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**Plenary: Linking People to Resources
Plenary Discussion
2008 HIV/AIDS Implementers' Meeting
June 5, 2008**

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FEMALE SPEAKER: -what is not happening. You remember of the millions of people that are eligible and that need treatment in this part of the world; we have just succeeded in providing treatment for only three million people. There are seven million more need treatment. That is where we are coming from. And what you saw in the two presentations is the galvanization of the community to support and to rally around the traditional healthcare system to provide, to rather link people to resources. What we have now are five distinguished panelists from different sectors to comment on these presentations and then we will have a dialogue on specific questions, which were raised as you listen to these presentations. We have from the private sector, [inaudible] who is the director in Bristol Myers-Squibb [inaudible]. We have [inaudible] representative [inaudible], executive director African Palliative Care Association; faith-based organization, community-based organization representative [inaudible] who is the program manager [inaudible] for Orphans, and we have [inaudible] who is the president of the Daily Network of [inaudible] and [inaudible] administer of finance [inaudible].

I am going to give each one of these panelists anywhere between three to five minutes and they will concentrate on the two presentations in linking resources to people. For ease, let

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me start with [inaudible], who is right here next to me. Thank you.

FEMALE SPEAKER: Good morning, ladies and gentlemen. Thank you very much for the presenters, I think who have laid out a very strong case, a case for community involvement. I think what has come through in the presentations is that primarily we want to link the patients, or the clients as we call them in the community, to life saving and prolonging [inaudible] and for that we need a bridge. And they have identified a bridge for us— involvement of people living with HIV/AIDS as well as community structure [inaudible] and [inaudible] community structures.

However, if you look at the town resources, services are just one of those, but resources, you look at technical resources as well. You also look at financial resources for those bridges that we have identified in the community of people living with HIV/AIDS at the last presentation indicated. They need the technical expertise; they need the financial resources. Most importantly, they need information. Even I, as a person in the community, I would need to know where I can go for a service; I would need to know what organization is in my community.

We also need social resources. One of the things that we learned as a funding organization was that we had the money, but people maybe could not even understand that the

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requirements that we had for them to access the money. Once they were able to do that and the hospitals around were able to provide life saving medication, it became an issue of food. So, there are certain resources that are available at a facility, but there are also resources that we need to look at when it comes to the community. And I am hoping that we will hear a little bit more about that.

I think the other question that should occupy all our minds is what about those people that have [inaudible] disabilities? How are we linking them to resources? How are we linking the visually impaired and the others to information that they need? How are we getting those that on wheelchairs? Are we getting them to the facilities where they may need to go every other month? Thank you.

FEMALE SPEAKER: Thank you very much. Let us go to [inaudible].

FEMALE SPEAKER: Good morning. I live in Kampala, so you are all welcome to Uganda. When looking at the issue of linking people to resources, I look at from an [inaudible] perspective and I agree with my [inaudible] presenter this morning that we have been provided with key questions. But I also want to address three key questions. What resources are we talking about? What people are we linking to the resources and at what level are we linking these people to resources? And what are the strength of the linkages? And thinking about the

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issue of resources, I am actually thinking it is not just about money. Money is important, and there is so many, you can have a well thought-out plan, but if you do not have money, you are not going to accomplish that plan. But money is not all that people need.

And it is not about throwing money to a problem because we have seen a problem. It is really directing money in the very strategic, well thought process that empowers the people you are throwing money to. And this is looking at what information do these people need. And I think, even before you look at that, is to see what information do these people have available so that you can work with what they have and addressing the [inaudible] that they might have. Look at what [inaudible] the people need, what technology. The [inaudible] yesterday talked about even registering for this conference, you have to go through the Internet. What technology do people have to be able to process the information you are providing to them? And, finally, we have to look at mentorship; how do we support and how do we follow up the people?

The next question is who are the people we are giving resources to? We need to look at the comprehensive support from policy, the [inaudible] that make us and I think that is a big elephant we had in the last presentation. We have to look at our policy providers; what type of resources do they need so that they can bring about enabling policies to make our

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services available? What level of resources do people need at the operational level and the service provider level and at the client level, the people we want to serve? There have been a lot of debate about task shifting, moving people from what they are doing. We need to be careful that we are not robbing Peter to pay Paul. We need to be able to make sure that both Peter and Paul are okay. And I think that is a big discussion we need to have.

The other issue I want to look at is linkages. What type of linkages are we talking about? And linkages, for me and from our perspective, the African Palliative Care Association, we are not looking at [inaudible] linkages. Okay, we have been there, done that. The most important thing is to be able to ask the so-what question. I have had so many people say, "We have trained 20 people; so what?" "We have developed 20 writing materials; so what?" At what point do these 20 people you have trained, these training materials you have developed translate into actual service [inaudible]? That is really the question we need to really be asking ourselves. So long-term comprehensive packages, which are linking to the country's strategic plans, not setting up parallel programs. Thank you very much. [Applause]

FEMALE SPEAKER: Thank you. Nicolette?

NICOLETTE: Hi. Good morning. My contribution is from a network's perspective, working with grass roots communities

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where we believe the resources should be placed. [Inaudible] organization offers independent [inaudible] supporting members where it is a community-based organization whether it is a church or a faith-based organization to create an enabling environment [inaudible] children. Technical assistance is provided to the membership; through the staff, it provides and supports [inaudible], mobilization, training them on psychosocial support and counseling. Small grants are also provided, different amounts at different levels, depending on the capacity within the communities. Capacity [inaudible] are also done, ranging from program management, financial bookkeeping, [inaudible] with a focus on quality standards.

It also provides materials as [inaudible], training materials, guiding tools, and regular updates in overseas situations. We also facilitate exchange visits to view different practices within the country. The question remaining now is how do people get access to these resources to provide the [inaudible] that children in need. There is a small grants program; the communities are linked to resources that enable them to support the children within their communities.

Communities get financial resources through proposals developed by them, based on their needs identified by the community. Members could apply for a variety of different activities or programs that they want to implement. It could be a kids' club, an after school program, a preschool program, a

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setting up of camps, nutritional centers, income-generating activities whether it is a sewing or garden or [inaudible] project. It could include education programs that could vary from school fees, exam fees, uniforms, school supplies, whatever the needs are identified by the community. Once proposals are submitted, a series of [inaudible] which include a preassessment [inaudible] which is followed by the [inaudible] interventions.

[Inaudible] challenges faced by the members that engage in different trainings. It could either be through the individual face-to-face approach or within a larger setup. One other thing that is also done on a regular basis to ensure in follow up that these resources that are requested are actually reaching the children. Volunteers within these groups have been trained on different tools and collecting data and reporting writing, which also include the documentation of success stories. Volunteers are then also then provided an incentive based on their performance. Resources are allocated based on [inaudible] within the membership [inaudible] development of a proposal. A committee could be representation from different individuals within the community with different expertise or access to different resources that could only be an added advantage to the quality of the programs to be implemented. The fact that interventions are defined by the community, a higher level of ownership and commitment is therefore ensured. This is

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the contribution from the CBO's and the NGOs and the FBOs in our country. Thank you. [Applause]

FEMALE SPEAKER: Thank you very much. Lou?

LOU: Thank you. I still do not understand why we are having this session, linkages. Do not we know that we have to link people to resource? For me, it is very, very simple; we are all human beings. [Inaudible] people need [inaudible] and we always talk about comprehensive service. Can anyone raise their hands that can provide comprehensive service? That is my need. For about three [inaudible] or five [inaudible] million people living with HIV/AIDS but that is my need; who can provide? I think there is no organization in the world who can provide my needs in the [inaudible].

So I— it is very simple. The only thing is that sometimes I think we try to play God and try to do everything, and that is maybe the problem. My organization, the [inaudible] living with HIV/AIDS [inaudible] on my session [inaudible]. It is one of the poorest and the most disorganized organizations in the world. And we provide very little service; like [inaudible] said, we provide a support group. I think support group, if we do not do, no one [inaudible], the pharmacists can do, the doctors can do. The NGO can do, the CBO can do. We believe [inaudible] do only [inaudible]. And fighting for treatment access, we get help from other people, from the MSF, from the lawyers, but the voice should be us because if you do

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not get antiretroviral, the lawyers will not [inaudible] people who are not dying but who will die. But we have to work with together people; we do not try to do everything, but we have to link together with all other people around us. But we are trying to provide a supermarket in our organization. It does not work.

So, a lot of people go to other, do not try to [inaudible]. A lot of people go and access the service. And talking about linking [inaudible], as the moderator said, the biggest [inaudible]. There is the seven million people who need [inaudible]. That is, that should be our [inaudible]. If we can talk more about that, seven million people are in need of treatment and they are not getting it; who will link these people? That is the question I want to ask. Thank you.

[Applause]

FEMALE SPEAKER: Thank you, Lou. [Inaudible]

MALE SPEAKER: Thank you. Thank you. [Inaudible] is my name from the kingdom of Lasutra [misspelled?]. I am giving the government perspective from the Office of the Ministry of Financing [inaudible] as the [inaudible] for the [inaudible] support. Linking people with resources is one important aspect, as it has been mentioned by the presenters and the other panelists. And looking at the structures in most of our countries from the central districts, the constituency of the community council and the [inaudible] level, you find that the

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NGOs are playing a part and there has been something that has been maybe a shortage or a missing link that has not been territorial. Either the government or the NGOs or the [inaudible] that is blamed for that, there has been a [inaudible]. No, this is where do we, even when they are just [inaudible] only [inaudible] in the [inaudible] here. And then linking the [inaudible] can actually even be quite cost-effective in that.

Social services, there is an organization [inaudible], there might be Red Cross, and then social welfare of the government, Ministry of Education, and Ministry of Health, whether it is the health center, all this if they are linked and they are actually [inaudible] that they are supposed to play. I believe this actually could reduce the suffering that is there as far as the services are concerned. And we know that the government has been more notorious in really being territorial in most of the places, but the governments now are changing and are beginning to work with civil society in a more open and more frank way. And that also helps a lot in terms of referrals to all the services, so that people do not just receive one, two, three services even when there are a number of services, which are supposed to be [inaudible]. The organizations, the community-based organizations are not supposed to be requesting money even from outside for those services, but because of the lack of access to those services,

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you find that they are struggling in the availability of those services.

I will just make an example also with the donors. We have got donors like now right here, right now in [inaudible], we are trying to say let us develop one [inaudible] plan with the Department of Social Welfare and you, and then the [inaudible] and then UNICEF. Let us say let us have one [inaudible] plan, which helps us to map out even geographically the areas where we are going to act and actually the targets that we are looking at in all these areas. And then let us put it transparently to all the people who are involved and the NGOs, so that they know what services are available in these particular places.

We are also asking that the organizations should not just build their objectives around themselves, but around the need of the communities that we are working in [inaudible]. It is very important. Especially when they look at the OVC services, you find that the role that the government and the civil society is playing and the individual people are already playing, it is quite tremendous. But it has been undermined by the lack of linking these resources to the actual people who need the services. Thank you. [Applause]

FEMALE SPEAKER: Thank you very much. The real thing starts now. Linking people to resources; why? Because we need to get to the bottom of this epidemic from preventing new

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infections to mitigating the impact on those infected and the affected. What we saw in the two presentations and in the interventions from the five panelists is, at least what comes out, is, number one, that community, in general, plays a huge role in linking people to resources.

But there are fundamental things which we need to discuss this morning; one is the issue of [inaudible]. The work volunteerism is something which we have capitalized on, which we have exploited, and I do not know where we are going 20 years into the epidemic. When we cost national [inaudible] strategic plans, one of the things which is not costed is these volunteerism.

So, the question to the presenters and the panelists is how do we sustain these goodwill from communities? Lou said it; he said, yes, we do need [inaudible] to come in and contribute, but he specifically showed the real reason why people living with HIV/AIDS need to be and are engaged in this fight. How do we sustain this? How do we prevent burnout? What do we do? How long do we continue on this goodwill volunteerism mechanism? That is one question I want to [inaudible].

The second one is do we have regional bodies? We are mainly sub-Saharan Africa; I am fully aware of those of you who have come from different parts of the world. But just for the sake of argument, let us stay on this continent. Are there lessons learned? Are there support mechanisms within the region

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and how do we develop that? The last question is this is the implementers' meeting. What has the good lessons that we have accumulated by implementing the kinds of programs that have been presented here and how do we maintain it? Let me [inaudible] and feel free to answer one of them, all three of them. The only plea is since we have a number of panelists here, I want you to be as short and as precise as possible. Who wants to go first? Please. Go ahead.

FEMALE SPEAKER: I will go fast with the second question. They are all of regional bodies. And the reason why I want to fast is because I am heading the African Palliative Care Association, which is a regional body with [inaudible] of palliative care [inaudible] Africa. And one of the things we have experienced right now, working in 20 African countries, is that we have become the mechanism of linking people to resources, which is a mechanism we want to play. But we do not want to be the people there at the forefront; we want to link people to be able to access their own level of [inaudible] of their own country level.

So our biggest [inaudible] capacity development for this organization so that they can access their funding directly. And that is an important key thing. We need to think of other similar bodies which can support treatment, which can support prevention so that we can link all these networks

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across Africa because we have seen that, by experiences of those countries we are working in, this works.

But one of the challenges I want to post as well to the panelists this morning is that I have had that many people do not access funding because there are no flexible mechanisms of giving funding to these organizations. How can we look at flexible mechanisms so that those people who are [inaudible] and great work on the ground can access funding? I think that is really the question. I will need to leave to finish with this morning.

FEMALE SPEAKER: Thank you very much. I think I will [inaudible] two of them, of the questions, and maybe add a few more from myself. The first one is around funding, since I represent the funding, private sector funding foundation. I think I agree with my fellow panelist that we need to really look at the role that is played by donors. We need to ask ourselves if donors, among themselves, are collaborating. Yes, we expect the service providers at the [inaudible] level to collaborate. We expect the government departments to collaborate. But, really, has anybody focused on how the donors can collaborate, how the donors can stop from fighting over the numbers of the dead, the dying, and the poor, just so that they can put it in their [inaudible]. It does not matter that Donor A has done a little bit, even if it was to train the doctor, even if it was to train the government to create an enabling

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environment. When Donor B comes in, they would like to take all those numbers and, as a result, they are finding that the donors themselves are not talking enough to be able to allow for a flexible mechanism.

So, I would basically— I would want to say I see that as something that really, really needs to be attended to because it was resources. People spend too much time writing different reports to a variety of people when actually the information is the same. Implementing a variety of [inaudible] and evaluation. So there is a challenge, I think, for the donors and the funders to look at.

In terms of volunteers, I would just like to say we need to basically start thinking about social entrepreneurs. I would not want to ask people in this particular context how many of them are volunteers? And they actually do not know how much they will [inaudible] in two or three months. I just would not want to do that. But if 50-percent of those that are [inaudible], then maybe we are winning. Thank you. Lou, how do we prevent burnout of all these volunteers who have been doing this forever?

LOU: I do not know how we prevent burnout, but I want to raise one other [inaudible] volunteer. Nice, fancy word again from the [inaudible], but it is simply not possible in our [inaudible] country, in the resource-poor countries, in the [inaudible] countries with volunteerism is simply not possible.

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Because people might want to volunteer, but they also have to eat something. [Applause]

So in the West, they got the big universities; in the summer, they have three-month holiday and they can come and do a nice volunteer work. That is fine. But here, I do not have money to eat and you are asking me to volunteer? And I think that is very, very unfair, I think. We are not breastfeeding each other. I think every player is equally important as much as the donor is important, the scientist is important, and the implementers are important. And [inaudible] are very important, but how much do we give the [inaudible] in this global [inaudible] big money and how much does [inaudible]? When it comes to [inaudible], how much did they get? From the beginning, the budget was [inaudible] at least this much long-00000000. But when the [inaudible], it was [inaudible]. That is not fair, because all our data that we present, all [inaudible] two or three days, we extracted from the [inaudible] and they get the least. Why? [Applause]

FEMALE SPEAKER: If I present a contribution, from the free states' perspective, it has always been assumed because you come from a church community and the Christian [inaudible] that we have and based on your moral values, [inaudible] have to contribute to the services [inaudible]. The reality is that because of our socioeconomic situations that we find ourselves in, we all have our personal needs. Therefore, within our

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program and especially on the income-generating initiative [inaudible], we support the volunteers, and they are very much part of the beneficiary group, not just the children themselves, but the volunteers also trying to get an access, support services, part of the income that has been generated to provide also in their assistance, so that is the way we want to really maintain and try to keep the volunteers within our network. Thank you.

FEMALE SPEAKER: Thank you. [Inaudible]

FEMALE SPEAKER: I just wanted to comment on the volunteerism question because that is a challenge and something that we have grappled with in AIDS relief since the beginning. With our program in the beginning, we stressed volunteerism; we recruited community health workers and trained them and sent them out into the field to follow patients and do home visits. And they were doing home visits almost every day; they had a truckload of patients, and within three months, and even less sometimes, we were losing a lot of people. And it was not until, again, we were learning and growing at the same time to, that we realized that this, as you said earlier, and as Lou had pointed out, these are people; they also need to eat, they also need transportation. They need to pay their children's school fees; they also have lives.

And what we are trying to do now in our program, as we expand and as we grow, is develop a system. And it is still

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challenging for us, but a network of clients and people who are in the community who are champions and who can become part of the staff of the hospital or of the clinic or the service provider. And it is, in some— we have not been able to do it in all the countries we are working in or even in all of the clinics that we are working in in many of the countries.

But this is a system that we feel is working; we have done it in several of the programs where the clients are part of the program and they are part of the staff and they are encouraged and they are empowered. And so the issue of volunteerism is clearly a national and international challenge and struggle for us, but trying to initially not just send people, train them and send them out, but empower them, provide some transportation or some funding or some stipend for patients. And it may not always be monetary; it may be other incentives and other things that can be provided for patients. But the bottom line is not taking advantage of the people who are doing the ground work and having them visit and be in the community and mobilize and not provide anything back for them. In our program, not necessarily monetary, but something or things that can empower the people who are doing the work on the ground.

FEMALE SPEAKER: Okay. The first three questions have generated another three questions, but before I go there, [inaudible], anything on good lessons? Implementation lessons?

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MALE SPEAKER: I would like to [inaudible] on this [inaudible] the interventions. And we do think that it is important to [inaudible] really because most of the services that are provided can be had by [inaudible], that we need to train people on treatment, to help them know about the treatment. How many people [inaudible] know of the [inaudible] function? And HIV disease is a chronic disease, and it is a long way to go now. We need to [inaudible] people so they will become participate in their own care. This is a kind of way we can sustain certain kind of activities. Thank you.

FEMALE SPEAKER: Thank you.

MALE SPEAKER: And also on the same issue of the sustainability, I will just make an example that our prime minister in [inaudible] has just discussed with the Parliament and it was passed about the support for the people that we call volunteers, that those people need to be compensated. And that was passed in the Parliament, which was quite an improvement as far as our government is concerned, since the donors have been supporting these initiatives, but now we put the actual budget that goes with this, that these people need to be actually supported. So, that was one of the lessons that we have learned. [Applause]

So, that one I believe is a positive [inaudible]. We need those people [inaudible] and they will need to budget for them. I will also advocate that even from our fundings,

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wherever we get them, there should be a portion of budget that goes to that because there is a portion for our salaries, those of us who are here and then who are advocating and talking too much, but we get all the information from these people who are not talking at this time, whom we do not even know what they think. But what we know is that they are hungry, wherever they are, because of the work that we gave to them, because of the burden that we have removed from our shoulders to put, to make sure that they share than we were sharing. Thank you.

FEMALE SPEAKER: Excellent. Thank you. This leads us into the next set of questions which came up. Funding mechanisms. Are they friendly, flexible to communities? The phrase I took from right here next to me is how are the donors and when are the donors going to get their acts together? Most of the donors that are presented here, is it easy to access funds? And if it is not, what is the problem? Who would like to tackle this first? Please, go ahead.

MALE SPEAKER: Again, yesterday I [inaudible] a fancy proposal and a fancy report is not always the indicator of good work in the field. So, I think the funder needs to, or the donor also needs to understand and try to simplify and try to make all those [inaudible] so that only people— most of the donor criteria are so strict that only people who are professional who [inaudible] even ones on the street or in a community, but always inside [inaudible]; only they get the

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funds. And people who are going out in the field and doing the real work and sweating, they do not get the funds. So I think we— I, as the funder, understand and make it simple that, and [inaudible] how the funds can reach to the people who are doing the actual work. Actually they are doing all the work that we do not want to do and they are also getting none of the funds; it is not fair.

FEMALE SPEAKER: Okay.

MALE SPEAKER: To answer the question, I said to [inaudible] is not easy at all. Most of the time, what we [inaudible] on a competitive business. Those will not have to write good proposal and not at the grass root level most of the time. Those who have the needs at every grass root level, sometimes funds are mobilized and where to reach really at the grass root level is so few. And people are still in the need; we are talking about millions that are invested in the fight against HIV and AIDS. How to make it, how to make these resources or this fund better reach the grass root level? What we do [inaudible] level, we work, we train an organization on how to write good proposals and how to deal with donors [inaudible], train them on [inaudible] issues; train them on what make an organization successful. Thank you.

FEMALE SPEAKER: I want to agree with the previous speaker, but also want to contribute that is that we must understand that this funding are coming from the [inaudible]

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government comes with all the regulations. And we get [inaudible] always take it for granted. So within our organization, which I have simplified the process for them. We always say it is not rocket science. Yes, this money comes with ties, but we also need to take the responsibility within ourselves, within our communities and organizations where we are coming from, even from our own governments to see where we can get the resources.

So, yes, it is not an easy process, but it also not so difficult to support these communities. About 80-percent of our resources goes directly to the communities, so it is— you are taxed with responsibilities to simplify the process for them. Another quick one I wanted to add on the volunteers.

In our country, also, the government has come, if I may say, to the mercy of the volunteers, is that it is a regulated process. And actually, to rock the boat a little, but within the [inaudible] sectors, because people are now becoming more careful not to exploit the volunteers and that certain hours of work are linked to certain incentives that has to be paid and rewarded with. So, in coming to in terms of volunteers, there is some kind of protection mechanism that has been put in place in our country that is really much appreciated. Thank you.

LOU: I had one more?

FEMALE SPEAKER: Yes.

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LOU: Regarding access to funding, access to funding is not easy, but on the other side, as I said, why my country is very poor is that because we do not want to do what the donors want. If the donors want to [inaudible] what we are doing, then we take the fund; otherwise, we do not want to do what the donors want. But if the donors want what we are doing, then we take the fund. That is why we are very poor. [Applause]

FEMALE SPEAKER: I agree. I agree completely that sometimes we have, we are caught up with donor-driven agendas, which can sometimes be a challenge. But I also want to agree that fundraising or donor [inaudible] is not easy. And I am really calling upon the donors present here to really think outside the box. Sometimes there are very streamlined mechanisms of funding, and you talk to these donors; they say, "That is how we do it. We could not find a way to support this work. It is very good, but that is how we do it."

Let us think outside the box; there are so many innovative projects, like Lou here who is talking about it and other people. Let us look how can we link money, resources to people? Because as long as we are so [inaudible] tied into those mechanisms, we are not going to make people access money.

The other issue I am talking about is the issue of capacity building. I think we need to look beyond the [inaudible]. We need to look at how do we provide capacity for these people so that they can access money themselves? I think

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that is a really big piece of work which is missing. How do we support that? How do we support the organizations who have financial systems, to have people well paid to manage their financial systems so that we can be accountable? Do not just give me money to pay for drugs; give me money to pay for my finance manager as well so that he can account for the dollars. So, those kind of things are quite a challenge to many of the organizations, and we need to look at that.

FEMALE SPEAKER: Thank you very much. Although I represent the donor community, I am still an African, so I will speak from both sides of my mouth. I do agree that the donors need to get together and they need to talk. And they need to see what it is, if they can come with their particular [inaudible]. They are still addressing the needs of those that, and the demands of those that provided the funding to them.

But I would also want to say that skills transfer, measurable skills transfer should really, really be part of that capacity building. We know that some of the time, we have got to bring people; if I am South African and I am a South African organization doing some work in [inaudible], I may want the reliability of some of the people that have worked within South Africa to go over there.

But, really, they should go there to share their skills and to transfer their skills and it should be measurable, that whatever they have shared with the organization they are

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mentoring is going to remain in that organization so that they are not always dependent on the consultants that will fly in with a brief case from Johannesburg.

I would also like to talk to government. There are really resources within government, a lot of them, particularly for social welfare. And if there is one thing that I think it borders on basic criminal activities is when at the end of the financial year, certain money that is earmarked for health education and social welfare is sent back because it is not utilized.

There, I still have a problem in terms of just understanding how it happens. Maybe that is where the partnership and the trust between the civil society and other organizations, maybe the private sector societies, to access the government to get the money where it actually needs to go.

Our experience was that, yes, we did have 100 million US dollars in 1999 that we wanted to give to HIV/AIDS, and we learned within three months that that money was not going out of the door. And we eventually said it did not matter whether you brought your proposal handwritten, on a [inaudible] bag, just give us what you are doing. We will come out and we will see for ourselves what you are doing on the ground.

And, based on that, we will help you to put a proposal because we are still supposed to make sure that we are doing responsible giving. We are accountable to others so that they

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continue to provide the funding that we are providing to you.

So, I agree with you that maybe donors need to basically go out to the fields, allow me to give you ten words of what I think I am doing. Do not say innovation, because what is innovative about saving a life? That is what I am trying to do. Is not that innovative enough? Thank you. [Applause]

MALE SPEAKER: [Inaudible] to me, fortunately, some years ago, we worked together at the BMS project where we were working at the community level, and she was a sponsor [inaudible] and then I was the implementer. And we implemented in such a way that after some time, we realized that things were not working out.

And then we went back [inaudible] this thing that you thought would work out does not work out with these people; can we change why we are here? She was very flexible because we are looking at the needs of the community. And I had an experience also with [inaudible] foundation and then now, with the [inaudible] where we are the principle recipient. We have been very flexible in building the capacity from the ground where there was no check book, where there was nothing, just to come up with something at the village level, not in town, not at the central level.

So, I believe the funders and the donors and the other people who are [inaudible] funding, we are getting closer there whereby we said where the money goes is very important and we

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are going to support, incapacitate in those. We sit down with the organizations right now; even now, as I was leaving home, sitting down with very small organizations, said, "Okay, you want to do this. We are going to help you to [inaudible] this and we will help you to monitor how this works and how the funds, the flow of the funds. Make sure that you are just keeping the [inaudible] properly."

So, we are getting there in terms of bringing the money down to the community. I believe things are changing a lot. When I look 10 years back with the donors, things have changed a lot and donors have begun to be flexible. So, I think we are getting there.

FEMALE SPEAKER: Just one thing I wanted to comment on, and what we are also doing in our program is supporting— we support several clinics and sites. And so one of the things we do is try to build a capacity of the administration at these clinics and sites, so that everybody is a part of that conversation in terms of how much money is allotted to this clinic or to this site, how much money do you have, and how do you use this money? Because sometimes you will find that the hospitals, the clinics, they have the money, but towards the end of the year, it has not been spent; they do not know how to use it.

And so what we have continued to do is not just provide the funds, but lay out work plans, work with these clinics and

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the sites to use the money appropriately and have accountability and how do they use it, what was it used for, and how can we continue to support better outcomes for the clinics and for the hospitals in which we work.

MALE SPEAKER: [Inaudible] have money provided to small organizations can be, as a network, like us, we designed a small [inaudible] program with the capacity at the network level; we can access resources. And within this small grant program, we provide small grant to affiliate members and we mentor them, we train them, we build the capacity so that they continue with these funds.

FEMALE SPEAKER: Thank you. We started with linking people to resources. You saw the immense amount of work that is done by communities and we went into questioning whether that is indeed sustainable, if there are [inaudible] to support this, if there are any implementation lessons. Then we moved into funding and funding agencies. If you remember at the beginning, I said these themes would be discussed in detail in the working groups.

For me, the take-home [inaudible] is from Lou. I quote, he says, "We do not want to do what the donors tell us to do." I see no problem whatsoever in this. I have the unique position of being the [inaudible] and also being second to the global fund now, and these are the kinds of things which keep the pressure on for all of us to improve the way we serve this

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epidemic. The global fund has initiated a dual financing mechanism specifically to address these access issues to communities. The bank has one of the most flexible mechanisms to get money to the grass roots level. That is not enough.

So, you need to keep on the pressure; there is no reason why, at this stage of the epidemic, countries should be [inaudible] externally. They should own the epidemic; we should assist them to build capacity, sustainable capacity because this epidemic is here to stay with us. The tremendous amount of goodwill, volunteerism, that is coming from people living with HIV/AIDS is an issue we need to look into very carefully because it is not sustainable.

I would like you to help me thank these wonderful panelists, most of all for doing the good work they are doing at the grass roots level without which we will not make a dent on this epidemic. And I would like to thank all of you. Thank you. [Applause]

[END RECORDING]

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