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HIV, TB AND MALARIA CIVIL SOCIETY, COMMUNITY GROUPS AND TA PROVIDERS/ PARTNERS IN ANGLOPHONE AFRICA

Mapping Exercise Report

JANUARY 2019

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EXECUTIVE SUMMARY

The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) currently serves as the host of the Global Fund Community Rights and Gender Regional Communication and Coordination Platform (RCCP) for Anglophone Africa which covers 25 countries including 2 Lusiphone countries.   Specifically, EANNASOs role is to support and strengthen civil society and communities to effectively engage and contribute to the development, implementation and oversight of Global Fund supported programmes. Developing a broad database is critical to EANNASO's effective implementation of these roles.

The task of developing a broad database of civil society and community groups working on HIV, TB and Malaria within these 25 countries was assigned to a team of Consultants engaged by EANNASO who worked within the period September- December 2018. The Consultants utilized an online mapping tool https://map.pinchafrica.co.ke/ which combines several approaches including the use of forms, E-data visualization and a Geomap in order to capture real time, live data of respondents and reached out to organizations in the various countries through face to face meetings, telephone, email, and social media groups to mention a few.

As at end of December 2018, 248 organizations working on HIV, TB and Malaria representing Community Based Organizations, Private sector, Regional Organizations, Faith Based Organizations, International Non-Governmental Organizations and National Non-Governmental Organizations had completed the mapping tool. Of the 25 countries targeted, only 20 countries had recorded a minimum of 1 respondent.

A key challenge identified in the course of the exercise was the poor response rate of CSOs and community groups in completing the tool despite several email/ phone and WhatsApp reminders. This necessitated several extensions of the deadline. Several contacts in some countries specifically (Eritrea, Ethiopia, Namibia, Somalia, South Africa, and Sierra Leone) also displayed high levels of apathy and unresponsiveness in completing the tool despite several reminders. The mapping exercise also highlights the realities of the disparities and differences in capacities and technological access of different civil society groups in the different countries.

While the response rate in completing the mapping tool over the period under review(September – December 2018) has been much lower than initially anticipated, there has been evidence to demonstrate that in a few countries where face to face meetings with community groups have held and the need for participating in the mapping exercise was highlighted alongside other potential benefits such as opportunities for accessing TA, it translated into a higher response rate and completion of the online tool.

Through this exercise, real time information of CS/Community groups and who is doing what in the fields of HIV, TB and Malaria within the Anglophone region of Africa is being compiled and updated. Utilizing this database to share critical information and provide CSOs and community groups with relevant and timely information on Global Fund and related activities is also a critical next step.

BACKGROUND

In April 2014 the Global Fund Board approved a US$15 million special initiative to provide technical support and capacity building to community and civil society organizations. The Community, Rights and Gender (CRG) Initiative 2014 – 2016 aimed to ensure that technically sound interventions to address human rights, gender equality and community systems strengthening are included in Global Fund concept notes and ensure that affected communities are meaningfully engaged throughout the grant cycle.

Following its successful completion, the Global Fund Board approved an additional $15 million to support the CRG Strategic Initiative. The CRG SI aims to strengthen meaningful engagement of communities in all Global Fund (GF) processes, including country dialogue, funding request development, grant-making, grant implementation and monitoring.

The CRG SI composes of 3 main components:

Short term Technical Assistance (TA)

(Global peer-to-peer civil society TA to support community engagement in Global Fund and related processes across the three diseases (i.e. HIV, TB, Malaria) and RSSH.

Longer-term /meaningful engagement of key and vulnerable populations.

Regional Platforms

(Communication and Coordination of Global Fund processes in 6 key regions)

ABOUT EANNASO

EANNASO is a regional network of national networks of civil societies and community based organizations in seven Eastern Africa countries, namely: Kenya, Uganda, United Republic of Tanzania, Rwanda, Burundi, Ethiopia and South Sudan. EANNASO's secretariat is located in Arusha, Tanzania.

EANNASO has tapped into regional and international expertise to empower the civil society in effectively contributing to the reduction of new HIV infections, through strengthening institutional and programmatic capacities, promoting sharing of experiences, best practices and identifying priorities of CSOs.

EANNASO's vision is that Eastern African countries attain the highest quality of health free of HIV, TB, Malaria and other associated diseases through the meaningful contribution of vibrant civil society and community groups.

EANNASO's mission is to increase the contribution of civil society and community groups and create a community of change agents in eliminating HIV, TB, Malaria and other associated diseases such as malaria and social problems through strengthened coordination, programmatic alliances, capacity development and creating an enabling environment.

As the host of the Regional Communication and Coordination Platform (RCCP) for Anglophone Africa, EANNASO aims at providing support for civil society and community organizations to meaningfully engage in GF processes during country dialogue and concept note development. The program provides technical assistance to national civil society organizations in a range of areas including situational analysis and planning, participation in country dialogue and program design. EANNASO was re-selected (for the period of 2017-2020) to host the Regional Platform for Communication and Coordination on HIV/AIDS, Tuberculosis and Malaria for Anglophone Africa in 25 countries including Lusiphone (Portuguese speaking countries.). These countries include: Angola, Botswana, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, Somalia, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zanzibar and Zimbabwe.

Specifically, EANNASOs role is to support and strengthen civil society and communities to effectively engage and contribute to the development, implementation and oversight of Global Fund supported programs. Developing a broad database is critical to EANNASO's effective implementation of these roles.

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CONSULTANTS TERMS OF REFERENCE

EANNASO identified 2 focal organizations to support the mapping exercise namely, the Malawi Network of AIDS Service Organizations (MANASO) to cover Southern Africa and Journalists Against AIDS Nigeria (JAAIDS) for Western Africa, while EANNASO covered Eastern Africa. Mr. Robinson Mungai of Tawill Consultants was also engaged to provide technical support for the project.

Key Objectives of the Mapping Exercise were to:

1. Map Civil Society Organizations (CSOs), Community groups (CG) and Technical Assistance (TA) providers working on HIV, TB and Malaria in the respective countries per region

2. Work with national CSO networks to compile and update the mailing list of civil society organizations and communities working on HIV, TB and Malaria both at sub-regional and regional levels

3. Gather information on planned activities, events or in country processes related to GFATM applications, national reviews and national strategic planning

4. Gather capacity development tools being utilized from the region that can be repackaged and disseminated

METHODOLOGY AND APPROACH

This assignment was handled by 3 Consultants covering 25 Anglophone African Countries, with a   Consultant handling 8 to 9 countries each. The Consultancy team had several preparatory discussions between August and September 2018 via Whatsapp and Skype to review online mapping tools, discuss strategies for creating awareness about the tool and mobilizing CSOs and relevant groups working on HIV/AIDS, Tuberculosis and Malaria in the identified countries to complete it. The mapping exercise commenced in September 2018

The Consultancy team also held fortnightly calls to check in on progress, deliberate on and proffer solutions to some of the challenges encountered. In response to the need to mobilize greater participation of CSO groups in completing the tool, information regarding the mapping exercise and the link to the tool https://map.pinchafrica.co.ke/ was shared through the EANNASO Newsletter, via introductory emails and phone calls to already existing CSO contacts and networks, African CSO platforms (via Whatsapp) as well as through the regional and country specific face to face meetings with CSOs which the various consultants participated in. Feedback from respondents and observations from the rate of response in completing the tool were also taken into cognizance on an ongoing basis. For instance, in order to encourage engagement of respondents from the Lusiphone countries in the mapping exercise, a Portuguese language tab was introduced on the mapping link to enable easier completion.

INCEPTION REPORT

The team also developed an Inception Report which aimed at providing clarity on the task and related expectations, methodology, risks and expected/ anticipated challenges. This mapping exercise aimed at ensuring high level of involvement of the target population, and utilized disease specific centered approaches. However, due to limited funding, only desk review and online/and telephone consultations could be conducted.

ONLINE MAPPING TOOL

The team revised the already existing mapping tool on the EANNASO website in order to also capture CSOs/community groups working on TB and Malaria. The tools utilized several approaches to map groups working on HIV, TB and Malaria in the countries:

- **E Data Visualization Presentation** of data in a pictorial or graphical format

- **Forms:** The form designs were interactive and designed to fit all devices including mobile phones, tablet or   Computer

- **Development of a Geo-map** that provides real time, live data of respondents

BENEFITS OF THE GEO MAP AND HOW IT WILL BE USED/ ACCESSED BY CS AND CG

- The Geo map will help to expand our reach of CS & CG working on HIV, TB and Malaria within our region through the database that has been developed.

- The one line CSO mapping will have a centralized data base for all CS &CG in Anglophone and Luciphone region with those contacts we can use to share GF information as well as communicate with them.

- The Geo Map also shows data base of organizations profile which will be of benefit to reach out to them as well access information about their organization.

- The Geo map also provides information on the names, designations and email contacts of CCM members per country. Currently 127 members representing affected communities, international agencies, private sector, civil society and faith based organizations are listed from Angola, Ethiopia, Botswana and Eritrea the process of updating CS CCM members is in progress.

- CS&CG data being visualized on the Geo Map which will enable knowing the physical address location of the organizations in their respective countries.

- Using the Geo Map to do needs assessment to determine the gaps and capacity of the organizations through profile mapping.

- It will be a place where CSO connect as well as getting contacts for other organization.

- It will be used to showcase CS who provide Technical Assistance in Anglophone Region.

FINDINGS

As at December 2018, 248 organizations working on HIV, TB and Malaria representing the following categories had completed the tool:

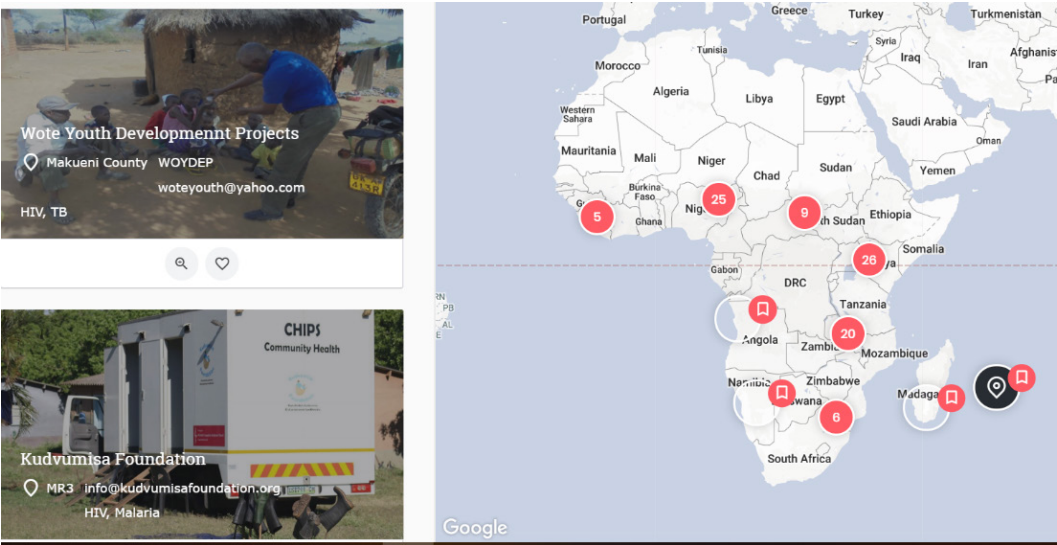Based on the classification of the countries the number of organizations per country registered on the Geomap as accessed in December 2018 from the link https://map.pinchafrica.co.ke/explore/ are included in the table below:

TABLE 1: GEO-MAP COUNTRY ENTRIES

EAST AFRICA	SOUTHERN AFRICA	WEST AFRICA
Uganda -29	Zambia -3	*Angola -14
Eritrea - Nil	Zimbabwe -11	Ghana - 19
Kenya - 16	Malawi -27	Gambia -1
Tanzania - 12	Botswana -5	Liberia – 2
Zanzibar -1	South Africa - Nil	*Mozambique -3
Rwanda -5	Lesotho - 2	*Mauritius -1
Ethiopia -Nil	Swaziland -3	Nigeria -82
South Sudan -11	Namibia - 1	Sierra Leone -Nil
Somalia -Nil		
TOTAL : 74	TOTAL : 52	TOTAL : 122

* Angola, Mozambique and Mauritius are classified under West Africa solely for the purpose of this exercise and for ease of follow up by the Consultants

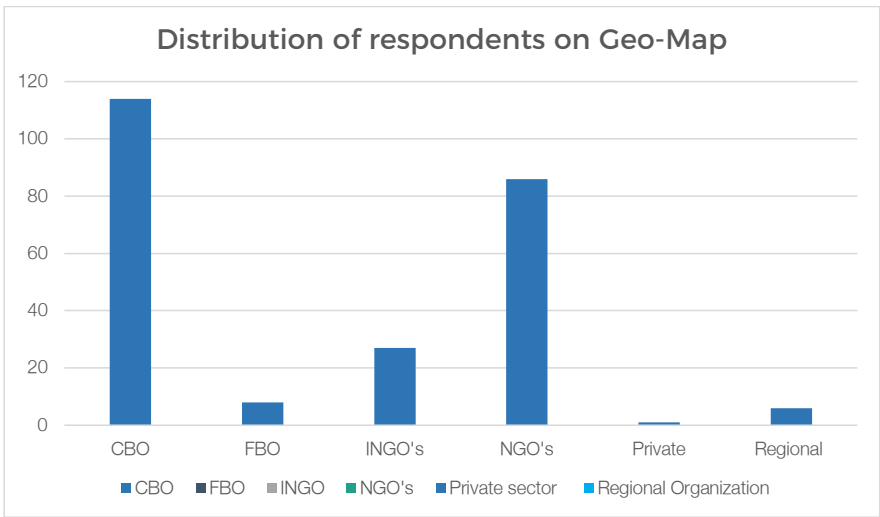FIG 1: BAR CHARTS DEPICTING DISTRIBUTION OF RESPONDENTS

FIG 2: PIE CHART SHOWING PERCENTAGE DISTIRIBUTION OF RESPONDENTS

Organization Category

- Community Based Organizations
- Private Sector
- Regional Organizations
- Faith Based Organization
- International Non-Governmental Organizations
- National Non-Governmental Organizations

47%
36%
11%

FIG 3: BAR CHART SHOWING COUNTRY DISTRIBUTION OF EASTERN AFRICA RESPONDENTS

Eastern Anglophone Africa country entries

Country	Entries
Eritrea	0
Ethiopia	0
Kenya	16
Rwanda	5
South Sudan	11
Somalia	0
Tanzania	12
Uganda	29
Zanzibar	1
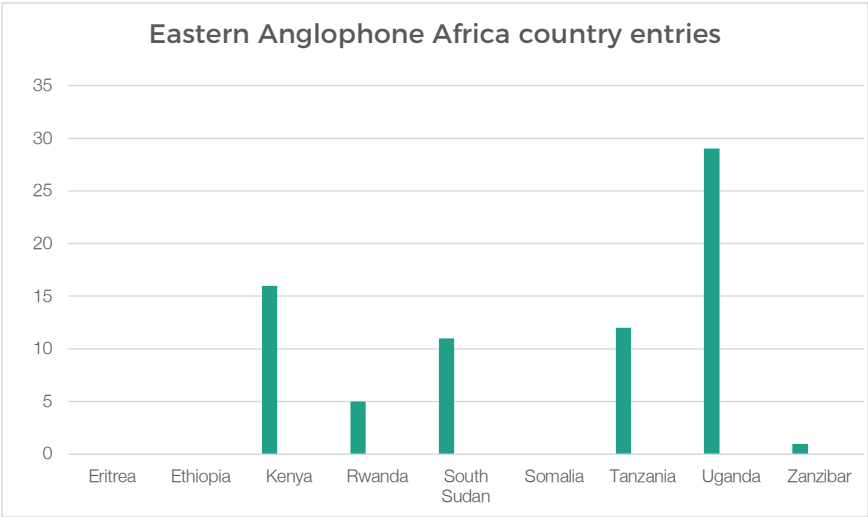
FIG 4: BAR CHART SHOWING COUNTRY DISTRIBUTION OF SOUTHERN AFRICA RESPONDENTS

Southern Anglophone Africa country entries
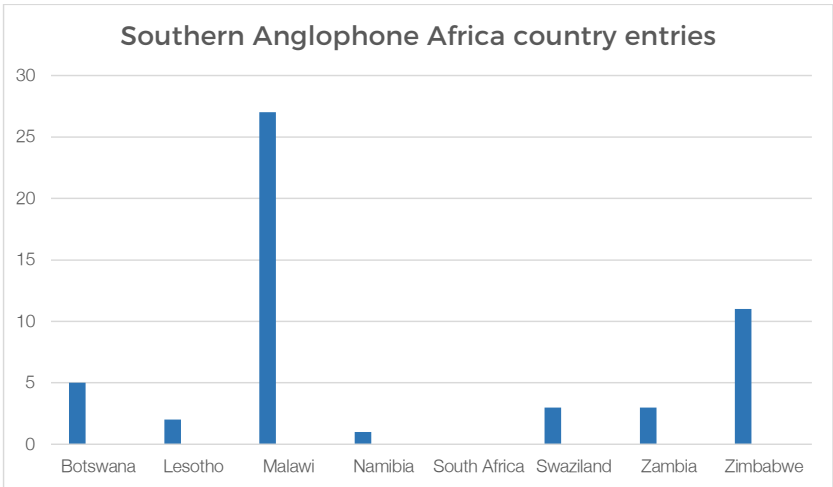
FIG 5: BAR CHART SHOWING COUNTRY DISTRIBUTION OF WESTERN AFRICA RESPONDENTS

Western Anglophone Africa country entries
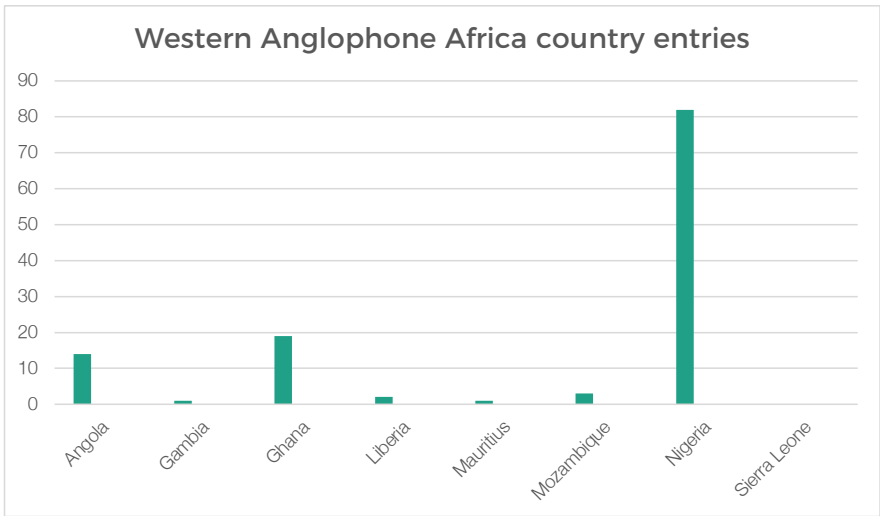
CCM

The Geo map also provides information on the names, designations and email contacts of CCM members per country. Currently 127 members representing affected communities, government, international agencies, private sector, civil society and faith based organizations are listed from Angola, Ethiopia, Botswana and Eritrea.

TA PROVIDERS

The Global Fund's Community, Rights and Gender Technical Assistance (CRG TA) Program provides support for civil society and community groups to meaningfully engage in Global Fund processes during country dialogue and concept note development. Specifically, the aim of the CRG TA program is to ensure that people who are affected by the three diseases can play a meaningful role in Global Fund processes and ensure that grants reflect their needs.

In the course of the mapping exercise, the team also shared information with contacts from the various countries regarding TA opportunities and how they can be accessed. The mapping exercise also aimed at compiling information on organizations providing Technical Assistance based on the CRG-SI's definition. Among the respondents, 20 organizations indicated that they were TA providers.

Their details can be accessed at https://map.pinchafrica.co.ke/explore/ However, a closer review of the responses indicate that not all of these respondents actually qualify or are certified as TA providers based on the CRG-SI's classification. This implies that there is a need to provide more information on TA and who qualifies as a TA provider.

CHALLENGES

- Within the first few weeks of the exercise, several organizations had reached out to the Consultants complaining of difficulties and glitches experienced in completing the mapping tool. This was later resolved by the service providers managing the tool

- The targeted countries have different technological access capacity as well as varying degrees of funding to civil society. This places CSOs and community groups at different levels with respect to accessing internet and other social media platforms and this also impacted on the rate of responding to the tool. Several CSOs also expressed encountering difficulties in accessing the online mapping tool and requested alternative means of completing the mapping exercise

- There was a poor response rate of CS/ Community groups in completing the tool despite several email/ phone and whatsapp reminders. This necessitated several extensions of the deadline for completing tools. Several contacts in some countries specifically (Eritrea, Ethiopia, Somalia, South Africa, Namibia and Sierra Leone) also displayed high levels of apathy and unresponsiveness in completing the tool despite several reminders

RECOMMENDATIONS

- The Mapping Exercise should be an ongoing process and EANNASO needs to utilize face to face meetings of different groups/ networks and other available platforms to update the database and encourage other CSOs to do so. The fact that the tool is a live tool makes it easier for organizations to continue completing, especially as they start to see the benefits. Additional efforts also need to be placed on reaching out to CSO and community groups working on malaria

- Given the difficulties expressed by CSOs and community groups in accessing the online mapping tool, creating alternative templates /tools for providing the required information such as PDF forms, Word documents, or Google Form links that can be sent via email that would help speed up the process should be explored

- From a review of the responses, it is also clear that many respondents concept and understanding of TA and TA providers differs significantly from the Global Fund's definition of who a Technical Assistance Provider and there will be need to provide respondents with information on TA providers and what their duties entail as well as how TA as defined by the Global Fund can be accessed

- In countries that have recorded low entries, working through Network organizations or identified CSO groups as entry points to reach wider audiences should be further explored.

- Produce member rating: to provide incentives for people to be able to fill the mapping tool

CONCLUSIONS

Through this exercise, real time information of CS/Community groups and who is doing what in the fields of HIV, TB and Malaria with the Anglophone Africa is being compiled and updated. Utilizing this database to share critical information and provide CSOs and community groups with relevant and timely information on Global Fund and related activities is also a critical next step.

The mapping exercise also highlights the realities of the disparities and differences in capacities and technological access of different civil society groups in the different countries.

While the response rate in completing the mapping tool over the period under review(September – December 2018) has been much lower than initially anticipated, there has been evidence to demonstrate that in a few countries where face to face meetings with community groups have held and the need for participating in the mapping exercise was highlighted alongside other potential benefits such as opportunities for accessing TA, it translated into a higher response rate and completion of the online tool.

Thus, leveraging on existing and upcoming opportunities of face to face meetings at regional, national and local levels as well as circulating fliers/ information leaflets in order to inform and remind potential respondents and regional levels will be critical to ensuring that the database continues to grow.