



USAID
FROM THE AMERICAN PEOPLE

USAID/BARBADOS & EASTERN CARIBBEAN PARTNERS' MEETING JUNE 7– 9, 2011: WASHINGTON, DC

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ACRONYMS

ABC	Abstinence, be faithful, use a condom
ARV	Antiretroviral
CA	Cooperating agency
CAIC	Caribbean Association of Industry and Commerce
CARICOM	Caribbean Community
CBMP	Caribbean Broadcast Media Partnership on HIV/AIDS
CBO	Community-based organization
CDC	U.S. Centers for Disease Control and Prevention
CHAA	Caribbean HIV/AIDS Alliance
CHART	Caribbean HIV/AIDS Regional Training Network
CHRC	Caribbean Health Research Council
CSO	Civil society organization
CSW	Commercial sex worker
DHS	Demographic and Health Survey
FBO	Faith-based organization
FY	Fiscal year
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFR	Global Fund Reform
GHI	Global Health Initiative
GH Tech	Global Health Technical Assistance Project
HCP	Health care provider
HPP	Health Policy Project
HRSA	Health Resources and Services Administration
HSA	Health systems assessment
HSS	Health systems strengthening
IDU	Intravenous drug user
IGWG	Interagency Gender Working Group
IP	Implementing partner
MARPS	Most-at-risk populations
M&E	Monitoring and evaluation
MOH	Ministry of Health
MSM	Men who have sex with men

NGO	Non-governmental organization
NIH	National Institutes of Health
OECS	Organization of Eastern Caribbean States
OGAC	Global AIDS Coordinator
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV/AIDS
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
PPL	Bureau of Policy, Planning, and Learning
PSI	Population Services International
ROP	Regional Operational Plan
QDRR	Quadrennial Development and Diplomacy Review
S&D	Stigma and discrimination
SHOPS	Strengthening Health Outcomes through the Private Sector
SI	Strategic information
TA	Technical assistance
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USAID/B-EC	USAID/Barbados-Eastern Caribbean
USAID/W/GH/SPBO	USAID/Washington/Office of Strategic Planning, Budgeting and Operations
UNDP	United Nations Development Programme
U.S.	United States of America
USG	U.S. Government
UWI	University of West Indies
VCT	Voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

USAID/Barbados & Eastern Caribbean (B-EC) organized a Partners' Meeting, held June 7-9, 2011, in Washington, D.C., with the goal of increasing understanding of current USAID/Washington initiatives and USAID/B-EC project activities, and identifying opportunities for integrating cross-cutting issues into current and future project activities. A major goal of the meeting was to recognize and honor the contributions of all project partners and foster future collaboration, including ways to operationalize joint work.

The meeting brought together U.S.-based partners with USAID staff and local partners and was timed to coincide with the beginning of fiscal year (FY) 2012 PEPFAR planning to incorporate meeting results into ongoing and future work. Meeting facilitators emphasized information sharing and collaboration, encouraged building synergies between programs and projects, and reinforced the importance of leveraging resources in an increasingly tight budgetary environment.

Partners identified the following near- and longer-term goals and next steps (not in priority order):

- Contribute to the content of future project calls/visits with USAID
- Maintain a focus on long-term goals
- Hold future meetings with other regional partners
- Engage the private sector more frequently
- Communicate with the University of West Indies (UWI) on health systems assessments
- Examine available resources and identify how they can best be leveraged
- Conduct a near-term meeting to discuss a unified capacity-building strategy

Based on evaluation feedback, the partners found the meeting fostered a friendly, collaborative atmosphere that met or exceeded expectations. Partners also appreciated the emphasis on collaboration and the use of partners as facilitators. The final cross-partner session helped partners solidify how best to work together. Participants recommended more local partners be included in the next meeting and that future meetings be held in the Caribbean and coupled with field visits.

- Appendix A contains the GH Tech scope of work for this assignment.
- Appendix B summarizes daily evaluation comments.
- Appendix C includes the meeting agenda.
- Appendix D lists meeting participants.
- Appendix E contains partners' feedback on an exercise entitled "the fish metaphor."
- Appendix F provides priority next steps for collaboration between partners.

I. DAY ONE: SETTING THE SCENE: UPDATES AND PROJECT OVERVIEWS/Framework

OVERVIEW

The first day of the Partners' Meeting focused on information sharing and improving coordination by providing a broad vision of the partners' work in the region. The day's agenda included: partner introductions; discussion of the meeting purpose; an overview of USAID initiatives; discussion of opportunities and challenges in the region; and an overview of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Caribbean Regional Partnership Framework. The afternoon provided updates on current USAID partner program activities in the region with representatives from five USAID partner project activities in Year 1:

- Health Systems 20/20
- Strengthening Health Outcomes through the Private Sector (SHOPS)
- MEASURE Evaluation
- Caribbean HIV/AIDS Alliance (CHAA)
- Health Policy Project (HPP)

These five projects presented their current activities and work in the region and allowed for group discussion following presentations. The meeting began with a short icebreaker and overview of the meeting's purpose and objectives. Partners were invited to share information about projects, networking, and a broader program vision to help catalyze information sharing and coordinate efforts. USAID/Barbados staff emphasized the importance of building synergies and cooperation among partners, particularly as partners strive to exert a significant positive impact within the context of an increasingly constrained budget environment.

PRESENTATIONS

Global Health Initiative (GHI), USAID Global Health Bureau

GHI is a presidential health initiative that provides support to selected countries. This session explained GHI principles, components, and target areas.

The GHI is an integrated approach that uses a broader health perspective to save lives and improve health status. It fosters collaboration among the government, private and civil society sectors, other cooperating agencies (CAs), and multilaterals. GHI is targeting HIV/AIDS, malaria, tuberculosis, maternal health/maternal mortality, child health, nutrition, family planning and reproductive health, and neglected tropical diseases. The initiative is streamlining reporting and planning within USAID and ensuring the use of accurate indicators. It emphasizes strategic integration and high impact services. USAID's emphasis is on implementation by country, achieving GHI targets, mainstreaming GHI principles, and sharing best practices. In Barbados and the Eastern Caribbean, PEPFAR is subsumed under GHI and is predominantly focused on reaching high-risk groups and health systems strengthening.

USAID Evaluation Policy

This session emphasized the significance of USAID's updated evaluation policy issued in January 2011 (www.usaid.gov/evaluation) and provided background information on how it was developed. The presentation laid out the policy's seven areas of reform, examining the policy as an ambitious recommitment to learning.

The speaker provided an overview on types of evaluation (i.e., performance versus impact) and explained when an evaluation is required versus recommended. USAID promotes flexibility at the management level for recommended evaluations, which are encouraged for learning and management purposes. The session presented evaluation standards, the evaluation policy implementation process, and USAID's evaluation agenda.

In response to questions, the following items were discussed. USAID encourages more evaluations to be completed over time but understands that there are limitations due to cost/feasibility issues. PPL has requested funds in FY 2011-12 to beef up its own capacity and to provide experts and technical assistance to USAID Missions and partners. While evaluations can make use of program funds – they do not have to be an operational expense – evaluation must be built into program design. USAID is looking across the Global Bureau to see where evaluations can be incorporated. The research capacity of the National Institutes of Health (NIH) has attracted Mission linkages in some countries. Some countries have successfully leveraged money from other funders such as the World Bank and local government.

Global Fund Reform Update

Global Fund Reform (GFR) activities, passed at the 23rd board meeting in Geneva, were summarized in this session. Five specific measures have been put in place to detect and address fraud and corruption.

GFR uses a matrix approach to determine funding priorities, with five different disease burden level categories. The effort uses World Bank eligibility and income classifications and the GF is trying to come up with better income and equality measures. Coupled with income-level designations, the effort then looks at funding availability under a targeted pool. In the Caribbean, GFR measures availability based on regional qualifications for regional proposals using a two-year program cycle.

Grant Eligibility and Criteria: When fraud and corruption occur, GFR puts in place advanced fiduciary controls and appoints a high-level panel to address measures to be implemented. As the Caribbean is a small island economy exception, all countries will remain eligible regardless of disease burden. HIV prevalence rate plays a huge role in determining impact; the impact on regional grants is complicated.

CURRENT REGIONAL CONTEXT: KEY SELECTIONS FROM THE FISH METAPHOR

Participants and facilitators brainstormed key challenges and opportunities, and then individually completed the “fish metaphor” (see Appendix E) to better understand the regional context in relation to needs and constraints in the region. Below are suggested priority regional issues and key recommendations for USAID/Barbados to consider that emerged during the meeting:

- *Stigma and discrimination*
 - To make service providers more user-friendly, exit interviews can be used to determine how well they are doing and allow for on-going program improvement.
 - Stigma and discrimination are major challenges in reaching at-risk groups.
 - Increased training with providers on cultural sensitivity and on reaching at-risk populations regardless of gender/profession/sexuality will increase the reach and effectiveness of HIV/AIDS programs in the region.
- *Capacity building*
 - A needs assessment is needed to identify and inventory capacity in the region. Questions arose during the meeting on how capacity improvement is measured and how it can be sustained.
 - “Provider/Institutional Capacity” needs to include benchmarks on stigma and discrimination training and effectiveness, as well as future sustainability.
- *Strategic planning*
 - There is a lack of financial information and data on health services to allow for effective resource allocation.
 - There is a dearth of management/leadership training.
 - Future directions should include organizational and management technical assistance as part of future sustainability goals for the region.
- *Data management and research coordination*
 - There is a need to address data management gaps and research coordination.
 - PEPFAR has access to a wealth of data that can and should be used locally to analyze regional patterns in services and changes in health status.
 - Increasing the collaboration of partners at the measurement and evaluation level would strengthen activities in the region as a whole.
- *Policy development and formulation*
 - It is critical to foster partnerships on all levels, leveraging the particular strengths of agencies to build capacity to develop and advance a policy agenda.
 - High-level strategic engagement with government, civil society, and PANCAP is needed.
 - Aligning U.S. Government partners’ policy within local Ministry of Health policies will increase country ownership and sustainability.
- *Leveraging regional public goods*
 - Small island economies do not permit economies of scale, increasing the importance of strong engagement with regional bodies like CARICOM/OECD.
 - Limited availability of financial resources for individual countries means that common needs have to be identified and resources shared across the region, including regional block grants.
- *Country ownership and sustainability*
 - A major point of vulnerability is staff turnover and lack of resources, which impacts attempts to institutionalize and sustain program results.
 - Human resource mobilization, including capacity and skills building, will be essential building blocks to local ownership of results and sustained impact.

PEPFAR's Role in the Caribbean Region

The discussion began with an overview of PEPFAR and its role in the Caribbean Region. PEPFAR builds country ownership by engaging local government and regional partners. Its footprint in the region shows the complex relationships with country, regional, and U.S. Government partners (see the slides included in this report from the PowerPoint presentation for details). The discussion focused primarily on the development and implementation of the Caribbean regional partnership framework and the five-year strategic overview and goals.

The Caribbean PEPFAR portfolio focuses on HIV prevention, strategic information, laboratory strengthening, and health systems strengthening by engaging all PEPFAR partners. There is room for more partners at the table as private sector partnerships are strengthened.

As partners reviewed goals for development and implementation of the Caribbean regional partnership framework, they identified areas where they could increase collaboration to strengthen programming, including building and maintaining country ownership; building sustainable programs that develop local partner capacity; developing project sustainability plans; and linking critical PEPFAR indicators to national and regional strategic plans. While PEPFAR's footprint is unmistakable in the region, there are still coordination gaps among PEPFAR programs in terms of partnering with local government and linkages among U.S. Government partners; this dilutes PEPFAR's potential to strengthen local government response to HIV/AIDS. With GHI's role not yet fully developed, partners asked for guidance on how to include GHI in current projects; they also posed questions on how best to engage the private sector, foster U.S. Government coordination, coordinate PEPFAR programs to enhance its footprint, improve planning, and coordinate efforts to address stigma and discrimination. Measurement and information needs were other concerns, with five-year goals, most-at-risk populations (MARPS), and the need for referral and monitoring and evaluation (M&E) systems all topics raised during the sessions.

Overview of USAID Partner Projects

Abt Associates: HS 20-20 and SHOPS

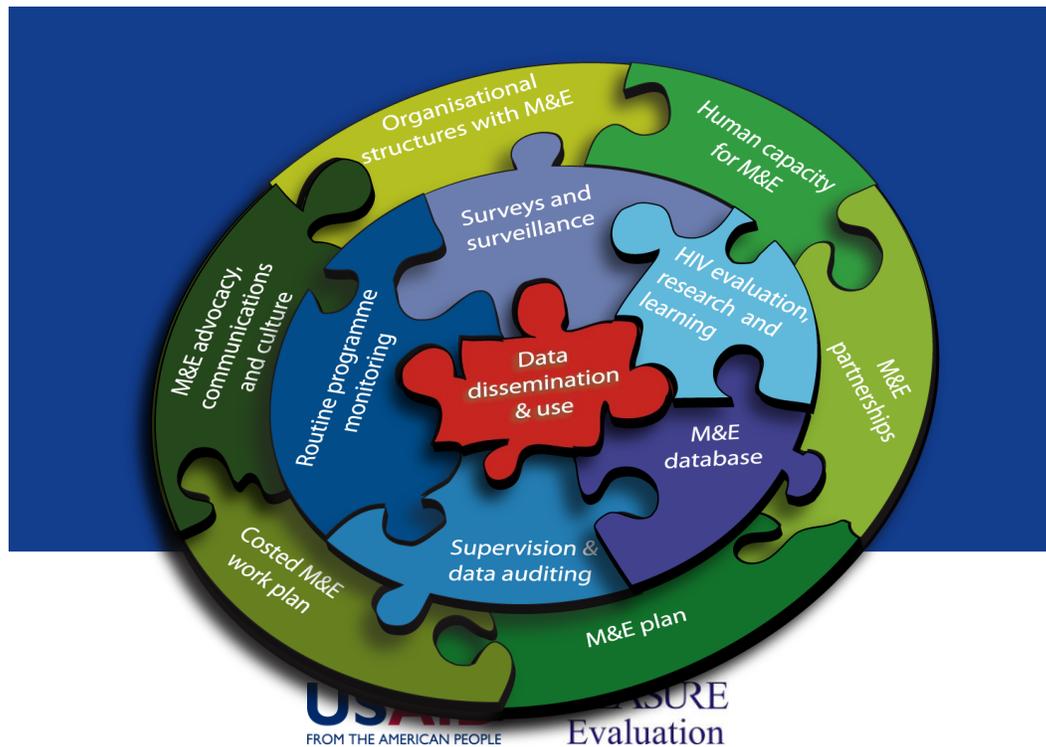
This session provided an overview of the HS 20-20 and SHOPS projects, their focus areas, the importance of health systems strengthening for HIV/AIDS, and how PEPFAR funds are leveraged to improve regional collaboration. The presenters discussed the health systems assessment (HSA) and the private sector assessment approaches. PEPFAR 2 is moving from emergency response to a long-term development response. The HSA approach is structured around the WHO's six building blocks. Collaborative work with the Pan American Health Organization (PAHO) is underway in the region. This discussion included the value added with inclusion of the private sector, and sample findings and recommendations from the St. Kitts/Nevis assessment. The presentation concluded with examples of HS 20-20 technical assistance in St. Kitts and Nevis, Antigua, and Barbuda.

Common issues noted were health financing and sustainability linked to HIV/AIDS plans and encouraging private sector attendance at meetings. The discussion centered on the Year I Joint HS 20/20 and SHOPS Work Plan, the seven-country assessments, and the need to tie assessments to technical assistance.

MEASURE Evaluation

MEASURE has 130 activities in more than 80 countries. A key theme in its global activities is the use of the 12 Components Framework (see slide) MEASURE staff recently conducted an M&E Assessment of St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Dominica. Findings and recommendations focused on the need for staff to improve their functionality and the need for data collection strategies and a research agenda.

Figure 1. Data Dissemination and Use



Q&A Session

Staffing:

- There are still questions on the process MEASURE takes to fill a vacancy at MOH.
- Finding and retaining qualified M&E staff in-country remains an ongoing challenge.

Private Sector:

- There is a need for and interest in obtaining more information on the private insurance sector and how this might be used within regional health programs.

Collaboration:

- Partners are looking for possible synergies between the Centers for Disease Control and Prevention (CDC) at the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and funding an electronic depository.
- MEASURE is collaborating with PAHO on current and future assessments primarily within the HIV realm. This partnership is branching out to other health areas.

Caribbean HIV&AIDS Alliance (CHAA)

CHAA has a broad base of partners in the public, private, and nonprofit sectors. Its management structure includes a project steering committee, management team, and advisory team. USAID is its largest donor, with \$16 million in funding from March 2011 to September 2015. Key partners are Population Services International and the Caribbean Network of People Living with HIV. It has worked in St. Kitts/Nevis and Antigua and hopes to roll out interventions into other countries.

USAID explained that its work with the CHAA through this project is slightly different from other partner projects in that there is more direct program implementation. CHAA is partnering directly with local organizations and teaching them as they go, using a “baby step” approach to building capacity. CHAA has several in-country offices and is working with CSOs to build capacity and synergies with GHI.

Health Policy Project (HPP), Futures Group

The primary objectives of the HPP Caribbean regional program are: to improve the regional coordination and communication of efforts to reduce HIV-related stigma and discrimination; improve access to non-stigmatizing health service and an enabling environment for prevention services; and strengthening social capital and evidence-based advocacy in people living with HIV (PLHIV) and MARPS networks. The program is focusing on individual and institutional capacity building. The HPP Jamaica program is addressing stigma, gender, and violence. HPP believes that a dynamic policy environment helps steer people toward making the right choices and it is focused on developing that environment through its programs. Future partnerships for HPP could be with schools and universities in the region, such as the University of West Indies.

II. DAY TWO: CROSS-CUTTING ISSUES AND TECHNICAL UPDATES

INTRODUCTION

The facilitators recapped the overall focus of the first day's sessions, including presentations on the Caribbean regional partnership framework, GHI, the Global Fund, and USAID partner projects. Several ideas emerged in support of the goal to improve collaboration and information sharing, including the following:

- Develop a central mechanism to share information, tools, and other information gathered for decision-making and strategic planning
- Set up a listserv with everyone's email
- Provide USAID with proposed travel dates so there can be a combined calendar
- Use Google Docs to share documents
- Plan trips together to work synergistically
- Invite partners to dissemination meetings

PRESENTATIONS

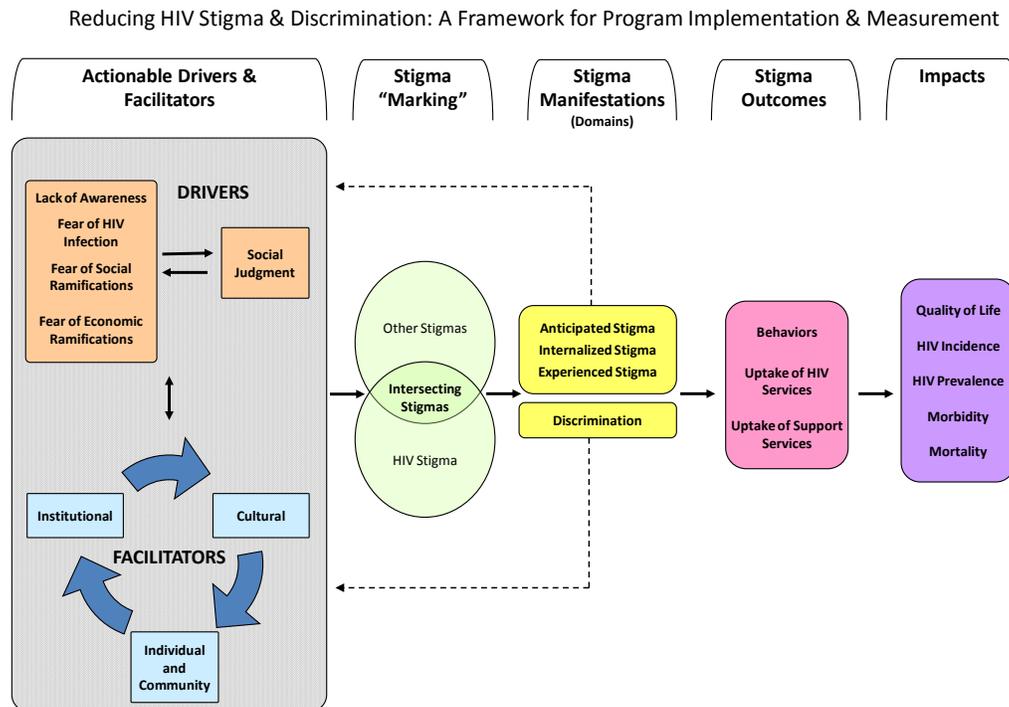
Office of the Global AIDS Coordinator (OGAC) May 2011 Technical Guidance on Combination HIV Prevention

While there is no change in policy, the guidance combines all that is currently done in the area of comprehensive prevention programming. The presenter shared the core elements of the comprehensive service package, overviewed steps to optimize HIV prevention with MSM through best practices, and discussed the features of programs and services supporting HIV prevention. He noted that guidance will be forthcoming on sex workers and comprehensive guidance to replace the abstinence, be faithful and condoms, also known as "ABC" guidance. Additionally, Secretary of State Hillary Clinton is promoting the guidance and U.S. ambassadors are supporting combination prevention. With a decline in PEPFAR resources anticipated, spending needs to be prioritized, using "smartly focused" strategies; more data is needed. This will be a cohesive approach that includes the private sector; it builds on what is working, strengthens systems, and targets vulnerable groups.

Stigma, Discrimination, and Health Policy Change

The presentation began with an examination of why stigma should be addressed followed by an overview of successful program strategies and ways to turn from policy to action in addressing issues related to stigma and discrimination (S&D) (see slide below from PowerPoint presentation). The presenter noted that once there is investment in stigma reduction, the "ripple effect" impacts all HIV/AIDS programs and services, reaching more people in a single community. He noted the high prevalence rate of HIV in the Caribbean; the links between stigma, gender, and violence; and the fact that promising approaches feature a combination of strategies. Three major points were emphasized: stigma reduction is critical to successful program implementation and critical to prevention as well as care; strategies are too rarely evaluated; and that policy on stigma matters, but needs to be rooted in integration and systemic change. Successful programs build social capital and also assist in identifying internal stigma.

Figure 2. Reducing HIV Stigma and Discrimination: a Framework for Program Imp



Q&A Session

Advocacy:

- There is a need to build social capital to move advocacy forward. “Starting at home” is a vital and important message. Internalized homophobia needs to be addressed to empower a broader group of leaders. The context for advocacy varies. It is important to educate people on the effect of legislative changes.

Jamaica

- Jamaica has extreme homophobia, with increasing S&D. The Minister of Health recently started speaking out against it vocally. If the projects can capitalize on his leadership, this may be the spark that ignites the region.

Dedication:

- The presenter stated that Robert Carr, an indefatigable leader in the fight against S&D, died recently and the presentation was dedicated to him.

Private Sector Engagement: Current Directions and Opportunities for the Caribbean Region (Minor: Health Financing)

The discussion began by highlighting the importance of engaging the private sector and its role in HIV/AIDS and how it can strengthen the health sector (see slide from PowerPoint presentation). The presenter discussed how private sector assessments were used to provide policy recommendations. Examples included: expanding access to low-cost health insurance with HIV benefits; building the capacity of non-governmental organizations (NGOs) to improve financial sustainability; and establishing a public-private commission on HIV/AIDS. She concluded with discussion questions and a look at recent and upcoming assessments.

Figure 3. Private Sector Actors by WHO Health System Building Blocks



Q&A Session

Tourism:

- The audience raised issues on the crossover between sexual tourism, tourism, S&D, and HIV prevention. Because of the prevalence of tourism in Barbados and the Eastern Caribbean region, this is a key area to consider in future discussions and should continue to inform future sustainability planning.

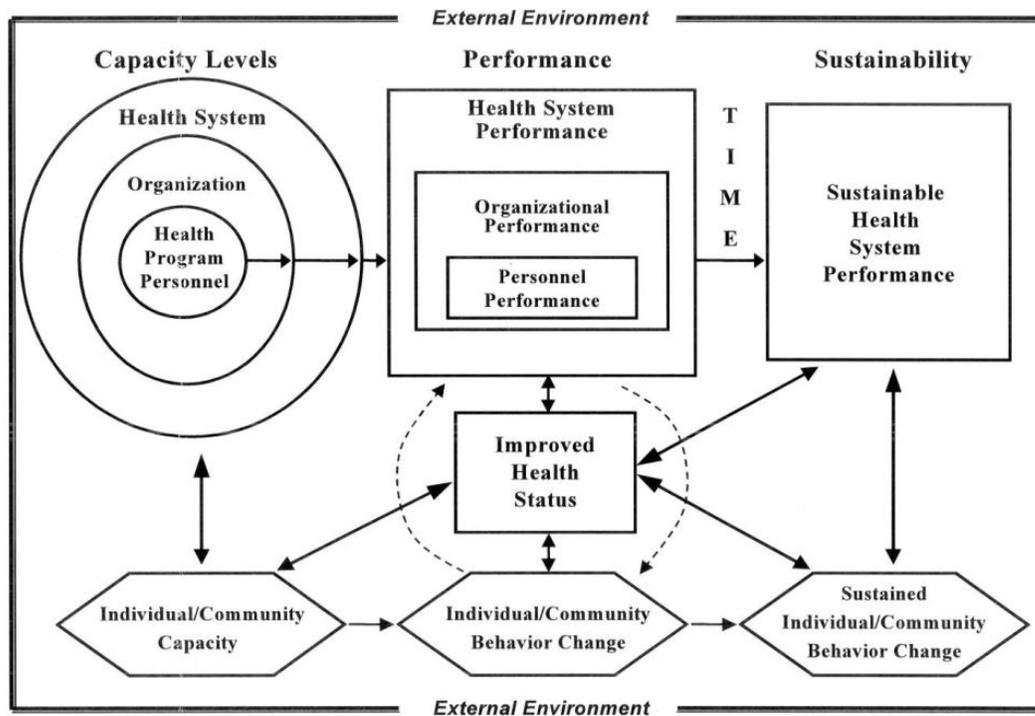
Private Sector Involvement:

- Participants also raised questions on: definitions of the private sector; the role of the private sector in governance and policy making; how the government engages with the private sector; data from the private sector; and the role of unions.

Capacity Building: Community Systems Strengthening

The presenter began with a look at the background of CSOs and the issue of CSO sustainability (see PowerPoint slide). A situational assessment found limited technical skills in civil society organizations (CSOs) in terms of grant management and grant-writing skills. It is a challenge to find organizations with grant-management capability. Capacity-building approaches allow CSOs to participate in their national responses.

Figure 4. Overview of Capacity in the Health Sector

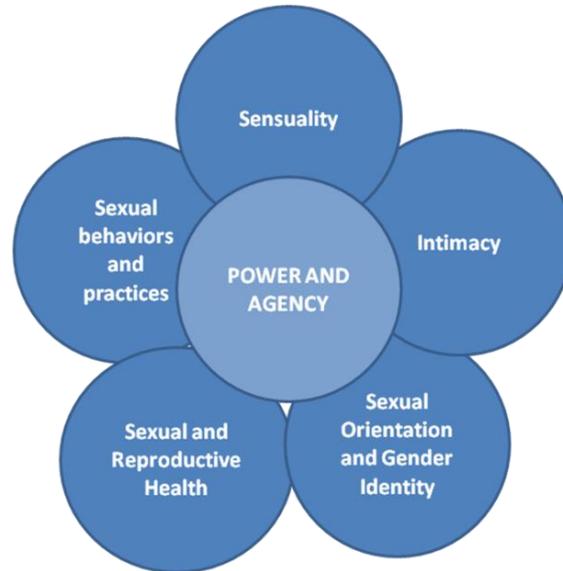


The presentation touched on community system strengthening issues such as MARPS peer training and confidentiality. The presenter presented several case studies and examined the program impact of technical assistance. She concluded with recommendations and next steps, including increasing the use of M&E, allowing organizations to use strategic planning, and using faith-based organizations (FBOs) and mass events for outreach. The audience raised issues concerning information-sharing between ministries, organizational sustainability, and data-gathering limitations. The discussion concluded with these issues: improvement of collaboration and constituency development; use of evidence-based decision making; development of ties between the CSOs and national entities; involvement of CSOs in national planning; leadership and the need for succession planning; strategic information and data use; deficits in M&E and strategic information (SI); developing capacity-building guidance; and addressing the attrition of human resources in the region.

Gender, Sexuality, and HIV

This session focused on a holistic framework for teasing apart the complex issues of gender and sexuality. Small group discussions focused on the key themes in the figure, below. Discussions raised issues related to advocacy, behavior change, cultural context, and trends in the region. Key discussion points are summarized below.

Figure 5. Key Discussion Points: Power and Agency



Sensuality. There are similarities and linkages between sensuality and sexuality, but they do not need to always be present together. Sensuality can exist without sex. Behavior change messaging within HIV/AIDS prevention programs often highlight the importance of recognizing sensuality as a critical component of relationships (in abstinence messaging), though participants stressed the importance of tailoring messages based on the culture of the audience. Advocacy should be culturally sensitive and stress health outcomes; people should be encouraged to do things based on what is good for their own bodies.

Intimacy. In the Eastern Caribbean region, there is a changing definition and changing norms around intimacy. Men and women also have different definitions of intimacy. There is a higher risk of sexually transmitted infections associated with sex outside of monogamous relationships, particularly for individuals with multiple sexual partners. Many people in the region see condoms as a barrier to intimacy, which is key to the issue of trust in relationships. This presents a regional challenge for prevention messages targeting individuals not yet in long-term monogamous relationships. There is a sense that asking a partner to use condoms at the beginning of a relationship might imply that there is no trust and therefore no room to build trust within a nascent relationship.

Sexual Orientation and Gender Identity. Social exclusion is common when people fall outside of sexual norms. There is a need to build basic skills in decreasing stigma and discrimination. Sexuality and diverse sexual experiences/desires should be normalized and included as a major training component with service providers so they can feel comfortable talking about sexuality and gender identity with their clients. It should be recognized that this region still has great barriers to openly and comfortably discussing sexual orientation outside of the heterosexual context. This should not deter partner organizations from developing and conducting training in this area, with sensitivity to the regional culture and religion. New concepts are not developed in a vacuum: by fostering a safe environment for staff to ask questions and challenge assumptions, sensitivity training is possible with key gatekeepers that provide beneficiaries with information regarding sexual health and protective measures for HIV prevention and unwanted pregnancies. These trainings are meant to impact knowledge on how to reach individuals to save their life and health, not to challenge local culture.

Sexual and Reproductive Health. The region faces challenges in providing access to reproductive health services. Age, timing of sexual initiation and access to point of care are common barriers.

In particular, young people need increased access to care, but clinicians are not legally able to serve this population in many cases. In some countries, the age of consent is 16, which would hinder the ability to obtain an HIV test for clients under age 16 or those who fall outside of cultural norms for a sexually active teen. By integrating sexual and reproductive health services into routine health exams, clinicians may be able to increase access to youth. Other options for reducing barriers to HIV testing would be to standardize HIV testing and counseling by integrating it into routine services for pregnant women.

Sexual Behaviors and Practices. Existing challenges and areas for increased attention include: There are still strong social S&D barriers to transgendered persons accessing care; There is an ongoing need to get men into health care on a more routine basis; There are religious barriers to accessing care when care is associated with sexual activity that falls outside of the religious culture; There is a need to address alcohol and drug use surrounding sex and sexual decision making, particularly with marginalized groups; Appropriate use of lubricants and condoms should be increased and advocacy in this area should take a more holistic approach. Sexuality is an important issue, and one that should be consistently addressed in health interventions.

Issues such as sexual behavior in HIV prevention are not widely discussed, due to the stigma associated with certain sexual acts. A number of positive models on how to discuss sexuality and gender exist, and should be used for future planning. The question arose on how issues involving sexual identity can be openly discussed in an environment that discourages the exploration of such themes.

IMPLICATIONS AND OPPORTUNITIES FOR PROGRAMMING

Group Discussion Facilitated by USAID/B-EC

Short term and future opportunities for collaboration were discussed and are summarized below:

Short-term opportunities:

- Establishing an information-sharing area for all partners (internal/external) that would include calendars, upcoming activities/trainings, documents, country/partner-specific matrices
- Identifying an information-sharing “point person” for each partner
- Encouraging broad participation from partners in upcoming Abt stakeholder events
- Developing an S&D matrix listing activities (past, present, future) and targeted technical assistance needs

Future opportunities:

- Providing leadership training and capacity building
- Coordinating to assess existing/future needs within ministries
- Supporting efforts to build on regional leadership work
- Encouraging USG leadership to use university/academic expertise in the region
- Supporting health planning beyond HIV/AIDS
- Incorporating other regional health priorities in future programming
- Using regional partners to expand reach/more broadly leverage funds
- Implementing broader social studies for future health programming
- Embracing innovation/new ideas to remain relevant

III. DAY THREE: KEY THEMES AND NEXT STEPS

OVERLAPS, SYNERGIES, AND COLLABORATION BETWEEN USAID PARTNERS

The third day of the USAID/Barbados and Eastern Caribbean Partners' Meeting focused on concretely identifying project overlaps, synergies, and collaborative efforts. (Specific priority partner collaboration steps are listed in Appendix F.)

Overall Partner Collaboration/Coordination

1. Align work plans where feasible
2. Align policy and other assessments where feasible
3. Consider next Partner's meeting as an opportunity to collaboratively define capacity building/technical assistance strategy and evaluation plan
4. Enhance information sharing in shared countries and in specific technical areas; share tools developed and used
5. Collaborate closely with PANCAP on Global Fund Round 9 activities

Stigma and Discrimination

1. Collaborate on key aspects of the Caribbean (PANCAP) Stigma Framework development and rollout
2. Collaborate on approaches/capacity building for PLHIV empowerment
3. Collaborate/with partners on approaches/strategy for PLHIV network development at the country level and regionally
4. Support and coordinate efforts on regional advocacy (planning and conducting) for key populations (men who have sex with men [MSM], intravenous drug users [IDUs], commercial sex workers [CSWs]), migrant workers)
5. Coordinate and strategize on development of stigma-free health and social services in the public and private sectors
6. Collaborate to find private sector champions to address stigma

Health Systems Strengthening and Private Sector Engagement

1. Collaborate on issues of community monitoring and incorporating community and health service collaboration into governance systems and technical assistance for other HSS building blocks
2. Collaborate on better incorporating community structures into decision-making processes that occur through technical assistance for other health systems strengthening (HSS) building blocks
3. Ensure HSS coordination between Caribbean HIV/AIDS Regional Training Network (CHART), ITECH, MEASURE regarding human resources for health
4. Collaborate to include key private sector players into the M&E organizational framework facilitated by MEASURE
5. Find private sector champions to address stigma

Monitoring and Evaluation

1. Citizen monitoring indicators – addressing the issue of including service providers in the national reporting systems and looking at sharing the burden of data collection between NGOs and government while maintaining the quality of the data
2. Collaboration in defining indicators
3. Coordinate M&E work across partners
4. Collaborate to include key private sector and NGOs into the M&E organizational framework facilitated by MEASURE
5. Foster discussion between MEASURE, Caribbean Health Research Council (CHRC), PANCAP, and PAHO on the repository for research and other pertinent information; PANCAP should lead this process
6. Work with PANCAP to identify a mechanism for including technical partners in discussions on specific topics – e.g., insurance – as well as also a discussion with CHRC on the role of the M&E technical working group

IV. SUMMARY

The 2011 USAID/B-EC Partner's Meeting aimed to:

- Increase understanding of current USAID/W initiatives and USAID/B-EC project activities
- Recognize and honor the contributions of partners and foster group collaboration
- Operationalize action steps for improved partner collaboration
- Identify opportunities for integrating cross-cutting issues into current and future project activities

The meeting achieved the above objectives, and participants discussed a number of cross-cutting issues and main themes, highlighting regional challenges and opportunities for collaboration. Important concepts emerged from the meeting and include:

KEY DISCUSSION THEMES

- *Regional and Cultural Context:* Interventions should be conscious of cultural, economic, and other contextual considerations of the B-EC region.
- *Sexuality and HIV:* Sexuality should be incorporated as an important consideration in health planning, particularly to ensure that MARPS have consistent access to health services.
- *Contextual issues in the region:* Stigma and Discrimination; Capacity Building, Data Management Gaps and Coordination; Research Coordination; Weak Information Systems; Policy Development & Formulation; Leveraging Regional Public Goods
- *Country Ownership, Capacity Building and Sustainability:* Increasing country ownership and local capacity will ultimately lead to sustainable local programs.
- *Private Sector Involvement:* USAID/ B-EC and partners should aim to increase involvement of the private sector in all interventions to foster sustainability.

OPPORTUNITIES FOR COLLABORATION

- *Collaboration of Effort:* As partners shared their current work and future plans, opportunities for coordination and shared effort were highlighted. It was recommended that partners continue to share their plans more systematically in the future.
- *Sharing Resources:* All partners are looking for opportunities to synergize, collaborate, and leverage existing resources in a tight-budget environment. By sharing resources, partners will be able to attain maximum impact with available funds.
- *Data Sharing.* PEPFAR data should be better utilized and shared among partners to track changes in local health outcomes and systems improvements.
- *Capacity Development.* All partners are looking to build human and organizational capacity to better understand and reach marginalized populations in a safe and respectful environment.

APPENDIX A. SCOPE OF WORK

I. TITLE

Activity: USAID/Barbados - Eastern Caribbean Partner's Meeting

Contract: Global Health Technical Assistance Project (GH Tech), Task Order No. 01

II. PERFORMANCE PERIOD:

Beginning June 7 and Continuing Through July 15

III. FUNDING SOURCE

CRP/Barbados—mission

IV. PURPOSE AND OBJECTIVES

USAID/Barbados-Eastern Caribbean is holding a Partner's meeting in Washington, DC, between the dates of June 7–9, 2011. USAID requires one to two persons to take notes and develop a summary report from this event.

V. BACKGROUND

The objectives of the meeting include to:

1. Increase understanding of current USAID/Washington initiatives and USAID/Barbados-Eastern Caribbean project activities;
2. Identify opportunities for integrating cross-cutting issues into current and future project activities;
3. Operationalize action steps for improved partner collaboration;
4. Recognize and honor the contributions of all project partners; and
5. Foster group cohesion.

VI. SCOPE OF WORK

One consultant will be responsible for note taking during the meeting and for creating a summary report.

VII. METHODOLOGY (METHODOLOGY, TECHNIQUES AND OR/PROCEDURES ANTICIPATED/SUGGESTED)- NA

VIII. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT

1. Note Taker/Report Writer present for three days of meetings. (June 7–9)
2. Five Days of note synthesis & report writing
3. Two days of report revisions.

Task	Level of Effort
Note-taking during three day meeting	3 days
Note synthesis and report writing	5 days
Report revisions in response to USAID comments	2 days
Total LOE- est.	10 days

IX. LOGISTICS- NA

X. DELIVERABLES AND PRODUCTS (INCLUDE DATES FOR COMPLETION AND SUBMISSION – DRAFTS AND FINAL REPORTS AND PRODUCTS AND FOR REVIEW. INCLUDE BRIEFINGS AND POWERPOINT FILES)

- Draft report including the following to be submitted June 20:
 - Participant contact details
 - Session overviews
 - Group discussion summaries
 - Identified next steps
 - Summary of evaluation form inputs
- USAID will submit comments within ten working days of receiving the report (by July 1).
- Consultant will submit revisions within five working days of receiving USAID comments (by July 8).
- GH Tech will be responsible for final editing and formatting of the final report.

Administrative and Logistics Functions

GH Tech will make every effort to support the successful completion of assignments. However, GH Tech does not have sufficient staff available to provide full-time administrative/clerical services to consultants and teams. Consultants are expected to undertake the following tasks independently of GH Tech assistance (unless otherwise stated in the scope of work): maintain individual calendars, set appointments, take notes, send emails, make phone calls, do photocopying, and other administrative functions necessary to implement the assignment. Team leaders are additionally responsible for maintaining the schedule and work plan for the team and for making local logistical arrangements (in-country travel, meeting rooms, appointments) when overseas, if the USAID mission or CAs are not providing such arrangements. If USAID approves and the assignment budget allows it, GH Tech may authorize the team leader to hire a local logistics assistant in country.

GH Tech provides administrative and logistical support in the following specific areas:

- Providing instruction in completing required forms (expense report, invoice, etc.)
- Providing GH Tech office space for DC-based work and assisting in set-up of space (e.g., IT/equipment technical support and instructions, office supplies)
- Support for DC-based team planning meetings (facilitation, printing background materials, set-up, food, typing of notes if specifically authorized by GH Tech Project Director)
- Arranging travel in the U.S. and from the U.S. to overseas assignment location (country clearance, visa, plane tickets, hotel reservations, processing travel advance and expenses).
- Consultants are responsible for arranging in-country travel while overseas and ground transportation in the U.S.

- Facilitating contact with USAID staff
- Instruction and/or assistance with formatting charts, graphs, and tables and PowerPoint slides
- Arranging for editing/layout of final report

All other tasks required to complete the scope of work will be done by the consultant, except where the scope of work designates specific tasks for USAID, GH Tech, or another organization. Where other specific GH Tech assistance is desired, consultants will make a request to the GH Tech Project Director, who may provide staff if the request is deemed appropriate and staff is available.

Consultant Communication with GH Tech and USAID

The consultant/team leader reports to the GH Tech Project Director or designee and is required to keep GH Tech informed of any relevant updates, including deliverables, changes to schedule, and constraints/concerns in implementing the assignment. If questions, problems, or concerns arise during the course of the assignment, the consultant will discuss those issues with the GH Tech Project Director or other GH Tech staff, who will communicate them to USAID as appropriate. If USAID requests the consultant to make any changes to the scope of work or undertake any activities that are outside of the scope of work, the consultant will ask the GH Tech Project Director or designee for authorization. GH Tech staff will ask periodically for updates on assignment status or a debriefing at the end of an assignment; the consultant will reply promptly and with the level of detail requested. When traveling overseas, the consultant will inform the GH Tech assignment manager of their arrival in country, and consultants will keep GH Tech informed about their location and travel plans (hotel room number, local travel arrangements, etc.). The consultant is required to submit a copy of all deliverables to GH Tech, unless informed otherwise by GH Tech.

APPENDIX B. AGENDA

USAID BARBADOS & EASTERN CARIBBEAN PARTNER'S MEETING – WASHINGTON, DC, METRO AREA

JUNE 7, 8, AND 9, 2011

June 7th & 8th at Futures Group: One Thomas Circle, NW Suite 200,
Washington, DC

June 9, 2011 at Abt Associates: 4550 Montgomery Avenue, Suite 800 North, Bethesda, MD

Rational Objectives

1. Increase understanding of current USAID/Washington initiatives & USAID/Barbados-Eastern Caribbean project activities
2. Identify opportunities for integrating cross-cutting issues into current & future project activities
3. Operationalize action steps for improved partner collaboration

Experiential Objectives

Recognize and honor the contributions of all project partners; foster group cohesion

Tuesday June 7th: Updates and Project Overviews

Morning Facilitators: Michael Rodriguez & Jane Armstrong

9:00 – 10:00

Introductions & Ice Breaker (Facilitators)

Purpose/Overview of the Meeting (Kendra Phillips)

10:00 – 11:00 USAID Initiatives - Panel Discussion (Facilitators)

Global Health Initiative (TBC)

USAID Evaluation Policy (Elizabeth Roen)

Global Fund Reform (Jason Wright)

11:00– 11:30 BREAK (Coffee/Tea/Snacks Served)

11:30 – 12:30

Current Regional Context: Opportunities and Challenges (Facilitators)

12:30 – 1:30 LUNCH ON OWN

Afternoon Facilitators: Ken Morrison & Stephanie Watson-Grant

1:30 – 2:00

PEPFAR Caribbean Regional Partnership Framework (Angela Davis)

2:00 – 3:00

Overview of 2 USAID Partner Program Activities for Year One (Presenters TBC)

3:00 - 3:30 BREAK (Coffee/Tea/Snacks Served)

3:30 – 5:00

Overview of 3 USAID Partner Program Activities for Year One (Presenters TBC)

5:00 – 5:15 Wrap Up (Facilitators)

**USAID BARBADOS & EASTERN CARIBBEAN PARTNER'S MEETING –
WASHINGTON, DC, METRO AREA**

JUNE 7, 8, AND 9, 2011

**June 7th & 8th at Futures Group: One Thomas Circle, NW Suite 200,
Washington, DC**

June 9, 2011 at Abt Associates: 4550 Montgomery Avenue, Suite 800 North, Bethesda, MD

Wednesday June 8th Cross Cutting Issues - Technical Updates

Morning Facilitators: Ron MacInnis & Laurel Hatt

9:00 – 10:00

Presentation & Discussion of May 2011 Technical Guidance on Combination HIV Prevention(OGAC TBC)

10:00 – 11:00

Stigma and Discrimination (Ken Morrison)

11:00 – 11:30 BREAK (Coffee/Tea/Snacks Served)

11:30 – 12:30

Private Sector/Health Financing (Sara Sulzbach/Laurel Hatt)

12:30 – 1:30 LUNCH ON OWN

Afternoon Facilitators: Susan Post & Dylis MacDonald

1:30 – 2:30

Capacity Building (Caribbean HIV/AIDS Alliance – TBC)

2:30 – 3:30

Sexuality (Futures Group - TBC)

3:30 – 4:00 BREAK (Coffee/Tea/Snacks Served)

4:00 – 5:00 Group Discussion: Implications for Current Programming and Future Planning (Angela Davis)

5:00 – 5:15 Wrap Up (Facilitators)

APPENDIX C. DAILY EVALUATION COMMENTS

DAY ONE

At the conclusion of Day 1, participants responded to three evaluation questions, as follows:

The challenges to collaboration and coordination seen as most pressing coming into today's meeting included timing and over burdening countries, differing levels of expectations, turf battles between CAs, busy staff, prioritizing and following up from today's meeting, sharing information, tools, research and evaluation results in a timely manner, and sustainability of interventions.

Three pieces of information that could contribute to greater success in work going forward included: collaborating with CHAA for strengthening CBOs; more information on PANCAP collaborations; challenges to expectations for GF Global resources; understanding of work plans of partners; discussing opportunities and challenges in the region; building synergies with each partners' plans; M&E work with MEASURE; working on S&D with Futures; more information on ECAP and HPP; and capacity building.

Elements that were particularly appreciated included: overviews of each partner's SOW, plans, and activities; PANCAP; the Partnership Framework; agency presentations; meeting key partners; meeting structure; high-level USAID staff involvement; understanding collaboration opportunities; CA presentations; and GFATM synopsis.

DAY TWO

At the conclusion of Day 2, participants responded to the evaluation questions, as follows:

Were your expectations for today met? Why or why not? In general, participants said their expectations were met. It was a good opportunity for dialogue and to exchange ideas and the cross-cutting themes were more interesting than expected. One participant asked if there was a vision, mission, and goal for entire project.

What three pieces of information resonated with you today? Why? The issues that resonated included: reducing stigma and addressing the gatekeepers; the exploration of sexuality; refocusing on human rights; sustainability; importance of collaboration; and the private sector approach.

Were any elements of today's meeting that you particularly appreciated? Why? The partners saw these elements as important: the discussion of stigma and discrimination; addressing an individual's sexuality when approaching prevention; sexuality and sensuality and their impact on health-seeking behavior of persons with HIV; practical planning and collaboration; the passion and commitment of people.

Additional comments regarding today's session included noting the "elephant in the room" as being tension between the partners and that USAID needs to sort out mandates. Others found the sessions as very useful and would like to have them at least twice a year.

DAY THREE

At the conclusion of Day 3, participants responded to the evaluation questions, as follows:

Overall how did the meeting meet any expectations you had coming into the events?

Partners found the event was well run and it met or exceeded their expectations in a friendly collaborative atmosphere. It helped to clarify signs of U.S. Government activities in EC countries; highlighted opportunities for synergies and collaboration. Partners said they were “leaving with lots of ideas for synergy and collaboration. Also with admiration for the work our partners are doing.”

What one or two things will you do differently as a result of your participation in this meeting? The partners said they would now assess more carefully past and current activities. They will disseminate opportunities and activities more broadly to partners; draw on additional U.S. Government resources to support in-country implementation; rethink their work plan and scope of our activities to include community organizations and groups; and communicate more directly with other implementing partners “now that we are friends.”

What suggestions would you like to make to the USAID and U.S. Government teams? The partners suggested: talking to groups who have worked or are working in HIV/AIDS in Africa that have addressed stigma, discrimination, and cultural/traditional/voodoo factors; shortening the next meeting to two days; including more small group activities and planning increasing the opportunities for implementing partner participation/input into regional technical discussions/planning; including a central thematic technical presentation; having meetings in countries so that there can be a focus on in-country work and include field visits, where appropriate; continuing to hold these meetings on a regular basis; engaging local partners such as PAHO and PANCAP; and following through with partner activity matrix and calendar idea.

If you were to lead the planning of the next partners’ meeting, what would you change or reinforce? The partners recommended: including more key stakeholders (CHART/I-Tech) and all PEPFAR partners; including work plans; holding the meeting in the Caribbean; having the paired facilitation across partners; allowing more time for discussions during and after presentations; reducing the meeting to two days at most; having only two or at most three key technical sessions, with clear links to Caribbean work; holding group discussions on collaboration earlier in seminar; and interspersing partner meetings throughout each day.

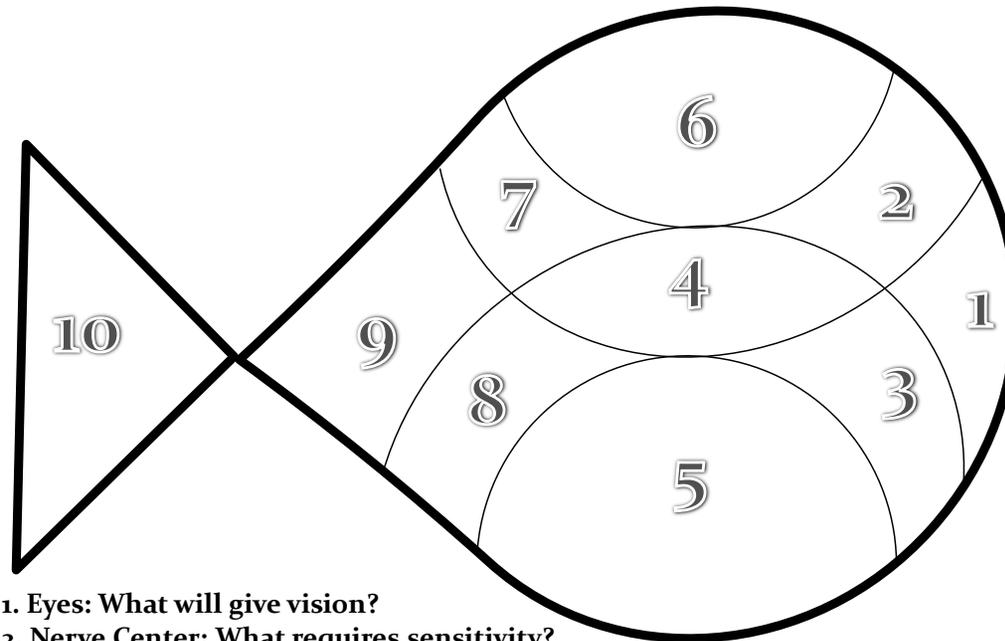
Any last minute thoughts? Several partners lauded the event and thanked USAID for inviting them. Several encouraged the information sharing and coordination among the partners.

APPENDIX D. LIST OF MEETING PARTICIPANTS

	NAME	ORGANIZATON	TITLE
1	Dylis McDonald	CHAA	Technical Director
2	Jane Armstrong	CHAA	Chief of Party
3	Angela Davis	USAID/B-EC	Senior HIV Technical Advisor
4	Kendra Phillips	USAID/B-EC	Health Team Lead
5	Kent Benson	USAID/B-EC	Health Officer
6	Juliette Bynoe-Sutherland	PANCAP	Officer in Charge, PCU
7	Rachel Albalak	CDC CRO	Director
8	Stephanie Watson-Grant	Measure	Country Portfolio Manager
9	Susan Post	Measure	Senior Program Associate
10	Laurel Hatt	HS 20/20	Senior Associate
11	Abigail Vogus	HS 20/20	Senior Analyst
12	Michael Rodriguez	HS 20/20	HIS Director
13	Ken Morrison	Health Policy Project	Senior Technical Advisor
14	Ron MacInnis	Health Policy Project	Senior Technical Advisor
15	Elizabeth Hunger	Health Policy Project	Senior Technical Advisor
16	Sara Sulzbach	SHOPS	Senior Advisor
17	Kylie Ingerson	SHOPS	Senior Analyst
18	Dawn Crosby	SHOPS	Senior Analyst
19	Kara Tureski	AED C-Change	Program Manager
20	Lindsay Stewart	USAID/W/LAC	Senior HIV/AIDS Advisor
21	Veronica Valdivieso	USAID/W/LAC	Health & Nutrition Adviser
22	Elizabeth Roen	USAID/W/PPL	Senior Policy Analyst
23	Britt Herstad	USAID/W/OHA	Regional Advisor
24	Krista Stewart	USAID/W/OHA	AOTR, Measure Evaluation
25	Jodi Charles	USAID/W/HIDN	Health System Advisor
26	Shirl Smith	USAID/W/GH/SPBO	M & E Advisor
27	Erin Balch	USAID/W/GH	M & E Advisor
28	Jason Wright	USAID/W/GH	GFATM Coordination
29	Willa Pressman	USAID/W/RCS	Regional & Country Support
30	Dina Towbin	GH Tech	Report writer/consultant
31	Ellen Caldeira	HRSA	Team Lead HSS

APPENDIX E. FISH METAPHOR AND COMMENTS FROM PARTICIPANTS

FISH METAPHOR



1. Eyes: What will give vision?
2. Nerve Center: What requires sensitivity?
3. Gills: What can breathe new life into the situation?
4. What is at the heart of the matter?
5. Soft Underbelly: What is the point of vulnerability?
6. Backbone: What provides strength?
- 7, 8, 9. Muscles: What provides forward motion?
10. Tail: What provides direction?

STIGMA & DISCRIMINATION

EYES: What will give vision?	<p>Understanding (causes and consequences)</p> <p>On-ground perspective from most at risk groups themselves; their local leadership</p> <p>Civil society with political buy-in grassroots efforts linked in to mainstream politics</p> <p>Greater political will and leadership; more engagement from FBOs and CBOs</p> <p>Accurate data</p> <p>Involving most at risk groups in planning and execution of anti S&D work</p> <p>Recognition that S&D exists in society as a whole and at the individual levels and that it is a driving force of the epidemic</p>
NERVE CENTER: What requires sensitivity?	<p>Internalized stigma</p> <p>Delicate line to walk when advocating for societal change, especially when seen as coming from outsiders (i.e., U.S. interests)</p> <p>Vulnerable groups</p> <p>Addressing “people” – a more human approach at the center</p> <p>Inherent in this topic – tread carefully</p> <p>Religious and societal belief systems engendering S&D</p>
GILLS: What can breathe new life into the situation?	<p>Leadership and commitment</p> <p>Country leader call to action</p> <p>Greater activism by those directly affected</p> <p>Backing or sensitive policy makers and advocates</p> <p>Working with religious, political, and societal leaders to use existing compassion practiced by all religions to decrease S&D; use media as well</p>
HEART: What is at the heart of the matter?	<p>Resistance to change; homophobia; sexism, etc.</p> <p>Long standing biases/cultural norms</p> <p>Human rights</p> <p>Individual difference</p> <p>Long held judgmental attitudes about most at risk groups; blame</p>

STIGMA & DISCRIMINATION

SOFT UNDERBELLY: What is the point of vulnerability?	<p>Socio-political situation</p> <p>Asking most-at-risk groups and others to take a risk by being advocates and providing leadership</p> <p>Fear-of-change/differences</p> <p>Fear/judgment</p> <p>Misconception, bias</p> <p>Laws outlawing homosexual acts; strong homophobia at all levels of society</p>
ACKBONE: What provides strength?	<p>Information</p> <p>Local active organizations/technical assistance support from existing organizations</p> <p>Resources/examples to draw upon from other countries or regions</p> <p>Legal framework and enforcement</p> <p>Support/understanding and enabling environment</p> <p>Finding well-spoken and respected advocates</p> <p>Organized groups already working on this; increased media attention; Caribbean PF includes focus on most at risk groups & OVCs, signed by all 12 PF countries; most-at-risk groups are becoming more organized</p>
MUSCLES: What provides forward motion?	<p>Stigma-free services</p> <p>Empowerment; supportive environment</p> <p>Financial support</p> <p>Motivation for taking action and implementing activities</p> <p>Changes at individual provider level</p> <p>Policy reform</p> <p>Political will</p> <p>Knowledge and information = emotional intelligence</p> <p>Focus, being strategic; diffusing stigma through accurate information and effective advocacy</p> <p>Implementation of Partnership Framework</p> <p>Holding countries accountable for working to decrease S&D as an important means to decreasing spread of HIV</p> <p>Focus on prevention</p> <p>Involving most-at-risk groups meaningfully</p>

STIGMA & DISCRIMINATION

TAIL: What provides direction?

Diagnosis and dialogue

Local leadership from most-at-risk groups

Strategically targeting specific groups for change

Commitment

PANCAP; PF; a few Caribbean leaders speaking out; training on decreasing S&D with project leaders; service providers, political, religious, societal S&D training and follow up. Ensuring most-at-risk groups are part of the solution

CAPACITY BUILDING	
EYES: What will give vision?	<p>Countries themselves</p> <p>Regional strategy for organizational capacity building</p> <p>Coherent and coordinated response based on multitude of existing assessments</p> <p>Countries will have sufficient capacity to plan for, implement, monitor and fund HIV/AIDS programs in a sustainable manner leveraging regional resources where appropriate</p>
NERVE CENTER: What requires sensitivity?	<p>Outside expertise or assistance towards capacity strengthening</p> <p>Balance between country needs and regional aggregations</p> <p>Stigma; objective decision making; country-regional balance; public-private engagement</p>
GILLS: What can breathe new life into the situation?	<p>New approaches, participatory approaches, and exchanges</p> <p>Support effort to define what is considered important in regional organizational capacity building</p> <p>Improved coordination among donors and technical assistance providers</p> <p>Information sharing; clearer USAID guidance and objectives; reduced competition between USAID and CDC</p> <p>Self assessments and ownership/implementation of action plans</p> <p>Quick wins; HRH; program management revised curricula; planning and financing data; assessment of regional resources</p>
HEART: What is at the heart of the matter?	<p>Human resource constraints, numbers, attrition</p> <p>Low capacity of regional organizations that offer leadership in areas of real need (e.g. CHRC, CRN+, etc)</p> <p>Human resource management and management/leadership systems</p> <p>Resource constraints; prioritization at the country level</p>
SOFT UNDERBELLY: What is the point of vulnerability?	<p>Overload</p> <p>HR turnover; politics of prioritizing; bridging the gap between policy and implementation</p> <p>Lack of: scale; leadership and management skills; will; coherent information systems; and coordination in country structures and between donors; donor dependency</p>
BACKBONE: What provides strength?	<p>In country resources and expertise</p> <p>Vision defined together; coordination and collaboration; frequent and user-friendly information</p> <p>Amount of funding; dedication of donors; excellent technical assistance specialists</p> <p>Donor interest</p>

CAPACITY BUILDING

MUSCLES: What provides forward motion?

Desire to build skills and improve (motivation)
Continuous training, refresher, mentoring, application
Longer-term systems, sustainability; university programs; in-service programs
Support coordination, information sharing, and regional capacity-building strategy with countries at the center
Enthusiasm of local staff and TProviders; leadership and management capacity building; meetings like this; country ownership
Coordination; specific interventions

TAIL: What provides direction?

Strategic planning/plans
Country and regional leadership; PANCAP
Collaboration & coordination; strong USAID/CDC collaboration & guidance

STRATEGIC PLANNING	
EYES: What will give vision?	<p>Better use of data (epidemiological and financial) to inform planning</p> <p>Clear, appropriate strategic planning documents that are used to guide health responses</p> <p>Good, effective, dynamic leadership</p> <p>Unified, focused plan</p>
NERVE CENTER: What requires sensitivity?	<p>Source of TA – USH (which partner?) vs. PAHO vs. PANCAP</p> <p>Capacity to develop documents; internal processes that derail progress</p> <p>Information re: most at risk groups, human rights</p> <p>Ensuring input from appropriate partners and governments</p>
GILLS: What can breathe new life into the situation?	<p>Donor coordination and agreement as to who takes lead and in which countries; TA on using data to inform planning</p> <p>Leadership with renewed sensitivity to the importance of strategic planning and program implementation</p> <p>Funding, policy changes</p> <p>Strategic planning retreat</p>
HEART: What is at the heart of the matter?	<p>Lack of capacity; overburdened MOH staff</p> <p>Coordination, information, advocacy</p> <p>Many activities currently done on ad hoc basis....need focus</p>
SOFT UNDERBELLY: What is the point of vulnerability?	<p>Capacity; political will and prioritizing planning</p> <p>Vulnerabilities of small island states with competing priorities, limited resources and annual setbacks (i.e., hurricanes)</p> <p>Human resource capacity</p> <p>Hard to have unified plan when there are many countries and easy to deviate from plan given changes in funding and new information</p>
BACKBONE: What provides strength?	<p>Leadership, health info system and understanding costs</p> <p>Commitment to addressing health outcomes; well-educated populations</p> <p>Good quality information, coordination</p> <p>Buy in and commitment from countries</p>

STRATEGIC PLANNING

MUSCLES: What provides forward motion?

TA identified; country champion identified; action plan
TA; capacitated stakeholders
Policy, leadership, management
Clear definition of roles and responsibilities and detailed implementation plan

TAIL: What provides direction?

MOH leadership; development partner (PANCAP, PAHO, USG)
External pushes (donors); internal pulls (special interests)
International standards, exchange of experience across countries, learning by doing
Leadership and vision from host country leaders and USG

**DATA MANAGEMENT GAPS & COORDINATION; RESEARCH COORDINATION;
WEAK INFORMATION SYSTEMS**

EYES: What will give vision?	Vision of responsive integrated country and regional information systems
NERVE CENTER: What requires sensitivity?	Time and human resource constraints to manage information; small countries
GILLS: What can breathe new life into the situation?	Targeted TA from new partners, old partners responding to individual country needs
HEART: What is at the heart of the matter?	Lack of culture of M&E; lack of strong information systems
SOFT UNDERBELLY: What is the point of vulnerability?	Turf issues among external partners; overlapping partner mandates; lack of partner coordination
BACKBONE: What provides strength?	Motivated country leadership who care and are committed
MUSCLES: What provides forward motion?	Technical solutions/innovation; financial resources; focused TA partners
TAIL: What provides direction?	Meaningful stakeholder engagement

POLICY DEVELOPMENT & FORMULATION	
EYES: What will give vision?	An understanding that policy needs to be driven by empirically determined needs and not personal preferences or perceived political palatability and that leaders are called to lead and influence consensus
NERVE CENTER: What requires sensitivity?	Perception that USG likes to prescribe actions and policy direction shaped by its own interest
GILLS: What can breathe new life into the situation?	High level strategic engagement with PM, ministers, CMO, PS & key CSOs and PANCAP
HEART: What is at the heart of the matter?	Stigma about HIV and perception that it is not a national priority/competing priority NCD. Perception that enough done and socially excluded groups not important
SOFT UNDERBELLY: Point of vulnerability?	Personal leadership needed at all levels, from policy to programming
BACKBONE: What provides strength?	PANCAP, potential of CARICOM
MUSCLES: What provides forward motion?	Partnerships at all levels; Leveraging strengths of agencies
TAIL: What provides direction?	CRSF

LEVERAGING REGIONAL PUBLIC GOODS	
EYES: What will give vision?	Strong engagement @ CARICOM/OECD level and benefits of economies of scale
NERVE CENTER: What requires sensitivity?	Individual countries Context / needs /share with funding
GILLS: What can breathe new life into the situation?	Economic recovery (opens up resources) Agreement in common agenda
HEART: What is at the heart of the matter?	Countries do not have capacity to maintain full spectrum of services on their own but still unique
SOFT UNDERBELLY: What is the point of vulnerability?	Political sovereignty; partisan politics in country Feelings of not getting enough out of membership fees
BACKBONE: What provides strength?	Successes already achieved (common currency); GF grants
MUSCLES: What provides forward motion?	Availability of regional block grants Increased understanding of needs on the country level and costs
TAIL: What provides direction?	Leadership @ regional bodies

COUNTRY OWNERSHIP	
EYES: What will give vision?	Leadership Government leadership It's what we need to be doing
NERVE CENTER: What requires sensitivity?	MARPS Understanding available resource base; Setting benchmarks Recognizing and listening openly and actively
GILLS: What can breathe new life into the situation?	Capacity, awareness, skills building Technical support, greater CS, and private sector involvement, human resource mobilization Greatly increased engagement and communication
HEART: What is at the heart of the matter?	Dealing with uncomfortable issues, primarily sexual in the context of religion Donor dependency Only through ownership will systems improve
SOFT UNDERBELLY: What is the point of vulnerability?	Not owning drivers of the epidemic; denial and judgment Staff turnover and lack of financial resources Avoiding regional leveraging is a mistake
BACKBONE: What provides strength?	Ongoing commitment Government willingness for change; supportive policies Great resources (not just funding) available
MUSCLES: What provides forward motion?	\$ and euros Champions in-country It's the only way to lasting success
TAIL: What provides direction?	Strategic planning and effective data use Government leadership GHI and a push by all donors for greater collaboration

APPENDIX F. DAY 3 PRIORITY COLLABORATION STEPS

HEALTH POLICY PROJECT

With CHAA

1. Collaborate on key aspects of the Caribbean (PANCAP) Stigma Framework development and rollout
2. Collaborate on approaches/capacity building toward PLHIV empowerment
3. Collaborate/partner on approaches/strategy for PLHIV network development at country level and regionally
4. Support and coordinate efforts on regional advocacy (planning and undertaking) for key populations (MSM, IDU, CSW, migrant workers)
5. Coordinate and strategize on development of stigma-free health and social services.

With HS/2020

1. Engagement on Caribbean (PANCAP) Stigma Framework development and rollout
2. Align policy assessments in two countries.
3. Collaborate on issues of community monitoring and incorporating community and health service collaboration into governance systems

With SHOPS

1. Engagement on Caribbean (PANCAP) Stigma framework development and rollout.
2. Coordinate and strategize on development of stigma-free health and social services in the private sector.

With MEASURE

1. PLHIV citizen monitoring and feeding into national monitoring systems.
2. Align work plans in two countries.
3. Collaboration in defining stigma and discrimination indicators (stigma framework development).

CARIBBEAN HIV/AIDS ALLIANCE

With Abt Associates

1. Possibility of co-location in Barbados
2. Information sharing in similar countries

With PANCAP

1. Collaborate closely with PANCAP on M&E for Global Fund.
2. Ensure activities do not duplicate MARPS areas of Global Fund Round 9 PANCAP grant.
3. PANCAP will be part of Project Steering Committee for EC CAP II.

With HPP

1. Information sharing in countries where both HPP and CHAA are working
2. HPP country assessments shared with CHAA
3. CHAA Research shared with HPP
4. Collaborate on key aspects of the Caribbean (PANCAP) Stigma Framework development and rollout.
5. Collaborate on approaches/capacity building toward PLHIV empowerment
6. Collaborate on approaches/capacity building toward PLHIV empowerment.
7. Support and coordinate efforts on regional advocacy (planning and undertaking) for key populations (MSM, IDU, CSW)
8. Coordinate and strategize on development of stigma-free health and social services.
9. Co-locate office in Barbados for ease of collaboration and to help Futures settle regional office.
10. Futures asked to sit on EC CAP II Project Steering Committee.

With CDC

1. CHAA will work closely with CDC on rollout of rapid testing in Eastern Caribbean.
2. Testing site assessments and MARPS-friendly access at sites.

MEASURE EVALUATION

With Abt Associates

1. TA is provided in the area of HRH coordinated between Abt Associates and MEASURE Evaluation. To do this, joint assessment trips are planned and more follow-up discussions with ITECH and CHART need to be undertaken.
2. Through Abt Associates work with the private sector, eventually, key private sector players will be 'funneled' into the M&E organizational framework that is being facilitated by MEASURE Evaluation.

With PANCAP

1. Further discussion needed with CHRC and PAHO on the repository for research and other pertinent information. PANCAP to lead this process.
2. PANCAP also mentioned the need to have a mechanism for including technical partners in discussions on specific topics, e.g., insurance and also a discussion with CHRC on the role of the M&E technical working group.

With HPP

1. Synergy around developing, strengthening indicators for the stigma and discrimination framework. HPP to include MEASURE Evaluation in the indicator review process.
2. Citizen monitoring indicators – addressing the issue of including service providers in national reporting systems and looking at sharing the burden of data collection between NGOs and government while maintaining data quality.
3. If HPP's two selected countries are the same as the four countries in which MEASURE Evaluation will be working, both entities will work closely to ensure that NGOs are included in the M&E organizational framework that will be facilitated.

With USG

1. USG currently struggling with measuring the technical assistance on which the regional partnership framework is built. MEASURE Evaluation could be helpful in this task.

HS 20/20 & SHOPS VIA ABT ASSOCIATES

With HPP

1. Engagement on Caribbean (PANCAP) Stigma Framework development and rollout.
2. Align policy assessments in two countries.
3. Collaborate on issues of community monitoring and incorporating community and health service collaboration into governance systems.
4. Coordinate and Strategize on development of stigma-free health and social services in the private sector.

With MEASURE

1. Coordinate M&E HR work with Abt HSA/PSA trips
2. Ensure follow-up HR discussion with CHART, ITECH, Abt Associates regarding M&E technical assistance.
3. Through work with SHOPS, eventually, key private sector players will be 'funneled' into the M&E organizational framework that is being facilitated by MEASURE Evaluation.

With CHAA

1. Possibility of office co-location in Barbados.
2. Information sharing in similar countries

For more information, please visit
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