

PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)

BEST PRACTICES OF CIVIL SOCIETY ORGANIZATIONS' MODELS OF RESOURCE MOBILIZATION IN SELECTED CARIBBEAN COUNTRIES



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Contents

INTRODUCTION.....	2
LIST OF ACRONYMS AND ABBREVIATIONS.....	3
BACKGROUND.....	4
HIV in the Caribbean.....	4
HIV Funding in the Caribbean	6
The role of CSOs in the HIV response	7
RESOURCE MOBILIZATION STRATEGIES	8
RESOURCE MOBILIZATION STRATEGIES IN GUYANA.....	10
Social Contracting in Guyana.....	10
Social Entrepreneurship in Guyana.....	13
Some factors for success for GSWC:	14
Some factors for success for NCC:.....	14
Some factors for success for FACT:	16
RESOURCE MOBILIZATION STRATEGIES IN JAMAICA.....	17
Some factors for Success for CVC.....	18
RESOURCE MOBILIZATION IN OTHER CARIBBEAN COUNTRIES	19
GENERAL FACTORS FACILITATING RESOURCE MOBILIZATION SUCCESS	20
Social contracting such as in Guyana.....	20
Social Entrepreneurship such as in Jamaica and the Dominican Republic	22
RECOMMENDATIONS	23
CONCLUSION	27

INTRODUCTION

This document describes successful initiatives that have been undertaken by Civil Society Organizations and Key Populations organizations to mobilize resources for HIV programming. The experiences are drawn mainly from the Dominican Republic, Haiti, Guyana, Jamaica and Belize. These were garnered through interviews with key government and civil society representatives, donors, regional stakeholders and beneficiaries. Examples are also cited from other Caribbean Countries through the literature review.

The primary audience for this document is CSOs who are responding to HIV in Caribbean countries. Secondary audiences include but not limited to Ministries of Health, National AIDS Programs, Ministries of Finance, funding agencies such as the Global Fund and PEPFAR, UN agencies such as PAHO, UNAIDS and others.

The purpose of this document is to provide examples of successful resource mobilization strategies that can be contextualized and applied by CSOs. The documentation of these practices will be used to support CSOs in Caribbean countries to implement similar measures to mobilize resources and to advocate for social contracting and other resource mobilization initiatives to be implemented to support their HIV response and accelerate progress towards epidemic control.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Artiste in Direct Support
CSO	Civil Society Organizations
CSW	Commercial Sex Workers
CVC	Caribbean Vulnerable Communities Coalition
FACT	Family Awareness Consciousness Togetherness
GF	The Global Fund
GSWC	Guyana Sex Worker Coalition
GTU	Guyana Trans United
JASL	Jamaica AIDS Support for Life
JFLAG	Jamaica Forum for Lesbians, All-Sexuals and Gays
KP	Key Populations
MSM	Men who have sex with men
NCC	National Coordinating Coalition
PEPFAR	President Emergency Fund for AIDS Relief
SW	Sex Workers
TG	Transgender

BACKGROUND

HIV in the Caribbean

The Caribbean has made progress in responding to the HIV epidemic. New HIV infections have declined by 29% with a slightly greater reduction among women and girls (34%) than men and boys (25%). AIDS-related deaths for the same period also decreased by 37% and similarly with a slightly greater decrease among women and girls (44%) than men and boys (33%).¹

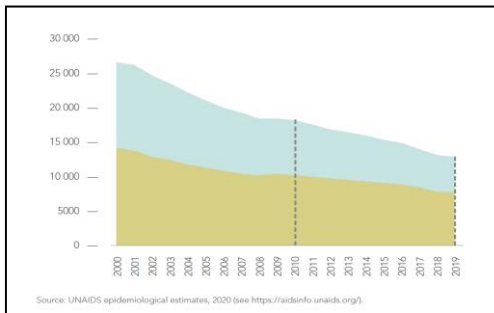


Figure 1: New HIV infections by Sex in the Caribbean in 2010-2019

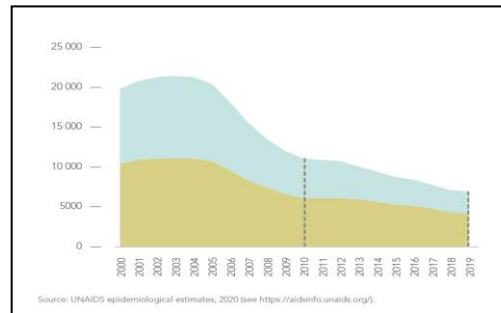


Figure 2: AIDS related deaths by Sex in the Caribbean in 2010-2019

Key populations (KP) continue to be disproportionately affected by the epidemic. The HIV prevalence among key populations varies across countries in the Region; however, the median prevalence is highest among the transgender population (23.7%), followed by men who have sex with men (MSM) (4.5%).

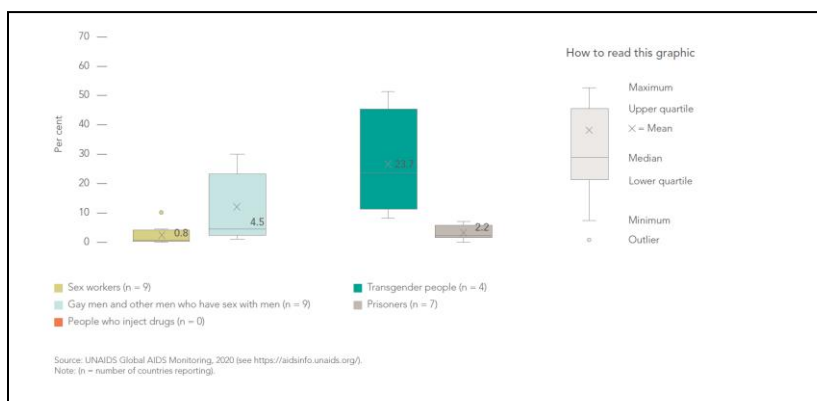
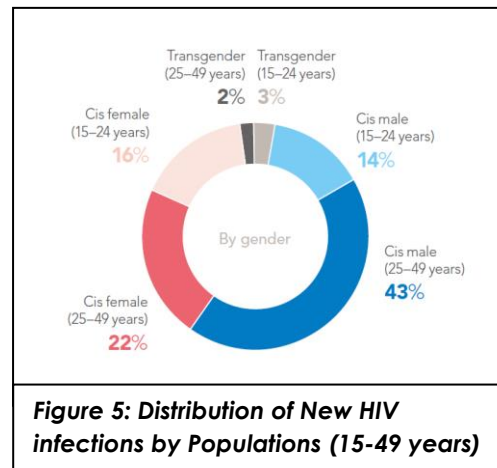
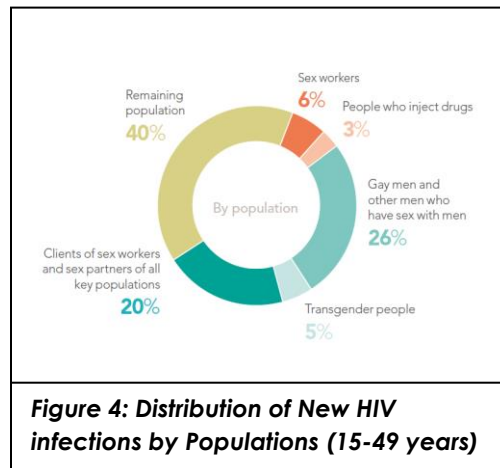


Figure 3: HIV Prevalence among Key Populations in the Caribbean 2015-2019

¹ UNAIDS Data 2019, https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf

KPs and their sex partners accounted for 60% of new infections in 2020. Men are more affected and accounted for 57% of new infections in 2020. However, 27% of new infections were among gay men and MSM. ²



Despite the progress in reducing new infections and AIDS-related deaths, there remain significant gaps in the response. The Caribbean is lagging behind with 77% of people living with HIV knowing their status, 63% on treatment, and 50% virally suppressed when compared to the global achievements of 81% of people living with HIV who know their status, 67% of PLHIV on treatment and 59% of PLHIV being virally suppressed. Many countries in the Region still have laws and policies that criminalize same-sex relationship and sex work and stigma and discrimination is still prevalent in the health care setting particularly towards KPs.³

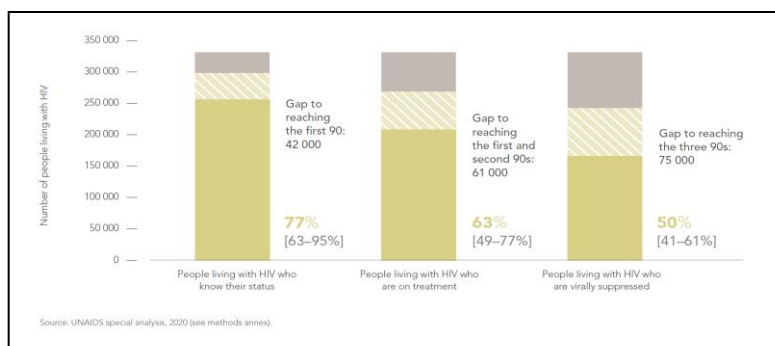


Figure 5: HIV Testing and Treatment Cascade in the Caribbean 2019

² UNAIDS Data 2019, https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf
³ UNAIDS Data 2019, https://www.unaids.org/sites/default/files/media_asset/2019-UNAIDS-data_en.pdf

HIV Funding in the Caribbean

The Caribbean has benefited from significant donor resources for the HIV response since the inception of the epidemic.

The Global Fund to fight AIDS, Tuberculosis and Malaria (The Global Fund) and the President Emergency Plan for AIDS Relief (PEPFAR) are two major funders to the Region. The Region has also received funding from other international donors. In the last eight years, domestic resources for the national response increased by 69%, accounting for 27% of the total resources in the Region. There has been a decrease from 84% in 2010 to 73% in 2018 of donor funding. However, during that period, bilateral contributions from the Government of the United States of America increased by 13%, while disbursements from the Global Fund and all other international sources decreased by 32% and 91%, respectively. ⁴

Funding in the Region has fluctuated with a lowest available funding in 2016 and a subsequent increase by 13% in 2018 compared to 2017. In total, US\$ 326 million was available for the HIV response in 2018, which is considerably less than the US\$ 600 million that was needed to achieve its Fast-Track Targets by 2020⁵.

UNAIDS Fast Track targets by 2030

- 95-95-95

95% of people living with HIV know their status.

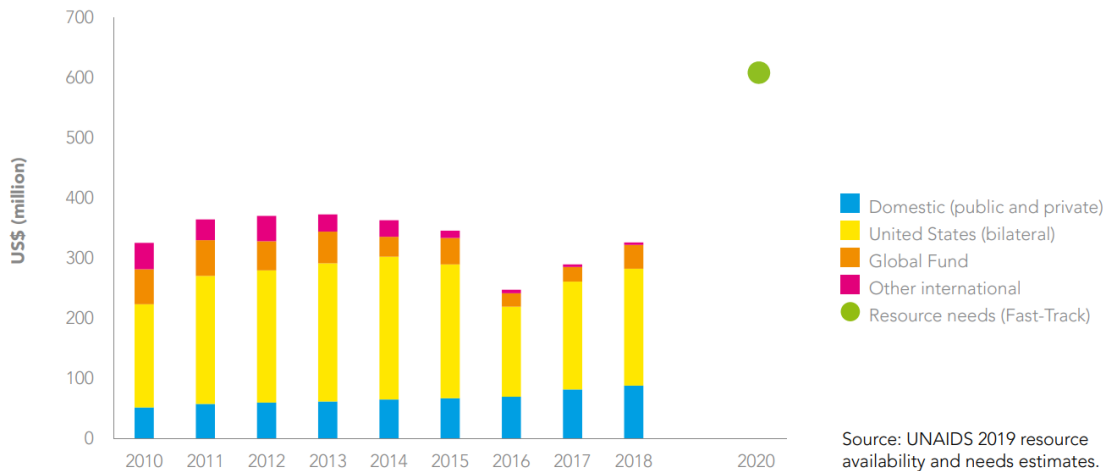
95% of people living with HIV who know their status are on antiretroviral treatment.

95% of people living with HIV who are on antiretroviral treatment are virally suppressed.

- 200,000 new infections among adults
- <500,000 AIDS related deaths
- ZERO discrimination

⁴ ibid

⁵ ibid



The role of CSOs in the HIV response

CSOs play an important role in the HIV response. In many Caribbean countries, they advocate for and deliver HIV prevention and treatment, care and support services to the KPs, such as MSM, transgender (TG) persons, and sex workers (SW) who are most vulnerable for HIV acquisition and transmission. Because of prevailing stigma and discrimination, these populations need specific support to access HIV prevention, treatment, and support services. CSOs in the Caribbean advocate to enhance the enabling environment and deliver HIV prevention and care services, refer persons to HIV treatment and support the follow-up for those on antiretroviral therapy.^{6,7} Investing in CSOs, therefore, ensure that key populations are reached with prevention, treatment, care, and support services. CSOs will contribute to mobile outreaches, HIV testing and linkage to care, community ART distribution and refills, adherence support. CSOs will deliver community-centered approaches that are people-centered⁸ and critical to reaching the 95-95-95 and other global fast targets by 2030.⁹

⁶ <https://jasforlife.org/>

⁷ <https://sasod.org.gy/>

⁸ The Global Fund, 2019, Strategy Development, Landscape Analysis-HIV.

https://www.theglobalfund.org/media/9689/strategydevelopment_2020hiv_landscapeanalysis_en.pdf

⁹ UNAID 2015, Understanding Fast Track, Accelerating Action to the End of AIDS epidemic.

https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf

RESOURCE MOBILIZATION STRATEGIES

An investment approach is recommended for the Caribbean to achieve the fast track targets.¹⁰ Aligned to this, the Global Fund recommends five key investment principles: allocative efficiency, implementation, quality, and efficiency; resilient and sustainable systems for health; equity and removing human rights barriers; and sustainability.¹¹ Investing in CSOs will be aligned with the investment principles in building stronger community systems and responses that will contribute to resilient and sustainable health systems.¹² Investing in CSOs will help governments control the epidemic.

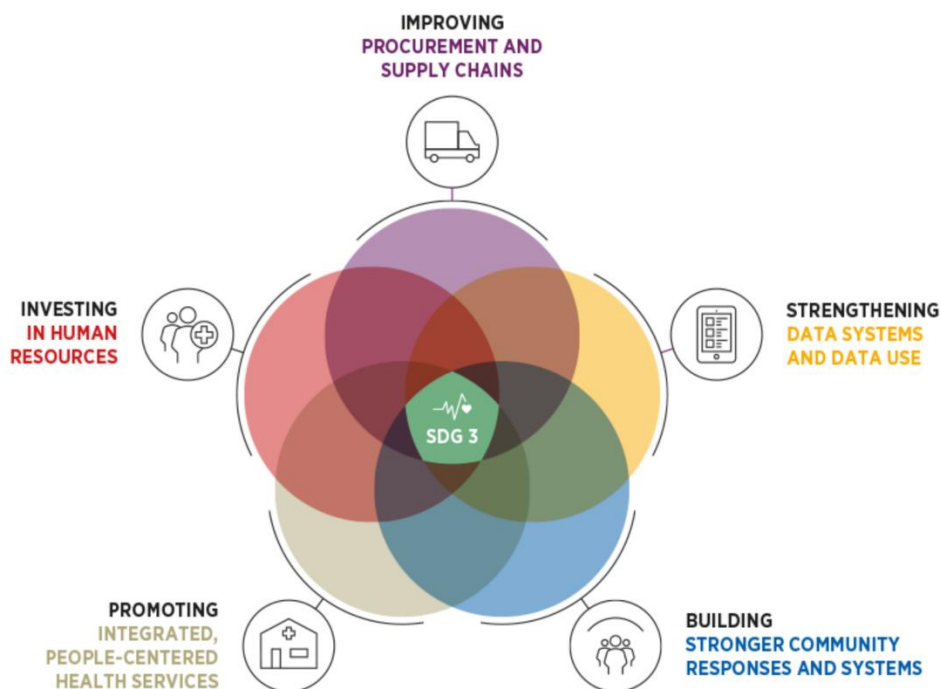


Figure 6: Components for Building Resilient and Sustainable Systems for Health

As a result of the religious views of the majority in the Caribbean, most key populations in terms of HIV are marginalized hence the need for CSO to provide the much-needed services to these groups. The implementation of Pre-exposure prophylaxis services in Jamaica has shown unequivocally that the provision of

¹⁰ <https://pancap.org/pancap-documents/caribbean-regional-strategic-framework-2019-2025/>

¹¹ HIV information note, The Global Fund 2019, https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf.

¹² The Global Fund, Resilient and Sustainable Systems for Health, https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf

services to KPs do not lead to promiscuity but instead reduced untold hardship to households by reducing morbidity and mortality. CSOs have been better navigators who provide the safe spaces needed by key populations for prevention, care, and treatment.

To ensure continuity of services to the key populations, CSOs in the Region continue to explore different strategies to mobilize resources. CSOs in many countries list strengthening their resource mobilization capacity as one of their top organizational priorities, along with better financial management, planning systems, governance, human resources, and monitoring and evaluation.

What is a Best Practice?

*Best practice in health broadly refers to a systematic process involving the identification, collection, evaluation, dissemination and implementation of information, and the monitoring of outcomes of interventions for population groups and defined indications or conditions. In the case of models of best practices by CSOs, the aim is to improve resource mobilization by basing practices on the best available **evidence** and by applying the most cost-effective measures.¹³ In essence, models of best practice ask the questions what was done by the CSOs to attract resources, how was it done, when was it done, is it easily replicable and under which set of circumstances, is it feasible and most importantly, is it evidence-based?*

Resource mobilization includes all activities undertaken by these organizations to secure new and additional financial, human and material resources to advance their mission and support the regional targets of ending AIDS.¹⁴ Resource mobilization also involves making better use of, and maximizing, existing resources. Resource mobilization is critical for CSOs in the Region to ensure the continuation, improvement and scale-up of their HIV prevention, care and treatment services to clients and to support their organizational sustainability.¹⁵

CSOs have been engaged in different aspects of resource mobilization. There have been different levels of successes in resource mobilization among CSOs in the Region using different approaches and strategies. In Jamaica, the Caribbean Vulnerable Communities Coalition (CVC) has received major funding from the

¹³ Perleth M, Jakubowski E, Busse R. What is 'best practice' in health care? State of the art and perspectives in improving the effectiveness and efficiency of the European health care systems. *Health Policy*. 2001 Jun;56(3):235–50.

¹⁴ PANCAP 2021, PANCAP consultancy to document best practices of CSO models of resource mobilization; Guyana and Jamaica.

¹⁵ What is resource mobilization and why is it important? <https://healthcommcapacity.org/resource-mobilization-important/>

Global Fund and the Robert Carr Fund. CVC also received smaller grants from UN Women, MAC AIDS, Health Policy Project and others.¹⁶ Jamaica AIDS Support for Life (JASL) has also received funding from multiple donors, including USAID, MAC AIDS Funds, Elton John Foundation and others.¹⁷ In Guyana CSOs were primarily funded by the Global Fund and PEPFAR for the delivery of community prevention, care and support services to key populations. More recently, the Government of Guyana has commenced the process of social contracting to ensure the sustainability of the CSO and key populations response.¹⁸

RESOURCE MOBILIZATION STRATEGIES IN GUYANA

Social Contracting in Guyana

Similar to other Caribbean countries, Guyana has a generalized epidemic with concentrated epidemic among key populations. The prevalence among transgender persons is 8.4%, MSM, 4.9% and female commercial sex workers, 6.1%.¹⁹ In Guyana the main donor funding agencies are PEPFAR and the GF. The donors have prioritized investments in CSOs to engage with key populations to improve uptake of HIV prevention and treatment services. Over time, donor funding has declined as the country has achieved lower middle-income status. In tandem with this decline, Guyana has increased domestic allocations and spending for its HIV response but remains heavily reliant on external donor funding. In 2016, 35% of HIV expenditure was from donor funds²⁰. With the reductions in funding, there is a significant risk of reversing the gains made in responding to the HIV epidemic. Social contracting was recognized as an important way to ensure the sustainability of services for key populations. In recognition of the reduction of donor funding and the need to sustain CSO response, the Government of Guyana engaged in a process to establish a social contracting mechanism for CSOs and have disbursed funds from the national budget to CSOs to continue the work with key populations.

Social Contracting is defined as a process where government through government-led mechanisms, provides grants or subventions to CSOs through formalized contractual channels but requires a number of policy, financial, and

¹⁶ <https://cvccoalition.org/content/project-funding-and-implementing-partners>.

¹⁷ <https://jasforlife.org/wp-content/uploads/2020/06/JASL-Annual-Report-2017-FINAL.pdf>

¹⁸ The Global Fund 2017, <http://shifthivfinancing.org/wp-content/uploads/2018/06/Social-Contracting-Report-English.pdf>

¹⁹ <https://aidsinfo.unaids.org/>

²⁰ Guyana 2016, Health Accounts, Main Report, <https://www.hfqproject.org/guyana-health-accounts-2016/>

programmatically to ensure successful implementation. Social contracting is aimed at maintaining the critical role of civil society in the HIV response.²¹ Social contracting is also aimed at ensuring that national responses are sustainable, which is defined as the ability of a health program or country to both maintain and scale-up service coverage to a level that will provide continuing control of a public health problem and support efforts for elimination, even after the removal of external funding by the Global Fund and other major external donors.²²

There are five (5) aspects of social contracting that must be present to ensure success, namely:

1. Countries must have the legal and regulatory framework to buttress the contract.
2. CSOs must have the capacity to provide a safe space and technical know-how to provide the services for the key population.
3. There must be advocacy that brings both the government and the CSOs to the table in a way that the government does not use the social contracting mechanism to muzzle the work of CSOs.
4. There must be a budgetary framework to be used to mitigate the gaps as well as buttress the social contract. The suite of packaged services must be clearly defined.
5. There must be gaps identified for the CSOs to fill, and this is usually brought to the fore through structured situational analyses.
6. There must be an effective reporting mechanism that details all the measurements for success, such as the indicators.

The social contracting process started with an **assessment to understand the feasibility for social contracting**. The social contracting diagnostic tool developed by the Global Fund was used to assess whether CSOs may use domestic resources to sustain service provision for key populations and people living with HIV. Specifically, the tool is intended to guide a country in examining whether (1) CSOs are legally permitted to register, receive funds from government, and use those funds to contribute meaningfully to HIV, TB, and malaria responses, particularly among key populations, and (2) civil society is sufficiently and sustainably involved in planning and implementing HIV, TB, and malaria responses among those populations.²³ This assessment was

²¹ HP Plus (2018) Social Contracting: Supporting Domestic Public Financing for Civil Society's Role in the HIV response. http://www.healthpolicyplus.com/ns/pubs/7190-7335_SocialContractingFactsheet.pdf

²² Global Fund (2017).

https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf

²³ 2017, Legal and Regulatory Framework for Social Contracting in Guyana

complemented by other assessments that examined the capacity of CSOs to conduct advocacy on behalf of and provide services to key populations. The assessments focused on CSOs capacity in relation to governance, financial systems, programmatic management, service delivery and monitoring and evaluation. In addition to external assessments, CSOs conducted self-assessments against established criteria and sought to strengthen their systems to make them more viable for funding.

The Government of Guyana established a National Sustainability Steering Committee with a broad-based membership and included CSOs and key populations. The National Sustainability Steering Committee developed a work-plan to address sustainability. Social contracting was prominent in the sustainability plan. Based on the assessments conducted and the readiness of CSOs established, the National Sustainability Steering Committee guided the decision to initiate a pilot for social contracting.

Two CSOs were selected to participate in social contracting: the National Coordinating Coalition (NCC) and the Guyana Sex Worker Coalition (GSWC). The National Coordinating Coalition was selected to be the lead agency for this initiative. The NCC has a membership of 38 NGOs across Guyana and coordinates and provides leadership to its membership. The NCC works across sectors and disciplines and is itself engaged in resource mobilization primarily through consultancies.

The NCC developed a work-plan in collaboration with its implementing agencies- Guyana Trans United (GTU), Guyana Responsible Parenthood Association (GRPA) and Artiste in Director Support (AIDS). The Guyana Sex Worker Coalition (GSWC) was selected to work with the sex worker community in the coastland and some hinterland regions. These organizations were identified for funding for several reasons:

1. They have worked extensively in HIV
2. They have had significant donor experiences and understand the need to comply with reporting requirements of donor agencies
3. They had significant capacity building through several donor funding initiatives to build their systems, vis-à-vis governance, finance, service delivery, and monitoring and reporting
4. They work with the key populations in Guyana.

The NCC also had to understand the government budget cycles and financing systems and work with the selected CSOs to also understand same.

The NCC entered into a contract with the Government of Guyana and subcontracted the selected CSOs as implementers. The pilot was for one year for services to key populations. Support for the overheads and administrative costs was provided primarily by USAID and government resources were earmarked for service delivery. Funds were disbursed in 2019-2021 on a quarterly basis to the NCC. A total of GYD 9,633,948 GYD, estimated USD 45,000 was disbursed over a one year period for peer education, counselling, testing, referral and navigation services and psychosocial support.²⁴ The NCC also worked with the National TB program on a project that involved two hinterland regions and were involved with training of peer educators, Directly Observed Treatment, Short course (DOTS) and provided referrals for continuation of effective care and treatment.

The NCC provided monitoring and oversight to the CSOs for financial and programmatic accountability. The NCC reported to the Ministry of Health, National AIDS Program. The NCC met regularly with its implementers to share experiences and identify lessons learned during the course of implementation.

The GSWC was also provided funds by both the Global Fund and the Government of the Cooperative Republic of Guyana for onsite testing and condoms distribution. The GSWC also assisted clients to navigate access to care and treatment at places deemed to be accessible and confidential to key populations through a contractual mechanism that ended in April 2021. With the GSWC, most of the work done so far has been through volunteers and with funds from UNAIDS, they have been able to provide hampers and PPEs to key populations. With the migrants coming from Venezuela and other countries in the sub-region, they are presently working with UNHCR to assist the migrants in the navigation of health care and other much-needed services.

Social Entrepreneurship in Guyana

The NCC benefitted from local capacity building for local solutions, which led to starting their entrepreneurial projects for resource mobilization. After the capacity building, NCC began the process of monetizing all of their activities. During this time, they reviewed what they were doing already that they felt would be needed by other organizations and possibly even the government. They adopted a three-step approach, namely:

1. Drawing up a business plan
2. Registration of the new entity

²⁴ Guyana, Ministry of Health

3. Beginning resource mobilization

Some examples of the social entrepreneurship ventures embarked upon at NCC were as follows:

1. Buying a recycling machine that uses waste paper to make egg crates for sale. This activity employs ten people.
2. Legal Aid Clinic where with the assistance of a lawyer, NCC provides legal services for both contentious and non-contentious issues for free if one cannot pay or for a fee usually paid for or covered by a Development Partner or a donor. The lawyer at the Legal Aid Clinic is a former staff of the NCC, who was given the flexibility to study while working at the NCC. This human resource investment has paid off as the lawyer is now the legal aid officer providing services on behalf of NCC.
3. Work within the communities in Regions 1 and 9 (until December 2020). As a result of services that they have been able to sell, such as the provision of child care services, family and adolescent counseling and condom distribution, about a million Guyanese dollars have been raised.
4. Assisting other NGOs in the navigation process of setting up and registering new NGO organizations. Presently, the NCC is engaged in helping to set up one which is being funded by USAID while there is another in the pipeline supported by IDB.
5. The diversity in staff strengths has also helped with the entrepreneurial ventures. Notably, apart from the lawyer at the Legal AIDS Clinic, there is a staff with a Masters in Public Health who deals with public health issues, an evaluation specialist who leads all monitoring and evaluation initiatives and a staff member with expertise in intra and extra family gender-based violence.

Some factors for success for GSWC:

1. Volunteerism by the members of the KP to serve its members
2. Placing emphasis on their core comparative advantage and using that to attract funding from donors and Development Partners.

Some factors for success for NCC:

1. Both social contracting and entrepreneurship should complement each other
2. Staff retention is key. Different approaches were applied to achieve this. The NCC incentivized staff, including non-monetary ways such as allowing and giving staff time to continue to study to better themselves to serve the organization better.

3. Rent is a major issue for survival for most grass-root organizations and as such, it is better to become woven into the community so the community can provide such space. While the NCC presently enjoys free office space, there are plans to acquire their own land to build a permanent office.

Family Awareness, Consciousness and Togetherness (FACT) is an organization based in Region 6 in Guyana with five full-time and ten part-time staff. FACT has been successful as an NGO through various entrepreneurial ventures. As an NGO, the staff understood the uncertainties with donor funding and the need for sustainability of their work. Early on, the staff started working towards their self-sufficiency and supported each other so that all members of the team could become self sufficient. In this regard, there were several successful initiatives including but not limited to;

1. They worked as a group to secure house lots and loans to build their own houses. In this way, they did not have to be concerned about rents and therefore are able to give more of their time to the NGO, sometimes on pro-bono basis when there were financial constraints.
2. They built their capacity in rearing poultry and having little shops to raise individual income.
3. Assisted each other in looking for ways to acquire vehicles to run as taxis and passenger buses.
4. Since most of the staff are also part of the key populations, they also benefitted from skills building training in cosmetology, hairdressing and farming. They utilized those skills for additional personal income, which in some ways supplemented the relatively low salaries from the NGO.

For income, some of the activities FACT engages in are as follows:

1. FACT staff who were trained in different skills-building activities served as trainers for other KPs. The funding allocated for trainers under different funders was then reinvested into the organization to support service delivery.
2. FACT established a daycare center for the community. FACT staff members who manage the daycare center are paid for their services and the profits from this initiative are reinvested into the organization to support service delivery.
3. FACT has a catering service whereby they allow their meeting place to be used by the community and community organizations for free and in lieu of the free space, they are also paid for their catering services. The

catering service has been of such a high standard that it has been used by banks, rotary service clubs etc. They presently provide dinner on a take-away basis. FACT has a good and quality catering service. They cater for community events, and organisations such as banks, rotary clubs to mention a few. FACT provides a daily snackette service to their immediate environs. They also provide food services on special days such as valentine, "couples' sessions" and for special events such as anniversaries and holidays to generate income. One such occasion is their annual "Cross- Buns" sale associated with the Easter holiday which has now been integrated into the Easter festivities and has become a signature event for FACT and the community.

4. FACT provides a salon service for the community. Staff who were trained by the organization are employed in the salon and the profits are re-invested into the organization. This activity is temporarily closed as a result of COVID-19.
5. The NGO has also partnered with Skeldon Hospital in Region 6 and they sell their services by providing counseling and contact tracing to patients at the hospital. They also distribute condoms and lubricants to KPs.
6. FACT also partners with the local Police Force in providing child protection services in cases of child abuse and gender-based violence as well as provide voluntary counseling, family counseling and empowerment to youths and adolescents.
7. FACT also benefits from small business grants for the provision of assistance to individuals and organizations to become self-sufficient.
8. The NGO also provides fee paying education and capacity building to local businesses and organizations. For instance, they provided GBV awareness, education and empowerment of women and girls to the Diamond Insurance staff.
9. FACT also rents their meeting room for various community activities while it also gives it to be used for free but in lieu of the space, the specific organization then procures paid catering services from the NGO.
10. FACT also provides "after-school" services to school children whose parents may not be home at the time of closing of schools and this also generates income to the organization.

Some factors for success for FACT:

Networking and building partnerships within the community is key to getting the community involvement and support in all things engaged in by the NGO.

Giving back to the community. A van was given to the organization from USAID and this is used to support the community in many ways; such as using the van to drop off the “after-school” children at the end of the day. They lend the van to the community for community events with the community providing incentive to the driver and also paying for fuel.

RESOURCE MOBILIZATION STRATEGIES IN JAMAICA

Jamaica has an adult HIV prevalence of 1.4% with an estimated 23,000 people living with HIV. The HIV epidemic disproportionately affects key populations with higher HIV prevalence- Transgender persons- 51%, MSM -29.8%, prisoners- 6.9% , sex workers -2% compared to 1.4% among the general population.²⁵

According to the Jamaican National AIDS Spending Assessments 2013-2015 and 2015-2017, there were some increases in government expenditure, from 33% in 2014/2015 to 35.5% in 2016/2017. Combined, funding from the Global Fund and United States government accounted 44% in 2014/2015 and 47% in 2016/2017. Funding targeting the key populations has increased. For prevention among MSM, expenditure increased from 6.3% of the national prevention expenditure in on 2013/2014 to 18% in 2016/2017 and for commercial sex workers from 1.5% to 6.7% in the same period. Beyond 2017, there is no NASA data available to determine the trends in donor funding and its impact on addresses concentrated key populations epidemic.

Jamaica AIDS Support for Life (JASL), Ashe, Eve for Life, Jamaica Network of Sero-positives, Jamaica Forum for Lesbians, All-Sexuals and Gays (JFLAG) and other CSOs have been instrumental in responding to the HIV epidemic in Jamaica and particularly in relation to the KPs. The Caribbean Vulnerable Communities Coalition (CVC), a regional CSOs based in Jamaica and the Dominican Republic, has about 40 member organizations with CVC's role as providing assistance to coalition members in the areas of advocacy, implementation of "Best Practices" provision, and use of practical tools, provision of training, on-boarding of resources and community mobilization. Starting in 2004, CVC was initially in the areas of HIV management, including prevention and maintenance of human rights. CVC works with and on behalf of Caribbean populations who are especially vulnerable to HIV infection or often forgotten in

²⁵ <https://aidsinfo.unaids.org/>

access to treatment and healthcare programs, including men who have sex with men, persons of trans experience, sex workers, people who use drugs, orphans and other children made vulnerable by HIV, migrant populations, persons in prison and ex-prisoners, and youth in especially difficult circumstances. These groups are subjected to high levels of stigma and discrimination. They also lack the social and legal protection afforded other members of society and are socially excluded because their behavior may be deemed delinquent, deviant or criminal.

CVC views itself as being under-funded with funding gaps. That notwithstanding, they are also experiencing diminishing funding levels from the Global Fund, Robert Carr Foundation, the European Union and Open Society among others. In response to this, CVC and its members embarked on various activities to help close the yawning ever-increasing funding gap.

Some factors for Success for CVC

Activities embarked upon in response to the funding gap are as follows:

1. Producing strategic plans for CVC and the coalition members.
2. Producing Resource Mobilization Plans.
3. Moving towards "social entrepreneurship by identifying and "selling" their technical strengths such as in the areas of research by conducting local research for and on behalf of University of Alabama. Similarly, Foundation Chances for Life in Suriname provided consultancy services to Ministry of Health and CSOs on strategies to reach key populations, conducting outreach and delivering services in a non- discriminatory manner. They also provide services to the private sector on reducing stigma and discrimination in the workplace. ²⁶
4. Continuation with Traditional donor base and making sure that there is compliance and paying attention to traditional call for funding proposals
5. Diversification of areas of focus to attract more funding withing their comparative advantage.
6. Diversification into online resource mobilization with assistance from some US entities where there are established links to which persons and organizations could donate for the causes that CVC and its membership work in.

²⁶ <https://pancap.org/pc/pcc/media/page/Chances-for-Life-case-study.pdf>

7. CVC has not been in the area of social contracting but instead in setting up social profitable enterprises whereby members of the coalition do the following:
 - a. Key populations from the coalition serve as tour guides for the Ministry of Tourism and are paid for their services with which they run their programs.
 - b. In the Dominican Republic, CVC is partnering with the Ministry of Agriculture in the area of goat rearing.
 - c. Teaming up as Chefs and Cooks to provide meals for meetings.

RESOURCE MOBILIZATION IN OTHER CARIBBEAN COUNTRIES

While this document focuses on social contracting in Guyana, a similar process is in place in the Dominican Republic where Centro de Orientación e Investigación Integral (COIN) receives government funding to work with grass roots community based organisations and support the HIV response for the key populations. COIN is a private, social interest institution of the Dominican Republic, created on November 28, 1988, by a multidisciplinary team of people with shared experience in community and health work. Born as a result of the emergence of the HIV / AIDS epidemic, trafficking in persons in the Dominican Republic, COIN has concentrated its efforts on implementing educational programs. COIN's programs focus on prevention and health care and social discrimination, to implement innovative strategies and approaches that serve to empower these groups. In their work with marginalized populations, COIN promotes the integration of the community in the identification of their needs and problems and works with them to define policies and execute solutions to these needs and problems. Through the social contracting mechanism with the Government of the Dominican Republic, COIN is able directly deliver HIV prevention, treatment, care and support services to MSM, Transgender persons, SW, migrants and PLHIVs. COIN also support small grass roots community-based organizations who are key populations or work with key populations.

COIN in the Dominican Republic with support from the Global Fund has been piloting and gaining experience on social entrepreneurship in the Dominican Republic and Haiti. At the onset of this initiative, COIN invested in capacity building for and provided the tools to CSOs to set the foundation for social entrepreneurship for resource mobilization. Trainings were conducted the development of resource mobilization and business plans. The Resource

Mobilization plans was more holistic in address the resource needs for the organization and different strategies and approaches that will be explored to finance the response. The Business Plan took a more deliberate approach and selected specific strategies for funding. A toolkit that includes the tools and guides for resource mobilization was developed in Spanish and French for CSOs in the Dominican Republic and Haiti. Following this, two CSOs who developed resource mobilization and business plans received small grants from COIN to support two social entrepreneurship initiatives. In Haiti, the CSO created a multi-media production company. In the Dominican Republic, the CSOs was engaged in an agricultural project. Under this project, the CSO was able to rent land from the government and employ PLHIV and Haitian Migrants to work on the farms. To date the CSO has contract for their produce with supermarkets and other retailers. The profits from this venture are reinvested into the initiative and used to support HIV programming.

GENERAL FACTORS FACILITATING RESOURCE MOBILIZATION SUCCESS

Social contracting such as in Guyana

Several factors were critical for the successful pilot of social contracting in Guyana.

1. **Political Commitment:** For social contracting to take place and to be successful, there has be political commitment from government and this was given from the onset of the process.
2. **Donors Advocacy:** With reducing funds donors were concerned about safeguarding the gains made as result of their investments. Donors-PEPFAR and the Global Fund-collaborated and supported the government to conduct assessments to understand the feasibility of social contracting with CSO to sustain the response to key populations. Donors actively participated in the National Sustainability Steering Committee and provide resources and technical support to advance the social contracting process.
3. **Presence of the Legal, Regulatory and Policy Frameworks:** Guyana's Fiscal Management and Accountability Act and the Ministry of Health Act makes provision for government to fund CSOs from the Consolidated Fund. More specifically under the Chart of Accounts 6321, "Subsidies and contributions to local organizations," subventions can be made CSOs on

an annual basis. In 2016, the Government of Guyana supported 68 CSOs, with subventions totaling approximately GY\$251,918,000.²⁷ Further, there are no restrictions in law or policies preventing or limiting CSOs in delivering HIV prevention and treatment services to key populations.

4. **CSO advocacy with policy makers:** CSOs are represented at different forum in the national response and have leveraged these to advocate for sustainability of the response and for social contracting. The Guyana Country Coordinating Mechanism comprises of 23 members of which 11 are from CSOs, including three persons from the key population communities and four persons living with the disease-TB, HIV and Malaria. The Vice Chair of the CCM is Executive Director of the NCC and represents an important unified voice and position of CSOs. Individual CSOs and affected communities are also represented on the National Sustainability Steering Committee. Through these engagements, CSOs were able to bring their voices from service delivery to policy.
5. **Preparing CSOs:** Several assessments were conducted to establish CSOs readiness for social contracting. The assessments covered critical areas including governance, financial and programmatic management, service delivery and monitoring and evaluation. Capacity building was conducted to address any gaps or weaknesses identified. CSOs were also trained on government procurement and financing systems that were used in the social contracting process. CSOs also conducted regular self-assessments were able to strengthen their systems through-out the process.
6. **Identification of CSOs implementers:** The NCC was intentional in the identification of CSOs who should be involved in social contracting. Several parameters were considered for the success of social contracting and were used to identify the three CSOs. Key parameters included knowledge of and experience in working in HIV and with the key populations, prior donor experience, good governance and financial and programmatic accountability.
7. **Leadership of NGO Coordinating Coalition:** Guyana's approach of engaging the NCC as it was more established and provided oversight for NGOs has resulted in good coordination among the implementers and with the Ministry of Health. In relation to the CSOs, the NCC provided oversight for implementation including on target achievements. The NCC also facilitated experience sharing on a regular basis that was important for learning and cross-fertilization of ideas. A similar example is noted in

²⁷ ibid

Belize where the CSO Hub, a coalition of several smaller CSOs is funded through the Belize GF grants and provides support to smaller, more community based CSOs to deliver services to the key populations' communities. Through this approach, community based CSOs are not only engaged in community service delivery but are also given the opportunity for capacity building for organizational strengthening.

Social Entrepreneurship such as in Jamaica and the Dominican Republic

1. **Expanding donor-based to move beyond traditional donors:** In this regard, CVC was vigilant in monitoring announcements for funding opportunities and applied an intentional approach to selecting potential donors who would have filled existing resource gaps.
2. **In-house capacity for social entrepreneurship:** CVC and COIN were successful in supporting research, conducting capacity building and in general in providing technical assistance because of the presence of existing in-house capacity. In cases where CVC did not have the capacity, they were intentional in building that capacity or collaborating with partner agencies to fill any gaps.
3. **Dedicated grant writing staff and team:** CVC understands that grant writing can be technical, time-consuming, and requires good grant writing skills. CVC has invested time and has dedicated persons who focus on preparing proposals to ensure that they are aligned with the requirements of the funding agencies. Importantly, CVC ensures that the proposals are filling a resource gap and that it addresses their target populations.
4. **Engagement with the local private sector:** COIN and CVC had identified their niches with the local private sector and were intentional in pursuing those opportunities. For example, they worked with the health and the tourism sectors respectively, and provided the services needed in the case of COIN and secured agreements, trained and certified key populations who were then hired to fill positions as in the case of CVC.

RECOMMENDATIONS

The recommendations are specific for CSOs in Caribbean. These recommendations may have to be adapted to the local context for success.

1. Social Contracting:

- **Understand the legal and regulatory frameworks in the country:**
Invest in understanding the legal and regulatory frameworks in the country. This may be done through advocacy with donors to assist in an assessment. If the legal and regulatory frameworks at present in the country, it would be critical for CSOs to ensure that they meet the requirements. If the frameworks are not available or present as bottlenecks to social contracting, CSOs should advocate for legal reforms. CSOs can advocate directly to policymakers and/ or with donors to advocate on their behalf.
- **Advocacy with Donors and Government for social contracting:**
CSOs should leverage all opportunities to advocate for sustainability of their response to key populations. This can include through the development of policy briefs, advocacy pitch to Ministers of Health and Finance. CSO should advocate with a unified voice whether through an established mechanism such as the NCC or through coordination with other CSOs. CSO advocacy should also re-emphasize the crucial role of CSOs in reaching key populations and its importance in reducing new infections and achieving the national and global targets. CSOs should also advocate to PEPFAR, the Global Fund and other donors and technical partners for advocacy on their behalf with government, recognizing the unique role of CSOs in reaching the key populations.
- **Build on existing structures to prepare for social contracting:** CSOs should build on the system established with donor funding such as governance structures, financing systems and processes, service delivery protocols and others for a viable and efficient environment for social contracting and promote sustainability overall.
- **Systems in place to meet the eligibility criteria for accessing funds:** there are resources and tools that are available and be useful in preparing CSO for social contracting. More recently, PANCAP developed a [social contracting toolkit](#) that presents practical guidance for Caribbean CSOs. Eligibility criteria would likely be country-specific and could include but not limited to:

- Being legally registered in the country
 - Having a registered office and a bank account
 - Having strong fiscal management systems with a track record of financial accountability
 - Have the ability to prepare proposals, tender documents or other required documents required for the application of funds through social contracting
 - Have established and robust M&E systems for HIV or other health related issues.
 - Have worked in HIV and with key populations in advocacy, HIV prevention, treatment and care service delivery
 - Have the capacity to conduct effective advocacy.
- **Prepare well and conduct advance planning for implementation of social contract:** Invest in understanding government systems and process, the funding cycles, budget processes, and all other systems and requirements critical of transparent and accountable engagement with government.
 - **Know the costs for your services:** Detailed costing is useful for all social and other services potentially provided by CSOs through social contracting arrangements. Costing can also be a good tool for civil society for both effectiveness and advocacy purposes.
 - **Document lessons learned:** Convene regularly to share experiences and document lessons learned and use these to strengthen programming.
 - **Prepare for the future:** Use the opportunity of social contracting for HIV to build on the relationship and establish trust with the government. Social contracting presents as a unique opportunity to demonstrate your added value to the health care system and has the potential to open doors for greater and meaningful involvement in the health and other social sectors.

2. Social entrepreneurship

Social entrepreneurship should be considered to increase the domestic funding base. CSO should understand their local context, and tap into and address any market niche for which there is capacity in the organization. For CSO that are now exploring social entrepreneurship, this should be a well-thought-out process that includes identifying potential opportunities, building organizational capacity if not present, actively engaging potential clients and developing the

ability to sell their services. It is important to start "small" to ensure success and then scale up.

Going forward, COIN will develop an online course on resource mobilization and this will be useful for CSOs. Also, COIN will develop a guide on setting up social enterprise in a deliberate effort to scale up the social enterprise incubators, that will serve as an important knowledge repository on social entrepreneurship.

3. Other General Considerations

1. **Engage in effective donor relationships** – Donor engagement is about the mindset, methods, strategies and activities an organization uses to interact with donors. CSOs should finesse these parameters and engage with donors so that they accrue maximum benefits for the organization and their target communities. This is critical for current grants and for new funding opportunities and new donors. CSOs should:
 - At the onset, have a clear vision on what is to be accomplished, how this will be done, who are the target audiences and be able to relay this to the donor.
 - Be flexible and understand the dynamics of the donor while at the same time be able to advocate for strategies and priorities that are based on local data and context.
 - Follow donor's guidelines for funding proposals, and be respond on a timely manner to questions from the donors during grant making. CSOs who are new at submitting funding proposals should seek guidance from others, such as CVC, who have done so successfully.
 - Be responsive in reporting to donors in a timely manner, provide quality work and be consistent with values..
 - Have dedicated, experienced and skill staff to engage with your donors. This should be a senior person in the organization such as the director or any other senior manager with requisite experience and skill set and preferably with prior experience working with donors.
 - Show appreciation to your donors: find simple ways to say thank you to your donors. Do so in a timely manner, be genuine and express how the donor contribution will impact the lives of the people you serve. Express your gratitude to donors at public events so that the community understands the role of the donors in the HIV response and the impact of the funding on their lives.

- It is not uncommon to have donors invite CSOs to re-apply for grants because of past performance
2. **Build capacity for grant writing:** CSOs should have a dedicated and technically competent person/team for grant writing and resource mobilization. This person/ team will be responsible for identifying funding opportunities, developing funding proposals based on the funding gaps and address priority strategies. In the Caribbean, where there are several small community-based implementers, this could be a shared function and require collaboration and coordination. A one size fit all approach does not work and so CSOs should understand each donor has specific requirements and they should customize their grant proposals to meet these. CSOs that are submitting finding requests to donors who have funded them previously, should highlight clearly demonstrate that previous grants were worthwhile investments and impacted on the communities they served.
 3. **Actively seek out non-traditional donors:** While in many Caribbean countries, the main donors are PEPFAR and the Global Fund, there are many other funding opportunities. CSOs should develop a system to track specific websites where funding announcements and develop funding proposals. The [PANCAP Resource Mobilization Strategy 2018-2020](#) presents a comprehensive list of funders and corporate donors with their interests and priorities. It also gives a list of potential funders who are interested in funding Caribbean projects. CVC and JASL have experience in working with multiple donors and could serve as a resource for other CSOs in this regard.

CVC as a regional CSO has provided funding- mini grants-to many smaller community based organizations. CVCs engagement with these organizations was not limited to providing funding, but in reality, CVC and other partners invested heavily in organizational strengthening to manage the mini-grants. PEPFAR and the GF have also invested in building CSOs capacity for effective grant management and service delivery. CSOs should utilize their skills and competencies gained in reaching out to other donors.
 4. **Develop the capacity to pivot to the demands and goals of the donor:** For instance, a donor is interested in social justice, that donor can be influenced to fund HIV as a Social Justice issue. A donor interested in developmental assistance can easily be made to understand that HIV is a developmental issue and hence qualify for funding.

CONCLUSION

The Caribbean has made progress in responding to HIV, however there remains significant gaps to achieve the goals set out in the Caribbean Regional Strategic Framework 2019-2025 and the global 95-95-95 targets by 2025 and the end of AIDS by 2030.

Achieving these targets will mean prioritizing the response to key populations for higher yield in HIV testing, earlier linkage of newly HIV diagnosed persons in care and greater retention in care and viral suppressions. Further, CSOs have been established as viable and important partners in reaching the key populations. Going forward, CSOs engagement will remain critical as the Region embraces new innovations such as HIV self- testing, Pre-exposure prophylaxis, same day treatment and multi month prescribing, all aimed at contributing to the achievement the 95-95-95 targets and the end of AIDS.

However, progress towards 95-95-95 and the end of ADS is also dependent on level of financial resources available for programming. The resource gap in the Region is significant threatening the progress made to date, the achievement of the global targets and sustainability of CSO response. CSOs should therefore have strategies and plans and leverage all opportunities for resource mobilization.

It is important for PANCAP to continue to work with CSOs and leverage its comparative advantage as the regional coordinating body for HIV for support from technical partners for additional capacity building for CSOs. PANCAP should continue to facilitate the networking amongst CSOs and sharing of best practices through webinars, learning journeys and coaching and mentoring.