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Regional Platform
for Communication and Coordination
on HIV/AIDS, Tuberculosis and Malaria
For Anglophone Africa

TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA

SUMMARY REPORT


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ALGERIA
TUNISIA
LIBYA
EGYPT
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NIGER
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BURKINA FASO
BENIN
TOGO
GHANA
CAMEROON
GABON
LIBERIA
Tripoli
Algiers
Tamanrasset
Agadez
Niamey
Kano
Sokoto
Abuja
Lagos
Accra
Lomé
Porto Novo
Abidjan
Yamoussoukro
Monrovia
Douala
Malabo
Libreville
Bangui
N'Djamena
Sahara Desert
Gulf of Guinea
Bight of Benin

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ABREVIATIONS

AAH	Action Africa Help
AIDS	Acquired Immunodeficiency Syndrome
BONELA	Botswana Network on Ethics, Law and HIV and AIDS
CCM	Country Coordinating Mechanisms
CG	Community Groups
CISMAT SL	Civil Society Movement Against Tuberculosis in Sierra Leone
CRG SI	Community, Rights and Gender Special Initiative (CRG SI)
CS	Civil Society
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organisations
FGD	Focus Group Discussion
FLAS	Family Life Association of Swaziland
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
KVP	Key and Vulnerable Populations
LGBTI	Lesbian Gay Bisexual Transgender/Transsexual and Intersex people
M&E	Monitoring and Evaluation
ODK	Open Data Kit
PR	Principal Recipient
SAIL	Stop AIDS in Liberia
SR	Sub-Recipient
TA	Technical Assistance
TB	Tuberculosis
TNW+	Tanzania Network of Women Living with HIV and AIDS
UNAIDS	Joint United Nations Programme on HIV and AIDS

1. METHODS

1.1. SETTING AND STUDY POPULATION

TA Effectiveness study online consultation tools targeted CS and CG in the Anglophone Africa. The online data collection was conducted between 1st February and 31st March 2018. The list of CS and CG contacts containing e-mails was obtained from:

1. EANNASO: the list of contacts of CS and CG that EANNASO has collected over the years, was the first resource
2. UNAIDS and other partners: we also requested e-mail addresses for CS and CG from different partners.
3. additional contacts came from coordinating organisations in the six countries Botswana (Botswana Network on Ethics, Law and HIV and AIDS, BONELA), Liberia (Stop AIDS in Liberia, SAIL), Sierra Leone (Civil Society Movement Against Tuberculosis in Sierra Leone, CISMAT SL), South Sudan (Action Africa Help, AAH), Swaziland (Family Life Association of Swaziland, FLAS) and Tanzania (Tanzania Network of Women Living with HIV and AIDS, TNW+).

Figure 1. Map of Africa showing the coordinating CS in countries visited during the TA Effectiveness Study

1.2. DATA COLLECTION AND MANAGEMENT

1.2.1 DATA COLLECTION TOOLS

We transformed the structure questionnaire of SurveyMonkey and Open Data Kit (ODK). The approach of the two methods is shown in Figure 1. We included ODK during the country visits because of the anticipated low response rate often experienced in the online consultation questionnaire.

1. SurveyMonkey)[1] as an online consultation tool to increase the coverage of our reach of the TA Effectiveness Study.
2. Open Data Kit (ODK)[2] is the android-based data collection tool which is open source software. The ODK was used as an add on to SurveyMonkey. We collected the data electronically as well as in a face-to-face meeting.

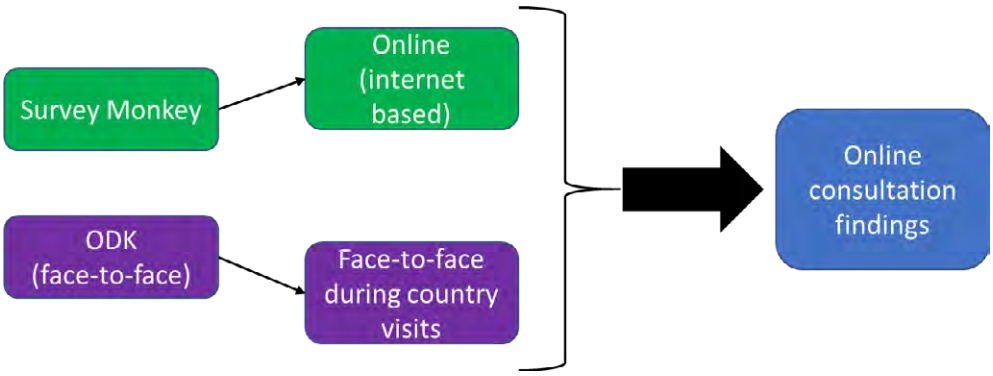


Figure 2. Example of TA areas under Global Fund CRG-SI

1.3. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

- The variables 'easiness', 'reaching objective' and 'satisfied with TA' were categorised into scale of 1 to 5, 1 being strongly disagree to 5 strongly agree. We made a binary variable of agree (4 to 5) and not agree (1 to 3) for easy interpretation of the results.

1.4. STUDY LIMITATION

We would like to acknowledge the limitation of using online survey:

- Low response rate: this data collection method is prone to low response rate from the targeted study participants which may be due to:
  - » Lack of interest to participate
  - » Accessibility and availability of internet by the study participant during the study period
  - » Wrong e-mail address that resulted to undelivered link of the SurveyMonkey questionnaire

[1] HTTPS://WWW.SURVEYMONKEY.COM/
[2] HTTPS://OPENDATAKIT.ORG/

2. FINDINGS

2.1. GENERAL FINDINGS

The following are the results of the online consultation with the CS and CG in the Anglophone Africa on the TA Effectiveness Study. Of the 225 CS and CG lists identified, only 46 (20%, 45/225) responded to the SurveyMonkey questionnaire. Three e-mail reminders with SurveyMonkey link were sent to encourage their participation in the TA assessment in Anglophone Africa.

We did an additional 15 structured questionnaires using ODK in the 6 countries visited (Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania). Thus, 60 CS and CG were reached using the structured questionnaire.

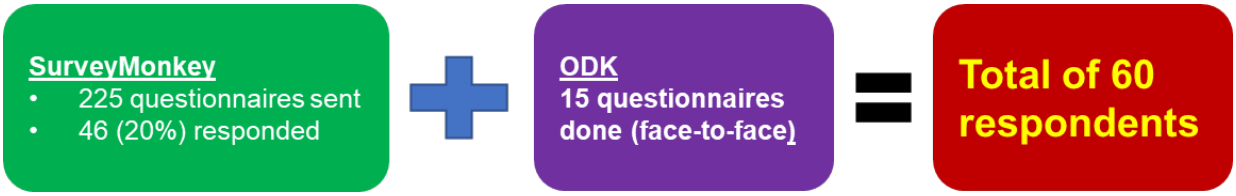


Figure 3. Description of the SurveyMonkey and ODK questionnaires for Anglophone Africa

The following subsections summarises the results of 60 CS and CG which may or may not be involved in the Global Fund processes.

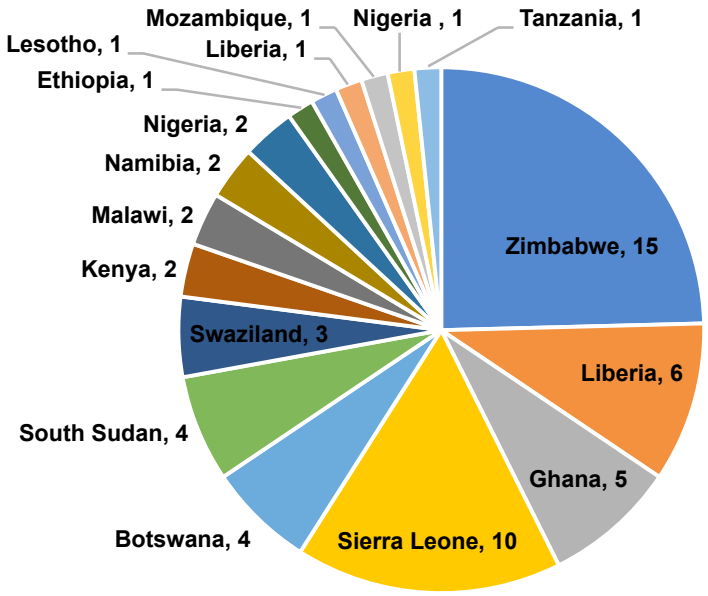


Figure 4. Number of respondents in the online consultation per country for Anglophone Africa

2.1.1 DISEASE FOCUS

HIV is the most common disease of focus as reported by 50 (82%) of the 61 CS and CG who responded to the questionnaire. TB as the primary focus is only among 10% of the CS and CT, and a combined TB ad HIV in 5% of the CS and CG.

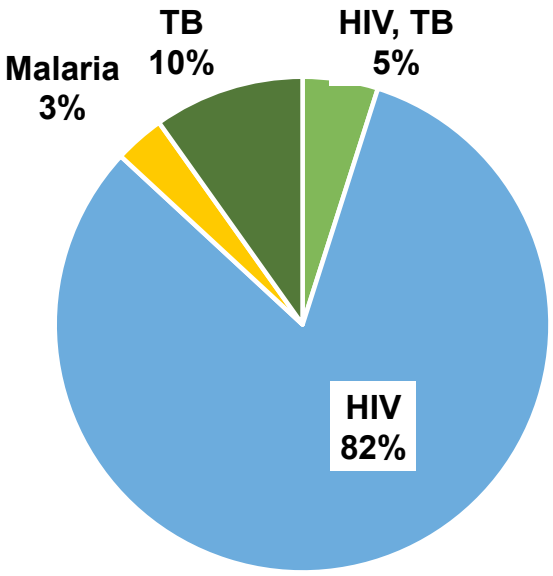


Figure 5. Disease focus of the CS and CG in Anglophone Africa

2.1.2 BENEFICIARIES

Most of the CS and CG do service the general population. Of the KVP mentioned, Female Sex Workers is well represented at about 15% of CS and CG who serve this KVP group (see Figure 6).

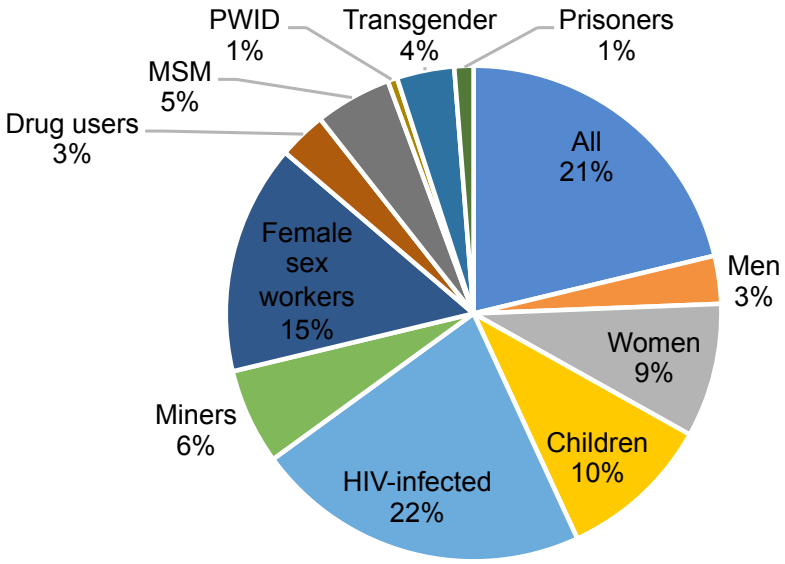


Figure 6. Beneficiaries reported to be served by the CS and CG

2.2. CS & CG ENGAGEMENT EXPERIENCES IN COUNTRY PROCESSES

2.2.1 EASINESS OF ACCESSING TA

We asked the CS and CG to indicate the easiness of accessing TA in for their organisation prior to conducting the study. Figure 7 shows across all the TA, it was not easy for CS and CG to access such TA. The access to such TA may be limited by the number of TA providers in country and limited by the financial capacity of the CS and CG. Further discussion on the challenges of accessing TA is discussed in the subsequent sections.

Figure 7. The easiness of accessing TA by CS and CG in Anglophone Africa

2.2.2 TA REACHING THE CG AND CG OBJECTIVES

The subjective assessment of the CS and CG TA contribution to organisation objective is presented in Figure 8. Most of the CS and CG had reported that the specified TA didn't help them in reaching their objectives. We postulate that the findings could be that the training lacked mentorship to ensure the skills are impacted correctly. The importance of follow-up by the TA provider to CS and CG could change this outlook.

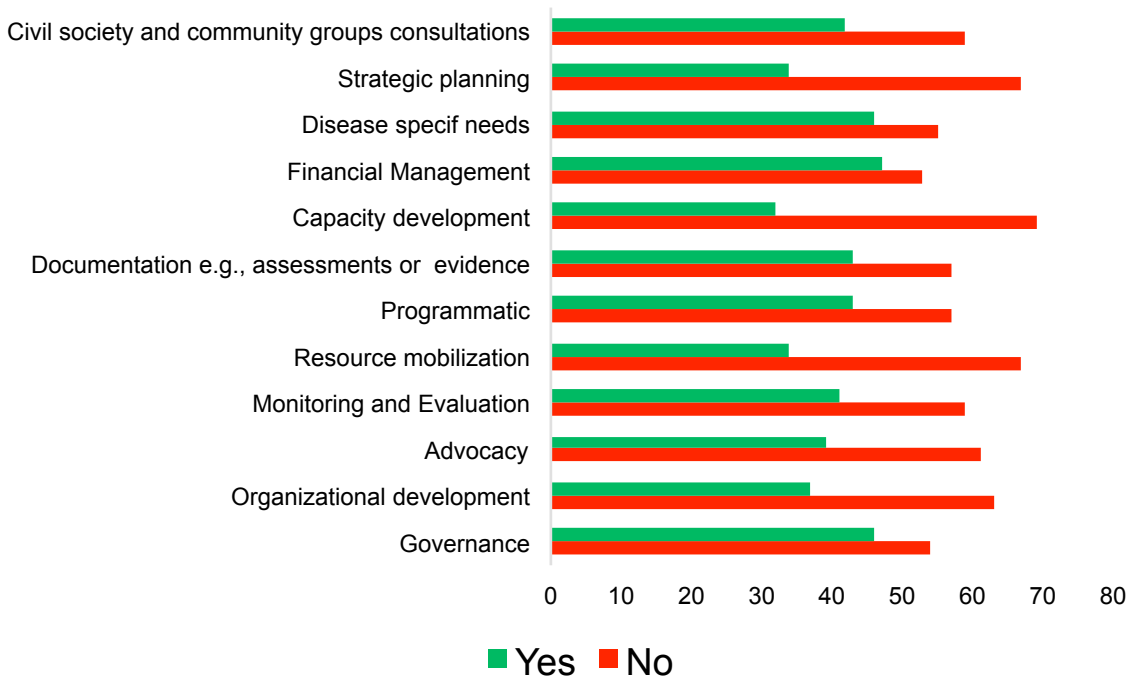


Figure 8. CS and CG subjective views on useful of TA reaching organisation objectives

2.2.3 CS AND CG SATISFACTION WITH DELIVERY OF TA

We note dissatisfaction with the TA is across all the TA that the organisations received.

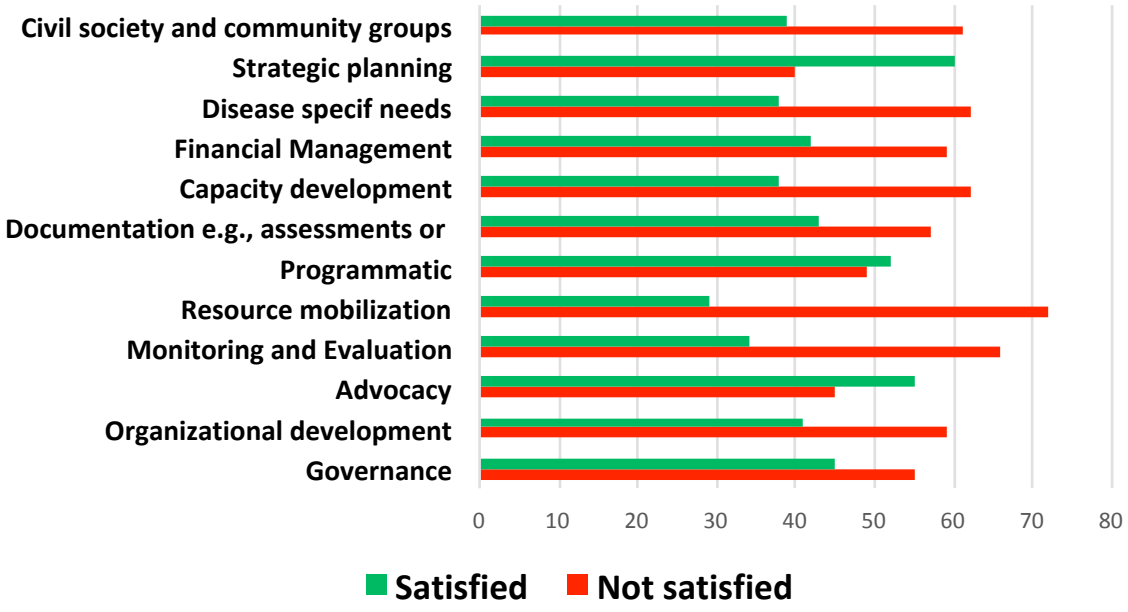


Figure 9. CS and CG subjective views on how satisfied they were with the TA

2.3. TA PROVIDERS

TA is provided by several organisations. There are both regional and country specific organisations offering TA to CS and CG. The following are the TA providers mentioned by the CS and CG.

1. UNAIDS
2. AIDS Strategy, Advocacy and Policy (ASAP)
3. EANNASO
4. HIVOS
5. International Planned Parenthood Federation Africa Region
6. HIV AIDS Alliance
7. ActionAid Liberia
8. Country Coordinating Mechanism - GFATM
9. Stop TB Partnership
10. Population Service International

2.4. CHALLENGES AND GAPS IN TA TO CS & CG

There are several challenges mentioned by the CS and CG to access the TA. The challenges limit the CS and CG to:

- Engage in the Global Fund process in the implementation of programmes and projects.
- Ineffective TA delivery because it does not address the capacities needed by CS and CG.
- These are the challenges:
  - » Finances: the cost of running TA is expensive, especially to small organisations that may want to engage in Global Fund processes
  - » Not enough qualified TA providers: focus on the local organisations that can provide TA. This will foster peer to peer knowledge transfe
  - » Delay in response to requests: responding to TA requests may take longer than expected
  - » Uninvolved in the TA process: TA given has not inputs from CS and CG
  - » No transparent calls for expression
  - » TA providers are not known
  - » Rural CS and CG are disadvantageous in accessing TA, which are often times available in major cities
  - » Weak coordination among CS and CG

3. RECOMMENDATION ON IMPROVING TA TO CS & CG

The following are the recommendations to improve TA delivery and effectiveness in the Anglophone Africa in order to increase engagement with Global Fund processes.

1. EANNASO as a regional platform to increase TA resources visibility and coordination with other national CS and CG platforms.
2. Small and new organisations need to be given capacity so that they grow and be eligible for Global Fund programmes.
3. Focus TA on KVP which are often marginalised and left out.
4. An objective assessment with clear TA plan should be developed and be used to build capacity to CS & CG.
5. Develop National TA plan for CS and CG.
6. Generate basic/minimum standards of TA in a country.
7. Have exchange visits to see what other CSOs in other countries have improve TA effectiveness.
8. TA processing should take the minimum possible time. Though not indicated, a maximum of a few months should be ideal.
9. Global Fund should consider direct funding to civil society organisations rather than through national and governmental entities.
10. Establish mentorship programmes to CS and CG
11. Since proposal development processing for funding can be costly for organisations and frustrating if not funded, global fund should consider providing support to detailed proposal development after a brief concept note submission using an approved and transparent template and process
12. Strengthen the CS and CG national networks to build capacity to their constituencies.

4. CONCLUSION

CS and CG in Anglophone Africa have been involved in the TA request. In general, the CS and CG feels that there are several limitations in accessing the TA from TA providers, less satisfied with the TA and not meeting their objectives from several TA received during this assessment. There is a need to increase the visibility of the CRG SI to CS and CG that could increase the number of CS and CG accessing those resources. On top of that, CS and CG national networks may be the key to building capacity to their constituencies because these networks know the country context.

5. CASE STUDY

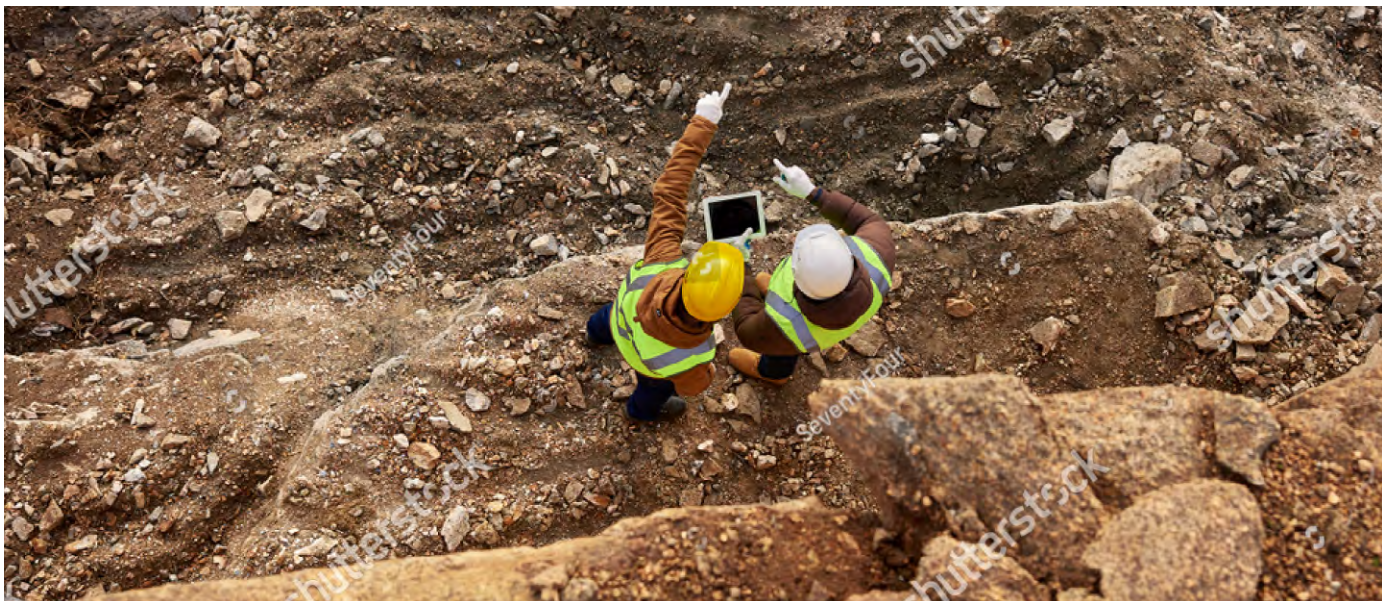
This case study is from the TA experiences in Zimbabwe and TB in mines in the Southern Africa (TIMS) as presented at the Anglophone Africa Global Fund CRG Platform meeting in Accra, Ghana on 23rd - 27th April 2018 at Sun Lodge Hotel.

The CSOs in Zimbabwe saw the need for TA and requested it through ZAN for the TB/HIV Grant. Similarly, because of the great need to involve Key Populations in the TB in Mines in Southern Africa (TIMS) grant, the RCM engaged EANNASO. The turnaround time from request to availability was less than two weeks and highly efficient.

5.1. TA STRUCTURE & PROCESS

The following were the processes.

- For ZAN the TA was in the form of support for three regional consultative dialogues that contributed to both the HIV strategy and the Global Fund Funding Request.
- The 2nd Part was support to the writing process – further broken down into CSO specific consultant support and writing team and backup team support.
- We even had a 3rd part to the TA which was to support the CSO leads to attend the grant making, but this part was not realised.



5.2. EFFECTIVENESS

TA improves participation and removes perceived conflict of interest.

- The TIMS TA facilitated the comprehensive inclusion of the community systems and responses module into the integrated matrix.
- The TIMS TA led to the inclusion of KPs as implementers despite capacity concerns – hence a capacity building plan.
- There is more ownership of the grant by the KPs- hence it will deliver by finding missed cases.
- In the previous grant The Gender and Human Rights section was non-existent but this time around it was there and strong.

Reflection

- The presence of a CSO specific consultant - though there were a bit of gaps in his engagement strategies.
- The link between sectors- women, KPs, youth, and broader CSO (although this could be strengthened more).
- The transport allowance from the TA through ZAN - our organisations are strained for resources, but we could fuel-up and attend the consultations and writing meetings
- Support from UNWOMEN- Training on Transformative Leadership; Learning/Exchange prog-UGANDA.
- Being part of the CSO process (consultations) gave (me) the women sector representative some exposure and could replicate this with the women. So, thanks to the chain that made this happen: ZAN-EANNASO
- The lead consultant DR. Gemma Oberth was very accessible. This made it easier for us to explain ourselves as women as some material could have been lost through 'go-betweens'. It also took out the fear and demystified the process for us.
- The move to host the greater part of the writing process in Harare enabled more people to participate and we were able to bring in other organisations like MUSASA, and Ministry of WOMEN Affairs to explain concepts and models directly to the lead consultant.

5.3. CONCLUSION

The TA for CSOs on the writing team reduces the wrongly perceived conflict of interest for CSOs. Some bodies including CCM secretariats are highly conflicted and also need to be monitored. It is important to contract a firm TA consultant who is grounded in CSO activities and knows the country context. All these TA efforts are slowly being lost through awards to governmental parastatals e.g. NACs and INGOs and CSO will tire and eventually close shop and no one will be there to participate.

6. APPENDICES

6.1. LIST OF PARTICIPANTS IN THE STUDY IN ANGLOPHONE AFRICA

COUNTRY	ORGANISATION	E-MAIL ADDRESS	DISEASE FOCUS
Botswana	HOPE WORLDWIDE BOTSWANA	eymaneg@yahoo.com	HIV/AIDS
Botswana	PHIKWE THEATRE PERFORMING ARTISTS	molefhikamela@yahoo.com	HIV/AIDS
Botswana	ADILELE THEATRE PRODUCTION HOUSE	adileletheatre@gmail.com	TB
Botswana	CEVISH	jacquesmakwati@gmail.com	HIV/AIDS
Ethiopia	DOCTORS WITH AFRICA CUAMM	m.bottecchia@cuamm.org	HIV/AIDS
Ghana	AGENCY FOR HEALTH AND FOOD SECURITY	asante.kwaku@gmail.com	HIV/AIDS
Ghana	KIDS FOUNDATIN	koveyawjoe@gmail.com	Malaria
Ghana	UNITED COMMUNITY DEVELOPMENT PROGRAMME (UCODEP)	yiajohnson@gmail.com	HIV/AIDS
Ghana	TIM AFRICA AID GHANA	taag2001@yahoo.com	TB
Ghana	GLOBAL MEDIA FOUNDATION	ahenu79@gmail.com	TB
Kenya	TESIA ISANGA ORGANISATION	geramsh@yahoo.com	HIV/AIDS
Kenya	SHIKA-ADABU BAMAKO COMMUNITY INITIATIVE	jb34.mwams@gmail.com	HIV/AIDS
Lesotho	LESOTHO NETWORK OF AIDS SERVICE ORGANISATIONS	mamellogmakoae@yahoo.com	HIV/AIDS
Liberia	TRANSGENDER NETWORK OF LIBERIA	fmhimbira@gmail.com	HIV/AIDS
Liberia	SAIL	Sail@gmail.com	HIV
Liberia	LIBNEP+	Sail@gmail.com	HIV
Liberia	LIWEN	Liwen-liwen@yahoi.com	HIV
Liberia	LLEGAL	Illegal_legal@yahio.com	HIV
Liberia	TRANSGENDER NETWORK OF LIBERIA	Charles Richards@gmail.com	HIV
Liberia	SAIL	smcgill_sail@yahoo.com	HIV, TB
Malawi	HELPING HANDS ORPHANAGE	kennedymunyapala@gmail.com	HIV
Malawi	PALLIATIVE CARE ASSOCIATION OF MALAWI	lameck.pacam@gmail.com	HIV/AIDS
Mozambique	HOPE WORLDWIDE BOTSWANA	eymaneg@yahoo.com	HIV/AIDS
Namibia	PHIKWE THEATRE PERFORMING ARTISTS	molefhikamela@yahoo.com	HIV/AIDS
Namibia	ADILELE THEATRE PRODUCTION HOUSE	adileletheatre@gmail.com	TB
Nigeria	CEVISH	jacquesmakwati@gmail.com	HIV/AIDS
Nigeria	DOCTORS WITH AFRICA CUAMM	m.bottecchia@cuamm.org	HIV/AIDS
Nigeria	AGENCY FOR HEALTH AND FOOD SECURITY	asante.kwaku@gmail.com	HIV/AIDS
Sierra Leone	KIDS FOUNDATIN	koveyawjoe@gmail.com	Malaria
Sierra Leone	CIVIL SOCIETY MOVEMENT AGAINST TUBERCULOSIS (CISMAT)	cismatsierraleonetb@gmail.com	TB

COUNTRY	ORGANISATION	E-MAIL ADDRESS	DISEASE FOCUS
Sierra Leone	UNAIDS	gbounm@unaids.org	TB
Sierra Leone	DIGNITY ASSOCIATION	hudsont@dignityassociation.com	HIV/AIDS
Sierra Leone	SIERRA LEONE SOCIAL AID VOLUNTEERS	slsav2010@gmail.com	HIV/AIDS
Sierra Leone	SOCIAL LINKAGES FOR YOUTH DEVELOPMENT AND CHILD LINK	Slydcl@gmail.com	Malaria
Sierra Leone	THE PEOPLE'S HEALTH ADVOCATE SIERRA LEONE	NA	HIV
Sierra Leone	NETWORK OF HIV POSITIVES IN SIERRA LEONE	nethips2006@yahoo.com	HIV
Sierra Leone	HIV & AIDS CARE AND SUPPORT ASSOCIATION	hacsacares@yahoo.com	HIV, TB
Sierra Leone	CISMATSL	cismatsierraleonetb@gmail.com	HIV, TB
South Sudan	ACTION YOUTH AGENCY	mayamundri@yahoo.com	HIV
South Sudan	SOUTH SUDAN COMMUNITY CHANGE AGENCY (SOSUCCA).	festobali@sosucca.org	HIV
South Sudan	CHARITY AID FOUNDATION	**cafjuba@gmail.com**	HIV
South Sudan	YOUTH PEER SOUTH SUDAN	lokmabei@gmail.com	HIV
Swaziland	UMSIMISI COMMUNITY PROJECT	umsimisi@gmail.com	HIV/AIDS
Swaziland	LUSWETI INSTITUTE FOR HEALTH DEVELOPMENT COMMUNICATION	motsahlobsile@lusweti.org.sz	HIV/AIDS
Swaziland	SWAMMIWA	tnprosper@gmail.com	TB
Tanzania	TANZANIA NETWORK OF WOMEN LIVING WITH HIV AND AIDS	joanchamungu@yahoo.com	HIV/AIDS
Zimbabwe	YOUTH ENGAGE	siwelacharles@gmail.com	HIV/AIDS
Zimbabwe	WOMEN IN COMMUNITIES (WICO)	beckychirenga@wico.org.zw	HIV/AIDS
Zimbabwe	MANICALAND NETWORK OF MOST AT RISK POPULATIONS	fasomutare@yahoo.com	HIV/AIDS
Zimbabwe	CACILE TRUST	roy.ndlovu@gmail.com	HIV/AIDS
Zimbabwe	JOINTED HANDS WELFARE ORGANISATION	ptcdube@jointedhands.org	TB
Zimbabwe	PAMUMVURI COMFORT AND ORPHAN CARE	ricrungano@yahoo.com	HIV/AIDS
Zimbabwe	ZIMBABWE AIDS NETWORK	cmariwo@zimaidsnetwork.org	HIV/AIDS
Zimbabwe	REVIVAL OF HOPE ORGANISATION	nosihlendlovu2@gmail.com	HIV/AIDS
Zimbabwe	ZHOMBE MISSION HOSPITAL	leomapiye@gmail.com	HIV/AIDS
Zimbabwe	MARANATHA ORPHANS CARE TRUST	ednahbhala@gmail.com	HIV/AIDS
Zimbabwe	MIDLANDS AIDS CARING ORGANISATION	darlichangara@gmail.com	HIV/AIDS
Zimbabwe	PAMUHACHA HIV AND AIDS PREVENTION PROJECT	preciousnyamukondiwa@gmail.com	HIV/AIDS
Zimbabwe	CHIEDZA COMMUNITY WELFARE TRUST	gmukaratirwa@gmail.com	HIV/AIDS
Zimbabwe	AIDS COUNSELLING TRUST (ACT)	pmunonyara@gmail.com	HIV/AIDS
Zimbabwe	KURAINASHE ORGANISATION	mugweni116@gmail.com	HIV/AIDS


ETHIOPIA
SOMALIA
KENYA
UGANDA
TANZANIA
RWANDA
BURUNDI
DEM. REP.
CONGO
(ZAIRE)
ANGOLA
ZAMBIA
MALAWI
MOZAMBIQUE
ZIMBABWE
BOTSWANA
RUWENZORI RANGE
Addis Ababa
Khartoum
Omdurman
Djibouti
Mogadishu
Nairobi
Kampala
Mombasa
Dar es Salaam
Dodoma
Tabora
Kigoma
Kisangani
Kinshasa
Brazzaville
Kananga
Lubumbashi
Lusaka
Lilongwe
Harare
Livingstone
Luanda
Lobito
Pretoria
Moshi
Tanga
Elena Elisseeva

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Regional Platform
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on HIV/AIDS, Tuberculosis and Malaria
For Anglophone Africa

The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.

CONTACT THE REGIONAL PLATFORM

Regional Platform for Communication and Coordination for Anglophone Africa
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