# **Measuring The Impact of Advocacy**

# ASSESSING THE INCLUSION OF CIVIL SOCIETY PRIORITIES IN GLOBAL FUND CONCEPT NOTES

A Desk Review of Concept Notes Submitted by Kenya, Malawi, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe

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Oral Abstract Session at AIDS 2016
Durban, South Africa
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# **PROBLEM #1:** The (often) undue influence that funding partners may have over the programs they fund in recipient countries.

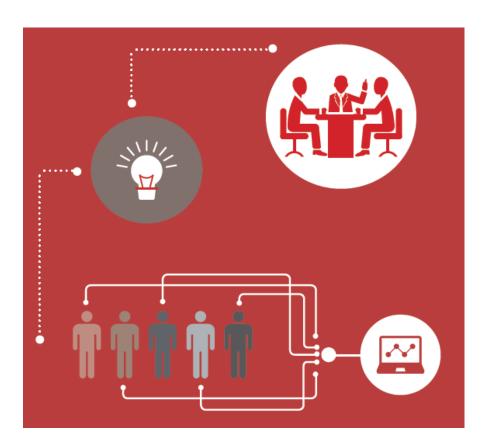
- "The preaching about abstinence in Uganda thus seemed at odds with the culture. Was this a charade to impress the right-wing bureaucrats in the office of the U.S. Global coordinator who would oversee the spending of the \$1billion earmarked for abstinence programs?" (Epstein, 2007, p. 191).
- "Although these providers or funding and aid can enable projects that might otherwise not be possible, they bring with them sets of expectations and priorities determined elsewhere, in much wealthier settings, which may or may not meet local scientific priorities and protocols" (Crane, 2013, p. 11).

# PROBLEM #2: The (often) limited extent to which civil society and affected communities are able to effectively influence decision making around donor-funded HIV programs.

- In **Zimbabwe**, some felt that the Global Fund's heavy focus on National Strategic Plans (NSPs) risked excluding civil society priorities, since some NSPs may not adequately capture these issues (Zimbabwe CCM, 2013).
- In **Myanmar**, tensions arose during the country dialogue after it was perceived that one of the country's sex worker networks was intentionally excluded from discussion (OSF, 2013).

# (partial) Solution for Problem #1...

 Funding partners are improving their grant-making approach, now requiring documented consultation with civil society organizations, community groups and key and vulnerable populations, so that programs respond better to local priorities.



• Eg:



• Eg:



# ...but has it helped address Problem #2?

Do consultations with communities matter for the bottom line? Do civil society's priorities get included?

Question #1: Are the priorities of civil society included in the final proposals that get submitted to donors?



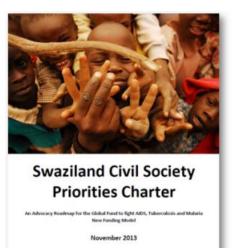


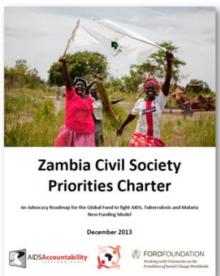


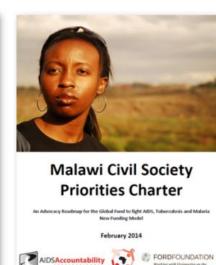
Question #2: What factors make civil society more or less successful at influencing donor proposals?



## **Identifying Civil Society Priorities on AIDS**













**Priorities Charter** 

An Advocacy Roadman for the Global Fund to fight AIDS, Tuberculosis and Malaria

New Funding Model





**Uganda Civil Society** 

**Priorities Charter** 

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria



### **Priorities Charter**

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria





### August 2014 AIDSAccountability

### **Kenya Civil Society Priorities Charter**

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria New Funding Model

September 2014





AIDSAccountability



FORDFOUNDATION





### #1 Priority - Treatment, Care and Support

### Top Priority - Treatment Adherence and Client Retention for HIV and TB

Recognizing that the majority of Tanzania's Global Fund HIV/TB allocation for the New Funding Model will be earmanked for drug procurement, civil society's top priority is to strengthen treatment adherence and client retention. This is the number one priority since there is a high loss to follow up as well as poor adherence due to stigma. Other challenges include limited education, interrupted supply of medications, limited time off work to go to clinic and irregular CD4 monitoring. Limited HIV clinic coverage is another barrier, with only 22% of health facilities providing ART services (NIMSF III, p. 29). Nutritional support is also a barrier to drug adherence, especially among pediatric populations. Civil society has comparative advantage to establish community-based psycho-social HIV/TB support groups, including cash transfers to PLHIV and their families as well as TB contact tracing and TB defaulter tracing at community level. Further, divil society prioritizes advocacy for the inclusion of nutrition into community awareness activities. The target groups should be pediatric HIV cases, the elderly, and key populations (particularly youth, injecting drug users [IDUs], sex workers and men who have sex with men [MSM], to be rolled out in communities/villages in collaboration with the local government. Those that are well placed to implement include ANEPHA+, AMICAALL, AMREF, ACT Lake Rukwa, BMAF, Sikika, Helpage, TAPP, MUHAS, PADI, Baylor, LICHIDE and TALIA, among many others. This should be carried out from 2014-2018, complementing the NMSF III. The outcomes of this activity will be decreased loss to follow-up and improved treatment-retention.

### Secondary Priority - HIV Testing and TB Screening

There are low levels of HIV testing and counseling (HTC), with the NMSF III citing a gap of 33% for men and 38% for women that need HTC services (p. 27). This need is even higher among the pediatric population, since 70% of health facilities in Tanzania do not provide early infant diagnosis (NMSF III, p. 26). Other barriers include limited community awareness, interrupted HIV test kits supply, stigma, and a lack policy to support community-level HTC. There are also low rates of TB detection with suboptimal TB screening, linkage and tracing, limited civil society organization (CSO)/community-based organization (CBO) coverage on TB, and lack of TB integration into CSOs' HIV programming. This is partly due to high levels of stigms and a lack of adequate policy support. Civil society proposes targeted community group interventions, including munity sensitization, especially focusing on pediatric testing. Elderly people and key populations (youth, sex workers, IDUs, MSMs) should be prioritized. Further, there is a need for sensitization on family testing. Civil society proposes advocacy on HIV testing beyond health care workers to include community testing by social/lay workers. This should be implemented at community level and led by CSOs/CBOs, though a dose partnership with local government will be necessary for sustainability. Organizations with proven track records of success in this area include ANEPHA+, AMREF, BMAF, Sikika, Helpage, TAPP, MUHAS, TSSF, SANA, PADI, Baylor, LICHIDE, TALIA and/or other CSDs. This should be carried out from 2014-2018, to complement targets set in the NMSF III. Outcomes and impact for this activity will be measured through increased testing for HIV and increased TB screening, to help reach the target set in the NMSF III (p. 42) of 100% HIV/TB treatment coverage for HIV-positive people with TB by 2017.

### #2 Priority - Key Populations

### Top Priority - Friendly Low-Threshold Services

Civil society has identified the need for friendly low-threshold services as their top priority for key populations in Tanzania. These services include voluntary counseling and testing for HIV at clinic level, nucleic-acid-based tests, community-based therapeutic care, prevention of parent-to-child transmission, access to condom and lubricants, TB services, testing and treatment for sexually transmitted infections (STIs) and hepatitis. This is a top priority because stigma and discrimination are human rights barriers to access and there is a lack of harm reduction services. Further, commodities (condoms, needle syringe programme, etc.) are not easily available/accessible for key populations, which may contribute to why 89% of male IDUs report inconsistent condom (NMSF III, p. 19). Activities to address this should include outreach services and training for health providers to be more accountable. Civil society has identified MSM, IDUs, sex workers, transgender individuals and prisoners as priority populations for this intervention. This activity should be strategically rolled out in Arusha, Mwanza, Tanga, Dar es Salaam, Mbeya, Njombe, Dodoma, Mtwara Ruvuma and Lindi, as these are some of the best places to invest for impact. This should be a four year programme, from October 2014 to October 2018. Civil society emphasizes that these activities should be implemented by key populations organizations, in close partnership with other CSOs, CBOs, the MoHSW, TACAIDS, National TB and Leprosy Programme (NTLP) and National AIDS Control Programme (NACP). Outcomes of this activity will be a reduction of HIV/STI/TB incidence, prevalence, morbidity and mortality.

### Secondary Priority - Community Mobilization of Key Populations

Data shows that there is high burden of HIV among key populations in Tanzania, with some studies showing prevalence at 41% among MSM, 34.8% among IDUs and 31.4% among sex workers (NMSF III. p. 19-20). In light of this, civil society emphasizes the need to empower communities to create enabling environments and self-support groups/networks. Civil society has comparative advantage to reach out to vulnerable/hard to reach populations, increasing demand for services. There is also a significant role for civil society to play in policy-making, and to act as watchdogs through training, enhancing coordination and building better governance. The target groups for this priority, based on the data, are MSM, IDUs and sex workers. This activity should be prioritized in Arusha, Mwanza, Tanga, Dar es Salaam, Mbeya, Njombe, Dodoma, Mitwara, Ruvuma, Lindi and Iringa. This should also be a four year programme, from October 2014 to October 2018. This should be led by key populations' organizations, particularly, TSSF and SANA. AMICAALL, TACOSOD and NACOPHA are also well placed to implement, in close partnership key populations' organizations and the Ministry of Community Development, Gender and Children (MCD). The outcomes will be a reduction of HIV incidence among key populations, and reduced morbidity and mortality.

### #3 Priority – Behaviour Change

### Top Priority - Stigma Reduction

Thinking beyond conventional conceptualizations of behaviour change, civil society in Tanzania prioritize the reduction of stigma as a key behaviour that is fuelling human rights barriers to access for health information and services. This is also a high priority due to limited access to health services, which must improve in order to reach the national target of halving HIV incidence by 2018 (NMSF III, p. 38). Civil society organizations such as NACOPHA, AMICAALL, CSSC, BAKWATA, TACASODE, AMREF and key populations' organizations, particularly, TSSF and SANA, have comparative advantage to do mass media campaigns, and carry out interpersonal interactions at community level to reduce stigma. They are also well placed to lobby government to mainstream stigma reduction strategies. Service providers, caregivers, workplace environments and communities are key targets for stigma reduction interventions, especially focusing on reducing stigma towards PLHIV and TB, as well as key populations. This activity should be targeted in AIDS committees at different community levels, faith-based organizations, health facilities and PPP. This activity should be implemented from 2014 to 2016, to align with the Global Fund's New Funding Model. Civil society's target outcome for this activity is zero stigma, leading to a higher rate of access to services.

### Secondary Priority - Creating Awareness on Sex and Sexuality in Children and Youth

In harmony with the NIMSF III, civil society prioritizes activities which will address the issue of inter-generational relationships and early sexual debut. In Tanzania, 10.4% of Mainland urban young women are engaged in high-risk inter-generational relationships, and 10% of young people aged 13-24 had sexual intercourse before age 15 (NMSF III, p. 20-21). National efforts will be complemented by civil society's strength at conducting mass media campaigns, producing and disseminating information education and communication (IEC) materials. Civil society's connection with communities also makes interpersonal interaction a key activity for implementation. Strategic target groups for this intervention will be children and youth, including young key populations. Young key populations who are out of school are an especially important group for this priority. Adults will also be targeted with awareness messages about inter-generational relationships. These messages should be disseminated in schools and colleges, as well as among faith-based organizations. This activity should be implemented from 2014 to 2016, to align with the Global Fund's New Funding Model. Well placed implementing partners include NACOPHA, CSSC, BAKWATA, TACASODE, AMREF and key populations' organizations (TSSF, SANA). The impact of this intervention will be measured through increased awareness of sex/sexuality among children, youth and key populations, as well as through a reduction in inter-generational relationships.

### #4 Priority - PMTCT

### Top Priority – Community Mobilization for Antenatal Clinic Attendance and Delivery at Health Facility

Civil society has identified a gap in attendance at antenatal clinics, noting that in Tanzania, 96% of pregnant women have had at least one visit, but only 43% complete all four recommended visits (NIMSF III, p. 26, cited from Tanzania Demographic Health Survey, 2010). Further, 43% of HIV exposed infants who needed ARVs to prevent HIV transmission did not receive it, in part due to attrition from the programme (NMSF III, p. 25, cited from Tanzania Demographic Health Survey, 2010). This data shows a clear need for divil society to support national efforts by hosting community events, creating and disseminating IEC materials and using mobile technology and the media to improve community mobilization for ANC visits to eliminate parent to child transmission (a term civil society prefers, as it signals the importance of male involvement). While all pregnant women and their partners need to be targeted, civil society proposes prioritizing pregnant adolescents and youth in order to maximize impact. Rural areas should be especially targeted for this intervention, starting in 2015 after grant-making for the Global Fund New Funding Model is complete. Organizations that are in place to take a leadership role with this activity include Save the Children as well as Plan International, in partnership with local civil society organizations. Civil society's

### Secondary Priori

There are clear barrie for PMTCT (NMSF III, Demographic Health of the two notable g form alliances and p providers (communit the Global Fund Nev partnership with other

### Together to end AIDS

Actions for Development Programs (ADP) Moosi

Anglican Church of Tanzania (ACT) Lake Rukwa

Baylor Myanza Benjamin Mkada HI WAI OS Foundation (BMAF)

Center for the Development of People (CCOP) Chimaba Sanas Group (CSG)

Christian Social Service Commission (CSSC)
Community Initiative For Development Organization ( CIDQ)

Christian Council of Tanzania

Fadhii Teens Tanzania

HelpAge International Human Rights Watch

Family Welfare Foundation Fight Against TB and HIV in Tanzania

Health Promotion Tanzania (HDT)

Public Health at Columbia University International HTV/HIDS Altance (THAA

African Medical and Research Foundation (AMREF) AMI CAALL (Allance Of Mayors And Municipal Leaders On HTV And ALDS)

Community Serve Tanzania

Comunità Volontari per II (Vondo (Community Volunteers for the World-CWV)

Counseling and Family Life Organization (CAFLO)

IMA World Health International AIDS Care and Treatment Program (ICAP) - Maliman School of

Partner Organizations



### #5 Priori

### Top Priority - Ac One of the biggest be

report that 55% of m society to compleme (NMSF III, p. 64), Gov distribution, manage with HIV prevalence centers, particularly 2017/2018), but sho implementation of th

### Secondary Priori

condom use with the last casual sex partne use, there is a need populations, utilizing IDUs) aged 18-30 year should be prioritized - 2017/2018), but sh key populations CSO:

### Data shows low and

### #6 Priori

### Top Priority - Av

Civil society has price knowledge about ti conducting trainings populations include this activity, based ( Shinyanga, which w Katavi, Tabora, Kaze implemented in line 2017. Civil society on AMICAALL Outcor

### Secondary Priori

While civil society re circumcision in urba facilities and to inc outreach programn should also be strat Areas that should be rural areas. This sho Strategic Plan (HSHS) Welfare, Outcomes

National ALDS Control Programme (NACP) National Council of People Living with HI V (NACOPHA) National Tuberculods and Legrosy Programme (NTLP)

### National Youth Information Centre (NICE) Oxfam

### Pamoja Tuvialee Program Pentecostal Churches of Tanzania (PCT)

Plan International Population Services international (PSI)
Promoters of Health and Development Association (PHEDE)

Pulani Development Promotion Agency Rusingvia Organization for Poverty Alleviation (ROPA) Save the Children

### Side

SIL International Tanzania

### Stay Awake Network Activities (SANA) Tabora Advocacy Centre for Development (TACSOS)

Tabora Development Foundation Trust (TOF) Teoreticals ALDA Secure

### Tanzania Commission for AIOS (TACAIOS)

Tanzania Council for Social Development (TACOSODQ) Tanzania Spiscopal Conference (TSC)

Tanzania Life improvement Association (TALIA)
Tanzania Mission to the Poor and Disabled (PADI)

### Tanzania National Coordinating Mechanism (TNOV)

Irings Development Of Youth Disibled And Children Care () DVDC) Tanzania People Who Use Oruge (TaNPUD)
Tanzania Sid Kwa Sid Foundation (TSSF)

### Joint United Nations Programme on HI V/HIDS(UNIADS) Key Correspondent for International HI V/HIDS Allance

Tanzania Women's Association (TANA) Key Populations Network (Tansbar) Tagrania Vouch New Earting

### Kitundi cha Faldica wote pamoja (FAWOPA) Kota Women's Health And Development (KWIOHEDE) TRAIL/Buscame

The Ambassadors of Hope Network of People with HTV(ALDS (ANEPHA+)
The Eastern Africa National Networks of ALDS Service Organizations (EANIPASO) Massal Peoples Umbrella Organization (KIMAS) Medicins du Monde Tanzania Misenyl Alds And Poverty Eradication Crusade (WAPEC)

### The Life hood of Children and Development Society/LICHIDG Nachingwes Agro-Environmental Services Organization (NAESO)

The National Muslim Council of Tensania (BAKMATA)

The Tensiber Youth Education Environment Development Support Association (IAYEDESA)

University of Odo



# **Timeline**

COUNTRY	CIVIL SOCIETY PRIORITIES CHARTER PUBLISHED	# OF CIVIL SOCIETY ORGANIZATIONS REPRESENTED IN THE CHARTER	CONCEPT NOTE SUBMITTED TO THE GLOBAL FUND	TYPE OF CONCEPT NOTE SUBMITTED
KENYA	September 2014	32	30 January 2015	HIV/TB
MALAWI	February 2014	37	30 January 2015	HIV/TB
SWAZILAND	November 2013	36	15 October 2014	HIV/TB
TANZANIA	May 2014	78	15 October 2014	HIV/TB
UGANDA	August 2014	56	15 October 2014	HIV/TB
ZAMBIA	December 2013	40	15 June 2014*	HIV/TB
ZANZIBAR	June 2014	51	15 October 2014*	HIV/TB
ZIMBABWE	March 2014	50	15 May 2014	ТВ

<sup>\*</sup>Applicant resubmitted concept note for second iteration several months later. For consistency purposes, only first iteration concept notes were reviewed as part of this analysis.

# Methodology

2

A civil society priority is scored as a 1 if the intervention is partially included; either the activity or the target population are included, but not both.



A civil society priority is scored as a 2 if both the activity and target population are included in the country's Global Fund Concept Note.



A civil society priority is scored as a 0 if the activity is not included at all in the concept note, or if the concept note explicitly states that it is not part of the request for funding.



### Swaziland Civil Society Priorities Charter

An Advocacy Roadmap for the Global Fund to fight AIDS, Tuberculosis and Malaria New Funding Model

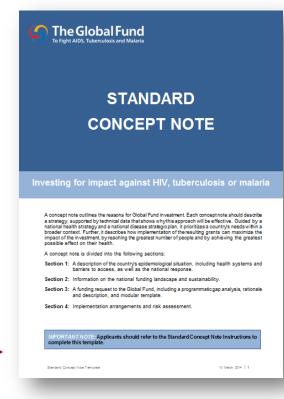
November 2013





# From Charter to Concept Note

What was included?



# Methodology

CATEGORY	SCORE	DESCRIPTION OF CATEGORY	LEVEL OF RESPONSIVENESS TO CIVIL SOCIETY PRIORITIES
1	87.5-100%	Almost all priorities included	Extremely Responsive
2	75-87.5%	Large majority of priorities included	Highly Responsive
3	62.5-75%	Majority of priorities included	Moderately Responsive
4	50-62.5%	Some priorities included	Mildly Responsive
5	<50%	Less than half of priorities included	Limited Responsiveness

### Limitations

- Use of the UNAIDS Investment Framework
- No accommodation in the method for priorities that are covered by other development partners (eg. US Government)
- No cross-analysis of other Global Fund concept notes in these countries (eg. HSS)
- No follow-up analysis of second iteration concept notes (Zambia and Zanzibar)
- Subjectivity of scoring

# Results

Most Responsive

Least Responsive

COUNTRY	SCORE	CATEGORY	LEVEL OF CONCEPT NOTE RESPONSIVE- NESS TO CIVIL SOCIETY PRIORITIES
Malawi	87%	1	Extremely Responsive
Kenya	76%	2	Highly Responsive
Tanzania	67%	3	Moderately Responsive
Zanzibar	67%	3	Moderately Responsive
Uganda	64%	3	Moderately Responsive
Swaziland	50%	4	Mildly Responsive
Zimbabwe	40%	5	Limited Responsiveness
Zambia	38%	5	Limited Responsiveness

# **Results – Country Close-Ups**

SWAZILAND CIVIL SOCIETY PRIORITY	LEVEL OF INCLUSION IN CONCEPT NOTE
Community Mobilization through interpersonal communication that is youth-focused and youth-driven, targeting young girls age 10-24.	Included
Advocacy for an enabling environment for behaviour change, targeting traditional leaders, Member of Parliament and other community gatekeepers.	Partially Included
ART Literacy by bringing ART services to the communities, targeting youth, children and men in remote rural areas.	Not Included
Access to ART through using family-centred approaches to care, targeting youth, children and men in remote rural areas.	Included
Access to condoms (including female condoms) in all public places, events and communities, targeting MARPS, migrants and married couples in factories, border gates, bars and low cost rentals.	Partially Included
Education on proper use and storage of condoms for MARPS, migrants and high school youth in high schools, factories, border gates, bars and low cost rentals.	Partially Included
Protection & Creating a Conducive Environment through legal change, availability of commodities, targeting sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers.	Partially Included
Access to services through safe, convenient, mainstreamed service provision for sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers.	Partially Included
Community and Family Approaches to compliment bio-medical interventions for PMTCT i.e. developing guidelines for community & family-centred interventions.	Not Included
	Community Mobilization through interpersonal communication that is youth-focused and youth-driven, targeting young girls age 10-24.  Advocacy for an enabling environment for behaviour change, targeting traditional leaders, Member of Parliament and other community gatekeepers.  ART Literacy by bringing ART services to the communities, targeting youth, children and men in remote rural areas.  Access to ART through using family-centred approaches to care, targeting youth, children and men in remote rural areas.  Access to condoms (including female condoms) in all public places, events and communities, targeting MARPS, migrants and married couples in factories, border gates, bars and low cost rentals.  Education on proper use and storage of condoms for MARPS, migrants and high school youth in high schools, factories, border gates, bars and low cost rentals.  Protection & Creating a Conducive Environment through legal change, availability of commodities, targeting sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers.  Access to services through safe, convenient, mainstreamed service provision for sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers.  Community and Family Approaches to compliment bio-medical interventions for PMTCT i.e. developing

# **Results - Country Close-Ups**

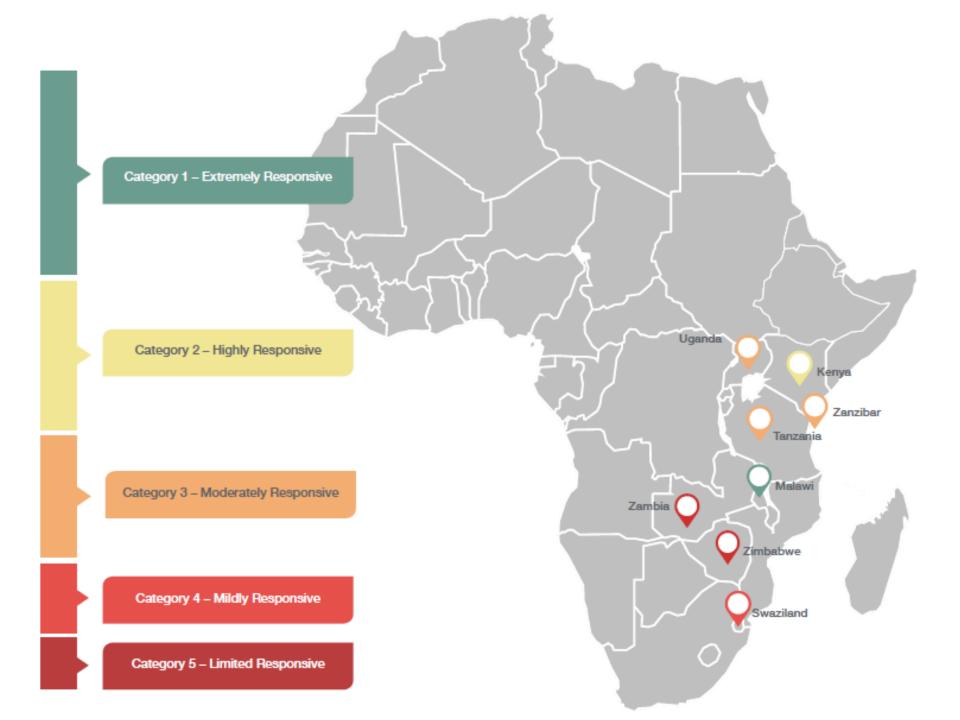
Most Responsive

Least

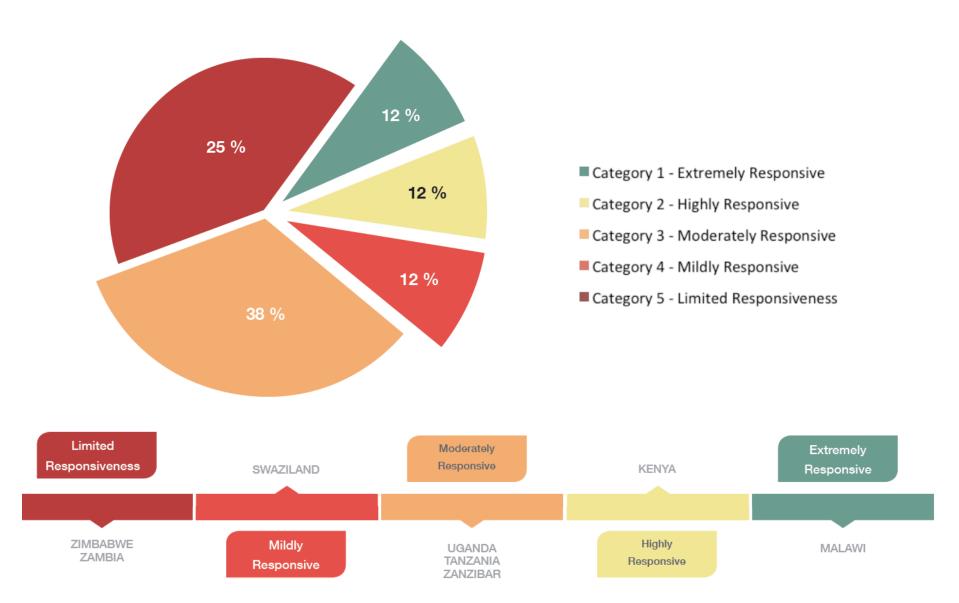
TYPE OF PRIORITIES SET BY CIVIL SOCIETY IN TANZANIA % OF PRIORITIES **INCLUDED IN** TANZANIA'S CONCEPT NOTE

Responsive

Prevention of Mother-to-Child Transmission	100%
Treatment Care and Support	75%
Key Populations	63%
Condom Promotion	63%
Behaviour Change	50%
Voluntary Medical Male Circumcision	0%



### Results



# Results, By Intervention Category

Most Responsive

TYPE OF PRIORITIES SET BY CIVIL SOCIETY

% OF PRIORITIES INCLUDED IN CONCEPT NOTES

Least \
Loast
Responsive
Responsive
/

68%
65%
63%
50%
40%
15%

# **Research Questions**

Do consultations with communities matter for the bottom line? Do civil society's priorities get included?

Question #1: Are the priorities of civil society included in the final proposals that get submitted to donors?







Question #2: What factors make civil society more or less successful at influencing donor proposals?





### FREEDOM IN THE WORLD 2015 INDICATORS (FREEDOM HOUSE, 2015)

Freedom Rating Political Rights Civil Liberties

Responsiveness

of Concept Note

to Civil Society

Priorities

r = -0.425

r = -0.332 r = -0.500

- \*. Correlation is significant at the 0.1 level (2-tailed).
- \*\*. Correlation is significant at the 0.05 level (2-tailed).
- \*\*\*. Correlation is significant at the 0.01 level (2-tailed).

# AFROBAROMETER INDICATOR (ROUND 5, 2011/2013)

% of respondents who said "yes, Often" to the question "Do you attend community meetings?"

% of
respondents
who said "very
interested" to
the question
"How
interested
would you
say you are in
public affairs?"

% of respondents who strongly agreed with the statement "It is more important for citizens to be able to hold government accountable, even if that means it makes decisions more slowly."

Responsiveness

of Concept Note

to Civil Society r = 0.648\*\*

r = 0.464

r = 0.586\*

**Priorities** 

<sup>\*.</sup> Correlation is significant at the 0.1 level (2-tailed).

<sup>\*\*.</sup> Correlation is significant at the 0.05 level (2-tailed).

<sup>\*\*\*.</sup> Correlation is significant at the 0.01 level (2-tailed).

### AFROBAROMETER INDICATOR (ROUND 5, 2011/2013)

% of respondents who said they often join others to raise an issue (men and women) % of respondents who said they often join others to raise an issue (men only)

% of respondents who said they often join others to raise an issue (women only)

Responsiveness of Concept Note

to Civil Society

r = 0.745\*\*

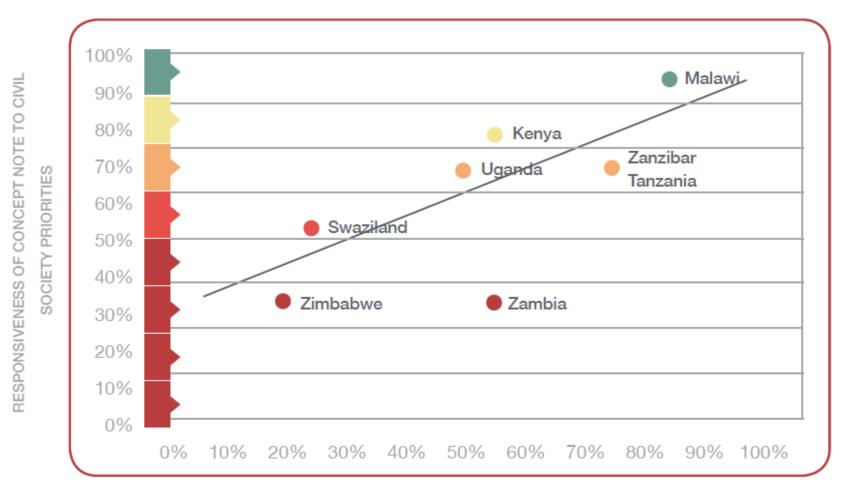
r = 0.769\*\*

r = 0.723\*\*

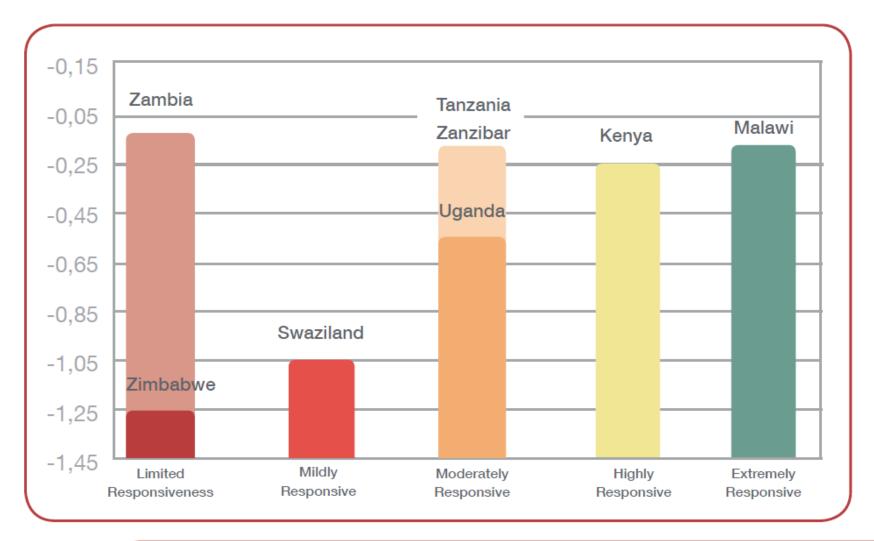
Priorities

- \*. Correlation is significant at the 0.1 level (2-tailed).
- \*\*. Correlation is significant at the 0.05 level (2-tailed).
- \*\*\*. Correlation is significant at the 0.01 level (2-tailed).

FIGURE 5: RELATIONSHIP BETWEEN THE FREEDOM TO SAY WHAT YOU THINK, AND THE RESPONSIVENESS OF GLOBAL FUND CONCEPT NOTES TO CIVIL SOCIETY PRIORITIES (r = 686, p = 0.030\*\*)



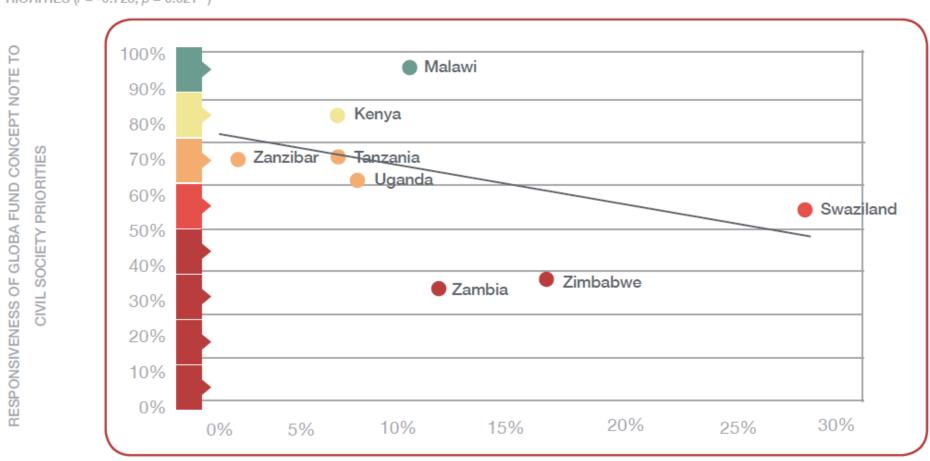
% OF PEOPLE WHO RESPONDED "COMPLETELY FREE" TO THE QUESTION "IN THIS COUNTRY, HOW FREE ARE YOU TO SAY WHAT YOU THINK?" (AFROBAROMETER SURVEY, ROUND 5)



Countries with a greater degree of freedom of association and freedom of expression submitted concept notes that were more inclusive of civil society priorities.

### **Discussion – Does it Matter?**

FIGURE 6: RELATIONSHIP BETWEEN HIV PREVALENCE AND THE RESPONSIVENESS OF GLOBAL FUND CONCEPT NOTES TO CIVIL SOCIETY PRIORITIES (r = -0.725, p = 0.021\*\*)



HIV PREVALENCE (UNAIDS AIDSINFO, 2014)

### Recommendations

- 1. Prioritize efforts to improve civil society participation in Global Fund processes in countries with lower inclusion scores.
- 2. Encourage cross-country learning between countries with higher inclusion scores and countries with lower scores.
- 3. Invest in elements of community systems strengthening which support people's ability to speak freely, join groups to raise an issue and hold their governments accountable. These factors are related to how responsive concept notes are to civil society priorities.
- 4. Replicate this methodology with other Global Fund concept notes as well as other funding partners and decision making processes such as National Strategic Plans on HIV/AIDS and PEPFAR's Country Operational Plans.

# A Toolkit for Replicating this Analysis









# A Toolkit for Replicating this Analysis

Holding Leaders Accountable





### TOOLKIT COMMENT INFLUENCER LA PRISE

**DE DÉCISION EN SANTÉ** 







Bienvenue sur cette qui va vous guider sur la manière d'influencer les processus de décision dans le domaine de la santé. Il est souvent très difficile pour les organisations de la société civile, les groupes communautaires et les populations clés de s'assurer que leurs voix sont entendues par les gouvernements, les bailleurs de fonds et les autres parties prenantes dans les réponses sanitaires. Nous faisons parfois face à un cloisonnement de l'information et pourtant, nous souhaitons vivement participer à des processus qui ont un impact sur nos vies. Ce guide vise à vous aider à participer efficacement et de manière significative aux prises de décisions dans le domaine de la santé et à tenir les dirigeants responsables de leurs décisions.

Vous pourrez utiliser ce guide pour vous aider à avoir une influence sur une large catégorie de décisions en matière de santé. Vous pouvez vous en servir pour influencer les chefs communautaires au niveau local ou des processus nationaux comme le développement des Plans Nationaux Stratégiques, des notes conceptuelles du Fonds Mondial ou des plans opérationnels nationaux de PEPFAR. Vous pouvez même utiliser ce guide pour influencer les décisions au niveau régional ou international, telles que les feuilles de route de l'Union africaine ou les déclarations politiques de l'ONU.

Ce guide est divisé en cinq parties, ou "modules":



Comment organiser une consultation réussie



Comment publier un document final



Comment défendre vos priorités



Comment mesurer votre impact



Comment utiliser vos résultats pour susciter un changement

Voilà, nous pouvons commencer!



COMMENT ORGANISER UNE CONSULTATION RÉUSSIE



OMMENT PUBLIER UN DOCUMENT FINAL







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