



**Regional Platform**  
Latin America and Caribbean  
Support, Coordination and Communication



# TRANSITION AND SUSTAINABILITY OF CIVIL SOCIETY IN THE HIV/TB RESPONSE OF BELIZE

REPORT ON  
RISKS AND NEEDS WITH PLAN OF ACTION

ABRIDGED VERSION



Submitted by:  
Martha Angelica Carrillo  
Lead Consultant  
January 2017

Thirty one years after the first reported case of HIV in Belize, the country has experienced an epidemic like no other. HIV/TB has impacted every aspect of the health, social, economic and cultural realm of this small Central American and Caribbean nation. With a population density of merely 39.4 inhabitants per square mile and a total of 356,944 inhabitants Belize continues to be the country with the highest prevalence rate of HIV (1.5%) in Latin America and the 4th highest in the Caribbean which is the second most affected region in the world after Sub-Saharan Africa.

To date the Global Fund has contributed significantly to the response to HIV in Belize that has seen a fall from almost 4.0 to 1.5 HIV prevalence over the years. The country has been approved a total of three (3) grants totaling 10.1 million US for HIV and 1.5 million for Tuberculosis. The first approved grant was in 2004 with an allocation of 2.1 million US dollars for an implementation period of five (5) years entitled: “Strengthening Belize’s Multi-Sectoral Response to HIV/AIDS.” The second approved grant from the Global Fund for Belize was in 2009 for Round 9 with an allocation of 5.5 million US dollars for an equal five (5) years implementation period. Belize submitted and was approved its third grant under the new funding model of the Global Fund in 2015. The grant titled: “Investing for Impact Against Tuberculosis and HIV,” for 3 years is the first joint HIV/TB grant being implemented in Belize with an allocation HIV (2.5m) and TB (1.5m). Belize started the implementation of this new Global Fund HIV-TB grant in the first quarter of 2016.

In 2013 the World Bank changed the income classification of Belize to Upper Middle-Income based on the estimates of gross national income per capita for 2012. With this classification according to the Global Fund’s eligibility criteria, Belize like

other upper middle-income countries has to begin to build a transition preparation plan during the 2017-2019 period. The Global Fund proactively supports countries in planning for the sustainability of programs and successful transitions from Global Fund support in order to maintain and accelerate gains against the three diseases.

In the Latin American and Caribbean region, the Regional Technical Support Hub for Latin America and the Caribbean (CRAT), a program of the Peruvian NGO VÍA LIBRE in partnership with International HIV/AIDS Alliance (UK) provides technical assistance to strengthen community and civil society participation in the response to HIV. Vía Libre's CRAT was awarded the Global Fund's grant for the implementation of the Latin American and Caribbean Platform for Support, Coordination and Communication of Civil Society and Communities (LAC Platform). It is part of the Special Initiative on Community, Rights, and Gender (CRG). In accordance with its mandate CRAT to collaborate in the preparation of the planned and orderly withdrawal process, CRAT has developed a tool and methodology to assess risks and needs associated to sustainability and planning of actions from the civil society and communities' perspective within the context of the sustainable transition from the Global Fund grants. This methodology is being piloted for use by the civil society organizations and consultants providing support in Belize, Paraguay and Panama.

The process in Belize was a successful one as it enhanced the capacity of civil society organizations in the HIV/TB response to engage in dialogue and planning in preparation for the transition. This is the first exercise of its kind as there has not been any exercise in the country to address the issues of transitioning and sustainability. The methodology provided an excellent opportunity for the civil society organizations to build a shared vision on changes in the social, political, and financial environment and the challenges and opportunities that this entails for civil society in HIV and TB. Based on the findings, dialogue and vision of the civil society organizations a plan of action was developed which lays the foundation for addresses the challenges and opportunities presented by the transition processes. With a joint vision of **“Civil Society Organizations working in collaboration with all key stakeholders to address development and HIV issues ensuring a successful transition to achieving justice for all and self-sustainability”** and a mission that states, **“Civil society will sustain its involvement in the HIV response through a human rights based approach to access to justice, community research, resource mobilization and institutional representation to ensure legal reform, budget allocations and visible activities in policy and development processes in the achievement of the 2030 “Getting to Zero”**

goals” the participating civil society organizations agreed on 4 priority areas: 1.) Policy and Removal of Legal Barriers, 2.) Programing: Prevention and Testing and treatment, 3.) Governance and Sustainable Partnership and 4.) Financial Sustainability.

Risks and opportunities were identified among these 4 areas and the plan of action identifies mitigating actions that need to be implemented to ensure the transition readiness of civil society in Belize. As the country increases its efforts to meet the 2020 “90-90-90” goals and the 2030 “Getting to Zero goals,” at a time when it will have to be transitioning from the Global Fund, it is essential that these risks to the sustainability of the civil society response be addressed urgently. The multisectoral National AIDS Commission provides a very good platform to support civil society organizations in the implementation of this plan of action. However, more urgent is the need for the National AIDS Commission to initiate the process of developing a national transitioning and sustainability plan which can incorporate the civil society action plan.

It can be concluded that the CRAT methodology was applied in Belize and the expected outcome was achieved. Civil society successfully engaged in a process that was participatory, informative and proactive resulting in a joint vision and plan of action. In so doing, civil society in Belize set a precedent for the National AIDS Commission in Belize and other civil society organizations in the Latin American and Caribbean region.

Over the past 15 years, the Global Fund to Fight AIDS, Tuberculosis and Malaria has played a unique and indispensable role in accelerating the response to HIV across the globe. With 20 million lives saved, 92.2 million persons currently on antiretroviral medications; over the last decade, and 15.1 million persons tested and treated and 651 million insecticide treated nets distributed, the Global Fund has been working towards the goal of eliminating HIV, Tuberculosis and Malaria. In particular the Global Fund has been having an impact in countries where national governments have been reluctant to invest in programs on HIV prevention among key populations, which are the ones that need it, the most. The Latin American and Caribbean (LAC) region, just like the rest of the world is undergoing fundamental changes in several areas that will determine the setting, opportunities and challenges for an effective response to HIV, TB and Malaria as countries prepare to transition from the Global Fund support. As a part of this process, VIA LIBRE through the Centro Regional de Asistencia Tecnica (CRAT) developed a specific methodology for critical reflection on the environment and the development of an action plan by civil society. This methodology was piloted for use by the civil society organizations in Belize, Paraguay and Panama. The implementation experiences in these three countries will serve to evaluate and improve the methodology. Furthermore, this tool will be essential for civil society in the entire LAC region to adequately manage the transition of the Global Fund and other major donors from the region.

In Belize, the Collaborative Network of Persons Living with HIV (C-NET+) was responsible for the implementation of this pilot project with the technical support of MC Consultancy: Sexual Health and Development Consultants

## 1. SITUATION OF HIV/TB IN BELIZE

The current epidemiological situation for HIV and TB in Belize continues to be a challenging one. A most recent development in the response to HIV is that now it includes a concerted effort to also address the situation of Tuberculosis. The Ministry of Health now ascertains that the relationship between HIV and TB must be addressed to ensure that efforts to respond to both will be effective. As of 2015, Belize has the highest HIV prevalence rate in all of Latin America and the 4th in the Caribbean. According to the UNAIDS 2015 report, Belize now has a prevalence rate of 1.5% among adults 15 – 49 years of age. According to the Ministry of Health's 2015 Epidemiological Report, there are a total of 3,600 persons living with HIV of which 3,400 are adults 15 years and older. Of the total 239 new HIV positive cases in 2015, 125 were males and 114 females. Recent trends show that males remain the highest affected group. The majority of HIV positive young females are reached through the prenatal clinics, which is an indicator of unsafe sex resulting in pregnancy and HIV infection among young girls. Infants under the age of one year infected through vertical transmission were high for 2015 (4 cases) after reaching an all-time low of 1 in 2014. For 2015, rates of newly diagnosed HIV infections per 10,000 population were highest in the Belize District with 12.5 and 7.5 in the Stann Creek district, notably there has also been an increase of newly diagnosed HIV infections in the Cayo District. Even though epidemiological data on key populations such as men who have sex with men, transgender females and sex workers is limited in Belize, through a Modes of Transmission study conducted in 2014 (USAID/PASCA LMG) and Behavioral Surveillance Study conducted in 2012 by the Ministry of Health, it is estimated that the HIV prevalence among men who have sex with men including transgender females is as high as 13.9%.

For 2015, after diagnosis of HIV infection, 1,176 patients reported to have picked up antiretroviral therapy with no significant difference between males and females. Of the total reportedly on antiretroviral therapy, 74% (866) are on first line medication whilst 26% (310) have been placed on second line medication, which indicates a level of resistance to first line medication. Added to this, 3 persons are on 3rd line/salvage therapy, which is provided by external sources. There is a trend of higher mortality rates related to HIV in males versus females across all age groups. The overall HIV related death rate is 3.1/10,000 population.

The estimated TB prevalence is 51 per 100,000 while the incidence is 40 per 100,000. Available data consistently reveal that the Belize, Cayo and Stann Creek districts represent the most affected geographical areas. TB incidence is estimated at 40 persons per 100,000 population or around 120 cases per year with a range of 85 to 164 cases. In regards to sex, males remain the highest affected group by TB. Men represent 65.2% of all cases with a ratio of 1.9 to 1 when compared to females for TB and TB/HIV co-infections. There is a trend of higher mortality rates related to HIV in males versus females across all age groups. The overall HIV related death rate is 3.1/10,000 population. Men continue dying surpassing the overall death rate of HIV related conditions. Throughout all the age groups men are dying more than women.

## **2. NATIONAL AIDS SPENDING ACCOUNTS**

The most recent available data on national spending for HIV in Belize is for the period of March 2013–April 2014 when USAID/PASCA LMG provided technical support to the National AIDS Commission for the assessment of the National AIDS Spending Account (2013–2014). The assessment found that the total expenditure for HIV/AIDS for the fiscal year 2013–2014 was BZ \$5,371,577 or US\$2, 685,788.50. This represented a decrease of 5.3% from BZ\$5,673,544 or US \$2,836,772.00 from 2012–2013. The main source of funding was from international organizations accounting for 65.8% of the total expenditure while the remaining spending was between public (32%) and private (2.2%). The data also revealed that total expenditure was equal to BZ\$15.35 per capita. The total expenditure on HIV/AIDS accounts for 0.2% of GDP, or 5.2% of the total health expenditure budget for this period. The assessment showed that the total spending was dominated by three (3) of the eight (8) categories, namely: Prevention, Programme Management and Care and Treatment. The study showed that 78% of the total spending was consumed by these three categories. Prevention increased from 26.9% in 2012/2013 to 31.2% in 2013/14. Programme Management and Administration decreased by 19.1% from the previous fiscal year of BZ \$1,889,972. Furthermore, Care and Treatment saw a reduction of BZ\$111,302 from 2012/12 of BZ \$1,104,944.

### **Role of Civil Society Organizations in the Response to HIV/TB in Belize**

The National AIDS Commission of Belize was established in the year 2000 to serve as the lead national authority of the national response to HIV and enshrined in the NAC Act No. 6 of 2004. The NAC is a multisectoral body comprised of high level representatives of governmental, non-governmental (civil society), private and international organizations. The National AIDS Commission also serves as the Country Coordinating Mechanism for the Global Fund (CCM). Since its inception, the NAC composition has included civil society organizations such as: Alliance Against AIDS (now inactive), the Belize Family Life Association, Hand in Hand Ministries, Go Belize, the Red Cross and PASMO Belize (now inactive) as well as district committees of the National AIDS Commission. Programming in the National Response is overseen and coordinated by four standing committees of the NAC: Policy and Legislation; Care and Treatment; Information, Education and Communication and Monitoring and Evaluation. Most recently, with the focus of the response on key populations the National AIDS Commission is actively engaging the participation of organizations representing key populations such as the Collaborative Network of Persons living with HIV (C-NET+), the United Belize Advocacy Movement, Tikkun Olam, Trans in Action Belize among others. Even though most of these organizations do not sit as members of the NAC or CCM with the exception of C-NET+ and UNIBAM, they have been playing an integral role in the response to HIV in Belize.

Table 2: Civil Society Organizations and Areas of Work

| ORGANIZATION                                     | NSP PRIORITY AREA                                       |
|--|---|
| Collaborative Network of Persons living with HIV | Prevention; Care and Treatment; Removing legal barriers |
| Belize Family Life Association                   | Prevention  |
| Belize Red Cross                                 | Prevention  |
| Hand in Hand Ministries                          | Care and Treatment                                      |
| GO BELIZE  | Prevention  |
| Tikkun Olam                                      | Prevention; Removing Legal Barriers                     |
| UNIBAM   | Prevention; Care and Treatment; Removing legal barriers |
| PASMO Belize                                     | Prevention; Care and Treatment; Removing legal barriers |
| Trans in Action                                  | Removing legal barriers                                 |
| Our Circle                                       | Treatment   |
| Empower Yourself Belize                          | Prevention; Care and Treatment; Removing legal barriers |
| Belize Youth Empowered for Change                | Prevention; Removal of Legal barriers                   |
| DISTRICT COMMITTEES                              | PREVENTION; CARE AND TREATMENT                          |

The assessment of the transition readiness of Civil Society in Belize focused on 4 thematic areas: 1.) Policy and Removal of Legal Barriers; 2.) Governance and Sustainable Partnerships; 3.) Financial Sustainability and 4.) Programs: Prevention and Testing & Treatment. These included a thorough analysis of the priority areas of the present National Strategic Plan 2016-2020 as well as the goals of the present Global Fund Project which include key areas in programming such as: Prevention, Testing and Treatment and the Removal of Legal Barriers. In addition, the report is based on a review of the National Commitment Policy Index 2014 of the Global Response Progress Report and the Concept Note 2016-2018.

### **1.) Policy and Removal of Legal Barriers**

The national response to HIV in Belize continues to be based on the UNAIDS “Three Ones”, and includes the 90-90-90 goals as well as the “Getting to Zero Goals.” The 3-year Global Fund project, which the country started to implement in 2016, is in harmony with the National Strategic Plan and its goals. The NCPI 2012 indicated that one of the greatest challenges to strategy implementation was greater involvement and consultation with the community-based organizations. During the 2011-2013 there was an emphasis on conducting greater consultations at different levels of the national response including the district committees and key populations. This has continued to increase over the years even though representatives do not feel that their participation is significant enough. Another focus of the strategic planning has been on prioritizing sustainability and focusing efforts to develop an investment case to present to government with the objective of increasing national funds to sustain the HIV response in particular as it relates to civil society organizations. Even though the country recently launched its new Strategic Plan for 2016-2020 and started the implementation of its 3rd Global Fund Project, it has not engaged in a process of developing a Sustainability Plan or conducting an Investment Case Study. The country is yet to engage in a national dialogue and planning session to discuss the risk and needs as they relate to transitioning from the Global Fund and other external funding to domestic commitment of resources.

The 2014 NCPI indicated that during 2012 and 2013 the country has made some progress in accomplishing its policy commitments. However, the NCPI exercise also indicated that there continue to be challenges resulting in decreased ratings or no changes in specific areas during the past years. The NCPI 2014 concluded that there are many challenges that still remain in achieving an enabling environment for HIV/AIDS in Belize. This situation has not changed much since the NCPI assessment was conducted. Civil society informants are of the opinion that the legal review was one step forward but it has not translated into an HIV law due to “bureaucracy and red tape”. For this reason, they claim that there has been no significant investment in promoting or implementing human rights related policies, laws and regulation. There is still no HIV legislative framework. The NCPI indicates that most of the advocacy work that has taken place in the area of human rights has been done at the civil society level.

Some civil society informants also pointed out the low level of political support to some of the civil society organizations working with vulnerable populations such as MSM and sex workers. They stated that due to legal and political barriers the National AIDS Commission does not take a visible stance in support of key populations such as MSM and other key populations, especially over the past 3 years when the debate over the rights of LGBTs in Belize became a major national debate with the challenge to Section 53 of the criminal code of Belize. Members of key populations are of the opinion that the support from the NAC needs to be visible and that their participation needs to be significant. One major challenge continues to be the lack of support for salaries for those involved in work with key populations since most of the work is done at a voluntary level. Some of the informants also stated that civil society organizations lack training opportunities in areas such as strategic planning, research, policy analysis, monitoring and evaluation and human rights. Human and financial resources continue to be the greatest challenge for civil society organizations that do not receive any funds from the national budget to carry out their work in the country.

## 2.) Programs: Prevention and Testing & Treatment

### PREVENTION

Through the process of developing the new strategic plan 2016-2020, the National AIDS Commission engaged in an in-depth analysis of the situation and response to HIV in Belize. Through the analysis of data from a number of recent studies and assessments, the NAC identified challenges, gaps and opportunities in specific areas of the response including Prevention. The analysis established that Belize has halted and started to reverse the spread of HIV, however pockets of continued new infections remain especially among key populations such as men who have sex with men and transgender females. The analysis identified the successes in programs such as the prevention of vertical transmission and voluntary testing and counseling. The assessment showed that response frames need to be more evidence-informed in targeting these groups and in designing high impact prevention interventions. This is certainly the case for behavior change communication for young men and women, men who have sex with men, incarcerated persons and heterosexual adults who engage in non-protective casual sex. Based on these findings the new strategic plan delineated three priority areas that speak to the response dimensions of ending new HIV infections, improving health and wellbeing, and creating an enabling environment for the response. Over the past years, the Global Response Progress report has indicated key achievements in certain areas of the prevention component of the HIV response in Belize. There has been continuous implementation of prevention programs by both civil society as well as government organizations.

In spite of these accomplishments, civil society informants identified a number of challenges that were encountered during the past years in the area of prevention. They are of the opinion that there is still a need for interventions that are specifically tailored for key populations such as men who have sex with men and transgender females. Some of the informants stated that strategies remain monotonous and lacking innovation and there is not enough data and a lack of policies to truly make prevention strategies effective. Another major barrier to preventing efforts is the situation of church managed schools, which do not allow the Health and Family Life Education curriculum to be taught in its entirety. Most recently, a faction of the churches, in particular the Evangelicals, has mounted a massive campaign to keep sex education out of the classroom. There is still need for increased secondary prevention for

persons living with HIV, which impacts the percentage of new infections directly. There is also the challenge of lack of human and financial resources to sustain prevention programs. A major concern is the recent departure of PEPFAR projects in Belize resulting in the closure of PSI-PASMO, USAID/PASCA and the Capacity Project. PSI-PASMO had been operational in Belize since 1998 focusing on working with key populations such as men who have sex with men, transgender persons, sex workers and the Garifuna population. This has also affected the work of the Belize Family Life Association that was also working as a part of the Combination Prevention Project in Belize. This has created a major void in the national response as this project had been successfully reaching most at risk males using innovative strategies that were proving to be very effective in testing and treatment.

## Testing and Treatment

The key informants shared that there continues to be some accomplishments in the area of testing and treatment. The respondents report that these include the provision of free antiretroviral medications to all persons who test positive for HIV. There is also increase in combination ARV and increased access to CD4 tests and viral load testing in Belize. This includes the provision of 3rd line medication to pediatric cases. Distribution of ARVs has continued to be scaled-up at the district level and in some districts pharmacies are open at night, which makes it convenient for persons that can't access their medications during the day or are reluctant due to fear of stigma and discrimination. The Ministry of Health has also reported an increase in provider initiated counseling and testing to be able to reach more persons in the population. The Ministry of Health has also been working in collaboration with key population organizations to increase HIV testing and treatment. There are expanded testing and treatment provided through the Collaborative Network of Persons Living with HIV, the Belize Family Association and PSI PASMO. C-NET+ has been very instrumental in advocating for better treatment and care services. Through its home-based care project, C-NET+ has been able to reach a significant number of persons living with HIV (600). According to the Ministry of Health and Hand in Hand Ministries (HHM), NGO which provides support to pediatric HIV cases, the majority of orphans and vulnerable children in need of treatment are receiving it. The continued work of the HHM is seen as a major accomplishment. The organization has been able to mobilize external funds to continue its work in the OVCs and families.

The civil society organizations key information, however, also stated that there are still

challenges in the area of testing and treatment in spite of progress made over the past years. Even though the continued provision of free ARVs is highlighted as an achievement there are still concerns regarding the medications being provided. Some key informants stated that the best treatment options are still not available in country as second-line medications provided in Belize are still seen as first-line in other countries. Adherence continues to be a challenge as persons living with HIV do not have access to proper nutrition or due to travel distance are unable to access their medications on time. The key informants stated that the government needs to work closer with civil society to address these gaps. There is the need for a strategy to address this situation urgently, which should include the participation of civil society organizations.

### **3.) Governance and Sustainable Partnerships**

In Belize, the National AIDS Commission which is the multisectoral body appointed by Cabinet to be in-charge of the HIV response in Belize also serves as the Country Coordinating Mechanism for the Global Fund. The National Aids Commission (NAC) is a statutory body governed by the Belize National Aids Commission Act 2004. In accordance with the CCM Eligibility Requirements for the NFM, a performance-based assessment of the CCM was conducted in January 2014. A review of the findings revealed that of the eighteen indicators of the Performance Assessment Tool, 5 or 28% were fully compliant, 4 or 22% were indeterminate compliant and 9 or 50% were non-compliant. This resulted in the following recommendations:

1.) Urgent need to update the CCM Governance Tool; and 2.) Capacity-building in proper documentation to verify indicators.

In 2014 in preparation for the submission of the Concept Note, the National AIDS Commission with the support of USAID/PASCA LMG engaged in the process of revising the CCM Governance Tool. Upon the review of the existing structure of the NAC/CCM the consultant found that since the CCM operated through the NAC, and as such within the structure of the NAC, it could only act within the governance structure of the NAC. The assessment also found, however that the CCM is specific to projects born out of the Global Fund and is required to adhere to specific governance guidelines provided by the Global Fund. In the legislative aspect, it was found that the primary legislation that gives effect to the National HIV/AIDS Policy is the National AIDS Commission Act 2004 (amended in 2009). Unlike the NAC there is no de jure authority for a CCM in Belize. The assessment also found that there were differences

in the oversight of the NAC and that of the CCM. The outcome of the assessment was recommendations as well as an improvement plan for the CCM. To date, the National AIDS Commission has implemented some of the actions for change in the improvement plan but there is still a lot more to be accomplished.

## **SUSTAINABLE PARTNERSHIPS**

Most HIV programs in the country are organized and implemented by the NGOs, members of Civil Society and Government departments and Ministries who together form the National AIDS Commission. In both cases, Community Based Organizations or NGOs establish work plans to address areas of the national response that match their organizational imperatives. These include, but are not limited to: providing food, day care and medical support for OVC, empowerment and rights defense of female sex workers, general rights defense, counseling, care and support for men who have sex with men, subsidized SRH services in rural areas, one on one behavior change interventions and prevention outreach to children, women and girls. Civil society representation on the NAC and the CCM has remained constant over the years. Civil society has invested and contributed extensively, however, the support from government in facilitating the effort of civil society has not been encouraging according to some key civil society respondents who state that they do not receive any financial support from the national budget. Because of this they feel that there hasn't been any significant political commitment from the government. They also feel that some civil society organizations are weak and non-assertive in the response to HIV and TB. A number of non-governmental and community-based organizations are participating in the process, but the persons that have the link with the grassroots lack the resources and technical expertise to contribute significantly.

### **4. Financial Sustainability**

Civil Society depends primarily on international funders to carry out their projects. Some of them do not have a specific HIV specific budget but rather use funds from other areas of their yearly budgets. For the past years funders have decreased their support to HIV globally and this has affected civil society in Belize. The same situation applies in the provision of technical support. Organizations such as UNAIDS are no longer providing the same support in some countries. UNAIDS has closed its office in Belize and key agencies such as USAID/PASCA, PASMO and the Capacity project

closed their projects with the departure of PEPFAR from the country. Key informants stated that they have been successful because they do not depend solely on the NAC but seek their own resources and conduct their own advocacy. Some of the key informants also pointed out the low level of political support to some of the civil society organizations working with key populations such as MSM and sex workers in particular. There is minimal to no support for civil society organizations from the national budget. The Ministry of Human Development provides a stipend to some NGOs but the amount is insignificant in comparison to the work that needs to be carried out in the area of HIV. Some of the informants were of the opinion that political support needs to be visible and translate into budgetary allocations to civil society organizations from the national budget. One major challenge continues to be the lack of support for salaries for those involved in work with vulnerable populations since most of the work is done at a voluntary level. Some of the informants also stated that civil society organizations lack expertise in areas such as strategic planning, research, policy analysis, monitoring and evaluation and human rights. Although volatile in size and consistency, external funding predominantly focuses on interventions and capacities in the HIV prevention arena, which is the main domain for civil society organizations. The achievement of the wider aims of NSP priority goals 1 and 2 is based on the assumption that a) efficiencies in HIV prevention strategies and interventions will be achieved and will lead to overall cost reductions; and b) that external financing will reduce but will continue at levels that provide continuity to the most experienced civil society organizations.

# ACTION PLAN – STRATEGIC FRAMEWORK

