2013	Ministry of Health	Leslie Cadogan	Permanent Secretary	Ministry of Health Lot 1 Brickdam Georgetown Tel: 225-6785 Email: ps@health.gov.gy	Government of Guyana	1 person
28.	June 7, 2013	USAID	Edris George Oleksander Cherkas	Program Management Specialist Population, Health and Nutrition Officer	USAID Young and Barrack Streets, Kingston	Out Briefing	2 persons
29.		PEPFAR Guyana	Sophia Brewer Preeti Saywack Colleen Hicks Dr. Dennison Davis	PEPFAR Coordinator Strategic Information Specialist CDC Public Health Specialist, Infection Control Officer CDC Public Health Specialist, Care and Treatment Officer	USAID High Street, Kingston	PEPFAR Large Group Out Briefing	4 persons
30.	June 2013	Ministry of Culture, Youth and Sport	Alfred King	Permanent Secretary	Ministry of Culture, Youth and Sport Main and Quamina Streets South Commingburg Tel: 226-8542	Government of Guyana	1 person

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No	Date of Interview	Name of Organization	Name of Interviewees	Job Title	Address	Type of Activity	Notes
					pskingmcys@yahoo.com		
31.	June 20, 2013	UNAIDS	Otilia St Charles	Strategic Information Officer	UNAIDS CIDA Building 56 New Market & Main Streets Tel: 225-1580 Email: halls@unaids.org	UN Development Partner	1 person
32.	June 21, 2013	Ministry of Finance	Sonia Roopnauth Jaron Parker Cecilia	Director of Budget Ministry of Health Planner Analyst	Ministry of Finance Main and Urquhart Streets Georgetown Tel:225-9408 Email: roopnauth@gmail.com	Government of Guyana	3 persons
33.	June 25, 2013	Digicel Guyana	Gavin Hope Shonnett Moore Jayana Butt	Sponsorship Manager Public Relations Officer Marketing Officer	8 Fort & Barrack Streets, Kingston, Georgetown Tel: 690-0000 Shonnett.moore@digicelgroup.com	Private Sector	3 persons
34.	July 5, 2013	PANCAP	Dereck Springer	Resource and Mobilization Officer	Turkeynm East Coast Demerara, Tel: 222-00001 Ext 3414 Email: dspringer@caricom.org	Development partner	1 person
35.	July 10, 2013	PUSH	Dr. Andrea Lambert Sharon Grant	Principal Investigator Project Accountant	1009 Kisskadee Drive, Meadow Brook Garden Tel: 227-0733, 231-3188 Email: amlambert2@yahoo.com	Treatment Site	2 persons

ANNEX B: WORKSHOP PROCEEDINGS REPORT



Supporting PEPFAR Transition in Guyana: Roles, Responsibilities, and Next Steps in Ensuring Continuation of High- Quality Prevention, Care, and Support Services

DECEMBER 2013

This publication was prepared by Anita Datar, Priya Iyer, and Shaundell Shipley (consultant) of the Health Policy Project.



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The authors wish to acknowledge all of the nongovernmental organizations (NGOs), private sector partners, government of Guyana (GOG) ministries, and other development partners for their active participation and collaboration in this workshop.

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
GBCCHA	Guyana Business Coalition for HIV and AIDS
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOG	government of Guyana
HIV	human immunodeficiency virus
HPP	Health Policy Project
M&E	monitoring and evaluation
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOLHS	Ministry of Labor, Human Services, and Social Security
MOCYS	Ministry of Culture, Youth, and Sports
MSM	men who have sex with men
NAPS	National AIDS Program Secretariat
NCC	National Coordinating Committee
NGO	nongovernmental organizations
OVC	orphans and vulnerable children
PANCAP	Pan Caribbean Partnership Against HIV & AIDS
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
SCMS	Supply Chain Management System
SW	sex worker
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States government
VCT	voluntary counseling and testing

BACKGROUND

Over the next five years (2013–2017) the United States President’s Emergency Fund for AIDS Relief (PEPFAR) activities in Guyana will transition from a service delivery model to a technical assistance model, which will result in a significant decrease in United States government (USG) funding. As part of this transition, direct funding toward service-related activities will decrease and USG-supported programs will transition to local partners. The PEPFAR Guyana team has been working closely with the Ministry of Health (MOH) to develop a transition plan that delineates the specific steps to transfer key services to the government and to local nongovernmental organizations (NGOs).

As USG resources for Guyana decline, there is also uncertainty around the ability of NGOs to continue their engagement in the HIV response. As such, the role of NGOs and the MOH, as well as other government agencies and private entities, must be clearly defined to ensure that the transition process promotes the long-term sustainability of HIV prevention, care, and support services and the continuum of care for people infected and affected by HIV and AIDS.

Building on the efforts of previous United States Agency for International Development (USAID) initiatives, the USAID- and PEPFAR-funded Health Policy Project (HPP) supported PEPFAR Guyana by conducting a high-level assessment of HIV and AIDS services that are supported by NGOs, relevant private sector entities, donor and technical agencies, the MOH, and other relevant ministries in Guyana. The assessment aimed to document the country’s capacity gaps and needs to support the transition of HIV prevention, care, and support services from donors to the country, and suggested approaches for sustaining them over time. HPP also facilitated a two-day workshop with all of the stakeholders focused on the following:

1. Development of a shared understanding of the term “PEPFAR Transition” and its implications for Guyana’s HIV response.
2. Identification of opportunities, challenges, and changing roles as they relate to the PEPFAR transition and sustainability for HIV prevention, care, and support services.
3. Development of a shared awareness of the existing and potential roles of various sectors in managing and delivering community-based HIV prevention targeting key populations, and care and support services for people living with and affected by HIV and AIDS.
4. Identification of priority action items as a next step in ensuring a sustainable national HIV and AIDS response.

At the end of the two days, the participants identified short-, medium-, and long-term priority action items required to help transition the HIV and AIDS response from 2013 to 2017. These action items addressed broad areas including policy, governance, advocacy, financing, capacity building, and monitoring and evaluation (M&E). The following sections document the workshop proceedings.

DAY 1

What Does the PEPFAR Transition Signify to Participants

As part of an introductory icebreaker, participants were asked to describe their understanding of the implications of PEPFAR transitions for HIV prevention, care, and support services in Guyana.

Day 1

communication materials, VCT kits, log books, and other supplies. NAPS also oversees treatment sites across the country, and provides care and support.

Private sector

During the pre-workshop assessment, the HPP team met with private sector entities in Georgetown, who provided HIV workplace programs and routinely supported NGO events such as annual fundraisers. The team also met with the Guyana Business Coalition for HIV/AIDS (GBCHA), which provides training and increases HIV awareness in the private sector. Workshop participants clarified that private sector involvement in other regions, and particularly the interior, is lacking and does not compare to the capital city.

A representative of Food for the Poor was also at the workshop. This organization provides tangible support directly to NGOs and other organizations, including materials and furniture. Participants also noted that the two private hospitals that provide HIV and AIDS services should be included as part of the private sector.

Donors/development partners

Donors and development partners support NGOs in building their technical and organizational capacity, providing funding opportunities, and strengthening M&E systems.

What are each sector's strengths in supporting HIV prevention, care, and support in Guyana?

NGOs

The assessment found that NGOs were particularly strong in areas such as building networks within communities and supporting institutions, such as the police departments and other social services, to increase awareness of HIV and AIDS. It was also noted that NGOs are particularly well-suited to ensure access to prevention, care, and support services for hard-to-reach and key populations. Participants observed that NGOs are uniquely flexible and are able to provide relatively quick assistance, without needing parliamentary or other approvals. This flexibility also enables the NGOs to adapt to a changing landscape, and to provide services at all hours based on population needs. NGOs are also trusted partners within the communities they serve and, in many instances, have been providing services for a number of years.

MOH/NAPS

Findings presented at the workshop highlighted the MOH/NAPS's strengths to include developing policies and conducting technical trainings as well as procuring HIV-related commodities. Participants clarified that in addition to laboratory and pharmaceutical commodities, NAPS also supplies NGOs with information, education, and communication (IEC) materials as well as reporting and data collection forms. NAPS also clarified that it does provide NGOs with technical assistance to strengthen their M&E systems. The government agencies noted their system of referrals and linkages between agencies including the MOH; Ministry of Labor, Human Services and Social Security; and the Child Protection Agency. Finally, the MOH considers its establishment and implementation of the "Three Ones" to be a point of strength.

Private sector

The private sector, including entities such as Food for the Poor, is recognized for its ability to provide USAID-supported NGOs with funding and in-kind support to fill critical resource gaps. In conjunction with the GBCHA, several member organizations show support for HIV prevention, care, and support by providing HIV counseling and testing and prevention education at work sites.

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Development partners

Donors and development partners play a key role in funding direct and indirect expenses for HIV prevention, care, and support. Most of the NGOs that participated in this assessment and workshop rely heavily on donor funding to ensure adequate support for indirect costs such as infrastructure, rent, utilities, and other maintenance costs. NGOs that can secure funding for indirect expenses are viewed as less risky by other donors and qualify for funding to support service delivery. Along with funding, donors and development partners also provide technical assistance to NGOs to strengthen programs and M&E systems.

What do they need to do to support PEPFAR transition and ensure quality and sustainability of HIV prevention, care, and support services?

NGOs

Given their strengths in working with key populations, NGOs should continue to focus on HIV prevention for MSM and SWs while also working with populations in riverain and hinterland areas, and providing care and support services for people living with HIV (PLHIV) and those affected by it, such as OVC. NGOs should also document best practices, and continue to learn from the strengths of other NGOs. Conducting impact assessments of their intervention activities would provide NGOs with compelling data on the effectiveness of their work, which would be useful in securing additional funding and support.

MOH/NAPS

Together, the MOH and NAPS play a lead role in the HIV and AIDS response in Guyana. Because there are limited resources, it is important for the government to coordinate with NGOs to avoid duplication of efforts. As the lead agency, the MOH should coordinate the technical and financial assistance from development partners to ensure the effective use of all resources in ways that support priorities in Guyana. Due to the concentrated nature of Guyana's epidemic, the MOH should lead the completion of a size estimation analysis for key populations and hot-spot mapping, as well as a mapping of NGO services. Workshop participants observed that the private sector shows support for "high profile causes" that generate political support. Based on this observation, participants suggested that the government maintain its priority focus on HIV as a critical issue because this has an impact on private sector engagement.

Private sector

As Guyana prepares for a significant reduction in funding when PEPFAR transitions from service delivery to a technical assistance model, participants agreed that the private sector has a role to play in increasing support for the national HIV response. GBCHA has a strong roster of member organizations, but it was noted that organizations could do more to support HIV prevention, care, and support. Opportunities for investment include routine support of NGOs with a proven track record for service delivery, increasing membership dues, and increasing private sector engagement outside of the Georgetown region. There is also an opportunity for the private sector to collaborate with the government.

Donors/development partners

To ensure a sustainable HIV response, donors and development partners should use the transition period as an opportunity to strengthen NGOs' capacity to seek alternative funding opportunities (i.e., outside of PEPFAR). Several NGOs suggested that partners could do this by conducting agency-specific workshops on proposal writing, or by hosting a "matchmaking" event to help introduce NGOs to donors that provide funding for their area of focus (e.g., youth, domestic violence). Providing funding and technical assistance to support impact assessments of NGO intervention activities would also enable NGOs to substantiate their capabilities with evidence on the effectiveness of interventions/approaches. Participants also identified the value of USAID providing "certification" of their work to identify individual organizations as trusted local entities with proven records for high-quality service delivery and standardized operating systems.

Network Mapping and Identified Needs to Ensure Strengthened HIV Response

After validating the pre-workshop assessment findings, each sector worked as a group to draw and analyze a sector-specific network map. Once each sector's key stakeholders were identified, participants were asked to identify what was needed from identified stakeholders, including technical and/or financial assistance, to ensure improved collaboration and coordination toward a sustainable HIV response. Below are some highlights from their respective presentations, as well as images of their work.

NGOs

Due to the number of NGOs at the workshop, the sector was split into two working groups. Across both groups, NGOs identified numerous stakeholders on their map: other civil society organizations, USAID, the Peace Corps, the United Nations (UN) agencies, the Canadian International Development Agency (CIDA), Supply Chain Management System (SCMS), the MOH, Ministry of Education (MOE), Ministry of Labor, Human Services and Social Security (MOLHS), Food for the Poor, other private sector companies, treatment sites/hospitals, the regional democratic councils, the police force, the Guyanese diaspora, and their beneficiaries.

NGOs identified a number of opportunities for either strengthened collaboration with stakeholders and/or opportunities for technical/financial assistance. Some of these include

- Government-sponsored subventions that would enable NGOs to secure government-owned office space rent-free;
- Non-HIV-specific resources for beneficiaries, including halfway houses and housing;
- Technical assistance from donors/development partners to create organization-specific websites and brochures that communicate an organization's mission and proven track record;
- Funding from development partners and the private sector to ensure the smooth transition of services;
- Redirection of USAID-required cost-share toward investment in organizations to ensure sustainability;
- Coordination among NGOs (through the National Coordinating Committee [NCC]) to clearly define their role as part of the HIV and AIDS response in Guyana and coordinate sources of funding outside of PEPFAR;
- Work with each NGO to write a business plan, through USAID's implementing partner, Advancing Partners and Communities project;
- "Seed money" provided by USAID and/or other development partners for NGOs to start income-generating activities; and
- Engagement of the private sector so companies can gain a better understanding of the NGOs' activities and needs. For example, it was suggested that the NGOs, meet with the members of the GBCHA and to give presentations on their community-based activities.

GOG

Four ministries play principal roles in the national response to HIV and AIDS, including the MOLHS, the MOH, the MOE, and the Ministry of Culture, Youth and Sport. These four line ministries also coordinate with the Ministry of Finance (MOF), which scrutinizes all government-sponsored programs before releasing any funds. Each line ministry also has a constituency. For example, the MOLHS's constituency through its collaboration with the International Labour Organisation (ILO) workplace program consists of

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the government, the private sector, and unions. The government agencies also work closely with the NGOs and the private sector.

The government agencies identified a number of opportunities for strengthened engagement across stakeholder groups:

- Including NGOs on relevant committees to represent issues from a regional perspective;
- Strengthening linkages with the MOLHS to understand what programs and services might be available to beneficiaries;
- Engaging the Ministry of Culture, Youth, and Sport to provide training to OVCs.

Private sector

The private sector organizations identified GBCHA, NAPS, Food for the Poor, Scotia Bank, Digicel, and the NGOs as part of their network.

Private sector representatives at the workshop shared ideas for increasing sector-wide engagement, including

- Recommending that NGOs make requests for contributions within the first quarter of the year to ensure inclusion in industry timeline and goals for the year;
- Strengthening collaboration and expanding HIV prevention education to entities such as the Guyana Geology & Mines Commission, which have staff who routinely travel to the interior of the country and have a reputation for engaging SWs;
- Increasing engagement with top management of each company to secure their buy-in and involvement;
- Holding workshops in which NGOs can network with private sector partners and present the services they are providing.

Donors/development partners

Donors and development partners identified several partners such as the Peace Corps, NGOs, the MOH and NAPS, and other line ministries in their network map.

The development partners suggested several ideas for strengthened engagement across stakeholders including

- Improving coordination among development partners (i.e., USAID and PANCAP);
- Improving the articulation of the vision and needs set forth by NAPS, as well as the role of NGOs in the national response to HIV and AIDS; and
- Engaging line ministries further in the HIV and AIDS response.

Regional Priorities and Perspectives

In the time remaining on the first day, participants broke out into regional groupings to allow for nuanced discussion of how the spread of and response to HIV manifests at the regional level. Participants discussed the following questions in small group settings:

- What are the biggest strengths in your region?
- What are the biggest challenges in your region?
- What is the epidemiological snapshot?
- How many people are living with HIV in your region?
- What is the HIV prevalence in your region?
- Who are the populations most at risk for HIV in your region?
- What are the drivers in your region?

Given the limited time at the end of the first day, participants reported-out on the first two questions. Answers to remaining questions, while not documented here, may be found in the broader assessment report under the Situational Analysis and NGO Profile sections. Select highlights from across the regions are listed below:

- For groups working outside of the capital city, transportation poses a major challenge to ensuring access to services for those beneficiaries most in need;
- Region 3 reported making progress with respect to outreach with MSM and offered to share lessons learned with other regions;
- Region 6 reported having strong community support; challenges for the community include substance abuse;
- Region 2 reported having strong collaboration with health centers, treatment sites, and the MOE;
- Region 4 expressed seeing some overlap in distribution of IEC materials and messages; and
- Region 5 shared an example of collaboration with the Regional Democratic Council (RDC), which provided St. Francis and United Bricklayers with a building. It was also noted that the Guyana Police Force is supportive of HIV initiatives in the region. A major challenge is reaching beneficiaries in remote, homestead areas.

DAY 2

After working in sector-specific groups throughout the course of Day 1, participants had the opportunity to collaborate in mixed stakeholder working groups and share different perspectives as they answered the following questions:

1. What is the current state of prevention for key populations and care and support for those infected and affected by HIV in 2013?
2. What should prevention for key populations and care and support for those infected and affected by HIV look like by the end of 2017?
3. What actions, resources, and/or technical assistance are required to support seamless transition and to ensure a sustainable HIV response in Guyana?

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The following section documents key issues presented by each working group along with recommendations. While the current and future states were articulated for most issues, in some instances, participants noted current state and recommended actions only.

Mixed Stakeholder Working Group Assessments and Recommendations

Strengthen the National Coordinating Committee (NCC)

Current state

Presently, the NCC, which was established to facilitate communication, collaboration, and coordination for the USAID-funded NGOs delivering HIV prevention, care, and support services, is non-functional and in need of restructuring. As a result, the NGOs expressed having limited ability to increase civil society engagement (beyond HIV) to represent their interests and hold government accountable.

Future state

By the end of the transition period, participants envisioned the NCC as a registered, well-established, formal body, with membership from broader civil society organizations and an infusion of new energy and vision.

Recommended actions

- NCC should establish both an office and a mandate that extends to broader health and social issues to ensure the inclusion of non-USAID-funded NGOs.
- NCC should establish a secretariat to help support policy development and engagement with stakeholders.
- USAID should directly support NCC to formulate an advocacy platform and to strengthen the NCC to better represent NGOs on the Global Fund Country Coordinating Mechanism (CCM). Although the NGOs have a representative, participants expressed dissatisfaction with the current quality of representation and viewed this as an area in need of improvement. The ultimate vision is to have NCC function at different levels (i.e. national, subnational) and be a recognized body within the region.

Collaborate/coordinate with stakeholders

Current state

In the current state, there appears to be a limited understanding of how each stakeholder group currently supports the HIV response.

Future state

By the end of the transition period, stakeholders envision having an established mechanism for effective coordination and communication across key stakeholder groups that would allow for sharing of information, resources, objectives, and targets.

Recommended actions

Participants recommend establishing a coordinating body (e.g., technical working group or other committee) to ensure effective communication and coordination between NGOs, MOH/NAPS, and other line ministries, such as MOE, MOLHS, and the private sector.

Clarify roles and responsibilities and strengthen NGO engagement

Current state

While the NGOs have a memorandum of understanding with NAPS, there is duplication of services and resources, as well as limited NGO engagement in the development of national strategies, such as HIVision2020.

Future state

There is an identified need to clarify roles and responsibilities between NAPS and the NGOs to ensure the effective provision of HIV prevention, care, and support services.

Recommended actions

Recommended next steps include USAID facilitating a dialogue between the NGOs and NAPS so that the NGOs can present a cohesive platform that outlines how they view themselves and their role. The ultimate goal is to have NGO activities included as part of the MOH's workplan and budget, while also ensuring that NGOs have a voice in the development of national strategies and policies as they pertain to NGO roles and responsibilities.

Clarifying care and support from home-based care (HBC)

Current state

Participants expressed concern that care and support are often used synonymously with HBC, when in fact NGOs provide a comprehensive package of services with broader reach. The current definition is limited and driven by donor reporting requirements rather than actual need and corresponding service delivery.

Future state

The PEPFAR transition is an opportunity to use terms and develop indicators that reflect the needs within the community and service provision.

Recommended actions

Participants recommend expanding the definition of care to include an array of support, such as economic strengthening, psychosocial support, and adherence counseling, particularly as beneficiary needs evolve and PLHIV live longer.

Government subventions and other direct financial assistance

Current state

The majority of NGOs currently use PEPFAR funds to support indirect expenses, including rent and utilities, making these organizations increasingly vulnerable as PEPFAR funds decline. Participants also identified that the government does not currently have a way to channel financial resources directly to NGOs outside of subventions, which are capped.

Future state

By the end of the transition period, participants would like to see the government establish a funding mechanism to allow channeling of financial resources directly to CSOs without compromising their autonomy. Discussion around this point referred back to the need for these organizations to simultaneously develop their advocacy skills and ensure their continued ability to hold the government accountable.

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Recommended actions

Participants requested that the government issue subventions and/or provide office/building space rent-free to CSOs, so they may continue to provide communities with needed services. They also requested that the government make the process of obtaining subventions and office space transparent.

Expand the role of the private sector with support from GBCHA and other associations

Current state

Participants describe private sector support as limited, with stronger support channeled to NGOs within Georgetown. Likewise, private sector participants admitted to having a limited understanding of the mission and objectives of various NGOs.

Future state

There is wide recognition that the private sector has a strong role to play in supporting the HIV response in Guyana.

Recommended actions

Participants identified the need to clarify GBCHA's mission and mandate and suggested expanding its focus beyond HIV, which would also necessitate an organizational name change. In addition to GBCHA, other associations such as the Consultative Association of Guyanese Industries (CAGI), were identified as potential vehicles to solicit broader private sector engagement. With stronger coordination and guidance from GBCHA, participants recommended that private sector partners adopt specific NGOs and/or commit to specific programmatic areas, such as OVC feeding programs, so that their financial support is written into their annual budgets and NGOs can more strategically direct their marketing efforts. It was also recommended that membership organizations, such as GBCHA, increase their membership fees, which are currently minimal.

Build strategic alliances with private sector partners

Current state

Participants noted that most NGOs keep accounts at Republic Bank and yet this bank is not a member of GBCHA. Likewise, Metro Stationery provides discounts to NGOs even though it is not a GBCHA member.

Future state

In addition to educating the private sector on the importance of supporting the HIV response in Guyana, participants suggested a more strategic engagement with private sector partners—one based on “voting with their dollars,” to encourage patronizing businesses that support HIV.

Recommended Actions

To support the transition and beyond, participants recommend that NGOs and donors/development partners alike patronize groups that support the HIV and AIDS response.

Support for NGO income generation activities

Current state

Few NGOs have been able to successfully establish and operate income-generating initiatives. Examples of successful initiatives include canteens, tailoring and selling school uniforms, and renting out conference space.

Future state

NGOs expressed strong interest in having support from USAID to establish and grow income-generating initiatives during this transition period.

Recommended action

Instead of contributing a 3–7 percent cost share to demonstrate their partnership commitment, participants recommend having the ability to channel these funds into income-generating activities that support the organization directly.

Capacity building for business development

Current state

NGOs report having a limited understanding of the donor landscape and a need for more information regarding funding cycles and priorities. There is also an identified need to understand how each donor evaluates applications, particularly as NGOs continue to seek funds outside of USAID.

Future state

NGOs will understand the donor landscape, inclusive of funding cycles, donor/development partner priorities, and criteria for successful applicants.

Recommended action

NGOs requested support from USAID during this transition period to strengthen their capacity to develop and submit successful proposals to a diverse portfolio of donors/development partners, and the opportunity to learn more about non-USAID donors. They specifically asked that USAID host a donor-NGO “matchmaking” or marketing event to provide opportunities for dialogue and awareness.

Engagement in transition planning

Current state

Participants expressed disappointment that more representatives from the private sector were not engaged in this process and concern that NAPS was not able to commit to two full days of workshop participation, which they viewed as critical to ensuring a seamless and sustainable transition. Specifically, participants wondered how NAPS’s absence would impact the transition overall and critical next steps.

Future state

Participants wish to see full engagement from all key stakeholder groups moving forward.

Recommended action

Participants requested support from USAID to facilitate continued discussion with NAPS to ensure greater coordination and collaboration between the NGOs and the MOH.

Private sector representatives at the workshop suggested that it was difficult for them to attend for a full two days. Therefore, they recommended that USAID plan a half-day follow-up meeting with private sector officials.

Feedback and certification from development partners

Current state

To date, NGOs noted that feedback from donors and development partners is either limited or only provided when the message is negative.

Future state

Participants expressed an understanding that development partners may only receive updates from their head offices periodically. However, NGOs requested that partners make an effort to immediately communicate necessary information when they do receive it. In addition, NGOs hoped to be formally recognized if they were providing high-quality services, to attract future funding.

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Recommended action

Participants articulated a demand for timely feedback, so they could note what has worked well and what should be replicated or even marketed to other donors. They expressed that having USAID “certification” or “accreditation” might allow NGOs to demonstrate their proven track record of strong performance in service delivery, and reliable operations and systems.

Loosening development partner funding protocols

Current state

NGOs expressed that current funding protocols are too rigid. For example, several NGOs noted the difficulty with financial transactions because many development partners can only wire funds to bank accounts. This method is not always the most practical for areas outside of Georgetown. NGOs also expressed concern regarding delays in USAID funding, which in turn, impacts service delivery.

Future state

NGOs hope that in the future they will not experience delays in funding disbursement that will interfere with high-quality service delivery.

Recommended action

NGOs requested assistance from USAID, which is in the process of establishing a new mechanism that should address this issue.

Support from USAID to document and disseminate best practices

Current state

NGOs expressed their limited ability to document and disseminate best practices, either through print or web media.

Future state

Participants expressed an interest in being able to attract a diverse portfolio of funding to ensure sustainability in service delivery.

Recommended action

During this transition period, NGOs requested support from USAID to document and disseminate promising practices to key stakeholders as a way of attracting funders who may not be familiar with their work.

Priority Action Plans

Following the report-out of current and future state as well as recommended actions, each group was asked to produce a short list of four or five key actions. Participants were then given an opportunity to vote and identify one key action per sector. Actions that received the most votes are presented in red.

Private sector

1. **GBCHA, Georgetown Chamber of Commerce, Private Sector Commission should encourage membership to adopt specific social programs of interest**
2. Support HIV workplace policy
3. Be more responsive to NGOs needs
4. Adopt individual organization

Government

1. NGOs define and MOH includes NGOs roles to support national program—better planning and use of resources; Request consultation between NGOs and MOH to clarify roles/responsibilities, and produce a document
2. Include NGOs in workplan and budget for more coordinated support and approach—2014
3. Provide meaningful resources (space, financial and technical support) for transition to maintain support to national program—2015
4. Improve transparency and representation at CCM so more of the community will be included—2014
5. Liberalize the tele-sector to reduce the cost of budget—2015

NGOs

1. Formalize NCC (will be funded by USAID LCI) (beyond committee) to involve eligible NGOs and function as coordinating advocacy body
2. Training and tools to document, market, communicate NGOs to other donors and stakeholders—USAID/APC project, start 2014–2017, USAID and Peace Corps
3. Gain understanding of funding criteria from other donors, private sector, and government
4. Establish national HIV forum for all stakeholders to coordinate, communicate and share twice a year
5. Develop a resource plan to get seed funding to enable economic projects

Donors/development partners

1. Timely disbursement of funds to ensure planned/timely (USAID/APC Project) implementation of activities and subsequent reporting by November 2013 and ongoing monthly
2. Request of NGOs that an application of 5 or 7 percent cost share funds be directed to income-generation/sustainability initiatives to directly sustain the NGOs
3. Harmonize the application process across donor agencies to increase accessibility to funding
4. Provide feedback from donors at least twice per project period on strengths and weaknesses to improve NGOs work and future planning

Wrap Up and Next Steps

USAID thanked participants for their enthusiastic engagement over the course of the two-day workshop and committed to following up on recommended actions.

ANNEX 1: AGENDA

Supporting PEPFAR Transition in Guyana: Roles, Responsibilities, and Next Steps in Ensuring Continuation of High Quality Prevention, Care and Support Services

East Coast Demerara, Guyana

25–26 September, 2013

Workshop Objectives

Participants will develop shared understanding of what is meant by the term “PEPFAR Transition” and its implications for Guyana’s HIV response.

Participants will identify opportunities, challenges, and changing roles as they relate to PEPFAR transition and sustainability for HIV prevention, care, and support services.

Participants will develop a shared awareness of the existing and potential roles of various sectors in managing and delivering community-based HIV prevention targeting key populations, and care and support services for people living with and affected by HIV and AIDS.

Participants will work together to identify priority action items as a next step in ensuring a sustainable national HIV and AIDS response.

Forum Agenda
DAY 1: Wednesday, 25 September 2013

Time	Session	Presenter	Location
7:30 am	On-site Registration	Shaundell Shipley	Plenary
8:30 am	Opening Remarks and Introduction to the Workshop <ul style="list-style-type: none"> • Welcome Address by MOH/NAPS • Define "PEPFAR transition planning," update on current state of transition, approach to and expected outcomes of transition planning • Provide epidemiology snapshot for Guyana 	Anita Datar (MC) Dr. Shanti Singh, MOH/NAPS Dr. Oleksander Cherkas, USAID	
9:05 am	<ul style="list-style-type: none"> • Explain objectives of the workshop • Define expected outcomes of workshop • Introduce planning group /facilitators 	Edris George, USAID	
9:20 am	Introduction of Participants <ul style="list-style-type: none"> • Highlight what sectors are present • Icebreaker: Ask participants to find one person they don't know. Have the pair introduce each other to the group. Questions for discussion: <ul style="list-style-type: none"> (1) What does PEPFAR transition mean to you? (2) What do you hope to get out of this two-day workshop? 	Anita Datar Merica George to lead icebreaker	
10:00 am	Pre-Workshop Assessment and Expenditure Analysis Findings <ul style="list-style-type: none"> • Review objectives and methodology of assessment • Validate assessment findings 	Priya Iyer	
10:40 am	Working Tea Break in Plenary		

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Time	Session	Presenter	Location
10:45 am	Overall questions and feedback from participants on assessment		
11:00 am	Overview of the Workshop – Agenda, Methodology, Norms <ul style="list-style-type: none"> Walk through the two-day agenda Explain the approach/methodology Clarify the role of participants Set Ground Rules/Norms for workshop Housekeeping 	Anita Datar	
11:20 am	Facilitated Group Discussion <ul style="list-style-type: none"> Network Mapping/Analysis Group work: <ul style="list-style-type: none"> ➤ <i>Map out how your sector is currently interacting with other sectors/stakeholders to support the HIV response</i> ➤ <i>What does your sector need from other sector/groups identified in network mapping to support PEPFAR transition and sustainable HIV response? (in addition to collaboration and coordination, identify TA and other resource needs)</i> 	Breakout Group Facilitators Identify representative for report-out	Breakout Groups
12:00 pm	Lunch (head to plenary)		
1:00 pm	Table 1 Gallery Walk and Report-out <ul style="list-style-type: none"> Visit each sector's workspace as a group; Representative from each group presents network analysis including how they view collaboration/coordination as well as TA/resource needs. Rejoin plenary and share reflections as a group (20 minutes) <ul style="list-style-type: none"> ➤ <i>What were some lightbulb moments?</i> ➤ <i>How did the morning's exercises make you consider your role as a sector in relation to others in supporting a sustainable HIV response?</i> 	Anita Datar	Moving Plenary Seated Plenary

Time	Session	Presenter	Location
2:15 pm	Tea Break (head to regional groups)		
2:30 pm	<p>Regional Priorities and Perspectives</p> <ul style="list-style-type: none"> • <i>What are the biggest strengths in your region?</i> • <i>What are the biggest challenges in your region?</i> • <i>What is the epidemiological snapshot?</i> <ul style="list-style-type: none"> ○ <i>How many people are living with HIV in your region?</i> ○ <i>What is the HIV prevalence in your region?</i> ○ <i>Who are the populations most at risk for HIV in your region?</i> ○ <i>What are the drivers in your region?</i> • Report Out 	<p>Anita Datar</p> <p>Identify representative for report-out</p>	<p>Clustered Regional Groups</p>
3:30 pm	<p>Day 1 Wrap Up</p> <ul style="list-style-type: none"> • Highlights from the day • Feedback from "Parking Lot" • Hopes for tomorrow • Preview of Day 2 	<p>Anita Datar</p>	<p>Plenary</p>

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DAY 2: THURSDAY, 26 SEPTEMBER 2013

Time	Session	Presenter	Location
8:30 am	<p>Overview of Day 2 Agenda</p> <ul style="list-style-type: none"> • Housekeeping • Review of end-point from Day 1 • Review of objectives and outcomes to achieve by end of day • Break out into new mixed working groups 	Anita Datar	Plenary
8:45 am	<p>Current State vs. Future State</p> <p>Review pre-populated data describing current state for each domain and facilitate group discussion to identify how each sector should be supporting sustainable HIV response by 2017.</p> <p>Table 2a: HIV Care and Support</p> <ul style="list-style-type: none"> • Coordination • Program implementation • Governance • Resources <p>Table 2b: Prevention</p> <ul style="list-style-type: none"> • Coordination • Program implementation • Governance • Resources 	<p>Breakout Group Facilitators</p> <p>Identify representative from each group for report out</p>	Mixed Breakout Groups
9:45 am	<p>Report out of Current vs. Future State exercise</p> <p>Table 2a: Key Populations</p> <ul style="list-style-type: none"> • Coordination • Program Implementation • Governance • Resources <p>Table 2b: HIV Care and Support</p> <ul style="list-style-type: none"> • Coordination • Program Implementation • Governance • Resources 	Representative from each group reports out	Plenary
10:25 am	Tea Break (return to plenary)		

Time	Session	Presenter	Location
10:40 am	Reflections on current vs. future state	Anita Datar	Plenary
11:00 am	<p>Identify actions needed to bridge current and future state using template. Mixed groups each assigned domain area:</p> <ul style="list-style-type: none"> • Coordination • Program Implementation • Governance • Resources 	Identify representative to report out	Mixed breakout groups
12:00 pm	Lunch (go back to breakout groups)		
1:00 pm	Continue and finalize action planning		Mixed breakout groups
1:30 pm	Action Planning Report Out	Representatives Report out	Plenary
2:15 pm	Tea Break		
2:30 pm	<p>Prioritization</p> <ul style="list-style-type: none"> • Individuals use colored dots (red, green, yellow) to demarcate high, medium, and low priorities across domain areas 	Anita Datar	Individuals visit flipcharts at each workspace
3:00 pm	<p>Taking Stock of Prioritization</p> <ul style="list-style-type: none"> • Read out which actions were identified as high priority (red) and associated time frames. • Clarify time frames and lead actors to ensure actions are carried through 	Anita Datar	Plenary
4:00 pm	<p>Wrap-Up</p> <ul style="list-style-type: none"> • Highlights from the two days • Hopes for transition planning • Next steps: Planning team deliverables • Overall evaluation 	Anita Datar	

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

ANNEX 2: TABLES AND EXERCISES

Day 1:

- Sector-specific working groups followed by report-out in plenary

Key Stakeholder Groups	How do they (as a sector) currently support HIV prevention, care and support in Guyana?	Sector-specific strengths in support HIV prevention, care and support in Guyana	What do they as a sector need to do to support PEPFAR transition and ensure quality and sustainability of HIV prevention, care and support services?	Network Mapping/Analysis <ul style="list-style-type: none"> • Visually map out all of the groups with whom they currently interact and indicate strength and distance of their collaboration/coordination. • What changes are needed in the network map to ensure quality and sustainability of HIV prevention, care, and support services (what lines need to be strengthened; with whom do they need to collaborate in closer proximity)? 	What do they need from other sectors/groups identified in network mapping to support PEPFAR transition? <i>(In addition to coordination/collaboration, facilitator to identify TA and other resource needs.)</i>
NGOs	Provide prevention services with a focus on key populations Provide care and support to PLHIV and OVC	Building strong networks within communities and with supporting institutions to increase awareness Accessing hard-to-reach areas and hard-to-reach populations	Focus on HIV prevention for key populations Continue care and support services for those infected and affected by HIV (PLHIV and OVC) Conduct an impact assessment of intervention activities		
Government	Develops national policy Coordinates facility-based VCT and care and treatment across the country Provides some outreach services	Developing policies and conducting technical trainings Procuring HIV-related commodities	Coordinate with NGOs to avoid duplication of efforts Coordinate development partner resources and technical assistance Lead size-estimation analysis for key		

			<p>populations and hot-spot mapping</p> <p>Coordinate mapping of NGO services</p> <p>Provide strong leadership and vision during and after transition of HIV prevention, care, and support services</p>		
Private Sector	<p>Provides workplace programs such as HIV counseling and testing</p> <p>Supports large NGO events such as annual fundraisers</p> <p>Provides donations to NGOs (i.e., school supplies, lunch baskets, etc.)</p>	<p>Supporting NGOs with funding to address resource gaps</p> <p>Providing workplace HIV counseling and testing and education</p>	<p>Support national HIV response</p> <p>Invest in NGO activities that are shown to be effective</p>		
Development Partners	<p>Provide support for capacity building</p> <p>Provide funding and technical assistance</p>	<p>Funding indirect and direct expenses for HIV prevention, care, and support</p> <p>Providing technical assistance to develop NGOs' monitoring and evaluation systems</p>	<p>Strengthen capacity of NGOs to seek funding opportunities</p> <p>Support impact assessment of NGO intervention activities</p> <p>Provide TA for human resources assessment</p>		

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Day 2:

- Mixed working group exercise across key domain areas to explore future state

HIV prevention with focus on key populations

Key Stakeholder Transitioning Roles and Responsibilities	Coordination		Program Implementation		Governance		Resources	
	Current State	Future State	Current State	Future State	Current State	Future State	Current State	Future State
NGOs	<p>NCC established, but mission not fully realized</p> <p>Includes all HIV NGOs with intent to expand to all civil society organizations</p> <p>Needs capacity strengthening to develop advocacy platforms and engage in national dialogue</p> <p>Have made efforts to map NGO activities and update frequently</p>		<p>7 NGOs currently provide prevention services to key populations</p>		<p>NCC established with potential, but without a mandate</p> <p>No clear platform for engaging in policy development</p> <p>No clear platform for holding government accountable</p>		<p>Reliant on donors/development partners for support</p> <p>Currently some are reliant on PEPFAR dollars to support indirect expenditures</p> <p>Private sector and limited fundraising activities support direct expenditures</p> <p>Sub-grantees for Global Fund grant</p>	

Key Stakeholder Transitioning Roles and Responsibilities	Coordination		Program Implementation		Governance		Resources	
Government	Conducts site visits to NGOs with varying level of frequency (appears dependent upon the region) Coordinates with regional government to provide outreach services		Not currently involved		Leads HIV policy development, supports partner engagement through trainings, provides oversight, monitoring		No legal mechanism to provide large amounts of funding directly to NGOs Procures items for NGO prevention activities PI for GFATM funds and issues sub-grants to NGOs Provides peer education training for key populations in some regions	
Private Sector	Not currently involved		Not currently involved		Not currently involved		Provides minimal funding to support NGO HIV prevention, care, and support activities	
Development Partners	Development partners have a standard definition of key populations New US AID-funded mechanism will oversee NGO coordination		Not directly involved; provide indirect support		Requests routine financial and program monitoring reports		Provide capacity building, and technical assistance for activities such as size estimates	

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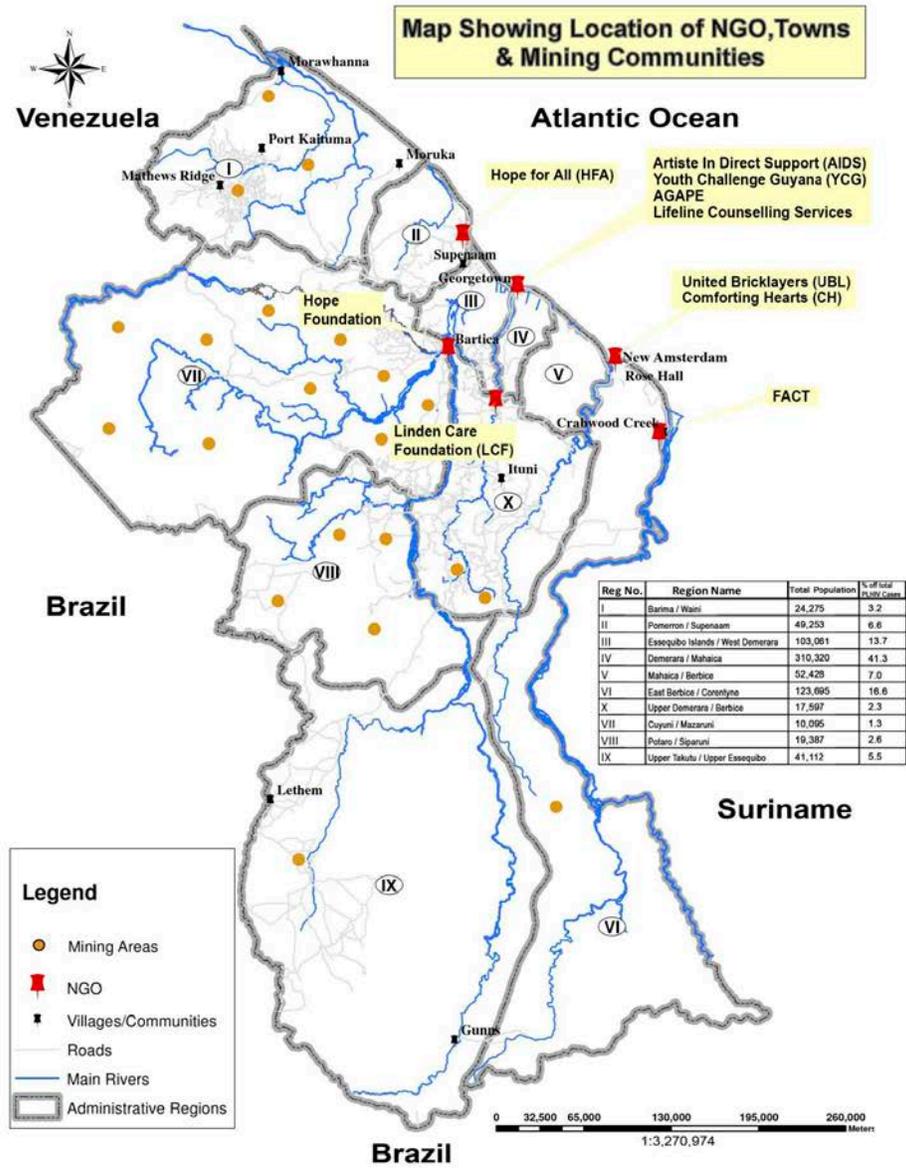
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HIV care and support for those infected with and affected by HIV

Key Stakeholder Transitioning Roles and Responsibilities	Coordination		Program Implementation		Governance		Resources	
	Current State	Future State	Current State	Future State	Current State	Future State	Current State	Future State
NGOs	Complement other NGOs within the region to provide coordinated care and support		Provides home-based care, support groups, and case navigation		Not actively engaged under formal mechanism (see above)		Reliant on donors/development partners for support Currently reliant on PEPFAR dollars to support indirect expenditures Private sector and limited fundraising activities support direct expenditures Sub-grantees for Global Fund grant	
Government	Develops national guidelines for care and support		Provides facility and mobile-based care and treatment		Conducts target-setting workshops Conduct infrequent site visits to NGOs		Supported by SCMS and development partners to procure and disseminate commodities Partners with Cuban government to train doctors	
Private Sector	Not involved		Provides some care and treatment at		Not involved		Provides limited support to NGO fundraising activities	

Key Stakeholder Transitioning Roles and Responsibilities	Coordination		Program Implementation		Governance		Resources	
			private hospitals					
Development Partners	Provide technical assistance on national guidelines Provide guidance on coordination of NGO response		Not directly involved		Ask government and NGOs to report care, support, and treatment indicators		Provide technical assistance for national guidelines and capacity building for doctors	

ANNEX 3: REGIONAL MAP



ANNEX 4: LIST OF PARTICIPANTS

No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
1	Lifeline Counseling Service	Gloria Joseph	Executive Director (Acting)/ M&E Officer	Lifeline Counseling Service 332 East Street, South Cummingsburg Tel: 226-8684, 231-7289 Email: gloriagj@yahoo.com	NGO	CONFIRMED	Attended
2	Agape Network	Lauren Fraser	Executive Director	Agape Network Lot 2 Turkeyen, Upper Dennis Street, Sophia Tel: 219-2300, 618-5469 Email: agapenet.guyana@yahoo.com	NGO	CONFIRMED	Attended
3	Guyana Responsible Parenthood Association	Ms. Pamela Bisnauth	Executive Director	Guyana Responsible Parenthood Association 70 Quamina Street, South C/burg, Georgetown Tel: 225-0738; 225-2386 Email: pbisnauth@gmail.com	NGO	CONFIRMED Paula Sampson will attend	No show
4	Help & Shelter	Margaret Kertzious	Project Coordinator	Help & Shelter Homestretch Avenue, D'urban Backland, Georgetown Tel: 227-8353 Email: hands@networksgy.com	NGO	CONFIRMED	Attended
5	Youth Challenge Guyana	Dmitri Nicholson	Executive Director	Youth Challenge Guyana G Enachu Street, Section K, Campbellville, G/town Tel: 223-7884/5, 691-0474/225-0129 Email: dnicholson@ycgl.org	NGO	CONFIRMED	Attended
6	Guyana Business	Duanne Lewis	Program Officer,	The Guyana Business Coalition on HIV/AIDS	NGO	CONFIRMED	Attended

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No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
	Coalition		Finance	108 Orange Walk Bourda Tel: 225-0972 Email: sfrench@guybizcoalition.org			
7	United Bricklayers	Jaunita Burrowes	Prevention Coordinator	United Bricklayers 25-25 Charles Place, New Amsterdam, Berbice Tel: 333-3322/4524 Email: unitedbricklayers@yahoo.com	NGO	CONFIRMED	Attended
8	Hope Foundation	Ivor Melville	Executive Director	Hope Foundation Lot 18 Sixth Avenue, Bartica Essequibo Tel: 455-3144; 455-2891/699-9874/680-1827 Email: coapbartica@yahoo.com	NGO	CONFIRMED	Attended
9	Comforting Hearts	Simmons Bailey-Hayte	Project Coordinator	Comforting Hearts 6-18 Coburg Street, New Amsterdam, Berbice Tel: 333-6997/6351/2837; 648-8431 Email: comfortingheart@hotmail.com	NGO	CONFIRMED	Attended
10	Hope For All	Shondelle Butters-Belfield	Executive Director	Project Coordinator, Hope For All 6 Saddle, Essequibo Coast Tel: 774-4598 Cel: 627-0571/613-5723/623-0006 Email: hopeforall_hivaid@yahoo.com	NGO	CONFIRMED	Attended
11	St Francis Community	Alex Foster	Presiden	St. Francis Community	NGO	CONFIRMED	Attended

Annex 4: List of Participants

No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
	Developers			Development East Sideline Dam, Rose Hall Town Berbice Tel: 337-4090; 616-7561 Email: stcdguyana@yahoo.com		for 2	
12	FACT	Annette Jaundoo	Project Coordinator	Family Awareness Consciousness Togetherness 78 Village Corriverton Corentyne, Berbice Tel: 335-3990 Email: factgroup@yahoo.com	NGO	CONFIRMED	Attended
13	UNICEF	Jewel Crosse	Youth and Adolescent Development Officer Child Survival Officer	UNICEF Brickdam and Winter Place Georgetown Tel: 227-3662 ext 111 jcrosse@unicef.org	UN Development Partner	TENTATIVE TO CONFIRM ON THE 24 TH	
14	UNICEF	Cornelia Mc Almont	Child Survival Officer	UNICEF Brickdam and Winter Place Georgetown Tel: 227-3662 cmcalmont@unicef.org		CONFIRMED	No Show
15	National AIDS Programme Secretariat	Dr. Shanti Singh	Programme Manager	MOH/NAPS Hadfield Street, Stabroek Tel: 226-8572 Email: fjaanthon@gmail.com	Government of Guyana	CONFIRMED	Attended
16	Artistes In Direct Support	Mercia George	Prevention Coordinator	Artistes in Direct Support 156 Alexander Street, Kitty Georgetown Tel: 225-5112/227-7321/624-8030	NGO	CONFIRMED	Attended

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No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
				Email: artsup92@yahoo.com			
17	Linden Care Foundation	Basil Benn	Executive Director	Linden Care Foundation Linmie Office Complex, Watooka, Mackenzie, Linden Tel: 444-2829, Fax: 444-2828 Email: hmaxwell16@yahoo.com	NGO	CONFIRMED BUT Need taxi to attend	Attended
18	G +	Crystal Albert-Jones	Program Manager	Network of Guyanese Living with HIV/AIDS - G Plus A & B Joseph Pollydore Drive, Cemetery Road, Georgetown Tel: 683-6930 gplus2010@yahoo.com	NGO	CONFIRMED	No Show
19	Grace Kennedy Remittance Services	Delmar Tobin	Human Resource Officer	Grace Kennedy Remittance Services Water Street, Georgetown Tel: 227-5146 Ext 5142 Email: Delmartobin@gkco.com	Private Sector (GBCHA member)	DECLINED	
20	Guyana Lottery Company	Tracey Lewis	General Manager	Guyana Lottery Company 357 Lamaha Street, North Cummingsburg Georgetown Tel: 225-9633 Email: plcl@guyana-lottery.com	Private Sector (GBCHA member)	CONFIRMED	No Show
21	Sterling Products Limited	Yvette Fiedikou	Human Resource Manager	Sterling Products Ltd. Farm East Bank Demerara Tel: 265-7403-5 Email: yfiedikou@yahoo.com	Private Sector (GBCHA member)	DECLINED	

Annex 4: List of Participants

No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
22	Peace Corps	Flavio Rose	Program Coordinator Response Project	Peace Corps 33A Barrack Street, Kingston Georgetown Tel: 225-5072 Frose@peacecorps.gov	PEPFAR	CONFIRMED	Attended
23	UNFPA	Babsy Persaud-Giddings	Program Officer	UNFPA Mexican Embassy 44 Brickdam, Stabroek Tel: 223-6571 Persaud-giddings@unfpa.org	UN Development Partner	To call back	
24	UNAIDS	Dr. Roberto Brant Campos or Samantha Hall	Country Coordinator	UNAIDS CIDA Building 56 New Market & Main Streets Tel: 223-1580 Email: halls@unaids.org	UN Development Partner	Dr. Campos will be on travel duties, M&E has Target setting meeting to attend. Will check with the joint UN group to see if someone can represent organization	
25	Ministry of Health	Leslie Cadogan	Permanent Secretary	Ministry of Health Brickdam, Georgetown Tel: 225-6785 Email: ps@health.gov.gy	Government of Guyana	CONFIRMED	Attended part of the day

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No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
26	Ministry of Culture, Youth and Sport	Alicia Pompey	Field Officer	Ministry of Culture, Youth and Sport Main and Quamina Streets South Cummingsburg Tel: 226-8542 pskinamincys@yahoo.com	Government of Guyana	CONFIRMED	Attended
27	Ministry of Finance	Gerron Parker	Economic and Financial Analyst	Ministry of Finance Main and Urquhart Streets Georgetown Tel: 225-9408 Email: gropnauth@gmail.com	Government of Guyana	CONFIRMED	Attended
28	Ministry of Health	Dr. Shamdeo Persaud	Chief Medical Officer	Ministry of Health Brickdam Tel: 226-1224 Email: cmoguyana@gmail.com	Government of Guyana	Secretary to check with Dr Persaud	
29	Digicel Guyana	Shonette Moore	Public Relations Officer	8 Fort & Barrack Streets, Kingston, Georgetown Tel: 690-0000; 681-9325 Shonnet.moore@digicelgroup.com	Private Sector	CONFIRMED	No Show
30	Scotia Bank	Jennifer Aly	Assistant Manager, Human Resources	Scotia Bank Guyana Carmicheal Street, Georgetown Tel: 226-4031 ext. 266 Email: Jennifer.alyscotiabank.com	Private Sector (GBCHA member)	DECLINED	
31	Edward Beharry & Company	Ruth Autar	Human Resources Manager	Charlotte and Wellington Streets, Georgetown Tel: 227-2526 or 227-0632 Email: rautar@beharrygroup.com	Private Sector (GBCHA member)	CONFIRMED – SOMEONE WILL ATTEND	Yes

Annex 4: List of Participants

No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
32	PANCAP	Derrick Springer	Director	Turkeyenm East Coast Demerara, Tel: 222-00001 Ext 3414 Email: dspringer@caricom.org	Development partner	CONFIRMED	no
33	CDC-PUSH	Dr. Andrea Lambert	Principal Investigation	1009 Kiskadee Drive, Meadow Brook Garden Tel: 227-0733, 231-3188 Email: amlambert2@yahoo.com	PEPFAR	Global Office of HIV and AIDS has review meeting, will attend the day PUSH don't have to present	
34	Advancing Partnership & Communities	Shavon Moses	Care and Support Officer	TBD Email: melissa_racke@js.com lady.mosesA@GMAIL.COM	PEPFAR	CONFIRMED	Attended
35	CDC	Dr. Dennison Davis	Public Health Specialist for HIV Care, Treatment and Support	44 High Street, Kingston Tel: 223-6502 Email: DDavis@cdc.gov	PEPFAR	Hasn't decided as yet	
36	CDC	Colleen Hinks	Infection Control Officer	44 High Street, Kingston Tel: 223-6502 Email: CHicks1@cdc.gov	PEPFAR	CONFIRMED	Attended 2 nd day
37	PEPFAR Guyana	Preeti Saywack	PEPFAR Strategic Information Specialist	100 Duke & Young Street, Kingston Tel: 226-2326 Email: saywackp@state.gov	PEPFAR	CONFIRMED	Attended
38	Society Against Sexual Orientation Discrimination	Leon Bacchus	Member	169 Charlotte Street, Lacytown, Georgetown Tel: 662-8278 Email: sasod_guyana@yahoo.com	NGO	CONFIRMED	Attended

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No.	Name of Organization	Name of Participant	Job Title	Office Address	Category	Comments	Workshop Attendance
39	USAID	Edris George	Program Management Specialist	100 Duke & Young Street, Kingston Tel: 226-4900, ext 4277 Email: Georgeem@state.gov	USAID	CONFIRMED	Attended
40	USAID	Dr. Oleksander Cherkas	Population, Health and Nutrition Officer	100 Duke & Young Street, Kingston Tel: 225-4900, ext 4256 Email: CherkasO@state.gov	USAID	CONFIRMED	Attended
41	Food for the Poor	Rosanne Lee	Administrative Assistant	1999-2002 Blue Mountain Street, Festival City, Georgetown Tel: 218-1553 Email: kentv@foodforthe poor.org.gy rosanne@foodforthe poor.org.gy	Not for Profit Organization	CONFIRMED	Attended
42.	Ministry of Labor, Human Services and Social Security	Lydia Greene	Assistant Chief Labor Officer	1 Cornhill and Water Streets, Stabroek Tel: 223-7585 Email: psmhss@yahoo.com Greenepurple3@hotmail.com	Government of Guyana	CONFIRMED	Attended
43.	Ministry of Finance	Shanuelle Hoosin-Outar	Head, EPMU	Ministry of Finance Main and Urquhart Streets Georgetown Tel: 225-9408 Email: shannielleevita@yahoo.com	GOG		Attended

ANNEX 5: EVALUATION

Evaluation Form Day 1

Activities/Exercises

Using the scales below please agree or disagree to the following statements.

1. The opening session defining and summarizing PEPFAR transition provided clarity regarding how PEPFAR Guyana intends to decrease support.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

2. The presentation of pre-assessment findings enabled participants to develop a shared understanding of strengths and opportunities for each sector.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

3. Working as a sector to develop a key stakeholder map and analyze opportunities for collaboration and coordination was a useful exercise.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

4. Discussing regional priorities and perspectives allowed participants to identify region-specific needs and opportunities for HIV programs.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

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5. Discussing regional priorities and perspectives allowed participants to identify region-specific needs and opportunities for HIV programs.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

Organization and Facilitation

Using the scales below please agree or disagree to the following statements.

6. The day's activities appeared well-organized.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

7. Facilitators communicated clearly regarding objectives and expected outcomes for each exercise.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

Overall Assessment

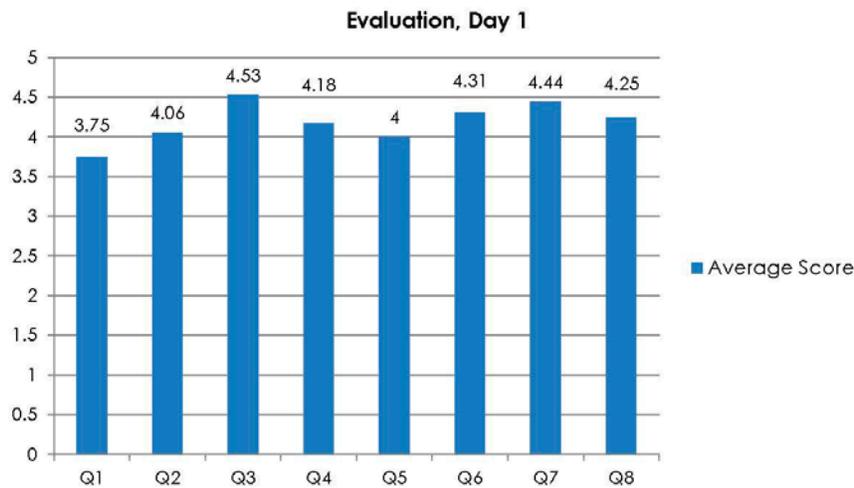
Using the scales below please agree or disagree to the following statements.

8. The first day of the workshop enabled participants to understand their roles and responsibilities within the context of a sustainable HIV response.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

Evaluation Results Day 1



Question 1: The opening session defining and summarizing PEPFAR transition provided clarity regarding how PEPFAR Guyana intends to decrease support.

- Could have been more detailed with more discussion time
- A clearer view is needed just so we are all on the same page
- Yes it was great because it helps us out in a wider respect
- There still needs to be specific models developed for organizations

Question 2: The presentation of pre-assessment findings enables participants to develop a shared understanding of strengths and opportunities for each sector.

- We should have been given the opportunity to assist with strategies to increase their strengths
- Excellent because it helped us to do self search for our programs

Question 3: Working as a sector to develop a key stakeholder map and analyze opportunities for collaboration and coordination was a useful exercise.

- It shows the level of networking that the NGOs have
- Very good exercise; an eye opener
- NGOs need more networking

Question 4: Discussing regional priorities and perspectives allowed participants to identify region-specific needs and opportunities for HIV programs.

- Yes it gave our NGO a clear picture of how they can enhance their program in networking
- It was a good day and I am more prepared for the transition

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Question 5: Discussing regional priorities and perspectives allowed participants to identify region-specific needs and opportunities for HIV programs.

Question 6: The day's activities appeared well-organized.

- Very well put together; good flow

Question 7: Facilitators communicated clearly regarding objectives and expected outcomes for each exercise.

Question 8: The first day of the workshop enabled participants to understand their roles and responsibilities within the context of a sustainable HIV response.

- I don't think roles or responsibilities is clear yet, but hopefully it will be by tomorrow
- It gave a clear idea, but follow-up will be needed
- The venue is appropriate; the food was good and participant participation was good. This was well done. Thank you.

Evaluation Form Day 2

Activities/Exercises

Using the scales below please agree or disagree to the following statements.

1. Describing the current and future HIV response in Guyana was a useful exercise that enabled participants to begin formulating a road map to prepare for PEPFAR transition.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

2. Working in mixed sector groups enabled participants to incorporate multiple perspectives while problem solving.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

3. Organizing action plans around four key areas (coordination, program implementation, governance and resources) was useful, enabling participants to strategize.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

Organization and Facilitation

Using the scales below please agree or disagree to the following statements.

4. The day's activities appeared well-organized.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

5. Facilitators communicated clearly regarding objectives and expected outcomes for each exercise.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

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Overall Assessment of Workshop Objectives

Using the scales below please agree or disagree to the following statements.

6. By the end of the workshop, participants had established a shared understanding of what was meant by the term “PEPFAR Transition” and its implications for Guyana’s HIV response.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

7. By the end of the workshop, participants had identified opportunities, challenges, and changing roles as they related to PEPFAR transition and sustainability for HIV prevention, care, and support services.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

8. By the end of the workshop, participants had a shared awareness of the existing and potential roles of various sectors in managing and delivering community-based HIV prevention targeting key populations, and care and support services for people living with and affected by HIV and AIDS.

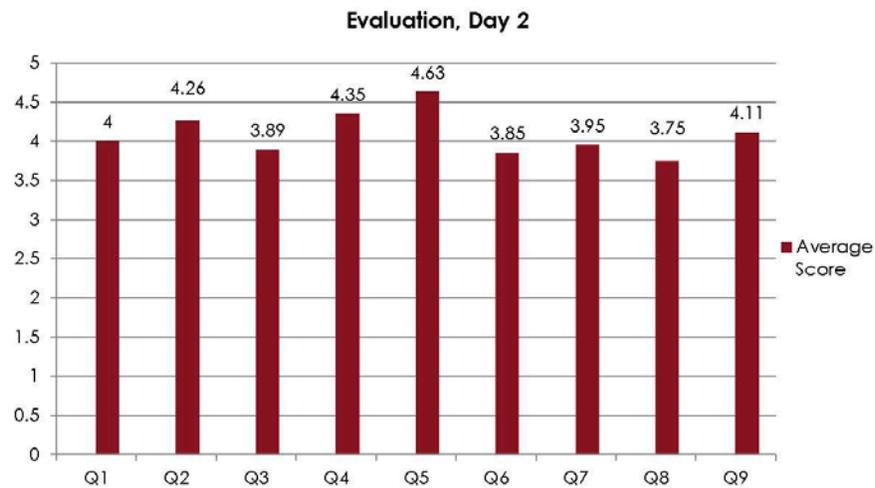
1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

9. By the end of the workshop participants had worked together to identify realistic, priority action items as a next step in ensuring a sustainable national HIV and AIDS response.

1	2	3	4	5
Strongly disagree	Disagree	Not applicable	Agree	Strongly Agree

Additional Comments:

Evaluation Results Day 2



Question 1: Describing the current and future HIV response in Guyana was a useful exercise that enabled participants to begin formulating a road map to prepare for PEPFAR transition.

- Very useful document to my NGO
- Need to hear more from the government of Guyana
- It could have been better had all the key stakeholders been present
- It was truly amazing to see the diverse parties the NGOs collaborate with, and the dynamics in each region

Question 2: Working in mixed-sector groups enabled participants to incorporate multiple perspectives while problem solving.

- Excellent, but there should be two days to answer or clarify some of our concerns as NGOs
- Lacked government participation
- Mixed-sector groups would have enabled multiple perspectives, but there (PTO?)
- Some of the personnel were limited and not in the position to speak of other sectors/departments of government ministries since they were not head of department or limited communicators
- Excellent participation by participants
- Discussions were dominated by NGOs

Question 3: Organizing action plans around four key areas (coordination, program implementation, governance, and resources) was useful, enabling participants to strategize.

- NGOs need to start marketing themselves to access resources in their community

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Question 4: The day's activities appeared well-organized.

- Excellent job; well done

Question 5: Facilitators communicated clearly regarding objectives and expected outcomes for each exercise.

- Was very clear and it seems we will be getting to the future; success

Question 6: By the end of the workshop, participants had established a shared understanding of what was meant by the term "PEPFAR Transition" and its implications for Guyana's HIV response.

Question 7: By the end of the workshop, participants had identified opportunities, challenges, and changing roles as they related to PEPFAR transition and sustainability for HIV prevention, care, and support services.

Question 8: By the end of the workshop, participants had a shared awareness of the existing and potential roles of various sectors in the managing and delivering community-based HIV prevention targeting key populations, and care and support services for people living with and affected by HIV and AIDS.

- Not enough participation from the private sector, government, etc., to facilitate this awareness

Question 9: By the end of the workshop participants had worked together to identify realistic, priority action items as a next step in ensuring a sustainable national HIV and AIDS response.

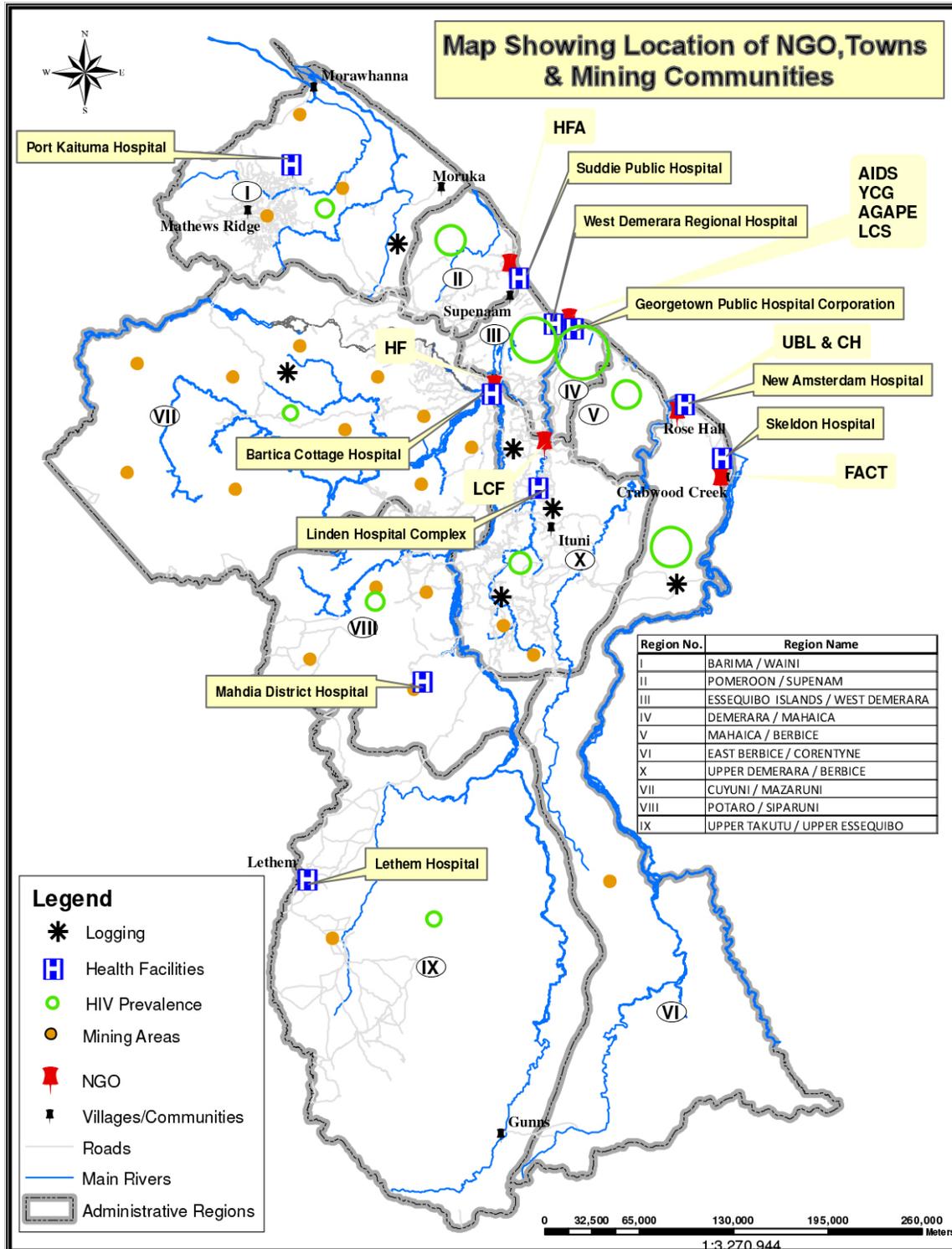
- The workshop was well organized. The shared participation was great.
- The PEPFAR program/USAID has really impacted the MARPs program to behavior change. Thank you Shaundell, HPP team and USAID PEPFAR for this opportunity of sharing and we are looking forward to your continued support.
- We are now more actively aware of the need to transition and the modalities and roles that major stakeholders have to play to facilitate the process.
- Was not enough participation from NAPS, government, private sector, and development agencies.
- Sharing by NGOs was very enlightening, and very interactive sessions; however, it was unfortunate that the MOH could not be present for the entire sessions. Also there could have been MOH participation by other line ministries.
- I am more aware of what the PEPFAR transition entails and will return to my NGO to begin changes for sustainability.
- Follow-up should be done and feedback should be given in a timely manner to support transition.



For more information, contact:

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Futures Group
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Fax: (202) 775-9694
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www.healthpolicyproject.com

ANNEX C: REGIONAL MAP



Map by Shevon Duguid and Gavin Thompson

ANNEX D: NGOS BY HIV PREVENTION, CARE AND SUPPORT SERVICES

Services provided by PEPFAR-funded NGOs for HIV Prevention, Care, and Support

Name of NGO	Period of Funding	Care and Support					Prevention							
		Home-based Care	OVC activities (i.e., after-school session)	Monthly Support Groups	Life skills sessions (e.g., parenting training, hygiene sessions)	Psycho-social Support (e.g., nutrition enhancement/support)	Peer Education Outreach	Prevention with Positives (PWP, e.g., adherence counseling, disclosure counseling)	Voluntary Counseling and Testing	Prevention Activities with MSM and SWs	In- and out-of-school youth sessions	Stigma and Discrimination	Prevention sessions with other vulnerable groups (i.e., miners, loggers)	Workplace Program
Agape Network	2009–2013	✓	✓	✓	✓	✓		✓				✓		
Artistes In Direct Support (AIDS)	2008–2012						✓		✓	✓	✓	✓		✓
Comforting Hearts	2008–2013	✓		✓	✓	✓		✓						
Family Awareness Consciousness Togetherness (FACT)	2008–2012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Guyana Business Coalition on HIV/AIDS (GBCHA)	2009–2011								✓					✓
Guyana Responsible Parenthood Association (GRPA)	2008–2009	✓		✓	✓	✓			✓					
*Guyanese Network of Persons living with HIV (G+)														
Help and Shelter	2008–2010													✓
Hope for All	2008–2012	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

Name of Non-governmental Organizations	Period of Funding	Care and Support					Prevention							
		Home-based Care	OVC activities (i.e., after-school session)	Monthly Support Groups	Life skills sessions (e.g., parenting training, hygiene sessions)	Psycho-social Support (e.g., nutrition enhancement/support)	Peer Education Outreach	Prevention with Positives (PWP, e.g., adherence counseling, disclosure counseling)	VCT	Prevention Activities with MSM and SWs	In- and out-of-school youth sessions	Stigma and Discrimination	Prevention sessions with other vulnerable groups (i.e., miners, loggers)	Workplace Program
Hope Foundation	2008–2012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lifeline Counseling Service	2008–2012	✓	✓	✓	✓	✓		✓						
Linden Care Foundation	2008–2012	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
*St. Francis Community Development														
United Bricklayers	2008–2012						✓		✓	✓		✓		✓
Youth Challenge Guyana (YCG)	2008–2012						✓		✓	✓	✓	✓	✓	✓

Notes:

✓ In- and out-of-school youth sessions ended in September 2011.

* G+ and St. Francis Community Developers did not receive PEPFAR funds during the period under review.

ANNEX E: NGO PROFILES BY REGION

REGION 2:

Hope For All

Mission and history

Established in 2001 on the Essequibo Coast in Region 2, Hope for All (HFA) became a registered nonprofit in 2002. Its original focus was to promote HIV awareness for the general population, police groups, and in- and out-of-school youth. The organization also promoted HIV awareness in the workplace. Initially a volunteer-run organization, it supported its operations through fundraising efforts. HFA subsequently received funding from UNICEF and FHI (now FHI360). In 2005, HFA began receiving PEPFAR funds, which it continues to receive today.

Operations

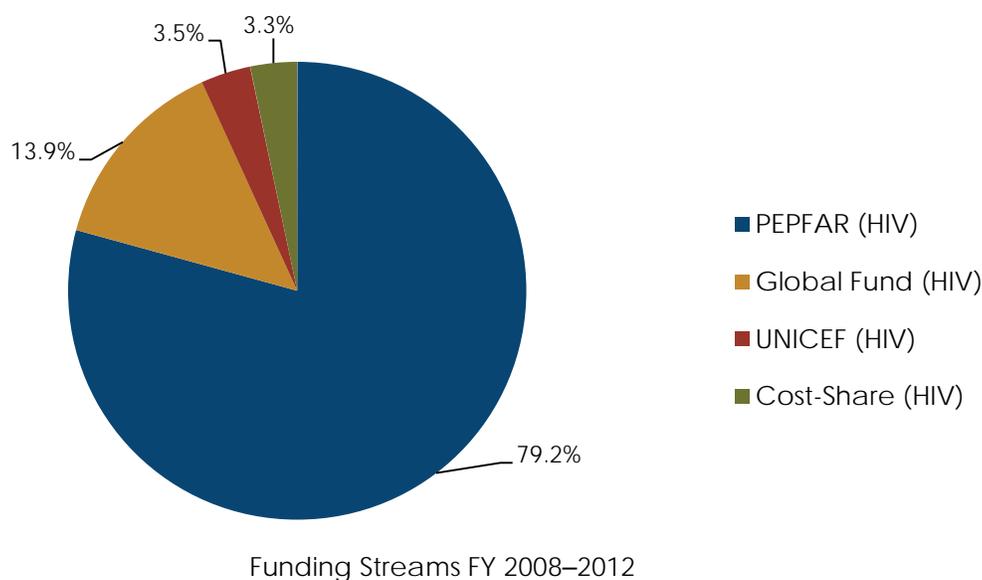
HFA has a total of 21 staff members. Sixteen are paid, full-time staff; five are paid, part-time staff. The staff includes an executive director, an accountant, a monitoring and evaluation officer, a prevention coordinator, a VCT coordinator, a social worker, a VCT counselor/tester, two prevention officers, six caregivers, and a cleaner. The part-time staff consists of a nurse, two VCT counselor/testers, and two MARPs peer educators. HFA receives support from a Peace Corps Response Volunteer and has 25 volunteer peer educators.

There are nine board members representing a range of disciplines including a regional health officer, a former member of Parliament, a police officer (who is the chairman), three teachers, a pastor, a representative from the National Insurance Scheme, and a representative from the private sector. The executive director sits as an ex officio member.

Past funding streams

For the period FY08–FY12, HFA only received funding to support HIV-related activities, as shown in Figure 1.

Figure 1: Hope for All



Current HIV prevention, care, and support services

HFA provides a range of HIV prevention, care, and support services to meet the needs of its beneficiaries. Prevention services include prevention outreach for SWs, adjacent populations, and loggers; risk-reduction counseling; mobile and fixed-site VCT for the general population, SWs, loggers, and adjacent populations; community mobilization training with adjacent populations; monthly support group sessions for SWs; and referrals to other health and social services.

Care and support services include HBC; support groups; palliative care; nutritional support; entrepreneurial and skills development; prevention with positives; and OVC support including home visits, skills-building workshops, substance abuse workshops, parenting sessions, and educational support.

The organization does offer HIV counseling and testing and PLHIV support groups. Both of these services are also being provided by MOH/NAPS. Both entities provide HIV counseling and testing, but the MOH targets the general population while HFA focuses on key populations. However, the PLHIV support group will, to some extent, attract the same people.

Beneficiaries

Beneficiaries	Number of beneficiaries FY08–FY12
In-school youth	1067
Out-of-school youth	651
FSWs	171
Amerindians (adjacent population)	2119
Loggers	324
OVC	379 (6 are HIV positive)
PLHIV	317

Future service delivery

In addition to maintaining HIV prevention, care, and support services, HFA seeks to provide domestic violence and gender-based violence support, psychosocial support, and crisis counseling for general population needs, and services to address substance abuse with a particular focus on alcohol addiction. To expand its funding base, HFA submitted proposals to the European Union (EU) and the International Development Bank (IDB) however both were unsuccessful.

REGION 4:

Agape

Mission and history

AGAPE Network (Agape) is a faith-based NGO that was established in 2005 by the Love and Faith World Outreach Ministries to address the social needs of the economically depressed community surrounding the church in Sophia, Georgetown. It began receiving PEPFAR support in 2005 to execute the Youth of Sophia Outreach Project (YSOP), which aimed to provide support to PLHIV, conduct awareness sessions for youth in the community, and train community and faith-based leaders. In 2008, Agape Network registered as a not-for-profit, faith-based organization and formally established its mission to demonstrate the love of god to individuals, families, and communities to enable them to develop to their full potential. HIV is part of the organization's scope of work, but is not the sole focus of its mission. The organization is located in Region 4, but also provides services to clients in Regions 3 and 5.

Operations

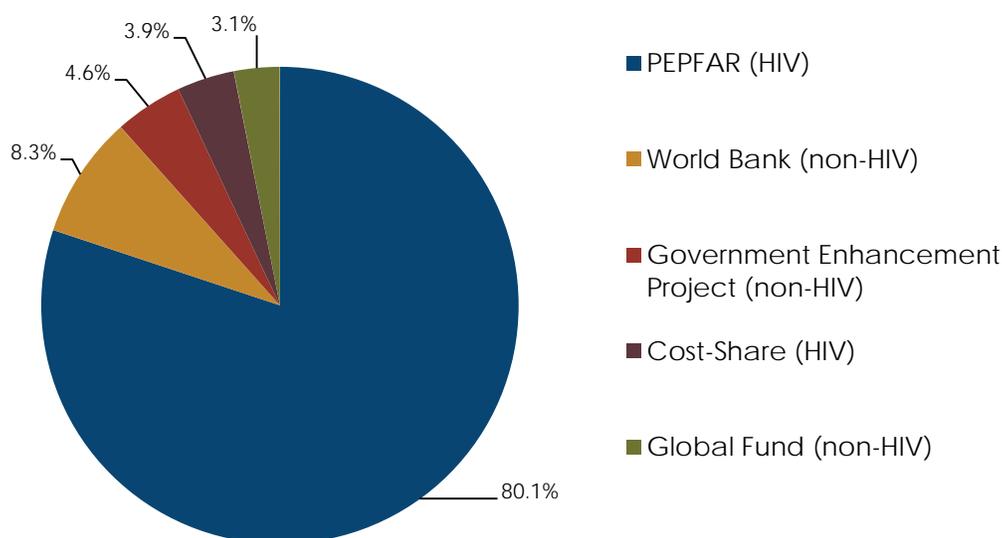
The organization has twelve full-time staff members, including a project coordinator, an accountant, a nurse supervisor, a social worker, five care providers, a case navigator, and a monitoring and evaluation officer. It does not currently receive support from volunteers, but if the need arises there are people in the community who can provide assistance.

Agape is led by a nine-member board that includes a lawyer, two representatives from the private sector, two faith leaders, and four people who work with development/donor partners and have project management experience. The executive director is an ex officio member.

Past Funding streams

During the FY08–FY12 period, Agape received funding from multiple sources including PEPFAR, the World Bank, the GOG, and GFATM.

Figure 2: Agape Network



Funding Streams FY 2008-2012

Current HIV prevention, care, and support services

Agape’s current HIV care and support services include HBC; monthly clinics; monthly support group meetings to discuss general issues and prevention with positives (PWP); and referrals to other health and social services. With regard to OVC, Agape provides income-generation activities, after-school classes, one-on-one counseling, home visits, monthly support group meetings, and off-loading sessions.

The monthly clinics and support group meetings are services that Agape provides. MOH/NAPS also provides these services.

Beneficiaries

Beneficiaries	# of Beneficiaries From FY 2008-2012
In-school youth	1,040
Out-of-school youth	1,101
Adult PLHIV	399
OVC	568 (3 HIV positive)

Future service delivery

Agape Network is committed to providing HIV services to the community, and will continue to engage private sector organizations such as Courts, a private sector company, to support its community initiative. In this regard, the organization is interested in expanding its offerings to support economic empowerment and income generation. Proposed microfinance activities include sewing and selling school uniforms and snack sales. Other areas of expansion include providing psychosocial support to the broader community

(not limited to HIV), establishing youth empowerment programs, and supporting after-school literacy programs.

Artistes in Direct Support (AIDS)

Mission and history

Originally formed in 1992, Artistes in Direct Support (AIDS) was formally registered as an HIV and AIDS NGO in 2001. The organization was formed by a group of actors with the mission of providing HIV messages through community performances. USAID directly approached the organization in 1999, and asked it to consider providing HIV services. It was the first NGO in Georgetown to address HIV, largely through the performing arts. Although its primary interest has been targeting youth, Artistes in Direct Support was asked by USAID to focus on key populations during the past three years. The organization is based in Region 4, and prevention activities are carried out in Regions 3 and 4.

Operations

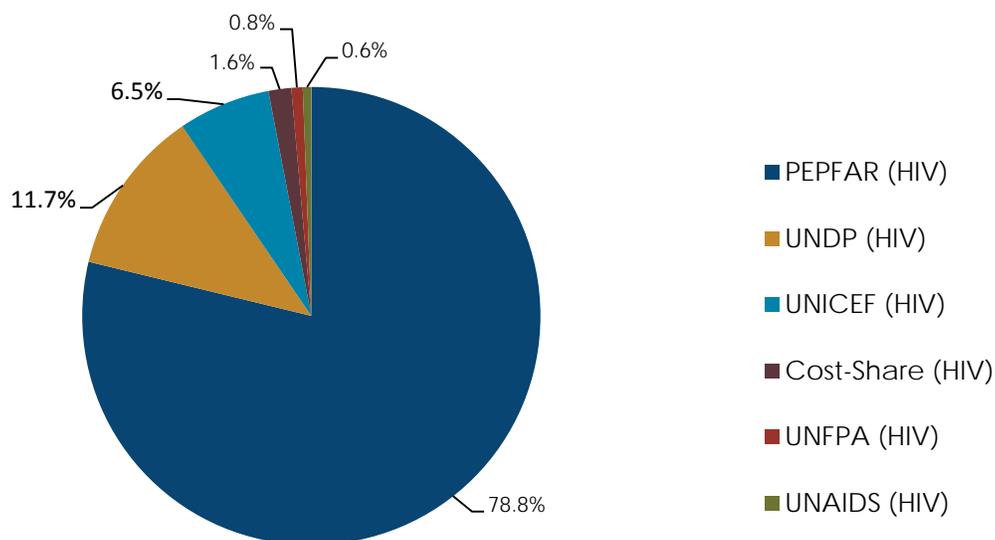
Artistes in Direct Support currently has seven full-time, paid staff members, including an executive director, a prevention coordinator, a project accountant, a monitoring and evaluation officer, a social worker, an administrative/accounting officer, and a cleaner; 14 paid volunteers; and 23 unpaid volunteer peer educators.

It has six board members, including a youth representative from the banking sector, a lawyer, a religious leader, a theater representative, a representative from NAPS who is the chairman of the board, and the executive director, who is an ex officio member.

Past funding streams

From FY08–FY12, the organization received funding from several sources, including UNICEF, UNFPA, UNAIDS, and UNDP. The organization’s leaders emphasized that because PEPFAR covered its base costs and provided some direct support for core HIV activities, it was better able to secure non-PEPFAR funding for other HIV-related activities such as training MSM as counselors and testers, building computer resource labs for MSM, and conducting computer skills training for SWs and MSM.

Figure 3: Artistes in Direct Support



Funding Streams FY 2008–2012

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

Summary of current HIV prevention, care and support services

The organization currently provides services such as outreach education sessions to MSM and SWs, risk-reduction counseling, life skill sessions, mobile HIV testing, capacity building, monthly support group meetings, economic strengthening activities to create an enabling environment for beneficiaries to access services, and stigma and discrimination sessions with healthcare providers.

Prevention outreach activities for key population and HIV counseling and testing are services that AIDS offers, which are also provided by MOH/NAPS.

Beneficiaries

Beneficiaries	Number of beneficiaries FY08–FY12
SWs	1,543
MSM	2,414
In-school youth	1,053
Security guards (workplace)	163

Future service delivery

Artistes in Direct Support is seeking funding from the Caribbean Vulnerable Communities, a coalition of community leaders, to address low literacy among MSM, SWs, people who use drugs, orphans and other children made vulnerable by HIV, migrant populations, ex-prisoners, and youth in especially difficult circumstances. It is prioritizing its work with youth and hopes to expand its HIV-prevention efforts for SWs and MSM to include those ages 14 to 19.

G+

Mission and history

The Network of Guyanese Living with HIV/AIDS (G+) was established in 1996 and became a registered NGO in 1999. The organization was founded by three HIV-positive individuals and its mission was to provide psychosocial support to PLHIV. It disbanded in 2008 due to internal conflict between the board and the organization's leadership. After a period of reorganization, it was re-established in 2011 with a new board and 42 members.

Operations

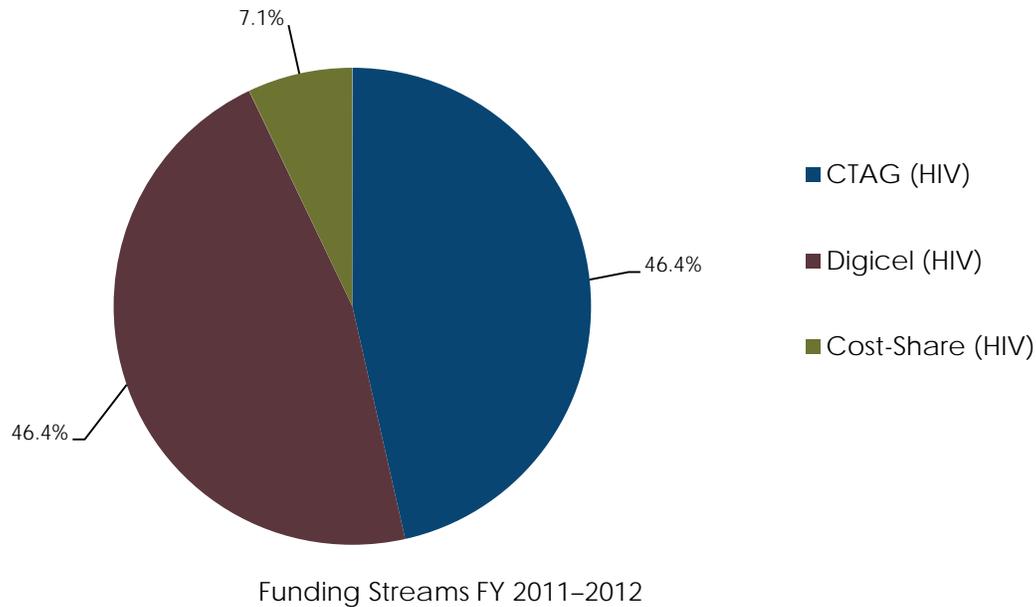
G+ has four unpaid volunteers and one volunteer who provides assistance as needed. The organization has no paid staff.

The five-member board comprises representatives working in project management, economics, and law enforcement. One board member is a PLHIV and another is a homemaker.

Past funding streams

G+ received PEPFAR funds from 2004–2008. It did not receive any PEPFAR funding from FY08 through FY12. It currently receives money from the Caribbean Treatment Action Group (CTAG) and Digicel, a private sector company. All of its indirect costs are supported by fundraisers, donations, and membership contributions as part of a cost-share agreement through CTAG. Figure 4 illustrates the organization's funding streams in FY11 and FY12. G+ received a grant for direct support from the amfAR, The Foundation for AIDS Research in 2013, although this falls outside of the period of interest.

Figure 4: G+



Current HIV prevention, care, and support services

The organization provides HIV prevention and care services such as prevention awareness, capacity building for PLHIV, human rights advocacy, psychosocial support, and sessions on stigma and discrimination for healthcare workers. It targets youth, MSM, SWs, transgender persons, and PLHIV in the general population across all regions of Guyana.

Future service delivery

G+ would like to expand its service delivery to include HIV counseling and testing and skills building/economic empowerment opportunities for single women and adolescents. However, its biggest challenge is covering indirect costs. G+ asks each member, an individual, to pay 1,000 Guyanese dollars in dues every year, but only four members paid their dues in 2013. G+ also believes it would be more efficient if the organization had at least one full-time paid staff member.

GBCHA

Mission and history

The Guyana Business Coalition on HIV/AIDS (GBCHA) is an independent nonprofit organization that was launched in May 2008. It builds upon the foundation of the first phase of the Guyana HIV/AIDS Reduction and Prevention (GHARP I) Project, which brought together national and international organizations to coordinate and enhance the private sector response to the epidemic.

GBCHA's mission is to mobilize and assist the private sector in its response to HIV and AIDS in the workplace and beyond. It does so by facilitating technical assistance and helping businesses identify and apply their core competencies, products, services, and resources to assist in the response to HIV and AIDS.

Its membership is diverse and includes businesses in agricultural processing, forestry and wood products, minerals, media, insurance, banking and financial services, hospitality, machinery, telecommunications,

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

pharmaceutical, house products and services, shipping, and textile goods, as well as faith-based and national or semi-autonomous agencies,

Operations

The GBCHA has three full-time staff members for its gender-based violence program, two part-time staff, and a Peace Corps volunteer.

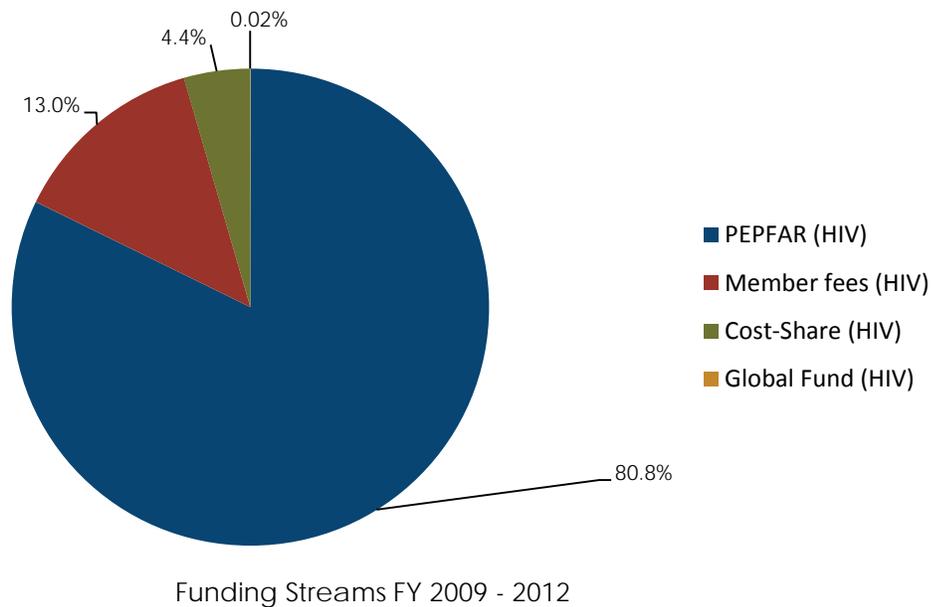
It is governed by a Board of Directors that includes executive officers from member companies. The board is composed of a chairperson, two vice chairs, a secretary, a treasurer, and three other members. The coalition's daily activities are managed through the GBCHA Secretariat, and although the organization is located in Region 4, its membership stretches across almost all regions of the country.

Past funding streams

GBCHA does not currently receive PEPFAR funding, but it is able to pay its expenses with funds raised through membership fees and three annual fundraisers.

It did receive PEPFAR funding from September 2009 to October 2011, and other funding sources are shown in Figure 5.

Figure 5: GBCHA



Current HIV prevention, care, and support services

GBCHA services include HIV education and training of employees in the workplace, the distribution of condoms and pamphlets, and HIV counseling and testing.

Beneficiaries

Beneficiaries	# of Beneficiaries from FY 2008 -2012
Workers (workplace)	3,565

Future service delivery

GBCHA is working to expand its focus to include comprehensive health and wellness beyond HIV (e.g., cancer, malaria, obesity, diabetes).

GRPA

Mission and history

The Guyana Responsible Parenthood Association (GRPA) was established in 1978 as an educational, training, and family planning institute, but in 1995 it expanded its scope and developed a more holistic approach. It is a member of an umbrella organization known as the Caribbean Family Planning Affiliation. The organization's mission is to promote, advocate, and provide services and support for good sexual health and family life, and ensure that every person, particularly those who are poor and vulnerable, has access to the information, education, and services needed to attain and maintain these.

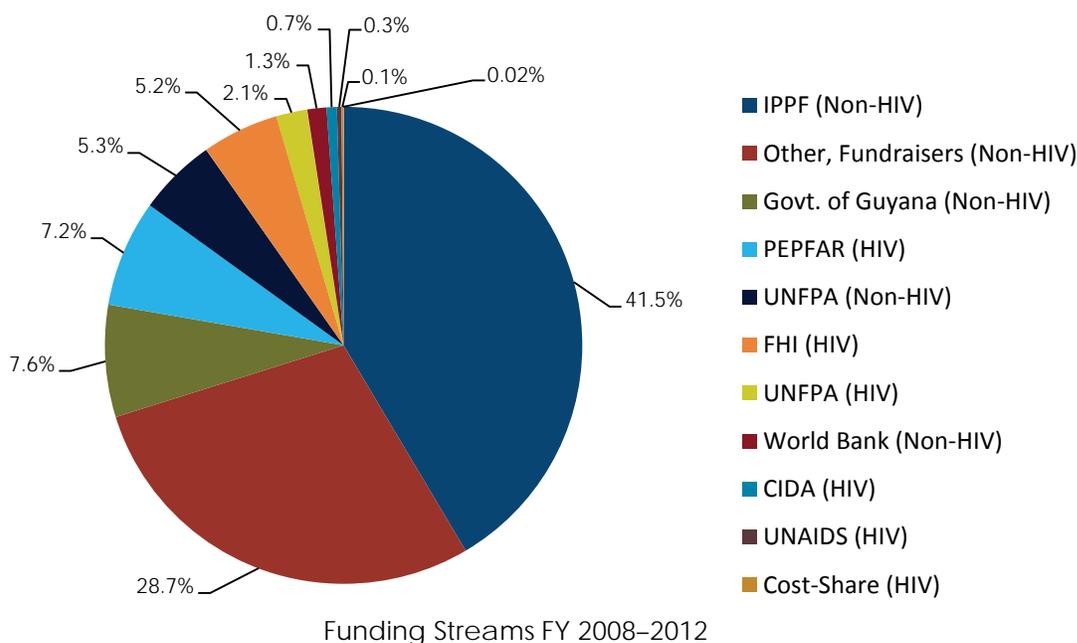
Operations

GRPA has 17 full-time staff members including an executive director, a clinic director, a doctor, two nurses, an M&E officer, a corporate service director, an accountant, a case navigator/multipurpose technician, a medical technologist, a youth officer, a senior program officer, three accounting and administrative assistants, two auxiliary staff (a driver and a cleaner), and several volunteers including members of the board, youth, and social workers who come for their apprenticeship from University of Guyana (UG) and other universities. The board consists of nine members whose backgrounds include social work, education, accounting, law, and entrepreneurship.

Past funding streams:

From FY08–FY10, GRPA received PEPFAR funding. Figure 6 shows funding streams that include other sources.

Figure 6: GRPA



Summary of HIV prevention, care, and support services

GRPA HIV prevention, care, and support services include medical clinic services integrated with psychosocial counseling, education, prevention, HIV counseling and testing, and sexual and reproductive health services; community outreach to improve male involvement in prevention of mother-to-child transmission and access to healthcare in rural areas; work with MARPs; life skills training; clinics for men; and gender-based violence awareness sessions. HIV counseling and testing and sexual and reproductive health services are also provided by the MOH/NAPS.

Beneficiaries

Beneficiaries	# of Beneficiaries from FY08–FY11
Adult PLHIV	200
OVC	182
SWs (screenings for STIs)	346

Future service delivery

In addition to its current services, GRPA would like to address men’s health issues, such as prostate-specific antigen testing, VCT, and general counseling; and to provide services to hinterland communities through the training of teachers and health workers.

Help & Shelter

Mission and history

Help & Shelter was founded in 2000 to address domestic violence through education by providing the only shelter in Guyana. In September 2005, it expanded its services to include prevention of human trafficking, and began to receive USAID funding for counseling PLHIV.

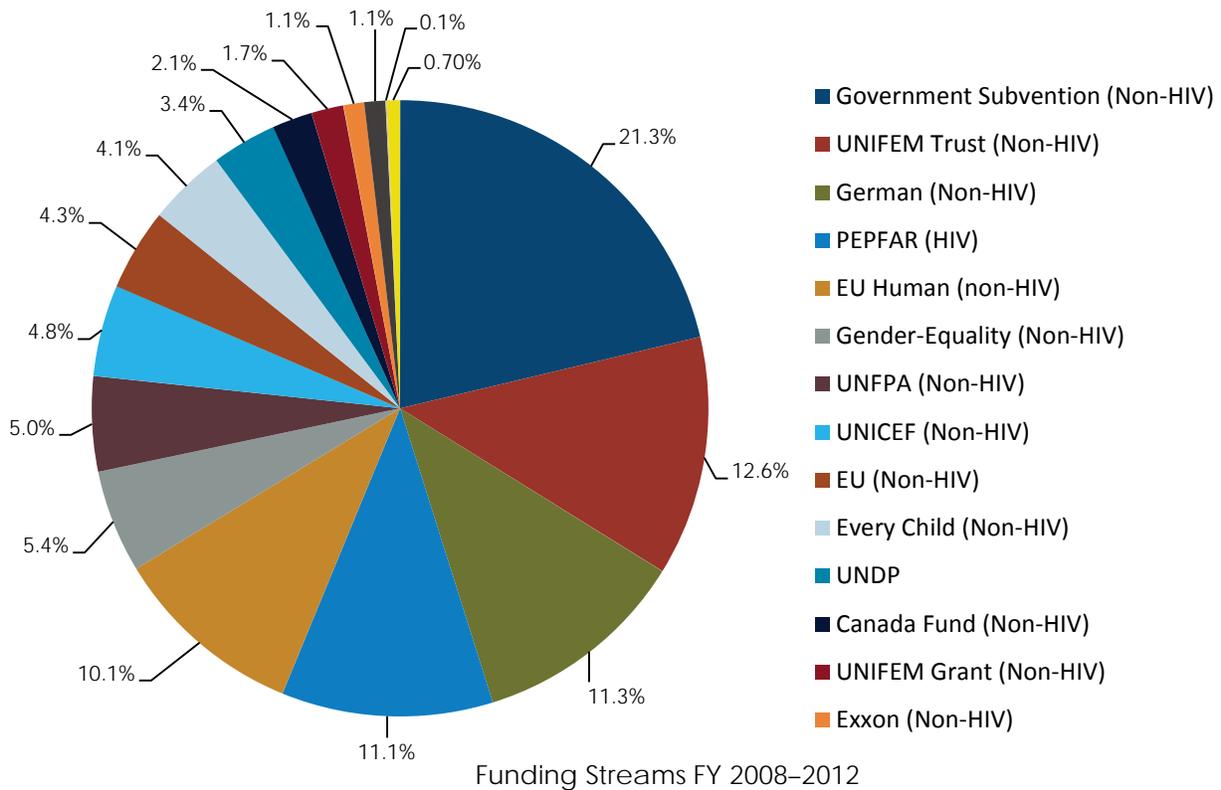
Operations

The organization has ten full-time staff members and seven part-time staff members, including a coordinator, an accountant, three counselors, and two public educators/facilitators, and twenty volunteers. Its nine-member board includes a lawyer, a businesswoman, a banker, two social workers, a project manager, an activist, an accountant, and a housewife.

Past funding streams:

From FY08–FY12, Help & Shelter maintained an extremely diverse portfolio of funders for HIV and non-HIV activities. The organization received PEPFAR funding from October 2008 to December 2010.

Figure 7: Help & Shelter



Beneficiaries

Beneficiaries	# of Beneficiaries from FY 2008 - 2012
In-school youth	135
Out-of-school youth	45

Summary of HIV prevention, care, and support services

The organization currently provides PLHIV counseling, public outreach programs, community-based services, prevention of gender-based violence, crisis counseling, in-court support, trafficking in persons (TIP) work, and outreach for SWs in Georgetown. These services are targeted for the general population.

Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

Future service delivery

Help & Shelter’s future service delivery is contingent on available funding opportunities, but the organization hopes to address sexual and reproductive health issues among in- and out-of-school youth.

Lifeline Counseling Services

Mission and history

Founded in 1996, Lifeline Counseling Services (Lifeline) is a nonprofit NGO located in Region 4 that began by offering counseling for people living with and affected by HIV. Today, its mission is to work toward reducing the psychosocial impact of HIV for persons living with or affected by HIV through education, counseling, and care and support. Lifeline also partners with other public and private sector organizations to provide training and networking.

Operations

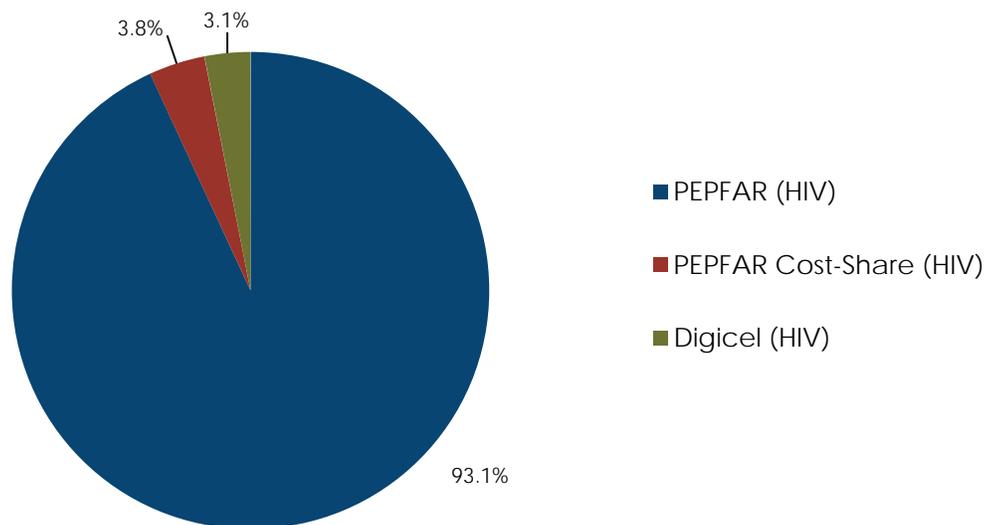
Lifeline has seventeen full-time staff members including four senior staff (a project coordinator/monitoring and evaluation officer, a nurse supervisor, an accountant, and a social worker), ten caregivers, an office assistant, a receptionist, and a cleaning person. It also has one part-time employee (caregiver).

The board consists of seven members representing a variety of disciplines, including a legal expert, a chemist, a project manager, and a social advocate.

Past funding streams

From FY08 to FY12, Lifeline received support from PEPFAR, cost-share (including support from Food for the Poor), and Digicel (see Figure 8). All funding supported HIV-related activities.

Figure 8: Lifeline Counseling Services



Funding Streams FY 2008–2012

Current HIV prevention, care, and support services

Lifeline’s services include HBC, PWP, support groups, linkages for small business owners, vocational skills training, and case navigation for PLHIV. For OVC specifically, it provides youth workshops, parenting classes and hygiene workshops. With funding from Food for the Poor, it also provides nutritional supplements.

Beneficiaries

Beneficiaries	Number of Beneficiaries FY09–FY12*
Adult PLHIV	669
OVC	893 (23 HIV positive)

* Information on the number of beneficiaries for 2008–2009 was not available.

Future service delivery

In addition to maintaining HBC, counseling, and services for OVC, Lifeline hopes to provide housing, education, and livelihood support for the communities it serves. With PEPFAR support, the organization recently conducted a cosmetology training program to help ensure economic independence for clients, and would like to engage in similar projects more frequently. Lifeline is dependent on PEPFAR funding to cover its base costs, and lacks experience seeking other large sources of external funding.

Youth Challenge*Mission and history*

Youth Challenge was established in 1988 with support from the Canadian International Development Agency (CIDA). By 2011 Youth Challenge Guyana (YCG) was one of the largest NGOs in Guyana and had a regional office in Region 8. The organization focuses on three key areas: health, education, and life skills.

Operations

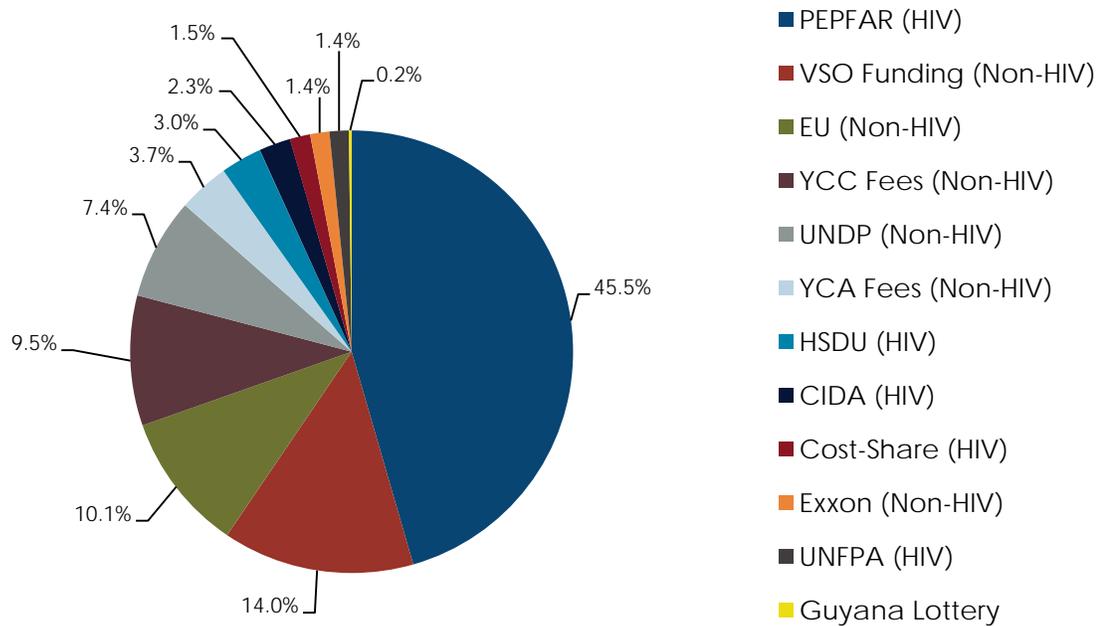
YCG has 19 full-time staff members, however only eight individuals work on the USAID-funded HIV component: a project coordinator, a VCT coordinator, a prevention officer, a social worker, two counselor/testers, two part-time staff (monitoring and evaluation officer and accountant), one paid volunteer, and forty unpaid volunteers.

YCG’s board is comprised of four members with backgrounds in law, finance, project management, and entrepreneurship.

Past funding streams

From FY08 through FY12, Youth Challenge received funding from PEPFAR, cost-share, and several other sources for HIV and non-HIV activities (see Figure 9).

Figure 9: Youth Challenge



Funding Streams FY 2008–2012

Current HIV prevention, care and support services

YCG’s HIV prevention activities include HIV counseling and testing for key populations, condom demonstration and distribution, and outreach and prevention for miners, SWs, loggers, and Amerindian communities.

HIV counseling and testing and activities with key populations are services that are also provided by MOH/NAPS.

Beneficiaries

Beneficiaries	# of Beneficiaries FY08–FY12
In-school youth	2,981
Out-of-school youth	1,449
Miners	1,158
SWs	82
Amerindians	2,150

Future service delivery

YCG would like to maintain its core HIV prevention services, including HIV testing and prevention work with miners and SWs. It would also like to expand its focus to address other health needs in the community, such as malaria prevention. Although YCG already has a diverse portfolio of funders, it plans to conduct a feasibility study to assess which services beneficiaries may be willing to pay for. This would allow the organization to become more sustainable in the long term.

REGION 6:

Comforting Hearts

Mission and history

Comforting Hearts was established in 1998 to focus on HIV and AIDS awareness and counseling.

It later expanded its services to include blood pressure and diabetes testing; sexually transmitted infection (STI), HIV, and hygiene presentations at secondary schools (for students ages 13–15); support for individuals affected by domestic violence; peer counseling; substance abuse support; other sexual and reproductive health education; and youth group facilitation.

Operations

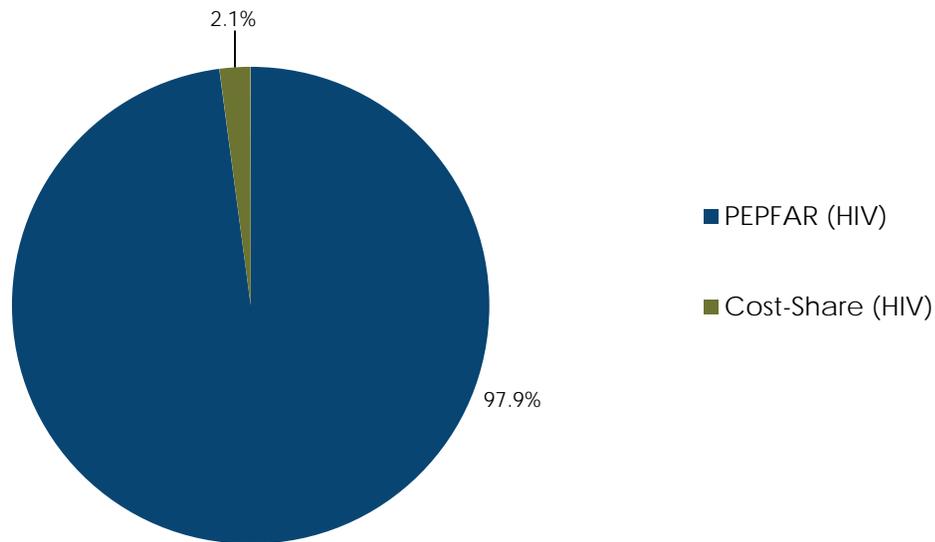
Comforting Hearts has seventeen full-time staff members: 10 caregivers, a project manager, a finance officer, a nurse supervisor, a monitoring and evaluation officer, a case navigator, an office assistant/cleaner, and a social worker.

Its board members represent a wide range of disciplines, including a project manager, a regional liaison officer, a teacher, a government employee, a social worker, and a former staff member.

Past Funding Streams

During the period from FY08 through FY12, PEPFAR and cost-share were the sole sources of funding (see Figure 10).

Figure 10: Comforting Hearts



Funding Streams FY 2008–2012

Current HIV prevention, care, and support services

Comforting Hearts provides care and support services to a wide target population in Regions 5 and 6. Prevention-focused activities include on-site and mobile counseling and testing for the general population. It provides care and support services including HBC, PWP workshops, facilitation for PLHIV support groups, life skills training, case navigation, skills building, parenting workshops, and summer classes for OVC. Other services for OVC include psychosocial support, nutritional counseling, shelter, and economic opportunity strengthening and referrals for other services not offered by the organization.

Beneficiaries

Beneficiaries	# of beneficiaries from FY08–FY12
Adult PLHIV	660
OVC	657 (23 HIV positive)

Future service delivery

In addition to maintaining its HBC program, the organization would like to engage in more prevention and education activities. It also hopes to establish a hospice for PLHIV who are ostracized by their families and communities that would include nutritional support and other needs not currently supported by PEPFAR. Funding sources it is currently exploring include the Javanese Fund, the Elton John Foundation, and UNICEF.

Family Awareness Consciousness Togetherness (FACT)

Mission and history

FACT was founded in 2000 with the goal of reducing the rate of HIV infection among youth in Corriverton in Region 6. Although it began with a focus on empowering youth through HIV awareness and prevention education programs, it has since expanded its services to include PLHIV, MSM, SWs, OVC, in- and out-of-school youth, Amerindians, loggers, single parents, and other families in need.

Operations

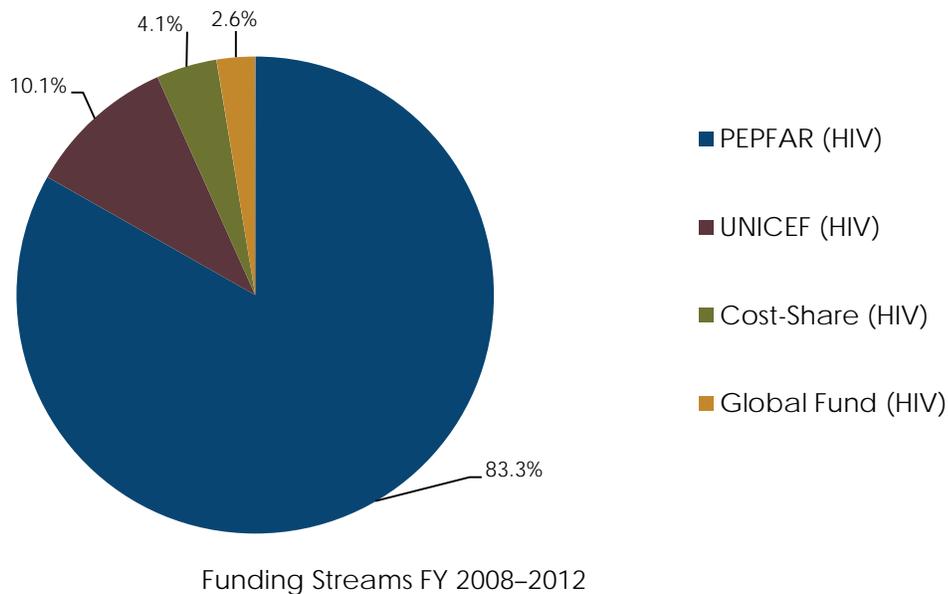
FACT’s full-time staff includes a project coordinator, an accountant/administrative assistant, a monitoring and evaluation officer, a receptionist/clerical assistant, a cleaner, a prevention coordinator, a nurse supervisor, a VCT coordinator, a social worker, a prevention officer/counselor and tester, two peer educators, three OVC caregivers, and a case navigator; ten part-time staff members, including five peer educators and five Community Home & Palliative Care/OVC caregivers; two paid volunteers; and 11 unpaid volunteers. Paid volunteers support programs related to key populations while unpaid volunteers assist with fundraisers, outreach, and after-school programming for OVC.

The board comprises nine people who represent various disciplines including medicine, education, social welfare, and the private sector.

Past funding streams

Between FY08 and FY12, FACT was supported by PEPFAR. Its other funding streams include UNICEF, GFATM, and cost share contributions (see Figure 11). Cost-share funds were largely supported through staff members’ monthly dues, Food for the Poor donations, small-scale fundraisers, and microfinance activities including a hair salon and daycare. During this period, FACT only received funding for HIV activities.

Figure 11: FACT



Supporting PEPFAR Guyana Transition Planning for HIV Prevention, Care, and Support Services in the NGO Sector

Current HIV prevention, care, and support services

With PEPFAR support, FACT is implementing several primary prevention, care, and support activities. The prevention activities include monthly support group meetings for MSM and SWs; counseling, weekly peer education and outreach sessions, and skills training with MSM and SWs; prevention sessions with loggers and Amerindians; stigma and discrimination training for healthcare workers; and PWP workshops.

FACT's care and support services include PWP, support groups, case navigation, low-cost meal preparation, and life skills and literacy training for PLHIV; and mentorship, after-school programs, home visits, hygiene support, job-readiness workshops, and nutritional education for OVC.

Voluntary counseling and testing and care and support are services that are also being implemented by the MOH/NAPS.

Beneficiaries

Beneficiaries	# of Beneficiaries from FY08–FY12
In-school youth	647
Out-of-school youth	159
Loggers	825
SWs	793
MSM	720
PLHIV	943
OVC	1017
Amerindians (adjacent populations)	738

Future service delivery

FACT seeks to maintain its existing program portfolio and expand its focus to include OVC over 18 years old. The focus would be to help these individuals adapt to independent living and gain life skills. The organization is also interested in creating youth empowerment programs to address issues such as single parenting and low literacy. It has submitted applications for non-PEPFAR funding and is awaiting responses.

St. Francis Community Developers

Mission and history

Established in 1986, St. Francis Community Developers initially sought to encourage youth-focused initiatives, such as the establishment of a library and a playfield, in the hope of reviving participation in the Catholic Church. However, after several years in operation, the group felt the teachings of the church restricted it from addressing modern-day issues and revised its mission in 2003 to focus on HIV and community development.

To date, 25 organizations in Berbice, 21 social service providers with whom these organizations work in New Amsterdam, and several other offices that St. Francis represents are considered "Friends of St. Francis." Examples of community groups that have and continue to benefit from St. Francis are Striker's Women's Youth and Sports Club, Shining Star Community Developers, Janiel Skills Training Group, Siparuta Community Developers, FACT Group, Rose Hall Town Youth and Sports Club, Camal's Home for Homeless and Battered Women and Children, and Mibicuri Community Developers.

Operations

St. Francis employs eight full-time staff members: a president/executive director, a finance officer, a mobilization/community outreach officer, a manager of income generation, a project coordinator, a catering manager, and catering staff. The organization works with more than 800 volunteers from the 56 communities in which it provides support. Instead of a board, St Francis has an advisory committee comprised of advisors or representatives from the communities it supports. The members of the committee include a civil engineer, four entrepreneurs, a headmistress, a bank manager, a contractor, an electrical engineer, a police officer, and twelve leaders who are heads of collaborating partners in Berbice.

Past funding streams

The HPP team requested information on funding sources from St. Francis several times, but the organization did not provide this information. St. Francis did not receive PEPFAR funding during the FY08–FY12 period.

Current HIV prevention, care, and support services

St. Francis has transitioned from HIV-focused activities to community development. The organization is working with communities in Regions 5 and 6. Some of the services it offers are library and computer access, catering, empowerment of women and children through various activities, distribution of food to the poor, sports activities for youth, entertainment activities for youth, skills training, nutritional enhancement, and counseling.

Future service delivery

In addition to ongoing support for HIV, St. Francis plans to establish an early childhood development research center. This center will provide support to 12 play schools in the Berbice area by acting as a resource center for teaching aids, learning materials and supporting features, training opportunities to empower early childhood practitioners, and innovative methods to deliver services to families.

The organization is working with several donors to provide microfinancing, professional support, equipment, tools, and assistance in accessing markets for young people who lack access to the resources needed to start a business. The USAID Skills and Knowledge for Youth Employment (SKYE) project is conducting job-readiness training for young people, and St. Francis would tap into this pool of trainees for empowerment through job creation.

St. Francis's vision is to create a one-stop shop for the training needs of people who want to help develop the community at the grassroots level. The organization is constructing a coordinating administrative complex, a training complex, a storage facility, and a guest house that can accommodate 68 people.

Over the next three years St. Francis plans to construct 15 other structures/buildings. In 2014, the organization will begin construction of a music school and carpentry workshop to enhance its training abilities. The main focus is to ensure the full utilization of existing facilities. St. Francis plans to establish four model farms in Limlair, Mibicuri-Black Bush Polder, Port Mourant/Rose Hall Town, and New Amsterdam. These farms will support the overall trend in Guyana toward fish-rearing); train residents in new technology and methodologies associated with modern practices; create employment for single parents; allow schoolchildren physical exposure to practical agriculture science; increase the number of residents involved in agricultural activities as a source of economic enhancement; and produce seedlings for farmers.

United Bricklayers

Mission and history

Established in 2007, United Bricklayers, located in Region 6, began conducting informal HIV outreach sessions in bars, brothels, and other difficult-to-reach areas frequented by key populations in Regions 5

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and 6. It became a registered NGO in 2008 and successfully applied for and received PEPFAR funding from USAID. Its mission is to promote and engage in advocacy and provide social and economic support for vulnerable and less fortunate people.

Operations

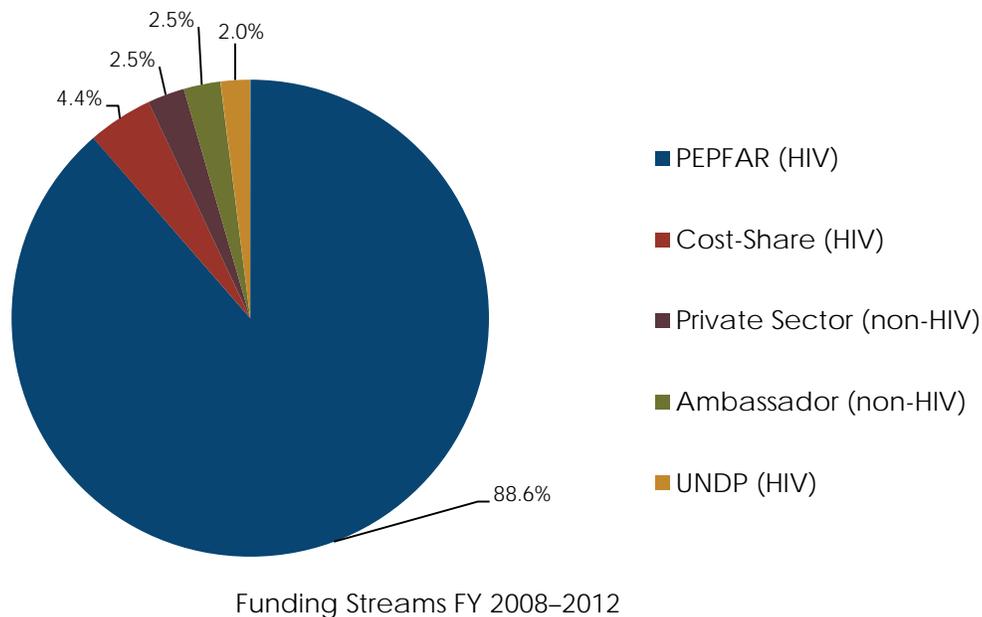
The organization currently has a staff of 13 that includes four full-time employees: a project coordinator, a prevention coordinator, a monitoring and evaluation officer, and an accountant, as well as a part-time VCT counselor/tester, six paid MARPS peer educator volunteers, and two unpaid volunteers.

Organizational oversight is provided by a board. Individual board members represent a variety of disciplines including a lawyer, a social worker, an entrepreneur, a private sector employee, a public service employee, and an engineer.

Past funding streams

During the FY08–FY12 period, United Bricklayers was supported by PEPFAR and received funding from other sources such as UNDP, the private sector, and the U.S. Embassy Ambassador’s Fund (see Figure 12). Expenditures reflect HIV and non-HIV activities.

Figure 12: United Bricklayers



Current HIV prevention, care, and support services

United Bricklayers’ current prevention services include peer education training; monthly support groups; economic strengthening; outreach for MSM and SWs in high-risk settings such as bars, brothels, barbershops, and nightclubs; risk-reduction counseling; referrals to other health and social services; and trainings with the beneficiaries and healthcare workers to reduce stigma and discrimination.

Beneficiaries

Beneficiaries	# of beneficiaries from FY08–FY12
SWs	666
MSM	484

Future service delivery

United Bricklayers is actively seeking non-PEPFAR sources of funding. In addition to maintaining HIV prevention services, the organization hopes to expand its services to include in-school MSM and mentoring for younger SWs. Additional areas of interest for expansion include establishing literacy programs; skills training for OVC; creating a multipurpose space for music performances; and other activities to engage the entire community. Despite its interest in expansion, United Bricklayers reports a desire to continue strengthening the quality of a few key services, including working with key populations, peer education, and condom distribution.

Region 7:

Hope Foundation

Mission and history

Hope Foundation was established in 1996. It was originally called Cry of AIDS, but changed its name in 2002 based on feedback from the community and with support from UNDP. The organization originally focused on abstinence, be faithful programming, and work with in- and out-of-school youth. Hope Foundation works to reduce the spread of HIV and AIDS through information and education.

Operations

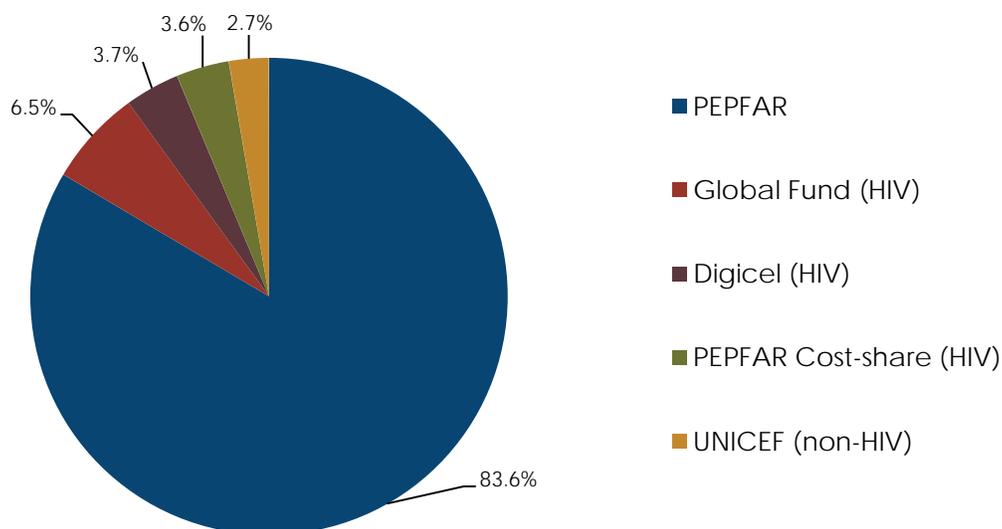
Hope Foundation's full-time staff (a project coordinator, an accountant/administrative assistant, a nurse supervisor, a monitoring and evaluation officer/prevention coordinator, three care providers/case navigators, a VCT supervisor, a MARPs officer, a social worker, a peer educator and a VCT support person) and four part-time staff. It also has 25 volunteers for the HBC program.

Seven board members represent a range of disciplines, including an affiliate of a correctional institution, a pastor, a teacher, a fashion designer, and a youth representative.

Past funding streams

During the FY08–FY12 period, Hope Foundation's funding came from PEPFAR, cost-share, UNICEF, GFATM, and Digicel (see Figure 13). Most of the money was earmarked for HIV activities.

Figure 13: Hope Foundation



Funding Streams FY 2008–2012

Current HIV prevention, care, and support services

Hope Foundation provides HIV prevention services such as outreach to adjacent populations in “riverain” communities; HIV education sessions with miners, loggers, and SWs; monthly support groups with SWs and MSM; HIV counseling and testing; risk-reduction counseling; distribution of prevention commodities; and sessions with healthcare workers to reduce stigma and discrimination.

It also provides HBC for PLHIV and their families, including nutritional support, support groups, and case navigation. Services for OVC include home-based care kits, support groups, parent/child workshops, and summer sessions. In addition to HIV and AIDS, Hope Foundation addresses domestic and gender-based violence, and general health topics including malaria, dengue fever, and tuberculosis.

Beneficiaries

Beneficiaries	Number of Beneficiaries FY08–FY12
In-school youth	470
Out-of-school youth	271
Miners	1,248
Loggers	662
Amerindians	2,372
MSM	78
SWs	430
OVC	348 (HIV positive)
Adult PLHIV	312

Future service delivery

The organization would like to expand its service delivery to address programmatic gaps not covered by PEPFAR, such as nutritional assistance and life-skills-based programs. It would also like to strengthen current programs, such as HBC, to ensure that staff can provide mobile services for hard-to-reach populations. To continue providing these services, Hope Foundation has sought external funding and is waiting to hear from GFATM.

REGION 10:

Linden Care Foundation

History and mission

Linden Care Foundation (LCF) began its work in 1998, and was officially registered in 2001. LCF initially sought to prevent and reduce the incidence of HIV, AIDS, and other STIs in Region 10. Its initial target populations included minibus drivers and youth, which defined most-at-risk-populations at that time. The organization soon recognized a growing need in the community for care and support and expanded its services for PLHIV including pregnant mothers.

Operations

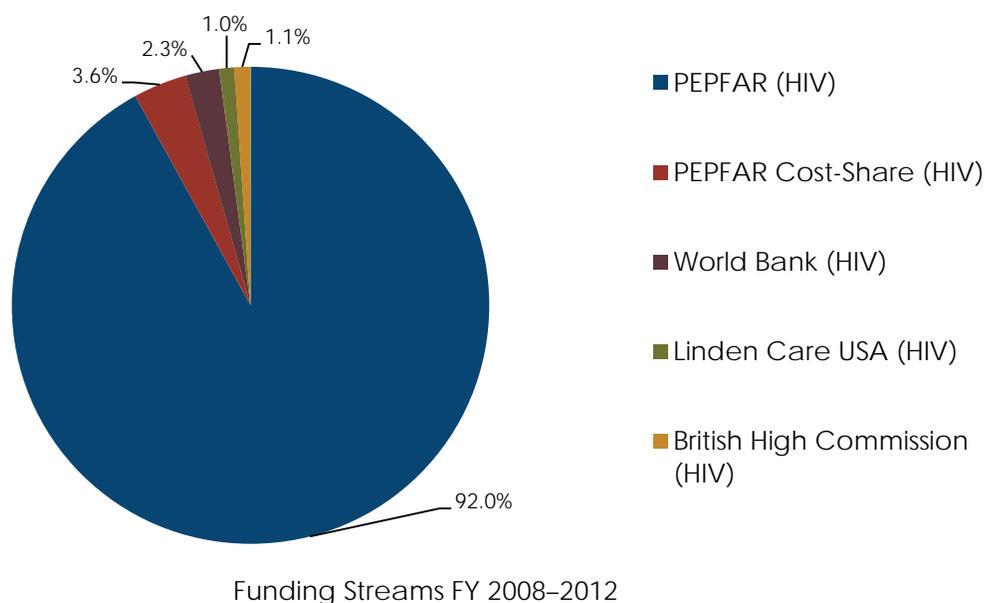
LCF has 25 full-time staff: a projector coordinator, an administrator, a project accountant, a nurse supervisor, a social worker, a prevention coordinator, a monitoring and evaluation officer, two prevention officers, four MARPs peer educators, three VCT counselor/testers, two case navigators, five OVC officers, and two HBC officers. There are four volunteers.

The organization's five-person board includes a fireman, a social worker, an accountant, a retired nurse, and a care and treatment nurse at the MOH.

Past funding stream

Between FY08 and FY12, LCF received support from several entities including PEPFAR, the World Bank, Linden Fund USA, and the British High Commission. All funding supported HIV-related activities during this period

Figure 14: Linden Care Foundation



Summary of HIV prevention, care, and support services

Linden Care Foundation currently provides prevention services such as condom demonstration and distribution, mobile outreach education sessions, support groups for MSM and SWs, HIV counseling and testing, and referrals to other services.

With regard to care and support, it provides community, home, and hospital visits; referrals and navigation; medical and other referrals to faith-based organizations and social services; PWP services; psychosocial support; after-school sessions; and adolescent support groups.

The beneficiaries of LCF’s HIV counseling and testing differ from those being targeted by the MOH/NAPS. However, MOH/NAPS is likely to attract the same people through its services.

Beneficiaries

Beneficiaries	Number of beneficiaries, FY08–FY12
Miners	400
Loggers	254
MSM	108
SWs	33
Amerindians	284
In-school youth	1,323
Out-of-school youth	452
Adult PLHIV	1,113
OVC	1,161 (13 HIV positive)

Future service delivery

LCF feels that it could improve the quality of its services and would like to do so by providing sustainable mobile services to the “riverain” communities. However, funding is needed to cover the high expense associated with a vehicle. The organization currently trains members of the community in HBC, but cannot ensure the quality of services due to a lack of resources needed to conduct supervisory visits.

A recently completed stakeholder analysis demonstrated that the community felt LCF was heightening the importance of HIV. The community asked it to expand the scope of services to address issues such as hypertension and diabetes. LCF did so, and the community has been more supportive of its overall efforts since.

LCF holds annual fundraisers, engages with its community, and has used its board effectively to attract funding. As the PEPFAR transition occurs, it would like to seek more funding from the private sector. However, there is uncertainty about how to further engage the private sector in Linden because it is an economically depressed area.

