

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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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.

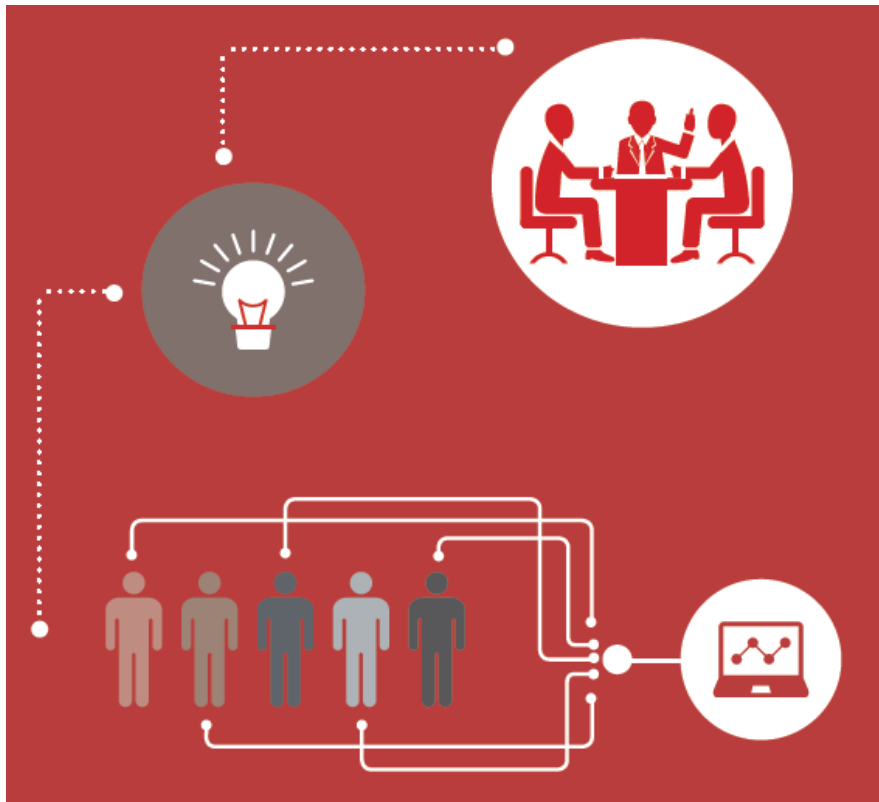
- “The preaching about abstinence in Uganda thus seemed at odds with the culture. Was this a charade to **impress the right-wing bureaucrats in the office of the U.S. Global coordinator who would oversee the spending** of the \$1billion earmarked for abstinence programs?” (Epstein, 2007, p. 191).
- “Although 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:



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

- Eg:



The Global Fund
To Fight AIDS, Tuberculosis and Malaria

...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



Swaziland Civil Society Priorities Charter

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

November 2013



Zambia Civil Society Priorities Charter

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

December 2013



Malawi Civil Society Priorities Charter

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

February 2014



Zimbabwe Civil Society Priorities Charter

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

March 2014



Tanzania Civil Society Priorities Charter

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

May 2014



Zanzibar Civil Society Priorities Charter

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

June 2014



Uganda Civil Society Priorities Charter

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

August 2014



Kenya Civil Society Priorities Charter

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

September 2014





#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 earmarked for drug procurement, civil society organizations (CSOs) must work 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. Other challenges include limited education, interrupted supply of medications, limited time off work to go to clinic and irregular CD4 monitoring. Coverage is another barrier, with only 22% of health facilities providing ART services (NMSF III, p. 28). Nutritional support is also a barrier to drug adherence among pediatric populations. Civil society has comparative advantage to establish community-based psycho-social HIV/TB support groups, including of and their families as well as TB contact tracing and TB defaulter tracing at community level. Further, civil society prioritizes advocacy for the inclusion of community awareness activities. The target groups should be pediatric HIV cases, the elderly, and key populations (particularly youth, injecting drug workers and men who have sex with men [MSM]), to be rolled out in communities/villages in collaboration with the local government. Those that implement include ANEPH44, AMICALL, AMREF, ACT Lake Rukwa, BMAF, Sikika, HelpAge, TAPP, MUHAS, PADI, Baylor, UCHIDE and TALIA, among others 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 adherence.

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. 26). Higher among the pediatric population, since 70% of health facilities in Tanzania do not provide early infant diagnosis (NMSF III, p. 26). Other barriers to 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. TB screening, linkage and tracing, limited civil society organization (CSO)/community-based organization (CBO) coverage on TB, and lack of TB integrated programming. This is partly due to high levels of stigma and a lack of adequate policy support. Civil society proposes targeted community group intervention for community sensitization, especially focusing on pediatric testing. Elderly people and key populations (youth, sex workers, IDUs, MSMs) should be prioritized for sensitization on family testing. Civil society proposes advocacy on HIV testing beyond health care workers to include community testing. This should be implemented at community level and led by CSOs/CBOs, though a close partnership with local government will be necessary for success with proven track records of success in this area include ANEPH44, AMREF, BMAF, Sikika, HelpAge, TAPP, MUHAS, TSF, SANA, PADI, Baylor, UCHIDE

While civil society re-circumcision in urban facilities and to increase outreach programmes should also be strategic Areas that should be rural areas. This should Strategic Plan (HSHS Welfare, Outcomes

[illegible]

Photo Credits: © Steve Murta

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	TB

*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

0

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.

1

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



AIDSAccountability

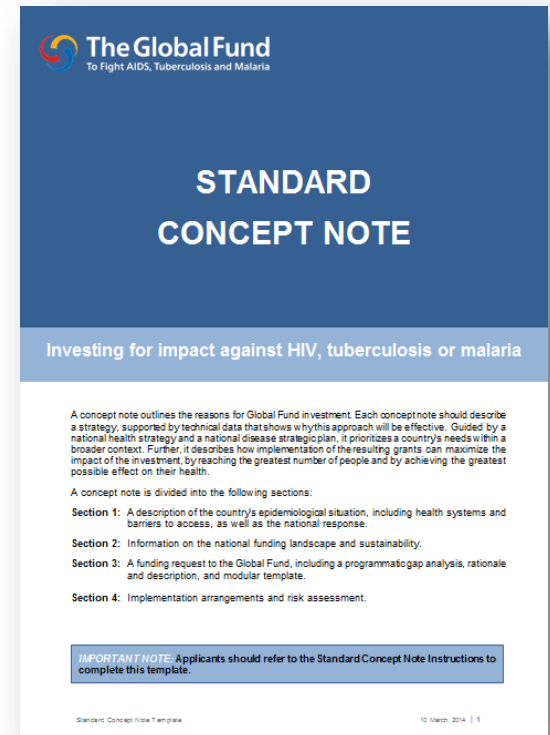


FORD FOUNDATION

Working with Visionaries on the
Frontlines of Social Change Worldwide

From Charter to Concept Note

What was included?



TheGlobalFund
To Fight AIDS, Tuberculosis and Malaria

STANDARD CONCEPT NOTE

Investing for impact against HIV, tuberculosis or malaria

A concept note outlines the reasons for Global Fund investment. Each concept note should describe a strategy, supported by technical data that shows why this approach will be effective. Guided by a national health strategy and a national disease strategic plan, it prioritizes a country's needs within a broader context. Further, it describes how implementation of the resulting grants can maximize the impact of the investment, by reaching the greatest number of people and by achieving the greatest possible effect on their health.

A concept note is divided into the following sections:

Section 1: A description of the country's epidemiological situation, including health systems and barriers to access, as well as the national response.

Section 2: Information on the national funding landscape and sustainability.

Section 3: A funding request to the Global Fund, including a programmatic analysis, rationale and description, and modular template.

Section 4: Implementation arrangements and risk assessment.

IMPORTANT NOTE: Applicants should refer to the Standard Concept Note Instructions to complete this template.

Standard Concept Note Template

10 March 2014 | 1

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

PRIORITY NUMBER	SWAZILAND CIVIL SOCIETY PRIORITY	LEVEL OF INCLUSION IN CONCEPT NOTE
1	Community Mobilization through interpersonal communication that is youth-focused and youth-driven, targeting young girls age 10-24.	Included
2	Advocacy for an enabling environment for behaviour change, targeting traditional leaders, Member of Parliament and other community gatekeepers.	Partially Included
3	ART Literacy by bringing ART services to the communities, targeting youth, children and men in remote rural areas.	Not Included
4	Access to ART through using family-centred approaches to care, targeting youth, children and men in remote rural areas.	Included
5	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
6	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
7	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
8	Access to services through safe, convenient, mainstreamed service provision for sex workers, OVCs, LGBTI people, persons with disabilities, and migrant workers.	Partially Included
9	Community and Family Approaches to compliment bio-medical interventions for PMTCT i.e. developing guidelines for community & family-centred interventions.	Not Included

Results - Country Close-Ups

Most
Responsive



Least
Responsive

TYPE OF PRIORITIES
SET BY CIVIL SOCIETY IN TANZANIA

% OF PRIORITIES
INCLUDED IN
TANZANIA'S
CONCEPT NOTE

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%



Category 1 – Extremely Responsive

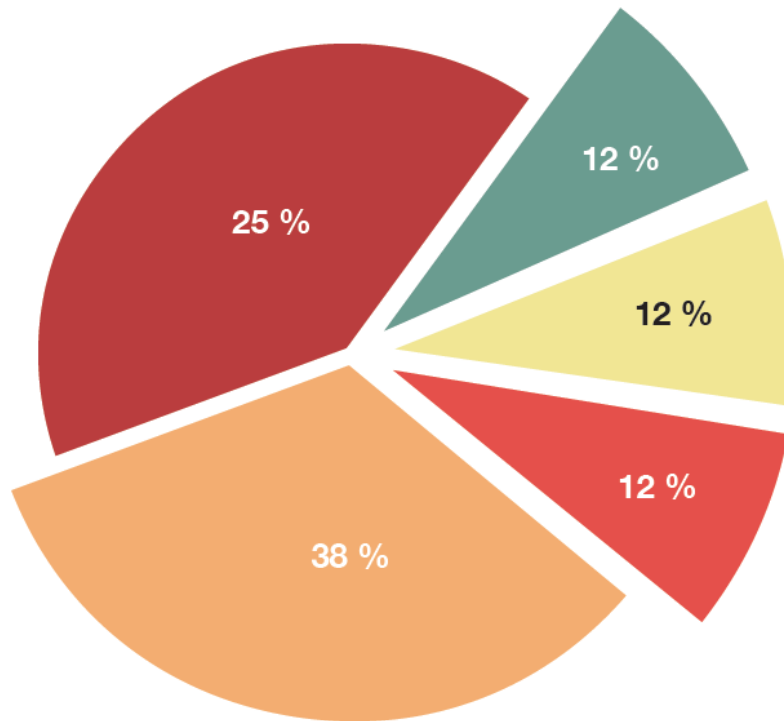
Category 2 – Highly Responsive

Category 3 – Moderately Responsive

Category 4 – Mildly Responsive

Category 5 – Limited Responsive

Results



- Category 1 - Extremely Responsive
- Category 2 - Highly Responsive
- Category 3 - Moderately Responsive
- Category 4 - Mildly Responsive
- Category 5 - Limited Responsiveness



Results, By Intervention Category

Most
Responsive



Least
Responsive

TYPE OF PRIORITIES SET BY CIVIL SOCIETY	% OF PRIORITIES INCLUDED IN CONCEPT NOTES
Key Populations	68%
Behaviour Change	65%
Condom Promotion	63%
Prevention of Mother-to-Child Transmission	50%
Treatment Care and Support	40%
Voluntary Medical Male Circumci- sion	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?

MUCH more interesting!



Analysis

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).

Analysis

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			

*. 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).

Analysis

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

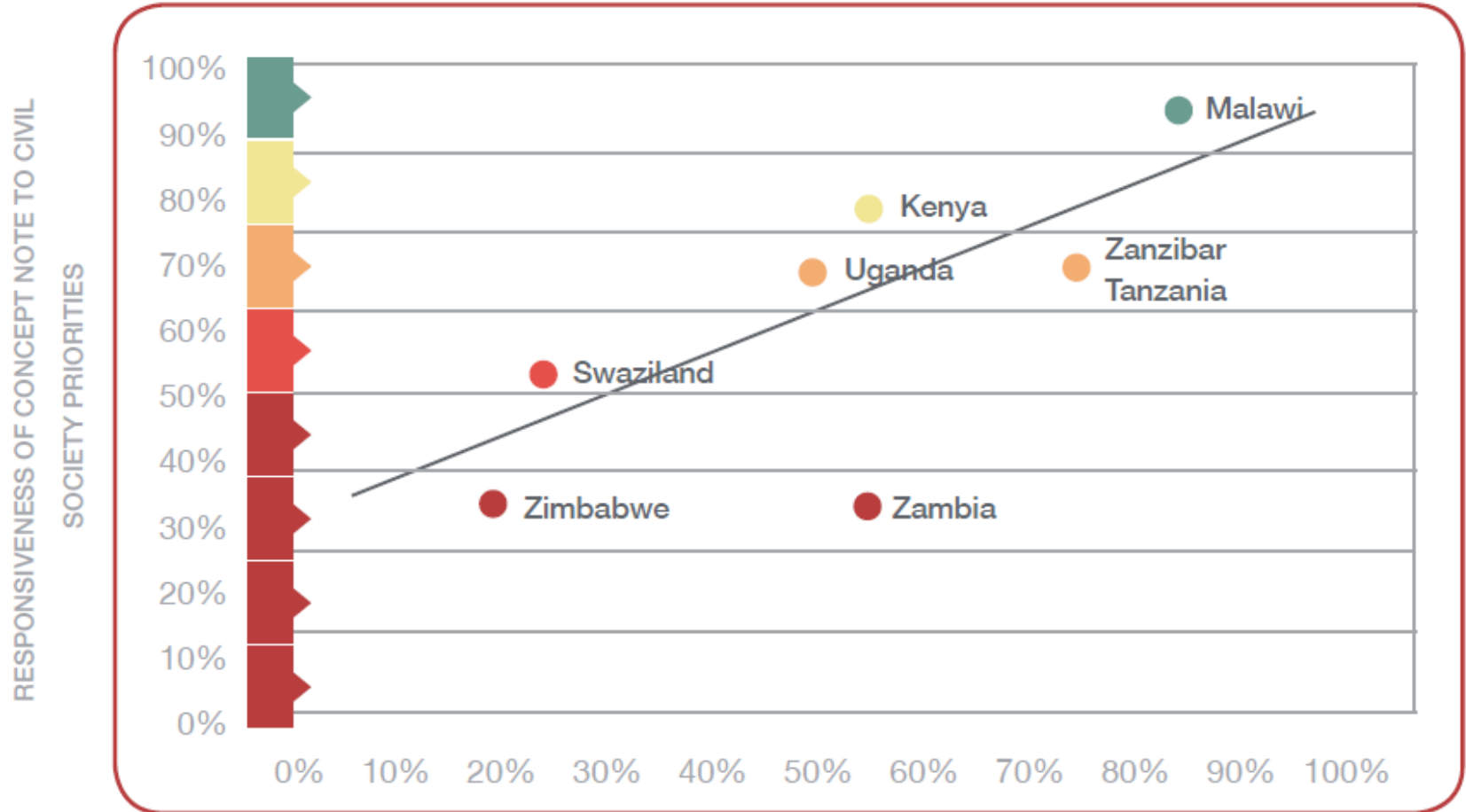
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**. Correlation is significant at the 0.05 level (2-tailed).

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

Analysis

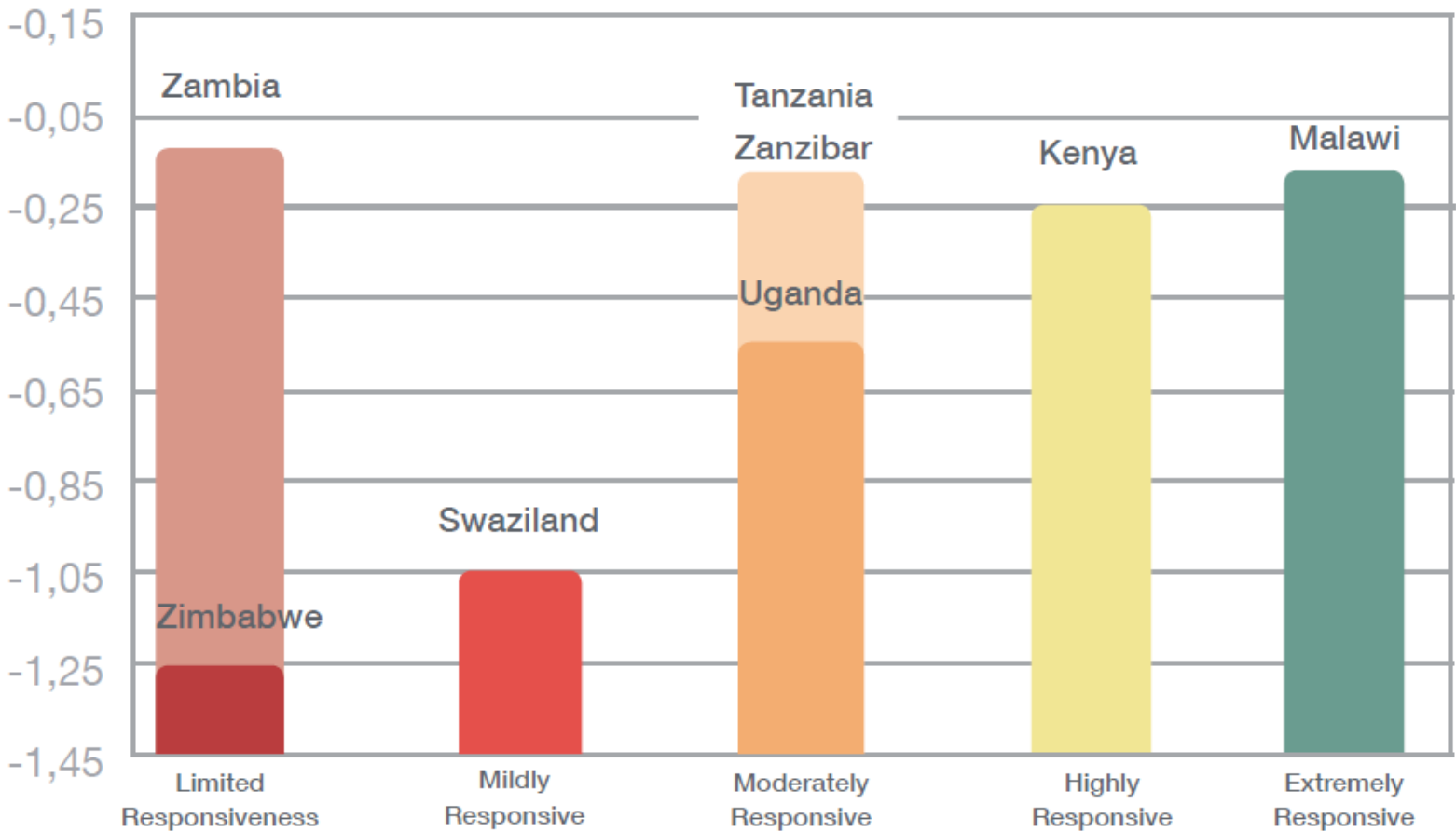
FIGURE 5: RELATIONSHIP BETWEEN THE FREEDOM TO SAY WHAT YOU THINK, AND THE RESPONSIVENESS OF GLOBAL FUND CONCEPT NOTES TO CIVIL SOCIETY PRIORITIES ($r = 686$, $p = 0.030^{**}$)



% 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)

FIGURE 4: RELATIONSHIP BETWEEN VOICE AND ACCOUNTABILITY AND THE RESPONSIVENESS OF GLOBAL FUND CONCEPT NOTES TO CIVIL SOCIETY PRIORITIES ($r = 0.541, p = 0.083^*$).

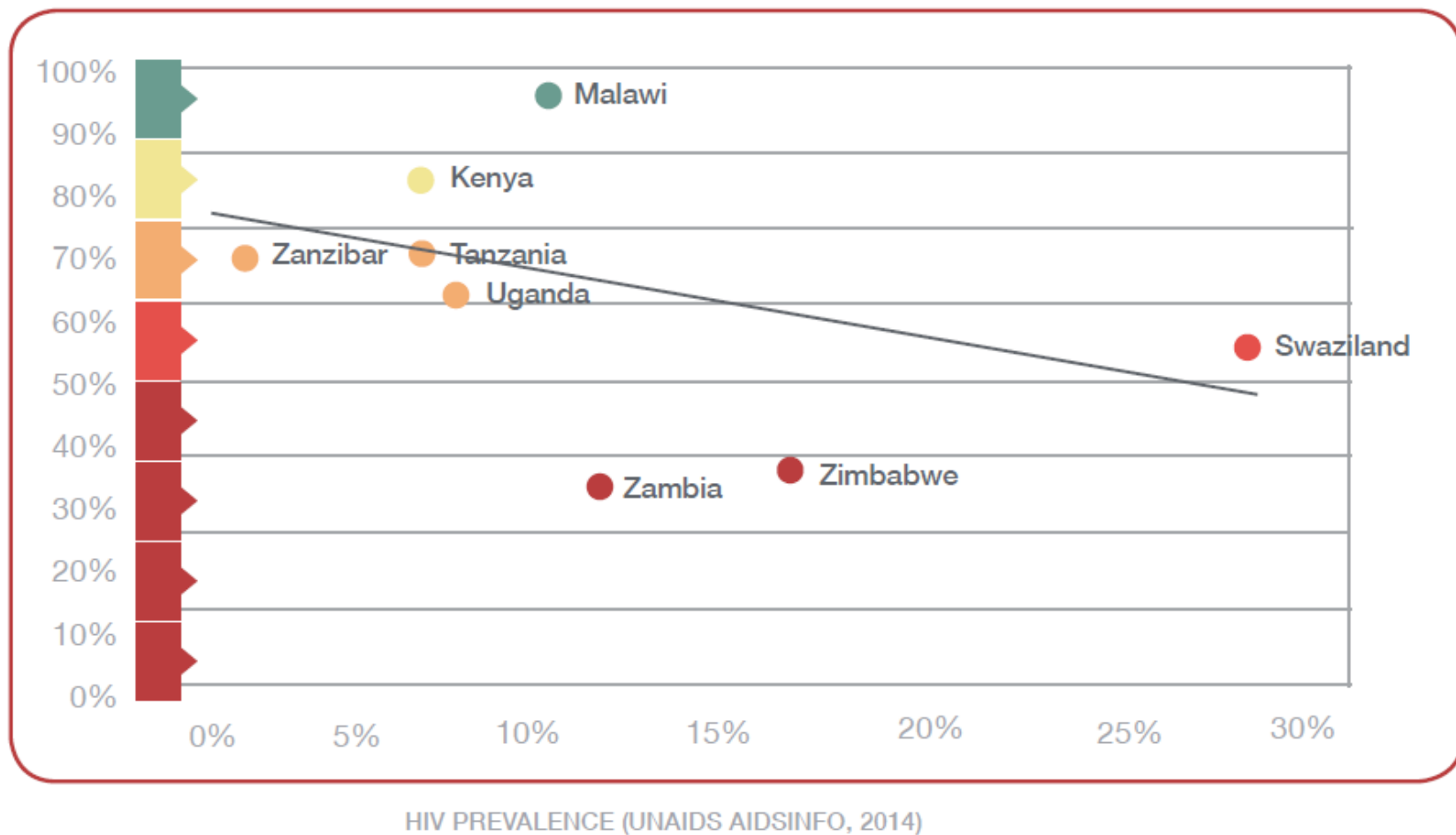
VOICE AND ACCOUNTABILITY SCORE
(WORLD GOVERNANCE INDICATORS, 2013)



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 ($r = -0.725$, $p = 0.021^{**}$)



Recommendations

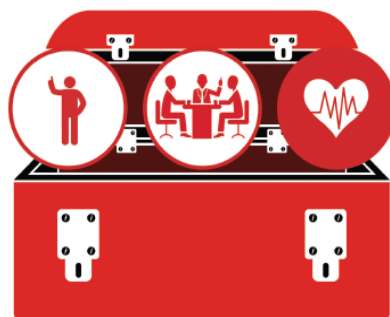
1. Prioritize efforts to improve civil society participation in Global Fund processes in countries with lower inclusion scores.
2. Encourage cross-country learning between countries with higher inclusion scores and countries with lower scores.
3. Invest in elements of community systems strengthening 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



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

eannaso icaso

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":



Module 1

Comment organiser une consultation réussie



Module 2

Comment publier un document final



Module 3

Comment défendre vos priorités



Module 4

Comment mesurer votre impact



Module 5

Comment utiliser vos résultats pour susciter un changement

Voilà, nous pouvons commencer !



MODULE 1

COMMENT ORGANISER UNE CONSULTATION RÉUSSIE



MODULE 2

COMMENT PUBLIER UN DOCUMENT FINAL



MODULE 3

COMMENT DÉFENDRE VOS PRIORITÉS



MODULE 4

COMMENT MESURER VOTRE IMPACT



MODULE 5

COMMENT UTILISER VOS RÉSULTATS POUR SUSCITER UN CHANGEMENT

Ce guide est également disponible en ligne , en format vidéo.

Vous pouvez visiter www.eannaso.org/news-centre/video-gallery pour regarder chaque module comme un court clip video.

Thank You!

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