

ADVANCING PARTNERS & COMMUNITIES

Local Capacity Initiative Final Report January 2019







JSI Research & Training Institute, Inc.





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Cover photo: Voluntary counseling and testing at the offices of Artistes in Direct Support (AIDS) in Georgetown, Guyana. Photo credit: Joshua Yospyn, JSI.

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ACRONYMS

APC	Advancing Partners & Communities
CDC	Centers for Disease Control and Prevention
COP	chief of party
JSI	JSI Research & Training Institute, Inc.
KP	key population
LCI	Local Capacity Initiative
M&E	monitoring and evaluation
NGO	nongovernmental organization
OD	organizational development
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PNG	Papua New Guinea
SBC	social and behavior change
SOP	standard operating procedure
ТА	technical assistance

EXECUTIVE SUMMARY

In 2013, the U.S. Government, with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), established the Local Capacity Initiative (LCI) to strengthen sustainability of national HIV and AIDS responses through increased advocacy capacity of local nongovernmental organizations (NGOs). Between 2014 and 2018, USAID and the Centers for Disease Control (CDC) made awards to local organizations in 14 countries/regions (Botswana, Cameroon, Caribbean, Central Asian Republics, Dominican Republic, Ghana, Guyana, India, Mozambique, Papua New Guinea, Rwanda, Uganda, and Zimbabwe) and Asia Regional (Laos, Thailand, and Vietnam).

These local partner grants focused on designing and implementing local solutions to policy barriers that impede key populations' (KPs') access to HIV and other health services. The grants included access to the Advancing Partners & Communities (APC) project's international technical expertise. Awards were administered from central funding to USAID and CDC country missions, with oversight of the awards and technical assistance from both the mission teams and a central LCI USG steering committee.

Technical assistance was typically identified through an assessment and prioritization process. Each grantee or consortium of grantees went through an assessment process using LCI's facilitated discussion and capacity assessment tool, a tool adapted from the Organizational Capacity Assessment (OCA). The outcome of the assessment led to an action plan that guided TA. In some countries, the TA needs of the grantees evolved based on changing country targets and priorities.

Technical assistance generally lasted a year (timeframes were occasionally extended as necessary) and focused precisely on supporting grantees to accomplish grant goals. Generally, TA focused on strengthening policy advocacy capacity except in cases where organizational development support was needed to reach advocacy goals. In locations where consortia formed, TA was often provided to the full consortia. In November of 2015, a meeting of all African LCI grantees was held in Mozambique to capture learnings from the TA and policy advocacy program, as well as facilitate south-to-south exchange of information and best practices. Attendees gained a deeper understanding of the role of advocacy and discussed interventions to improve the quality and uptake of HIV and AIDS services for vulnerable and KPs.

During the implementation of LCI, USAID hired Measure Evaluation to conduct an evaluation to determine the extent to which policy advocacy activities influenced expected program outcomes. Evaluation activities included: 1) a systematic review of the inputs and outputs of LCI in 14 countries/regions in order to develop a typology of policy advocacy interventions; 2) an assessment of the development and implementation of the policy advocacy activities in two LCI countries; and 3) engagement with local organizations to build evaluation capacity in the two LCI countries undergoing more in-depth assessment. Results of Activity I are included in this report; Activities 2 and 3 are forthcoming.

LCI observed and documented improvements in policy advocacy, including fully developed advocacy plans, enhanced communication strategies, and improved collaboration among consortium members. Grantees' new skills and knowledge on how to advocate for KPs will extend benefits beyond this mandate. As a review of the individual country reports show, there have been myriad examples of KP advocacy and organizational capacity improvements, including the following:

- Guyana's National Coordinating Coalition is growing and becoming independent.
- Thailand's consortium is gaining influence on contracting for HIV prevention, care, and treatment activities for KPs through a hospital advisory committee.
- India's use of scorecard data for advocacy enabled the Alliance India/Nirantar to engage statelevel advocacy coalitions to take up actions to reduce HIV-related stigma, violence, and policylevel gaps.
- In March 2018 for the first time, KP issues were discussed in Botswana's parliament.
- Standard operating procedures to guide capacity-building activities adapted by Cameroon's Ministry of Health (MOH) will be part of the national documents for policy advocacy.
- In the Dominican Republic, micro-networks of NGOs are now eligible to contract with the public health system.

Because of the technical capacity that was built through LCI TA, grantees experienced significant growth in terms of organizational capacity related to data, financial management, and generating new business. APC provided support that prepared the organizations to apply for and receive grants, which strengthens their long-term sustainability. For example, in Mozambique, Dominican Republic, and Papua New Guinea, LCI TA increased the number and quality of grant applications by local organizations, leading some to become direct U.S. Government fund recipients.

APC encountered challenges over the course of its TA provision, such as the NGOs having limited technical expertise, limited organizational capacity, having to form new partnerships, and having difficulty retaining staffing. To address these difficulties, in certain circumstances, it was necessary to modify the assessment tool, particularly when working with consortia, in order to design a targeted action plan.

Within the LCI grants, several local partners developed new consortia to implement the LCI activities. APC found that working with and funding a consortium can be the best way to train and build skills to increase programmatic sustainability and reduce impact of staffing turnover. In some cases, APC had to address mistrust among consortium members through targeted TA in order to address and diffuse political and inter-organizational issues.

For most of the LCI grantees, the less-than-two-years of TA was not enough to make them sustainable. Under the LCI model, grants were made directly from U.S. Government to local NGOs, and APC found that some organizations were initially resistant to receiving TA from a third party. While Mission and LCI committee members mitigated this hurdle with introductions to TA providers, additional time and effort was needed to motivate these partners to work with APC.

Recommendations based on APC's TA provision to LCI include the following:

- While great work is being done by some very small organizations, their long-term sustainability will always be in question due to their limited staff. It may be better to work with larger, more established local organizations, if available.
- When selecting a local NGO, consider making it a pre-requisite that more than one person is proficient in certain areas of work before receiving an award. From our experience, the most

important areas may be M&E and IT/data capture and analysis.

- No matter the technical aim of the assistance, plan to meet each grantee's needs; a holistic approach might be best. It is important to keep flexibility in the design of the project to allow the TA provider to make adjustments if needed.
- Structure the TA and budget to allow hiring a local full-time person in order to provide more in-depth and targeted TA at the local level.
- Consider using consortia on a country-by-country basis, depending on national context, local organizations' willingness, and partner performance history (if applicable).
- Design programs for local partners with longer timeframes and/or guaranteed follow-ons to increase the likelihood that interventions will be institutionalized.
- Use an assessment tool that can be tailored to the needs of local partner organizational maturity levels. It might be best to conduct the assessment before awarding direct funding to a local organization.

BACKGROUND

The Local Capacity Initiative (LCI) was established by the U.S. Government in 2013 to strengthen sustainability of national HIV and AIDS responses through increased advocacy capacity of local nongovernmental organizations (NGOs). To increase PEPFAR's ability to support local ownership of the HIV response in a sustainable manner, LCI funding supported organizations that aim to enhance the effectiveness of local health systems HIV response.

The U.S. Agency for International Development (USAID) and the Centers for Disease Control (CDC) made awards to local organizations in 14 countries/regions (for three- to four-years) from 2014 to 2017/8: Asia Regional (Laos, Thailand, and Vietnam), Botswana, Cameroon, Caribbean, Central Asian Republics, Dominican Republic, Ghana, Guyana, India, Mozambique, Papua New Guinea (PNG), Rwanda, Uganda, and Zimbabwe. Awards were administered by country USAID or CDC missions. The TA awards were managed by USAID. The focus of many grants was to design and implement local solutions to policy barriers that impede

PEPFAR related goals for LCI:

- Advocate for and monitor transparent, evidence-based policies and regulations.
- Engage in each stage of HIV program development and implementation.
- Engage civil society networks/coalitions.
- Engage citizens in recognizing and advocating for high quality services.
- **Sustain activities** beyond the life of U.S. Government funding.

key populations' (KPs) access to HIV and other health services. The awards included access to Advancing Partners & Communities' (APC's) international technical expertise. It is important to note that the type and amount of assistance provided was prioritized by the mission teams and grantees themselves.

Two USAID-funded projects, the Health Policy Project (HPP) and then APC, managed by JSI Research & Training Institute, Inc. (JSI) in partnership with FHI 360, worked with USG missions and LCI grantees to assess and strengthen organizational development and advocacy capacity of LCI grantees. Technical assistance (TA) from these international partners supported LCI grantees in implementing the program and enhanced their policy and advocacy programming with a focus on organizational sustainability.

TA management was informed by the USG Mission teams and overseen by the LCI steering committee, which consisted of representatives from the U.S. Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services, the Health Resources and Services Administration, and USAID. Management of the programmatic side of LCI remained at the mission level by LCI activity managers.

Each LCI country was assigned two representatives from the LCI steering committee—mentors who served as communication facilitators between U.S. Government representatives in the U.S. and incountry liaisons, and LCI grantees and TA providers. The LCI steering committee mentors were responsible for sharing information between countries and the steering committee and ensuring that programs remained aligned with PEPFAR goals and objectives. In addition, mentors ensured that interagency stakeholders in the U.S. and each country supported and provided resources to each grantee and communicated grantee activities and results.

While APC and HPP ultimately reported to USAID through contractual agreements, the TA providers worked closely with and gathered input from U.S. Government country missions, grantees, and the steering committee. The TA providers liaised with in-country missions, the interagency LCI steering committee, and grantee leadership to ensure that TA goals were met in a timely, efficient manner. Information-sharing and reporting were done through periodic (ranging from once a month to every-other week) submission of a dashboard outlining TA goals, progress toward goals, issues, and support needed from U.S. Government to move TA forward (see Annex 11). The U.S.-based LCI steering committee and TA providers engaged in a regular conference call to discuss updates, successes, and challenges. TA providers also assisted in facilitating conversations between with U.S. Government in-country missions and grantees based on program needs.

PARTNER SELECTION

LCI countries were selected through a supplement to the country operational plan FY13 process where countries applied for this funding. The steering committee selected countries from the applicants and each country used U.S. Government cooperative agreement processes to identify grantees on a rolling basis beginning in 2014. LCI awards were made by USAID and CDC to the USAID and CDC mission teams then directly onto the LCI grantees in these 14 countries/regions: Asia Regional (Laos, Thailand, and Vietnam), Botswana, Cameroon, Caribbean, Central Asian Republics, Dominican Republic, Ghana, Guyana, India, Mozambique, Papua New Guinea, Rwanda, Uganda, and Zimbabwe. Please see associated annexes for details.

The focus of each LCI grant was determined by the USAID or CDC mission issuing the agreement in consultation with the LCI steering committee, and in keeping with the LCI guidance. The majority of grants focused on access barriers to HIV prevention, care, and treatment services for KPs. Organizations were encouraged to apply in consortia to complement each other's skills to reach grant goals.

Following the selection of grantees, the country-specific "mentors" from the steering committee and the local USG mission facilitated introductions to LCI grant organizations. Without having a contractual relationship, the TA providers and LCI grantee organizations worked together to support the project's goals. Oversight of LCI grantees and the TA providers was the responsibility of the USG missions and the LCI steering committee.

-CI Steering Commitee

U.S.Government mentors shared information between countries and the LCI steering committee; ensured grantees remained aligned with PEPFAR goals and objectives; ensured interagency stakeholders supported and provided resources to each grantee; and communicated grantee activities and results.

TA providers worked with and gathered input from U.S. Government country missions, grantees, and the steering committee; and liaised with in-country stakeholders and ensured they were abreast of progress, challenges, and successes.

TECHNICAL ASSISTANCE PROCESS

Initial technical assistance priorities were identified through an assessment and action planning process. Each grantee, or consortium of partners, went through an assessment process using the LCI facilitated discussion and capacity assessment tool (a modified OCA). The tool is a facilitated self-assessment with components of group consensus and individual scoring and was adapted from the organizational capacity assessment tool developed in 2012 by Initiatives and John Snow, Inc. under the New Partners Initiative Technical Assistance project. TA providers identified staff, such at executive directors, finance/administration and human resources managers, monitoring and evaluation (M&E) officers, and technical experts (specifically advocacy), to involve in the assessment process, which is as follows:

Step I. Capacity assessment: The capacity assessment tool reviews organizational and/or joint consortium capacity in II areas important to designing, implementing, and evaluating policy advocacy programming. These areas include policy analysis, policy monitoring, policy advocacy and

Botswana: Building a High-Performing Consortium

When APC started working with Botswana Family Welfare Association and its partners, its Advocacy Communication and Social Mobilization Consortium was in its infancy. It now has a fully developed memorandum of understanding and a strategy plan for advocacy. Staff members collect and use data to advocate for policy change on behalf of key and other vulnerable populations.

In March 2018, KP issues were addressed in parliament for the first time. communication, addressing policy implementation barriers, networking and multisectoral coordination, accountability systems, governance, human resource management, and resource mobilization. The facilitated conversation, along with individual and group scoring, allowed the group to identify grant implementation areas that were high-priority but evaluated as low-capacity. LCI TA providers then facilitated a conversation about each high-priority, low-capacity area to identify what, if any, TA would be most effective to fill gaps. The conversations resulted in an outline for a TA plan that was reviewed with the U.S. Government immediately after the assessment process to receive feedback, which was incorporated into a formal "action plan."

In addition to producing an action plan, the assessment process built relationships and trust between TA providers and grantees. The TA providers found the capacity assessment served as an introduction to policy advocacy and ensured that a common language was spoken among the grantees and the TA providers. It provided an opportunity for agreement and understanding of definitions and best practices. In conducting these assessments, LCI was not only able to identify gaps, it assured that grantees and TA providers were on the same page.

Step 2. TA action plan: Each action plan briefly described the results of the assessment and outlined proposed TA including: method of capacity development (training, review of tool or resource, twinning, etc.); proposed provider (consultant, international or local staff); and anticipated outcomes, length of TA, and proposed costs. The LCI grantees determined the sequence and the priority of the TA provided to them. The action plans were initially reviewed by grantees, then sent to USG colleagues incountry and in the U.S. Final approval for the TA came from U.S. Government mission activity managers.

Step 3. Delivery of TA according to the action plan: Technical assistance was proposed to be completed within one year's time and focused on helping grantees accomplish LCI goals. TA timeframes for some grantees were extended based on need and availability of additional funding. Each country received tailored TA following the action plan developed in Step 2. TA content areas for several countries included strategy development, data visualization, and community scorecard development. Specific TA provided to the grantees can be found in the country report sections of this report. Generally, TA focused on strengthening policy advocacy capacity, except in cases where organizational development support was needed to reach advocacy goals.

LCI worked to find the most cost-efficient, context-appropriate TA, relying heavily on local providers where available. TA providers used a range of methods including training, direct feedback on documents, training-of-trainers, and mentoring, based on grantee needs and context. In some countries, LCI used TA providers who came either from APC's local offices or were hired as consultants by the local office (Botswana, Cameroon, DR, PNG, Thailand). In some cases, APC made local office space available for meetings and workshops (Botswana, Ghana, Guyana, PNG, Thailand).

Several LCI grantees hired new staff or local consultants to work with TA providers and integrate TA into organizational systems and processes. In awards that had consortia, TA was often provided to the full consortia, which strengthened relationships within the team as NGOs began to see each other as working for the same causes, not competing with each other. In some countries, the TA needs of the local grantees evolved based on changing targets and country priorities. In these cases, TA providers worked closely with the grantee, U.S. Government colleagues in-country, and the U.S. Government mentors to revise the approved action plans and provide the necessary technical support.

SUPPORTING CROSS-COUNTRY LEARNING

The primary large-scale event held during LCI to provide TA, as well as cross-share learnings from the program to date, was a gathering of all African LCI grantees in Mozambique in November of 2015. The goals of the meeting were to provide a forum to share grantees' advocacy experiences and to confer a deeper understanding to civil society organizations and other stakeholders of the role of advocacy, appropriate interventions, and implementation of activities to improve the quality and uptake of HIV and AIDS services for vulnerable and key populations. The meeting also aimed to facilitate south-to-south exchange of information and best practices, providing an opportunity for LCI grantees to develop essential advocacy competencies and share lessons and best practices from activity implementation.

The objectives of the three-day meeting were to:

- Convene LCI grantees to share, learn, and network on policy advocacy experiences.
- Give grantees a better understanding of PEPFAR's role in advocacy for policy reform, local accountability, and human rights issues that influence quality and outcomes for key HIV services.
- Share resources and tools to facilitate LCI grant implementation.

By the end of this meeting, participants had gained practical skills related to policy advocacy, established strategic linkages with other policy-reform stakeholders, and identified ways to incorporate promising practices into their LCI grants and leverage linkages for better outcomes.

SUPPLEMENTAL TECHNICAL ASSISTANCE

In September of 2016, the LCI steering committee sent grantees an application for supplemental TA, also known as rapid response technical assistance. The committee decided that current and past grantees (those receiving TA through HPP) should be able to apply for this opportunity. The application asked current LCI grantees to apply for additional TA that was not included initially in their action plans. APC and the LCI steering committee jointly selected four applicants for supplemental TA: Cameroon, India, Uganda, and Zimbabwe. In Cameroon and Zimbabwe, where a TA provider was already providing support, the additional support was integrated with the existing support.

EVALUATION OF THE LOCAL CAPACITY INITIATIVE

During the implementation of LCI, USAID hired Measure Evaluation to conduct an evaluation to describe the mechanisms by which policy advocacy engagement supports uptake of high-quality HIV services by KPs and vulnerable groups. The assessment was intended to foster learning across HIV policy advocacy capacity-building projects and was designed to determine the extent to which policy advocacy activities influence expected program outcomes identified by LCI grantees. Activities included: 1) a systematic review of the inputs and outputs of the LCI in 14 countries/regions to develop a typology of policy advocacy interventions; 2) an assessment of the development and implementation of the policy advocacy activities in two LCI countries; and 3) engagement with local organizations to build evaluation capacity in the two LCI countries undergoing more in-depth assessment.

In Activity 2, Measure Evaluation assessed the influence of selected interventions on program outcomes in Uganda and Ghana. The researchers conducted a theory-based, mixed-methods program evaluation of the policy advocacy activities in each country to determine the extent to which the activities influenced grantees' expected program outcomes. The purpose of the in-country evaluations was to assess the rationale for the development of the policy advocacy activities, whether or not the activities were implemented as intended, and if program outcomes were achieved. Results of Activities 2 and 3 are forthcoming.

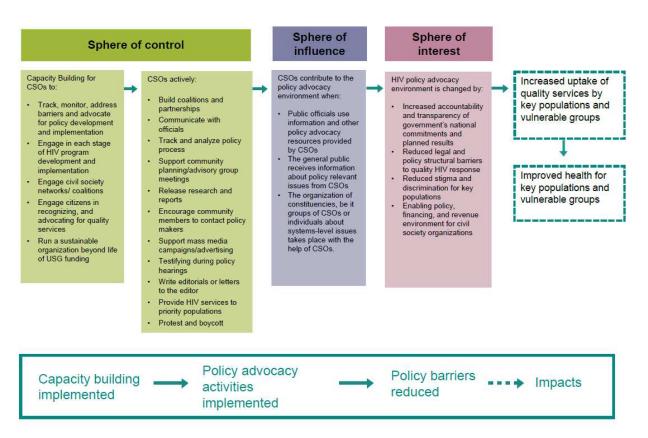
Systematic review of inputs and outputs of the Local Capacity Initiative

The systematic review capitalized on the unique cross-country initiatives conducted in all LCI countries to understand institutional and contextual factors that influenced selection of policy advocacy interventions, stakeholder involvement, and program outcomes. Given the importance of data-driven approaches built on information about LCI program effectiveness, this review identified clearly defined interventions and a theory of change to inform program evaluation planning.

The logic model (Figure 1) illustrates that capacity building is expected to help grantees implement activities that will, in turn, help reduce policy barriers and improve public health outcomes. The proposed sphere of control includes HIV policy-advocacy capacity building, which will lead to increased instances of policy advocacy activities, such as coalition-building and policy analysis, implemented. The intended result is to introduce new drivers, such as new public information, resources for legislative and other decision makers, and opportunities for engagement among organizations, into the policy environment.

This introduction of new drivers is considered the sphere of influence for LCI. These new drivers are expected to change the HIV policy environment in the following area: increase accountability and transparency of governments' national commitments and planned results; reduce legal and policy structural barriers to a high-quality HIV response; reduce stigma and discrimination against KPs; and enable policy, financing, and revenue environment for NGOs. These policy outcomes are posited to increase the quality and uptake of HIV services for priority populations, leading to improved health for these groups.





The systematic review highlighted the design strengths of LCI at the global and local levels, in addition to describing similarities and differences across country and regional projects. At the global level, LCI exhibited standard expected inputs and outcomes for projects, but did not characterize activities, interventions, or expected policy advocacy outputs using a global taxonomy.

Understanding the skills and resources that are necessary for organizations to implement policy advocacy can help to classify policy advocacy capacity and its components. Existing literature highlights five common characteristics underlying effective advocacy work, including the availability of sufficient financial resources; the ability of an organization to source and maintain sufficient skills and technical expertise; the ability to leverage these skills and resources into actionable coalitions and networks; the ability to provide leadership within these coalitions; and the ability to identify and understand the opportunities and challenges within the particular policy arena where influence is sought.

By focusing capacity building on these particular skills, organizations can have a higher likelihood of reaching their advocacy goals and demonstrating results. LCI policy advocacy capacity work aligns well with findings from the literature review about the precursors of effectiveness across advocacy domains. Reviewed carefully, country and regional project documents reveal at least 12 key activities frequently found in policy advocacy literature. These include communicating with officials directly, releasing research and reports, participating in hearings or legislative committees, and tracking and analyzing policy. Additionally, a number of authors recognize contributing to the public dialogue about policy issues though writing editorials or letters to the editor, purchasing advertising to influence policy, and media messaging as tactics frequently used in effective advocacy work. Finally, sponsoring community

meetings, mobilizing communities and coalitions, encouraging community members to contact policy makers, and activist tactics such as protests and boycotts are also common.

Of the activities listed above, only boycotts are not represented in the work reportedly conducted by LCI projects. Building or participating in coalitions and partnerships (nine projects); policy tracking and analysis (eight projects); community planning/advisory group meetings (seven projects); and communicating with officials about policy priorities (seven projects) are the most frequently cited activities from this list. Although not generally found in the HIV policy advocacy literature, two countries, Mozambique and Uganda, have identified the direct provision of HIV services that meet the need of priority populations as an advocacy activity. The reviewers agree with the assertion that service delivery qualifies as advocacy work, and have included it in the activity type list for the LCI typology. The delivery of services through model sites in Uganda, for example, works to educate providers and sensitize the public by advancing an institutionalized, normative approach to reaching KPs—effectively reducing structural barriers to services while reducing stigma and discrimination.

When discussing activities, experts will often use a continuum to explain the breadth of possible policy advocacy tactics. Approaches have been described as ranging from activism to advocacy, violent to non-violent, and indirect to insider. Sandfort's domains of civil engagement¹ offer a suitable framework for understanding how the activities implemented under LCI projects were linked and could be strategically introduced as a set of related policy advocacy interventions aimed at common objectives. The definition of policy advocacy differs depending on a host of circumstances, outcomes, and even audiences.

The first intervention domain is acting as a resource to public officials. This involves sharing expertise of NGO staff directly with those in authority positions and could include participating in the development of or revisions to regulations or service standards, holding meetings with policy officials, serving on a commission or task force, providing formal testimony at a public hearing, tracking and analyzing policy, or signing a letter to express an opinion to public officials. While these insider tactics and activities require some expertise and may be resource-intense, they also hold the potential of greater and sustained results due to the close collaborative relationships fostered between decision makers and the NGO. Among country and regional projects, this domain represented a large portion of the policy advocacy work represented in the systematic review. Although only three projects plan to engage in formal testimony, eight projects outlined plans for policy tracking and analysis, seven projects plan to support direct communication with public officials, and several are facilitating participation in commissions or task forces.

The second intervention domain for policy engagement focuses on activities that aim to educate the general public about policy-relevant issues, including writing editorials or letters to the editor, issuing reports related to public policy issues, purchasing advertising to influence public policy, or hosting nonpartisan candidate forums and community meetings. While less direct, these tactics still require expertise as well as substantial resources. Eight country and regional projects are using community planning and meetings for policy advocacy work. Five projects plan to release research or reports. Five projects are using mass media campaigns, and three projects are purchasing advertising designed to influence policy. Two projects plan to use editorials or letters to the editor as part of their policy advocacy work. While activities in this domain were somewhat less commonly identified versus acting as

¹ Sandfort J. (2011, June). Enabling & Constraining Advocacy Practices through Human Service Networks. In *Public Management Research Association Conference*.

Sandfort J. (2013). Analyzing the practice of nonprofit advocacy: comparing two human services networks. *Nonprofits and advocacy: Engaging community and government in an era of retrenchment*.

a resource, a number of substantial efforts are planned. Mozambique's N'weti is designing and implementing a mass media campaign to bring public attention to HIV as a policy priority. Rwanda's project plans to support a media campaign about the stigma faced by people with disabilities. Alliance India and THETA Uganda also have media activities planned.

The third and least direct intervention domain discussed by Sandfort focuses on activities related to organizing constituencies, be it NGOs or individuals, about systems-level issues. This category includes activities related to organizing people and groups around a specific issue, and/or supporting political involvement. While these tactics often require less policy-specific expertise and may influence general civic engagement, they are also frequently less focused on a particular goal. In the context of LCI projects, organizing constituencies around systems-level issues would include promoting civic involvement through encouraging groups of people to contact their representatives and policy makers, building coalitions and partnerships among various NGOs, and organizing activist events.

Although the Measure Evaluation developed an umbrella typology (five capacity domains, 12 activity types, three intervention domains, and four outcomes) to support the global LCI theory of change (the logic model), each project identified priorities and applied the domains according to the specific country/regional context. Because of this contextual fluidity, defining policy advocacy depends highly on the activities used to influence the policy environment. This high level of complexity calls for a close examination of projects' critical assumptions to understand and evaluate program success and its determinants.

While growing interest in HIV policy advocacy represents a greater opportunity for NGOs to steer funding and interest toward their missions and goals, rigorously evaluating policy advocacy work and its outcomes is necessary and complex. By avoiding pitfalls such as failing to account for program complexity, attempting to establish causality on a micro scale, defining success too narrowly, and avoiding focus on short-term goals, NGOs, with adequate planning and theories of change, can measure and evaluate their success at multiple levels of policy advocacy. See Annex 12 for further information on the systematic review.

LCI PROGRAM SUCCESSES

With tailored TA for each country and each grantee, LCI built high-performing policy advocacy organizations and consortia while building trust and common understanding of policy advocacy objectives and strategies. LCI observed and documented improvements in policy advocacy, including fully developed advocacy plans, enhanced communication strategies, and improved collaboration among consortium members. The new skills and knowledge gained on how to advocate for KPs will serve these organizations beyond this mandate. As a review of the individual country reports show, there have been myriad examples of improved KP advocacy and organizational capacity. LCI TA contributed to many advocacy advances, including the following:

• Guyana - National Coordinating Coalition growing and becoming independent. Guyana's coordinating body for NGOs, the National Coordinating Coalition (NCC), developed into an independent organization capable of fundraising. NCC expanded its membership to 38 organizations and is strengthening the organizational and technical capacity of its members, maximizing its collective impact to advance key health and social issues in Guyana. Even though it is still quite a small organization, it has received direct funding from Global Fund and recently USAID through another project to provide institutional strengthening of its members.

• Thailand - consortium gaining influence on contracting.

To influence equitable and transparent contracting of a 200-million-baht fund available for HIV prevention, care, and treatment activities for KPs within Thailand, one of the consortium members became part of the hospital advisory committee on contracting standards.

• India – using scorecard data for advocacy.

The scorecard enabled grantee Alliance India/Nirantar to engage state-level advocacy coalitions to take up actions to reduce stigma, violence, and policy-level gaps. The grantee also used scorecard-generated data to enhance capacity development and inform policy advocacy to improve performance toward a more engaged and effective national HIV response for KPs.

• Botswana – KP issues addressed in parliament.

In March 2018, for the first time, KP issues were addressed in parliament. The Botswana LCI consortium met with the Botswana Parliament Health Committee and the Gaborone City Full Council to advocate for public health legislation that takes a human rights approach in the delivery of health services, utilizing data visualization skills developed through LCI TA.

• Cameroon – policy documents adapted by the MOH.

With APC support, Cameroon Baptist Convention Health Board finalized standard operating procedures (SOPs) that will guide all future capacity-building activities within the organization and its projects. The SOPs covered processes for capacity assessments, trainings, and supportive supervision. The SOPs were adapted by the MOH to be part of the national documents for policy advocacy.

• Dominican Republic (DR) – micro-networks of NGOs eligible to contract with the public health system.

With TA support, grantees formed four micro-networks capable of providing basic health services and receiving direct government funding. The DR government can now contract with the networks to provide services, which fill critical gaps in the public health system.

In addition to the enhanced advocacy capacity gained by each organization and the immediate results it produced, APC provided support that prepared grantees to apply for and receive grants, which strengthens their long-term sustainability. For example, in Papua New Guinea, LCI TA helped increase the number and quality of grant applications by local organizations, leading to some becoming direct U.S. Government fund recipients. Also in DR, APC TA helped strengthen the LCI grantee's capacity for receiving funding directly from the USAID mission for further extension of their LCI activities.

LCI PROGRAM CHALLENGES

Assessment

For many of the LCI partners, the initial assessment period was the first time that senior leadership and the organization's technical experts met to assess their policy advocacy capacity and intently review policy advocacy strategies. The partners initially seemed overwhelmed by the sophistication of the assessment tool, which appeared to be too rigorous and advanced for their immediate needs. Organizational capacities were very limited in many cases, but once they identified their areas of strengths and weaknesses, they were able to articulate specific needs and prioritize technical support for their organization. For assessments that involved consortia, the wide variety of organizational capacity ratings made it challenging to come up with one result for TA actions.

Lessons learned: The assessment tool needs to be modified and targeted to capture the needs for some of the smaller organizations. When working with consortia, there will have to be more than one outcome and action planning step, to capture the needs of the different organizations by size and needs.

Organizational development

APC support for local partners under LCI was designed to provide policy advocacy capacitystrengthening. However, when APC conducted the initial policy capacity assessments, it became obvious that most, if not all, partners required considerable organizational development (OD) capacity strengthening to manage a U.S. Government grant and expand their policy advocacy work. With LCI Steering Committee and Mission Activity Manager's guidance, APC adjusted its TA to respond to grantees' needs for improved OD. While the policy advocacy work could not have moved forward without the foundational OD, it significantly altered timelines, resources, and the degree to which policy advocacy goals were achieved. In some countries, as much as 60 percent of TA time was spent on OD, including basic administration; recruiting policy advocacy and social and behavior change (SBC) staff; communications; collecting and organizing data; and imparting specific skills, such as use of Excel and M&E. The flexibility of LCI's design allowed APC to concentrate on non-advocacy-specific technical assistance at times.

Lessons learned: Given the characteristics of many of the local organizations working in HIV, support is needed to improve their overall organizational administration and communication skills. The original 12 months allocated for technical assistance was insufficient for local NGOs.

Human resources

Human resource challenges were common across organizations. Many of the grantees did not have the personnel required to engage key stakeholders, support robust policy advocacy engagement, or mobilize key constituents. APC collaborated with LCI partners to identify, recruit, and train personnel to work on M&E, policy advocacy, and SBC. While the mandate for LCI grantees was to strengthen HIV and AIDS

services for KPs, some had limted or no experience working with these populations. In these cases, APC provided additional training on how to work with KPs.

As part of LCI's specific mandate to strengthen grantees' ability to conduct effective advocacy to support the services needed for KPs, it was clear that these organizations had to greatly improve their ability to collect, analyze, manipulate, and present data to support their advocacy agendas. All grantees, no matter their size, struggled to find staff to complete these critical tasks. While there are now grantee staff in place who have developed greatly their skills in data collection and analysis, most organizations struggle with staff retention, and the regular flow of staff turnover continues to present challenges, especially for smaller organizations where key tasks hinge on a small core of people. In Thailand, for example, one grantee had four different chief of parties (COPs) during its LCI grant, while in Zimbabwe and Guyana, several SBC and M&E staff left. While staff turnover is expected in any organization, it highlights the fragile nature of giving assistance to small NGOs: when someone leaves, the work may be stalled or taken over by staff who have less expertise.

Lessons learned: Staff need many skills to advocate for KPs or any constituency. All plans to strengthen local organizations' ability to advocate for HIV treatment and prevention for KPs must address these HR issues. As much as possible, training interventions should not center only on staff who have the "correct" title: the more these skills are distributed among staff, the higher the likelihood of sustainability.

Consortia

In some countries, LCI awards were made to a single organization, while in others the award was made to a consortium of three or four organizations, with one as the lead. Working with consortia posed multiple challenges. Some of the more nascent organizations were not used to collaborating, and some saw each other as competition. The relationships among consortium members were often not fluid enough to ensure productive partnerships. In some countries, APC spent considerable time aligning priorities and developing scopes of work to ensure good working relationships. In other countries, organizations started as consortia, and then continued with just one or two organizations, sometimes driven by a strong partner. In cases where consortia worked together well, the partnership strengthened the individual organizations and enhanced sustainability by giving them access to a range of capabilities.

Lessons learned: Working and funding a consortium can, in some countries, have the most impact country-wide and may be the best mechanism for training and skills-building. But this may not work for other countries; in some places, LCI found great mistrust among consortium members. If the decision is to place emphasis on TA and/or funding a consortium, the TA provider must be prepared to address political and inter-organizational issues.

Using local offices for TA provision

In countries where we had existing JSI or FHI360 country offices, and in some cases actual APC offices, we were able to tap into our staff knowledge of the terrain to improve TA delivery. In other instances, LCI partners had ongoing collaborations with our country offices using other U.S. Government funding, which presented a new set of issues in separating the work. When possible, APC utilized cost savings by

leveraging local office capacity, including administration and operational support. There were many cases in which the local technical staff had no extra time as they worked to meet their own PEPFAR targets. It was often suggested and tried to hire someone local part-time to move LCI TA forward; but in most cases, the offer of a part-time position did not attract highly-qualified people, so much of the assistance came from the U.S.-based advisors.

Lessons learned: If there is enough funding, one of the most efficient avenues to provide continuous TA to local organizations is to place a full-time technical person within the TA provider's office. The overall assistance provided by LCI in all countries would have been enhanced by having someone on the ground full-time to work with grantees and liaise with the U.S.-based staff. However, if the TA is highly skilled, the program should lower expectations of finding a qualified person who would be willing to take a part-time position.

Timeframe

By original design, many of the LCI partners needing TA had less than 18 months for APC to provide it. In some cases, the LCI grantees did not even have the appropriate staff in place for the capacity-building TA to begin. In these instances, we had to guide staff recruitment and organization orientation before we could begin offering the TA. Things were often done rapidly and staff would have benefited from more time to absorb and apply new skills. Even when there was more than two years of intermittent assistance, there were cases when another year of follow-up would have benefited the grantee. For example, while the scorecard activities were among the most popular and successful initiatives, they stopped short of being fully institutionalized and tracked over time due to the limitations of the TA timeframe. With a longer timeframe for the TA, these activities could have been more effective and sustainable.

Lessons learned: The less-than-two-years to provide needed technical assistance was not enough for most grantees reach sustainability.

Working with third-party TA

Since LCI funds were issued directly from U.S. Government to partners, APC encountered some organizations that were initially resistant to receiving TA from a third party. While Mission and LCI committee members mitigated this hurdle with introductions to the TA providers, additional time and effort was needed to motivate some partners to work with APC.

Lessons learned: Allocate time and effort to introduce third-party TA providers to grantees.

RECOMMENDATIONS FOR FUTURE CAPACITY-BUILDING PROJECTS

- 1. Larger, More Established Local Partners for Short Term Projects: While great work is being done by some very small organizations, their long-term sustainability will always be in question due to their limited staff. It may be better to work with larger, more established local organizations, if available.
- 2. Require Specific Local Partner Technical Capacity: When selecting a local NGO, consider making it a pre-requisite that more than one person is proficient in certain areas of work before receiving an award. From our experience, the most important areas may be M&E and IT/data capture and analysis.
- 3. Provide Flexible Technical Assistance for Local Partners: No matter the technical aim of the assistance, plan to meet each grantee's needs; a holistic approach might be best. It is important to keep flexibility in the design of the project to allow the TA provider to make adjustments if needed.
- 4. Embed TA Staff Where Possible: Structure the TA and budget to allow hiring a full-time person at the local level.
- 5. Consortia Context Can Impact Program Efficacy: Consider using consortia on a country-bycountry basis, depending on national context and local organizations' willingness.
- 6. Recognize Project Timelines Impact on Program Sustainability:Design programs with longer timeframes to increase the likelihood that interventions will be institutionalized.
- Recognize Specific Needs of Local Organizations When Designing Assessment Tools: Use an assessment tool that can be tailored to the needs of LCI grantees' organizational maturity levels. It might be best to conduct the assessment before awarding direct funding to a local organization.

ANNEX I: BOTSWANA COUNTRY REPORT

TA period: March 2016–March 2018

Grantee: Botswana Family Welfare Association (BOFWA)

Partners:

- Botswana Network on Ethics, Law and HIV/AIDS (BONELA).
- Nkaikela Youth Group (Nkaikela).
- Men for Health & Gender Justice (Men for Health).

Reach: National, regional, and district levels

Purpose of the LCI TA: Strengthen the capacity of BOFWA and its partners to support implementation of the Botswana Key Populations Advocacy Communication and Social Mobilization (ACSM) project.

Grantee profile

Botswana Family Welfare Association implements ACSM project in collaboration with its partners (the consortium). The goal of the ACSM project is to improve access to high-quality services for KPs through advocacy, communication, and social mobilization with the following specific objectives: 1) ensure an enabling environment for improved access to services for KPs; 2) contribute to an improved legal and policy framework for service delivery for KPs; and 3) to reduce stigma and discrimination against KPs in the project areas.

Assessment of **BOFWA** and its partners

APC facilitated a self-assessment of the consortium from May 31 to June 3, 2016. The first day of the assessment focused on BOFWA's organizational development capacity, which included a review of the definition and performance ideal of each organizational development area, followed by a short discussion of BOFWA staff capacity. All four partner organizations participated in the next three days of the assessment and reviewed 11 advocacy domains. Participants engaged in lengthy discussions on their technical capacity and experience, then ranked the capacity of each organization in the advocacy domains. Using the assessment tool, the group discussed all high-priority and low-capacity indicators and identified key themes for technical assistance.

Assessment findings

Overall, BOFWA and its partners have areas of high capacity with strong opportunities to build capacity within the consortium and among KPs to engage in advocacy,

All partners have strong systems for policy monitoring. BOFWA, Men for Health and Gender Justice, and Nkaikela have strong capacity in policy analysis. BONELA, Men for Health, and Nkaikela have strong systems for policy advocacy and communication.

BOFWA is strong in networking and multi-sectoral collaboration. BONELA is strong in capacity building. Nkaikela and Men for Health are strong in representing the voice of KPs. Each organization has the capacity to strengthen that of other consortium members.

As a result of the assessment, the consortium determined a need for strategic planning and governance to ensure that it could achieve the objectives of the ACSM project. Consortium members also noted the importance of developing systems and tools to guide advocacy efforts. This included the development of a clear policy advocacy strategy, systems to engage and lead the advocacy agenda, communication plans, and an M&E plan and tools. BOFWA and its partners discussed the need for TA in data collection and analysis; translation of data and development of effective messages for decisionmakers, including drafting data-driven stories and advocacy messages for the consortium and KPs. Finally, consortium members agreed on the importance of documenting advocacy success stories.

TA provided

Considering the assessment results, APC proposed a blend of technical assistance. The first component focused on organizational development with the goal of strengthening BOFWA and consortium capacity to get U.S. Government funds. The second component focused on technical capacity including policy advocacy, M&E, and effective communication and documentation. Staff from BOFWA and its partners participated in all the trainings.

Grant and Project	Management Capacity
Development of consortium governance documents	Conducted a three-day workshop for eight participants focusing on strengthening relationships and communications between partners and developing consortium governance documents. The training included review of the ACSM award, discussion of what makes a good partner, development of shared vision and goals for the consortium, and elements of planning required for successful collaboration.
Support to management of U.S. Government funds	Conducted a training that included concepts from the detailed implementation and management planning workshop. The main topics were understanding types of agreements (with focus on cooperative agreements), effective project cycle management, USAID standard provisions, financial reporting and management, and cost principles of USAID cooperative agreements. The training included three days of group work as well as one-on-one technical assistance with each of the four organizations.
Technical Capacit	y .
Policy advocacy strategy development	Conducted a five-day training for 16 participants on advocacy concepts, including common types of policy change, basic steps to develop an advocacy strategy including conducting a root cause analysis and reviewing the landscape, and the importance and use of data in policy advocacy efforts.
Monitoring and evaluation	 Trained 11 participants on the core M&E elements, with a focus on ACSM project activities. The training included a review of the performance monitoring and evaluation plan tables for all consortium partners.
Communications	Conducted a workshop for 15 participants on documenting and using success stories and data to develop effective communications materials. The training gave participants a framework and tools to determine what communication products would support their goals, what types of data would be needed for policy advocacy work, and how to translate data for different audiences.

TA result highlights

Building a high-performing consortium

When APC started working with BOFWA and its partners, the ACSM consortium was in its infancy. The four organizations, led by BOFWA, were working to build trust and a common understanding of project objectives. By the time TA came to an end, APC observed improvement in how the organizations worked and communicated with each other. The consortium now has a fully-developed memorandum of understanding that outlines principles, goals, objectives, roles, responsibilities, and communication guidelines. This is in addition to the contractual relationship between BOFWA and the three sub-awardees, as well as a clear communication strategy. The consortium also has an advocacy strategy plan that was finalized in 2017.

Following the final training on documenting successes and data visualization, the consortium noted that the training taught them how best to present data. They have since developed improved reports and advocacy and communication materials. For example, they have produced policy briefs in poster format that will be converted to letters for each member of parliament. They are also working on the design of fact sheets and SOPs for clinical activities.

Grant and project management capacity

To ensure good management of U.S. Government funds, APC trained BOFWA and consortium members in relevant administrative areas, resulting in greater capacity in how to solicit, receive, and manage direct U.S. Government funding. With APC's support for strategy development, the consortium members now participate in the development of an advocacy plan to improve uptake of HIV services by key and vulnerable populations. Consortium member staff are aware of formal policymaking and implementation processes and decision-making bodies at national and local levels and can identify where policy actions should emerge. Consortium members now draw on their increased capacity in M&E for policy advocacy and use M&E outcomes to contribute to and inform future policy and advocacy activities. Based on APC's training in communication, consortium members have increased skills to collect, analyze, and synthesize data on their policy activities; they now collect and use compelling data to make cases for policy change on behalf of key and other vulnerable populations.

Challenges

• **Project structure and team building.** The structure of ACSM presented challenges to TA provision. Each of the four organizations brought unique and complementary expertise to the consortium. While all the organizations were familiar with the others' work and had in some cases collaborated previously, it took time for the consortium to come together under this new contractual mechanism. This experience highlighted the importance of allowing time and space for partner organizations to build trust among themselves.

TA-supported grantee successes

Advocacy at the highest levels of government as a team

In March 2018, the consortium conducted two of its first coordinated activities, addressing the Botswana Parliament Health Committee and the Gaborone City Full Council. The purpose was to advocate for legislation that takes a humanrights approach in the delivery of health services. The group called for parliament to publicly support programs and policies that reduce stigma and discrimination against female sex workers and men who have sex with men; protect the human rights of all key population cohorts; and ensure that every case of violence against sex workers and men who have sex with men is thoroughly investigated. USAID was represented by the deputy health director and the program development specialist, HIV and AIDS M&E. USAID colleagues

"Both the staff members and the organization benefited greatly from this [strategic development] training as our advocacy efforts were strengthened. It is through this training that we managed to develop a functional advocacy strategy."

ACSM project team member

who attended the meeting with parliamentarians praised the systematic nature of the advocacy process and the fact that advocacy interventions were precise, well-targeted, and executed with fidelity—largely as a result of the advocacy strategy training and other TA activities. The consortium received overwhelming support and encouragement from its addressees at both meetings. The consortium is now preparing to address the full Parliament of Botswana and the House of Chiefs.

Presentation at International AIDS Conference 2018

Nkaikela Youth Group noticed a curious phenomenon while reviewing data collected under the ACSM project that suggested that female sex workers in Gaborone did not experience gender-based violence. This contradicted information gathered during informal interactions with female sex workers as well as qualitative data collected in other countries. Nkaikela took the initiative to explore this phenomenon by collecting stories of female sex workers through in-depth interviews and focus group discussions. The group originally intended to use evidence gathered to support advocacy efforts with the police, health care providers, and other stakeholders. Using data visualization skills developed at the LCI communication training as well as data collected during the course of the ACSM project, Nkaikela went a step further and submitted an abstract for a poster on "Exploring Gender-Based Violence Experienced by Female Sex Workers in Gaborone, Botswana" to the 2018 International AIDS Conference. The poster was accepted, and a representative of Nkaikela presented the poster at the conference. She also participated in other conference sessions and local site visits to health facilities.

Finalization of legal landscape analysis

BONELA, as part of its scope of work under ACSM, developed a detailed legal landscape analysis on policies related to KPs and access to health services. This landscape was reviewed and discussed during the policy strategy training and updated based on inputs from both consortium members and LCI TA

providers. This document provided foundational understanding of the policy development process in their setting and informed how the consortium identified advocacy targets and potential partnerships.

ANNEX 2: CAMEROON COUNTRY REPORT

TA period: August 2014 to January 2018

Grantee: Cameroon Baptist Convention Health Board (CBCHB)

Reach: Northwest and southwest regions of Cameroon

Purpose of the LCI TA: To strengthen CBCHB's capacity for policy advocacy to create an enabling environment for prevention of mother-to-child transmission (PMTCT) of HIV to ensure long-term sustainability and local leadership in HIV and safe motherhood initiatives.



Official launching of CBCHB's Policy Advocacy Strategy, April 14, 2016.

Grantee profile

CBCHB was selected as the LCI grantee to build capacity within rural councils and district management teams to provide sustainable, high-quality HIV and AIDS services, specifically for PMTCT. As part of the project, CBCHB used policy advocacy tactics to revitalize and build the capacity of district management teams and rural councils for good governance, co-financing, co-management, and sustainability of community health services.

Assessment

APC facilitated a participatory self-assessment from August 18–20, 2014. The assessment reviewed CBCHB's policy, advocacy, and organizational management systems, as well as the organization's strengths within the assessment tool's 11 advocacy domains. Participants engaged in lengthy discussions about their technical capacity and experience, then ranked the capacity of their organization in the advocacy domains.

Assessment findings

- CBCHB staff ranked themselves highly in organizational systems capacities including management systems and governance.
- Staff noted their strengths in networking and multi-sectoral coordination.
- Staff noted the need for strengthening policy monitoring, resource mobilization, policy analysis, policy advocacy and communication, resource mobilization, and capacity-building.

Based on the assessment findings, CBCHB reviewed the indicators ranked as low-capacity for the organization but high importance for its LCI work and, and based on this, prioritized capacity strengthening in the following areas: development of strategy and M&E of policy advocacy; capacity-building methodologies; understanding advocacy and policy processes; internal capacity for policy advocacy, and understanding CBCHB's niche in the advocacy landscape.

These TA areas were intended to strengthen CBCHB's ability to support local health councils in overcoming barriers to accessing PMTCT services. The development of the policy advocacy strategy and monitoring system was to help CBCHB staff focus and plan advocacy efforts, learn the process and cycle of policy advocacy, and gather meaningful data to create effective advocacy materials and activities. In addition, by mapping the advocacy process in Cameroon, CBCHB staff would be able to better understand the opportunities for influencing upcoming legislation. CBCHB chose to focus on strengthening capacity-building methodologies to reach local health councils with policy advocacy capacity-building TA. CBCHB hired a policy advocacy advisor to sustain the strengthened technical capacity and to plan future advocacy efforts.

TA provided

Policy Advocacy	
Internal capacity strengthening	 Worked with CBCHB to finalize a job description for a policy and advocacy advisor and provided feedback on all candidates for the position.
Policy advocacy strategy development	 Conducted two trainings focused on advocacy concepts and vocabulary; identifying policy change solutions to address local health challenges; identifying components of a policy advocacy strategy using a framework; and acquiring essential skills to become effective policy advocates. The first training was organized for CBCHB staff. The second was for health board staff. Following the training workshop, supported the finalization of CBCHB's policy advocacy strategy.
Capacity- building methodologies	 Provided TA to develop SOPs for capacity-building with local health councils. Conducted workshops to review the three versions of SOPs developed in conjunction with CBCHB staff. The SOPs focus on planning and facilitating a strong assessment; planning and implementing a strong training program; and designing and delivering facilitative supervision programs.
Advocacy and policy processes	 Supported CBCHB to enforce the dialogue structures policy and guidelines in the regions through review of the policy landscape and dialogue structures in Cameroon. Provided TA for communication materials developed by CBCHB for enforcement of the dialogue structures policy.
Understanding CBCHB niche in the advocacy landscape	 Supported CBCHB to develop an inventory of resources available in-country outside direct health services. Conducted workshops on the development of capability statements for CBCHB's advocacy unit.
Supplemental TA: data visualization	 CBCHB responded to APC's request for proposals for supplemental TA and requested training on data visualization. Specifically, CBCHB requested training on the basics of data visualization, best practices, and guidelines.

Based on the priorities, APC proposed a blend of TA activities, including both in-person training with CBCHB staff as well as virtual technical support.

TA result highlights

Advocacy technical working group

With TA support, CBCHB formed and sustained an advocacy technical working group.

Policy advocacy strategy

CBCHB developed a policy advocacy strategy with three major objectives, as well as metrics of success that could measure standards of a functioning dialogue structure within a health area to regional levels. The advocacy strategy helped CBCHB upgrade health dialogue structure policies in Cameroon. With new performance indicators, CBCHB was able to work with regional health teams to revise the modalities for the selection of community representatives into the dialogue structures. "The spirit of this project was to empower people to master the steps necessary to strengthen their organization's internal capacity in many areas, including advocacy, so that they would be able to do without the original implementers. The LCI project focused on teaching grantees to fish and worked to provide them with the skills necessary so that they could teach others how to fish. This is how we worked to promote capacity strengthening sustainably."

Flavien Ndonko, LCI advocacy consultant

Standard operating procedures

With APC support, CBCHB finalized SOPs that will guide all future capacity-building activities within the organization and its projects. The SOPs covered capacity assessments, trainings, and supportive supervision.

Challenges

• Timeframe of the TA. CBCHB is one of the country's largest health providers but was new to policy advocacy. Much of the first year of TA focused on developing understanding of policy advocacy versus behavior change communication, and determining how policy advocacy would fit within the organization itself. This was challenging due to the initial one-year timeline for TA provision. However, through discussions with the funder and CBCHB, APC was able to extend the TA timeframe. By ensuring that sufficient time was spent on these foundational discussions and activities, advocacy is now a sustainable and permanent part of CBCHB.

TA-supported grantee successes

Development of the advocacy unit

The advocacy technical working group that was created after the initial institutional capacity assessment transitioned into a more sustainable internal advocacy unit (A-Unit), providing TA to internal CBCHB units and serving as a leader in health advocacy in the broader NGO community in Cameroon. The inception of the A-Unit was the starting point for widespread organizational improvements for CBCHB and organizations that worked closely with them. Three such improvements were:

- Integrating advocacy capability statements into the organizational structure.
- Hiring staff to be exclusively involved in advocacy on behalf of the organization.
- Training all staff in advocacy competencies.

Ministry of Health follow-on

Technical assistance provided under LCI resulted in increased capacity for policy and advocacy. There were many other incidental ways that CBCHB grew as an organization. The CBCHB gained relationshipbuilding and managerial skills, which was noticed by the MOH and as a result, the MOH is now interested in working with the CBCHB A-Unit to build capacity in tool development, dialogue structures, and election processes. The TA that LCI provided has enabled CBCHB to serve as a sustainable TA source to the government of Cameroon, as well as other local organizations.

Empowering regional- and district-level NGOs

LCI worked with CBCHB to develop different tools and skill sets that could be used to improve the quality of its work in areas such as knowledge management, documenting success stories, and monitoring programs. The mayor of one of the target health areas attended a training focused on advocacy, then went back to his constituents and developed a health monitoring system for his district. The skills gained in the training led by LCI are transferable to other organizations and can result in the sustainable strengthening of other local NGOs across Cameroon.

ANNEX 3: DOMINICAN REPUBLIC COUNTRY REPORT

TA period: August 2015–July 2017

Grantee: Instituto Nacional de la Salud (INSALUD)

Partners:

- la Coalición ONG Sida
- Alianza ONG
- el Instituto Dominicano de Desarrollo Integral
- Centro de Investigación y Apoyo Cultural
- Fundacion Plentidud



JSI's Merce Gasco works with INSALUD members on a resource mobilization plan, Santo Domingo, November 2016.

Reach: INSALUD and NGOs work nationwide, advocating at national and district levels. A micro-network pilot was initiated in Santo Domingo-Este.

Purpose of the LCI TA: Build the capacity of NGOs to advocate for and mobilize domestic resources through the consortium led by INSALUD. This will help NGOs provide HIV care and support to KPs.

Grantee profile

INSALUD, a private nonprofit public health organization created in 1993, leads a consortium of more than 70 NGOs working to provide an integrated package of health services to key and other vulnerable populations. Working in collaboration with five of the consortium's NGOs, INSALUD became the prime recipient and managing partner of the LCI grant. These six organizations comprised the executive committee for the grant. As APC's TA gained momentum, a larger group of 20 of the most engaged NGOs received direct TA from APC. INSALUD's goal is to develop and implement a national sustainability strategy for NGOs working with KPs and people living with HIV in the Dominican Republic. Through the LCI grant, the consortium intended to establish a concrete and effective organizational management board; employ a gender focus and improve the social environment and communication of KP sectors; and promote establishment of a multi-sectoral service network of public and private sectors, foundations, NGOs, and community organizations.

Assessment

APC conducted a capacity assessment workshop in August 2015, which assessed INSALUD and the executive committee member organizations in a variety of areas related to enhancing policy and advocacy programming and organizational sustainability.

Assessment findings

- Need to strengthen administrative functions for grant administration.
- Need for an advocacy plan that supports the consortium's goals.
- Need for an M&E plan to monitor grant work and advocacy goals, specifically.
- Need for a communications plan and support to develop communications materials.

The assessment resulted in an action plan that was used to guide the TA. It was clear from the organizational capacity assessment tool that, before the technical work could begin, some key administrative functions within INSALUD needed to be strengthened to appropriately manage USAID funds to implement the grant. All respondents to the end-of-project survey mentioned that the initial assessment appropriately described strengths and weaknesses and that the TA plan reflected that.

TA provided

The first year of assistance focused on solidifying the INSALUD's ability to lead the consortium and manage the U.S. Government grant. This TA included organizational capacity that strengthened INSALUD's administrative and management functions, increased its understanding of U.S. Government regulations, and enabled it to manage a U.S. Government grant. After that period, APC expanded its support to the executive board, putting in place advocacy, communications, and M&E plans to support the consortiums goals.

By 2016, one year into the partnership, INSALUD was able to lead the consortium, and the smaller group of six NGOs had established a good working relationship. APC shifted its focus to the capacity of the consortium to support a group of the 20 most influential NGOs that were identified as leaders. APC provided TA to these larger and more established NGOs, with the aim of the strengthened capacities cascading down to the smaller groups to cover the more than 70 organizations.

Because the mission assessed that more support was needed due to the challenges the project was facing, the timeline and funding was extended. The remaining year of TA focused on resource mobilization, business development, and sustainability. Through three workshops, APC promoted dialogue between the NGOs, building skills like negotiation, consensus building, and networking. Participants analyzed the broader national context for their organizations and co-designed strategies to maximize domestic resources. The workshops helped the NGOs to conceptualize the idea of forming micro-networks that would give them more leverage to purchase services for KPs. A workshop helped the NGOs to develop network implementation plans.

Organizational	✓	Conducted a USAID rules and regulations workshop.
capacity	✓	Assessed internal M&E systems and developed an M&E plan for the project.
	✓	Developed a workplan and management plan for the project.

	 Provided operations-level TA, including resources on fixed amount awards and guidance on pre-
	award assessments.
Advocacy, M&E,	 Developed an advocacy strategy aligned with the consortium's objectives to influence policy makers
and	relevant to KPs.
communications	 Trained INSALUD and other consortium staff on advocacy strategy.
	 Created a "how-to" manual for the advocacy strategy for new consortium members.
	\checkmark Developed an M&E plan for the advocacy plan.
	\checkmark Conducted a workshop with consortium members to validate the M&E plan and tools.
	✓ Developed a consortium-wide communications plan for the project.
	\checkmark Conducted a communications workshop with all consortium members, covering the advocacy and
	the communications plans.
	✓ Created and disseminated key advocacy and communications materials.
Resource	✓ Conducted two resource mobilization workshops that included proposal development sessions.
mobilization and	 Conducted a business and communications planning workshop for consortium members.
networking	

TA result highlights

Enabling strategic planning

APC's TA helped the NGOs develop strategies to meet project goal. APC's external facilitation created a safe place for NGOs to create the strategies and plans that allowed the micro networks to be formed. This collaboration made the NGOs realize that they could achieve more together.

Flexibility of the TA

Respondents of the end-of-project survey praised the flexibility of the TA and the ability to tailor support to the needs of the NGOs. NGOs had very different needs, which changed over time—APC was flexible in responding to both.

Contents of the TA

The NGOs benefitted greatly from the external expertise in areas such as policy and advocacy. They were very pleased with the advocacy plan, communications plan, and resource mobilization training. All NGOs found the capacity-building TA relevant to their work, country, and project.

Challenges

Working with INSALUD versus the consortium

Initially, the U.S. Government requested that we work not only with INSALUD, but also with the consortium, on basic organizational development skills. The organizations had such different needs that this proved difficult. APC adapted the TA plan by first focusing on the organizational development skills of INSALUD, then focusing on technical skills—M&E, policy, and communications—that could be transferred to the wider group.

Human resource scarcity

INSALUD was thinly staffed with administrative capacity for this project. As a result, the team's ability to operationalize some of the organizational skills building was limited.

Prioritizing longer-term strategies

While the NGOs have much potential, they struggle to be strategic because of the immediate need to search for funding. While the APC TA provided a platform for developing strategies, follow-through after the workshops was often difficult given the pressing priorities of this ongoing search.

TA-supported grantee successes

"We've been able to push for regulations that enable our NGOs to contract with the public health insurance, SENASA, to provide health prevention and promotion services to key populations, in addition to other vulnerable populations. Without APC TA to support us in establishing a foundation for the NGOs, we would not have gotten to this point."

Giselle Scanlon, executive director, INSALUD

Building a micro-network of NGOs

Establishing integrated, functional NGO networks that complement the public health system enables vulnerable and hidden populations to access services, which means the health system is better able to respond to the HIV epidemic. In the early 2000s, NGOs began forming micro-networks to ensure that people affected by HIV would continue to have access to a range of high-quality health care services in the wake of both decreased donor funding and health reforms. NGO network members must be capable of providing primary health care services that are integrated with the public health system. By partnering with the Oncology Institute, an NGO with many years of experience, one of the micro-networks was able to provide services to patients and managing billing. This allows the network to provide services that fill critical gaps in the public health system and make it more responsive to the health needs of all citizens, including the most vulnerable. With TA from APC, INSALUD and consortium members developed four micro-networks with governing councils, administrative

management systems, referral systems, clinical protocols, etc. to provide basic health services. Three of these micro-networks are still in the development phase.

Building an NGO cooperative

NGOs in the DR have long considered establishing a cooperative that can serve as a savings and credit union. In 2015, faced with decreasing international funds and limited resources for service delivery and advocacy, INSALUD and the consortium decided to move forward with this idea. As part of a larger NGO sustainability strategy, APC's supported the process of registering the cooperative "*Cooperativa de Ahorros, Créditos y Servicios Múltiples en Atención Primaria de Salud*" (COOP-APS) in 2017. Upon registration, COOP-APS elected a management committee to oversee business and enlarge its membership. The COOP-APS headquarters is based at the well-known Dominican NGO "*Centro de Orientación e Investigación Integral* (COIN)" and currently has 135 NGOs and individual members. The cooperative supports member NGOs and their affiliates by serving as a savings and credit union, supports economies of scale by collective purchasing of supplies, services, drugs, etc., and provides services that are crucial to maintain cost-effective services.

ANNEX 4: GHANA COUNTRY REPORT

TA period: June 2016–May 2018

Grantee: SEND Ghana

Partners:

- Penplusbytes
- Ghana News Agency

Reach: 20 districts in the Greater Accra, Eastern, Northern, and Volta regions.

Purpose of the LCI TA: To strengthen the HIV components of the People for Health (P4H) project though organizational capacity-building activities.



Working with district stakeholders, P4H organizes interactive gatherings called 'durbars' to educate about people on HIV and link them to testing and treatment.

Grantee profile

SEND Ghana is managing partner of the P4H project, which supports interventions to reduce inequities in health service delivery through promoting good-governance practices in accountability, transparency, equity, and participation in district and national systems for service delivery, planning, and M&E. Implemented from 2016–2021, P4H is an integrated health governance project that cuts across several health areas, including HIV; family planning and reproductive health; nutrition; malaria; and water, sanitation, and hygiene. The project's target groups include KPs such as female sex workers, men who have sex with men, people living with HIV, persons with disabilities, pregnant women, breastfeeding mothers, children under five years, and youth groups. P4H's objectives are to: 1) strengthen technical and leadership capacity of NGOs to advocate and organize communities; 2) empower civil society organizations to engage citizens to demand and participate in health service delivery and advocate for their interests; and 3) strengthen NGOs' ability to monitor government institutions, officials, and policy processes.

Assessment

APC conducted a participatory capacity assessment of SEND Ghana to help determine TA priorities and develop an action plan to guide activities. These TA priorities included HIV and AIDS capacity development, including KP sensitivity training; strategy development; M&E; data visualization and use; and communications. The Ghana USAID Mission reviewed the action plan to ensure that activities aligned with others to enhance P4H's capacity.

Assessment findings

- Self-evaluation for individual PH4 staff:
 - Higher scores in policy analysis, monitoring, advocacy, and communication.
 - Medium scores in policy implementation barriers.
 - Lower scores for M&E, networking, and multi-sectoral coordination, accountability systems, and policy dialogue.
- Participatory organizational capacity assessment:
 - Higher scores in understanding policy processes, developing materials, leveraging networks, and using citizen-generated data. However, staff indicated difficulty translating this expertise into an implementation strategy with measureable actions.
 - Lower scores in advocacy planning, policy monitoring, and measuring progress and outcomes.
 - Although P4H staff believed they had sufficient skills in several technical health areas, they lacked knowledge and expertise in HIV and AIDS.
 - Lowest scores in developing health service standards, addressing discriminatory guidelines and procedures, and engaging key populations advocacy efforts—all critical to meeting PEPFAR requirements and project objectives.

TA provided

APC and P4H worked together to ensure that TA met local needs. To help P4H achieve its primary goal of improving HIV and AIDS services, APC sought to first strengthen foundational skills and knowledge among P4H staff. APC maintained flexibility to adjust to P4H's varying needs over the two-year period of support.

HIV capacity development	 Encouraged SEND team to take Global Health eLearning courses to improve HIV knowledge. Sent the team HIV-related resources. Held sensitization/advocacy with empathy workshop to develop NGO capacity to engage with KPs. Conducted gender & HIV training-of-trainers workshop.
Strategy development	 ✓ Provided TA for project strategies, frameworks, and annual workplans. ✓ Supported development of an advocacy plan.
M&E	 Provided remote TA on project activity monitoring and evaluation plan and monitoring systems design. Provided feedback on the participatory M&E manual, central to the project approach. Provided M&E and data-management coaching. Conducted community scorecard development workshop and subsequent remote and in-person TA to develop the scorecard, its SOPs, pilot and finalize it, coordinate data collection and management logistics, and create data visualizations. Reviewed and assisted with design of P4H reporting platform advisory board structure, including inperson TA on strengthening KP involvement. Reviewed reporting portal and provided feedback.
Data	 Conducted data visualization training and communications strategy workshop.
visualization and	 Provided subsequent weekly data visualization coaching. Source and Pathene limited for deviced Tables, limited to the subsequence of the su
use	 ✓ Supported P4H application for donated Tableau licenses. ✓ Provide support to develop community scorecard data dashboards.

Communications	 Supported development of a communications strategy, including conducting a SMART objectives workshop to help measure project goals. Held success story for advocacy workshop. Supported communications strategy updates and development of tools to advance project communications.
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TA result highlights

ΗΙΥ ΤΑ

SEND Ghana staff considerably improved HIV technical expertise during the implementation period. The P4H director said APC's support helped project staff "understand and develop confidence and skills to talk with key populations and people living with HIV...and the particularities of KPs and to work and how to engage in advocacy...we did not have the skills or experience [previously]." APC provided trainings for specific HIV topics, such as engaging KPs, which explored nuances of defining KPs, and to develop empathy for their experiences to promote thoughtful consideration of these perspectives when developing advocacy messages and materials. One SEND Ghana staff indicated that his understanding had improved considerably since the project's onset. He admitted previous difficulty understanding men who have sex with men, but had learned much more about their experiences, particularly related to stigmatization, and how to improve programming as a result.

Community scorecard

TA to SEND Ghana and the P4H project largely focused on data processes: collection, visualization, dashboard application/tool development and implementation, and use in advocacy. With APC's support, P4H used the scorecard tool to generate community-level data through a participatory process, which included an initial pilot, revisions, rollout, continuous data management, and data analysis to understand issues affecting

"If you look at the quality of our reports now, data visualization is a strength."

Director, P4H

access to treatment services. P4H also used the tool to empower communities to solve problems. Because the scorecard is administered quarterly, and it was first rolled out in spring 2018, the project has not yet been able to use its data for advocacy. However, P4H staff highlighted data visualization skillbuilding and support during community scorecard activities as successful examples of the TA that APC provided.

Success story for advocacy workshop

As P4H drew into its third year, it faced increasing pressure to show success. However, staff indicated that they lacked confidence in their writing skills. APC provided TA to fill this gap through a workshop on success stories for advocacy, which was attended by nine of SEND Ghana's technical staff. Attendees said that before the workshop they had difficulty conceptualizing how documenting project successes and lessons contributed to the bigger picture for the global community focused on HIV, overall health,

and advocacy. The project director indicated that the workshop, in addition to other communications TA, was "extremely useful" and "established a foundation that we can build on" in the future. As a result of the workshop, P4H published five success stories.

Challenges

- **Staff turnover.** P4H experienced staff turnover, which underscored the importance of institutional memory, documenting activities, and working with organizations to ensure staffing continuity.
- **Understaffing.** For a while, there was no communications point of contact, which made it difficult for P4H to develop a communications strategy. SEND Ghana hired a communications assistant and a communications consultant to develop content that reflects P4H's work.
- **Defining priorities.** While APC worked with P4H to tailor TA to local needs and priorities, the process of distilling and prioritizing TA areas required ongoing and open communication about respective roles and project- and organization-wide goals. Ultimately, these discussions and negotiations permitted APC and SEND Ghana to cultivate a positive, productive relationship.

TA-supported grantee successes

HIV and AIDS education

P4H's educational efforts improved people's awareness of HIV and AIDS, which consequently streamlined their linkages to testing and treatment.

Data for advocacy

The community scorecard was rolled out in 10 communities in 10 districts as of April 2018 and will continue to generate data for local-level advocacy for improving access to and quality of HIV and AIDS services. The scorecard is also a tool for community problem-solving.

A model for civil society action

The scorecard is highly relevant to P4H's Goal 2, "to empower civil society to engage citizens to demand and participate in health service delivery and advocate for their interests." As such, the scorecard might serve as one of P4H's legacy tools for improvement, replication, and application by NGOs working in HIV and AIDS in Ghana.

Inclusion of KPs

P4H's development and rollout of the community scorecard helped engage KPs, including people living with HIV, in conversations about accessing health services and reducing stigma and discrimination. The scorecard complemented the project's other accomplishments, which included ensuring KP participation on district health management committees to give them a platform for advocacy, and rolling out a patient charter and related communications materials to inform citizens of their right to high-quality health services.

ANNEX 5: GUYANA COUNTRY REPORT

TA period: December 2015-May 2018

Grantee: The Volunteer Youth Corps (VYC)

Partners:

None

Reach: All 10 regions of Guyana

Purpose of the LCI TA: To strengthen the capacity of the National Coordinating Coalition (NCC) to support NGOs working on HIV and AIDS prevention, care, and treatment.



The voluntary counseling and testing room at the offices of Artistes in Direct Support (AIDS) in Georgetown, Guyana. Photo: Joshua Yospyn.

Grantee profile

The VYC is an NGO working to strengthen the health, economic, and social sectors in Guyana. As the LCI grantee in Guyana, VYC had a three-year cooperative agreement with USAID/Guyana called the Guyana Civil Society Leadership (GCSL) project, implemented between 2015 and 2018. The GCSL project aimed to improve the coordination of civil society organizations' response to the HIV epidemic. To this end, GCSL was tasked with strengthening the NCC, a consortium of 36 NGOs focused on reducing the impact of HIV and advocating other health and social issues, such as lesbian, gay, bisexual, transgender, and queer people's rights; suicide prevention; crime reduction; prison reform; and youth empowerment. The GCSL project's objectives were: 1) strengthen the NCC network of civil society organizations for greater impact and sustainability of the national HIV response; 2) increase capacity of the NCC to advocate for critical issues; and 3) promote an enabling environment for civil society to remain a significant part of the national HIV response. The NCC member NGOs partnered with health facilities across Guyana to improve service delivery to KPs and reduce the impact of HIV.

Assessment

In December 2015, APC conducted an assessment of VYC's organizational capacity. The assessment determined TA priorities and helped develop an action plan, which served as a foundation for the GCSL project's work for the next three years. The assessment comprised a self-evaluation for individual staff of VYCs policy, advocacy, and implementation capacity, and a participatory component to assess VYC's broader organizational capacity.

Assessment findings

VYC ranked highest in policy analysis, networking, and multi-sectoral coordination, with high performance in building coalitions and networks to improve policy and programming for youth.

- VYC ranked lowest in accountability systems, such as understanding policy barriers and approaches for holding government accountable.
- There were technical knowledge gaps in health services, including stated procedures and the degree to which those procedures were followed, particularly for HIV and AIDS.
- Because many VYC staff were new to the organization, the assessment identified a need to strengthen strategic planning and interaction with the board of directors, many of whom were also new.

VYC staff identified a need to strengthen M&E and data collection to support policy analysis and communication; in other words, to turn knowledge about policy implementation barriers into actions that result in change, and to measure the impact of those actions. Staff also recognized M&E as a core function within both the GCSL project and VYC more broadly.

At the organizational level, priorities included improving resource mobilization to ensure longer-term sustainability of the NCC; building NGO capacity to implement policy and improve access to health services; and improving knowledge of government funding cycles to better structure GCSL programmatic work.

TA provided

Advocacy	 Supported development and implementation of an advocacy plan, including advocacy for a Patient Bill of Rights. Provided TA to plan and roll out NCC member policy and advocacy capacity assessments. Supported development of a communications plan for advocacy.
Communications	 Conducted a workshop on documenting and writing success stories for advocacy and provided one-on-one TA to several NCC-member NGOs. Worked with VYC to create and produce a video focused on VYC's and the NCC's work for future advocacy endeavors. Supported development of an NCC infographic to highlight its history and ongoing work to facilitate future support and partnerships.
Project management and strategic planning	 Supported assessment & completed analysis of NCC capacity for proposal writing. Provided training of NCC-member NGOs on proposal writing. Supported development of a concept note to begin response to a European Union (EU) request for application. Developed organizational capacity guide and tool for transition of the NCC (a working document) from VYC to an independent entity.
M&E	 Supported development and rollout of the community scorecard tool, which NGOs used for data collection and feedback on client perceptions of care related to the Patient Bill of Rights. Supported construction of a dynamic data dashboard in Tableau. Provided training for VYC and NCC NGOs on using Excel to create data entry forms, automate data processing, and use pivot tables for analysis. Provided ongoing support to VYC to collect and analyze scorecard data. Conducted a workshop with NCC members on data management, visualization, and using data for advocacy. Provided one-on-one TA to several NCC-member NGOs on data management and visualization.

APC provided the following TA to support the GCSL project's action plan.

TA result highlights

Community scorecard

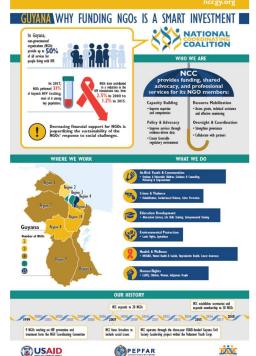
APC provided TA to VYC and the NCC to develop a facility-based scorecard to measure client satisfaction in relation to Guyana's Patient Bill of Rights. In collaboration with a range of NCC NGOs, VYC administered the scorecard in partner facilities to improve service provision to KPs. VYC learned to monitor, manage, and analyze the data and use it to improve service quality and inform advocacy through visually appealing data dashboards. APC provided support at every step of the process, including cultivating a high level of proficiency in Tableau software for the project's M&E officer, who was excited to have a "software that is used to...tell the story of what's going on on the ground with patients in terms of their access to health services." The NGOs discussed results of the scorecard (patients' feedback) with senior officials at the Ministry of Public Health, resulting in a request from the Ministry to expand their sensitization activities to additional hospitals and clinics within the six regions where they were working. Due to the NGOs' intervention, the Patient Bill of Rights is now visible at health facilities in the targeted regions.

Improved advocacy abilities

APC provided support to VYC and the other NCC NGO staff in using data for advocacy in collection, management, analysis, and visualization of quantitative data and in identifying and writing success stories to share with policy and other audiences. Workshop participants and recipients of one-onone TA expressed appreciation of APC's interactive approaches as well as the "positive and vibrant method of teaching." One person indicated that trainees would "definitely be better advocates after this [training]," and another said s/he would "be using these methods to improve... data collection."

Fostering independence

Throughout the GCSL project, and especially during the final year, VYC focused on bolstering the NCC and supporting its transition to become an independent entity upon conclusion



of the project. To support VYC in this effort, APC helped develop an organizational capacity guide and tool to help the NCC stay on track during its first year without GCSL and direct VYC support. To support future advocacy efforts, APC provided communications support to develop a video and infographic about the NCC. One VYC staff expressed that "[APC support] brought our visions alive and we can assure you that [the] work has truly assisted the NCC in its endeavors." In June 2018, upon conclusion of the GCSL project, the NCC became an independent entity. The NCC and its members will continue to be strengthened through multi-sectoral resource mobilization and partnerships to ensure continued sustainability and growth.

Challenges

- **Staff turnover.** Transitions in staff over the three years affected the continuity of the work, but fortunately, VYC was able to continue activities with a dynamic team that was quick to learn new skills.
- Communicating to a large network. Larger networks often require more time and resources for communication and coordination. As the lead NCC NGO, VYC had to learn how to best convene and work with a range of organizations with different technical focuses, funding levels and sources, and organizational capacity. Over time, VYC increasingly became adept at managing these challenges.

TA-supported grantee successes

Mobilizing resources

As a result of the project's technical assistance in proposal writing, NCC members gained valuable skills that bolstered their long-term sustainability. Equipped with these new skills and APC's support in applying for funding, three NGOs were successful in receiving EU grants. In addition, NCC received a Global Fund grant to execute a tuberculosis project in four of Guyana's 10 regions.

Growing and formalizing the NCC

A critical success over the course of the GCSL project was VYC's significant strides in advancing the NCC through expanding its membership, strengthening the organizational and technical capacity of its members, and maximizing its collective impact to advance key health and social issues in Guyana. In 2015, VYC oversaw the NCC's registration as a legal nonprofit and finalized its governance structure. By 2018, VYC grew the NCC's membership to 38 NGOs and finally transitioned the NCC to operate as an independent entity.

Using scorecard data for advocacy

VYC staff acknowledged the scorecard as one of the successes of the GCSL project, as it helped identify gaps in HIV service delivery from the facility level up to the ministerial level. Toward the end of the GCSL project, VYC shared the dashboard with facility data with national MOH staff. The VYC director said that this data was of great interest to them, and that this "[APC's support served] to equip us with the skills to really analyze that data and present it in a way that can help us to inform decision making at the ministerial level."

M&E officer, GCSL project

initial meeting "went two hours later than scheduled; not our doing but on request from the partners, they just weren't leaving without delving into all the details from Tableau." MOH staff also expressed a desire to potentially scale up the scorecard data and integrate it into their own systems.

Developing stories for advocacy

APC trained staff from NCC NGOs to identify and write stories for advocacy during a workshop and one-on-one mentoring. As a result, local newspapers published success stories from seven NGOs.

ANNEX 6: INDIA COUNTRY REPORT

TA period: April 2017 to September 2018

Grantee: Alliance India

Reach: Chhattisgarh, Madhya Pradesh, and Odisha.

Purpose of the LCI TA: To provide capacity building for Alliance India/Nirantar staff to develop and implement strategies for improvements in HIV and AIDS service delivery and advocacy.



Meeting with counselors and community members.

Grantee profile

Alliance India serves KPs in HIV prevention, care, and support, sexual and reproductive health, and harm reduction and drug use. The Alliance implements the LCI Nirantar Project, supported by a grant from the CDC under PEPFAR. Nirantar is a three-year project designed to build the capacity of 150 NGOs to implement a series of government-funded interventions targeted to improve access to and use of HIV test, care, and treatment services among KPs. Specifically, the project seeks to: 1) enhance the capacity of NGOs implementing targeted interventions and develop the skills and competency of service providers to ensure uptake by KPs; 2) help create an environment that enables greater access to health services and social welfare schemes by KPs; and 3) develop crisis response systems to reduce violence, stigma, and discrimination to reduce vulnerability among KPs. Program interventions are also designed to develop KP leadership within the HIV policy and services environment. The project identifies legal and policy barriers that inhibit KP access to and use of HIV services and, through proactive advocacy at all levels of the health system, the Alliance coordinates with community, state, and national government groups to remove these barriers.

Assessment

APC did not conduct an assessment of this project.

TA provided

In partnership with LCI colleagues, APC initiated TA by conducting a three-day advocacy planning and project review workshop with the Nirantar Project team. The workshop focused on defining strategic advocacy goals and aligning them to both Nirantar objectives and PEPFAR's 90-90-90 goals. The Nirantar team created an action plan for implementing the advocacy strategy and identified metrics for

monitoring, measuring, and reporting advocacy efforts. The Alliance implemented the community scorecard, a tool that facilitates discussion among clients and health care providers and enables them to work together to identify and undertake advocacy actions.

APC partnered with Nirantar to design the scorecard and SOPs for implementation at treatment and integrated counseling and testing centers (ICTCs). The goal was to use the scorecard to monitor and improve access to HIV test-and-start and treatment services and identify solutions that health facilities could implement in partnership with KP partners within the community. Nirantar staff were also trained in data analysis and dashboard development. In September 2017, the team rolled out the scorecard in pilot ICTC and treatment centers, while orienting district health offices, state AIDS control societies, and the National AIDS Control Organization to the scorecard tool.

Midway through the pilot, the APC team returned to India to help the Nirantar team adjust the scorecard tool and the dashboard.. Nirantar and Alliance staff learned to use Tableau to display scorecard data effectively. Deployment continued into 2018 as the Nirantar team used the scorecard to collect successive rounds of data and monitor the effectiveness of advocacy actions and overall improvements in HIV services for KPs.

APC also assisted the Nirantar team with ongoing data analysis. The project coached M&E analysts to clean collected scorecard data, organize the data for Tableau to be displayed in the dashboard, and identified methods for collecting and managing the data more effectively. APC also trained the Nirantar team to identify key stakeholders and advocate using scorecard data, including preparing a pitch and presenting it to stakeholders in a practice meeting. The Nirantar team learned to write advocacy stories that build on data analysis and interviews with stakeholders and beneficiaries.

Advocacy	 Conducted a three-day advocacy planning and project review workshop for the Nirantar Project team.
	 ✓ Trained project staff to use scorecard data for advocacy. ✓ Conducted a three-day workshop on how to identify key stakeholders who should receive the scorecard dashboard and how to advocate to them.
	 Trained project staff to write success stories based on advocacy data and how to pitch the information to stakeholders.
Data visualization	✓ Conducted community scorecard workshop.
and use	 Designed a scorecard and SOPs for implementing it.
	✓ Taught staff to use Tableau to develop a dashboard for analyzing and monitoring scorecard data.
	 Rolled out the scorecard in pilot ICTC and treatment centers.
	\checkmark Conducted one-week training to adjust the scorecard before the second round of data collection.
	 Provided one-on-one coaching to Nirantar M&E analysts on how to clean and organize scorecard
	data for Tableau to be displayed in the dashboard.

TA result highlights

Capacity building in data use and advocacy

With training from APC, the Nirantar team expanded technical skills in collecting and displaying data for use in policy advocacy, and advocating for improved access to HIV services. The technical skills included policy advocacy, scorecard theory and development, data management and visualization, Excel and Tableau, and using data and analysis for advocacy. The team also developed an advocacy plan focused on

encouraging key decision-makers to push for policy changes that will improve KPs access to HIV services.

Data collection

In collaboration with the APC team, Nirantar developed and deployed the scorecard tool in Chhattisgarh, Madhya Pradesh, and Odisha across 23 Targeted Intervention facilities and 16 health facilities, covering 466 health care staff and 1,526 KP representatives during the pilot phase. Alliance India staff continue data collection independently. The Nirantar M&E team has expanded its ability to collect, clean, input, and analyze data using Excel and Tableau.

Challenges

• Short time period. The six-month period of the project meant that APC was only able to collaborate with the Nirantar team through two rounds of scorecard data collection. As such, the effectiveness of the scorecard is still being determined. Also, because of the short timeframe, APC was not able to support the Nirantar team in applying scorecard data to advocacy efforts.

TA-supported grantee successes

Using scorecard data for advocacy

The scorecard enabled Nirantar to engage state-level advocacy coalitions to take up priorities and advocacy actions to reduce stigma, violence, and policy-level gaps. The project also used scorecard-generated data to enhance capacity development and inform policy advocacy to improve NGO performance toward a more engaged and impactful national HIV response for KPs.

ANNEX 7: PAPUA NEW GUINEA COUNTRY REPORT

TA period: October 2014–October 2018

Grantee: Hope Worldwide (HWW)

Partners: N/A

Reach: Two districts within the National Capital District: Moresby South and Port Moresby Northeast

Purpose of the LCI TA: To enable NGOs to apply for and manage funding, and to build the capacity of HWW to support HIV services for KPs.

Grantee profile

In 2016, HWW was awarded funding through the U.S. Ambassadors Small grant program. HWW's goal for the grant was to reduce barriers to access to HIV prevention, care, and treatment services for KPs in two districts in Papua New Guinea. Through this funding, HWW aimed to identify KP representatives to be a part of the country coordinating mechanism for future Global Fund programming and engaged in the PNG National HIV/AIDS Strategic Planning.

Assessment

As HWW was funded through an alternate funding mechanism, the LCI steering committee elected not to undertake the standard LCI assessment. Instead, APC staff in PNG and CDC staff from Atlanta and PNG met with Hope Worldwide representatives and discussed challenges to grant implementation and U.S. Government expectations. As a result of this conversation, a few priorities for TA emerged. They included support for documentation and report writing, M&E, sub-grant management, and KP programming. The proposed TA was documented and agreed to within a memorandum of understanding.

TA provided

Prior to working with HWW, APC provided TA to NGOs in Papua New Guinea in an effort to enable them to successfully apply for U.S. Government funding. In September 2014, the CDC had issued a funding opportunity announcement to identify an LCI grantee in Papua New Guinea. No local NGO was able to submit an application. Considering the lack of responses, the U.S. Government including representatives from the CDC, USAID, and the U.S. Embassy in Papua New Guinea, held a series of community fora with presumed applicants and other community-based organizations in early 2015 to

discuss challenges and barriers to applying for funding. This initial assessment underscored that NGOs did not have the fiscal or operational capacity to apply for or manage large amounts of U.S. Government funding.

In late 2015 and mid-2016, APC delivered two pre-award trainings to fill the proposal development skills gap. Invitations were sent to all organizations that attended the U.S. Government listening session in 2015, as well as organizations identified by APC's country office, and other national stakeholders. The participating NGOs were mostly engaged in public health work, including maternal and child health, women empowerment, and HIV and AIDS. Participants paid for their own travel and accommodations.

Pre-award TA for NGOs

Registration	✓ Trained participants to register with the System for Award Management (SAM) and obtain a
	DUNS number, which are two requirements for submitting a U.S. Government grant proposal.
	In addition, participants were introduced to grants.gov and trained to navigate the site.
Proposal	\checkmark Trained participants on how to respond to funding announcements from donors in the region
development	such as Australia's Department of Foreign Affairs and Trade, U.S. Government, and the U.S.
	Ambassador's office. The training focused on analyzing and being responsive to specific
	components of a funding announcement. Participants practiced skills by responding to old
	funding announcements from donors and each organization left with a refined capability
	statement.
	✓ On request of participants, developed 10 "tip sheets" to support future grant application
	efforts. Tip sheets respond to frequently asked questions about the proposal development
	process. They cover budgeting, partnerships, staffing, proposal design and more. Printed tip
	sheets were given to local organizations for their use.
	 Provided various organizations with proposal review and suggestions on how to improve the
	responsiveness to the funding notification document.

After the second workshop, CDC redirected funding to flow through an Ambassador's Small Grant. Other local organizations had applied and implemented through this funding mechanism, which has smaller amounts of money that do not flow through the grants.gov system and have fewer application requirements. The grant was awarded to HWW and APC worked provided TA in the areas outlined in the memorandum of understanding.

TA for HWW

Program	\checkmark Supported development of a workplan to enable HWW to track activities, outcomes, and
management	align budgets.
Documentation/	✓ Reviewed and provided comments on previous quarterly reports to improve future
report writing	reports.
	✓ Developed a single-page "briefer" to capture key report highlights. The subsequent
	quarterly report was notably improved in data analysis and reporting.
M&E	 Reviewed data collection forms and provided suggestions for improvement.
	✓ Co-facilitated refresher training for sub-awardees on the data collection process.
	 Provided support to developing a qualitative data collection plan in response grantee
	questions.
Sub-grant	✓ Reviewed HWW financial controls and provided tips to strengthen controls and sub-
management	granting to ensure readiness to sub-grant U.S. Government funds.

	✓ Helped develop a financial SOP document to guide staff and sub-awardees to manage sub- awards.
Support for KP programming	 Provided HWW with the national standards for peer outreach work and supported the retraining of all outreach workers. Through a review of materials, APC found that the peer
	outreach work was not aligned with national standards and that the training did not employ adult learning methods.
	 Helped HWW develop guidelines for conducting support group meetings for people living with HIV.
	 Reviewed referral cards and enhanced communication between the program teams and clinicians, which allowed more accurate tracking of referrals and results.

TA result highlights

Registration completed for most organizations

All 15 of the organizations that attended the registration training began the registration process on DUNS, SAM, and NATO Commercial and Government Entity Code. Twelve received a DUNS number and 10 were able to finalize the SAM registration. Three organizations did not meet requirements or did not have the necessary items to complete registration.

Increased capabilities for resource mobilization

All 10 organizations that attended the proposal development training left with updated capability statements. Three organizations submitted four proposals for outside funding, of which three were funded. "The TA support made a great impact on staff capacity. The knowledge and ideas shared with us in the short timeframe helped us a lot and we look forward to making this project better. But most importantly we want to share the knowledge we gained for our NGOs and CBOs partners for their benefits in the long term so they can address community needs once the project comes to an end."

Hope Worldwide

Stronger program management

The TA enhanced HWW's program management skills through the introduction of the first workplan. It also ensured that financial management is practiced with strong controls and oversight of sub-grants.

Challenges

Low capacity and lack of infrastructure

While NGOs working with APC accomplished a great deal in this time period, the baseline level of NGO capacity to implement programs in PNG is low. This, coupled with infrastructure issues such as isolated areas, and lack of internet, made resource mobilization and registration for U.S. Government grants particularly tricky.

TA-supported grantee successes

Increase in the number and quality of grant applications

Despite challenges, the TA resulted in the many accomplishments outlined above. With CDC's adaptations to the granting process, NGOs were able to have greater engagement with the U.S. Government and consider future applications. The U.S. government, as illustrated by the quote here, also saw improvements from NGO applications, and the relationships built may yield more engagement in the future.

"Indeed, I can say that the quality of applications was improved over historical submission from the same organizations."

Agatha Pio, U.S. Government

Enhanced peer outreach

Through a review of materials, APC recognized that the peer outreach work was not in alignment with national standards and that the training did not use adult learning methods. APC provided HWW with the national standards for peer outreach work and supported the retraining of all outreach workers. As a result, HWW's peer outreach work now matches national standards and has been adapted to meet the needs of KPs seeking HIV prevention, care, and treatment services in PNG.

ANNEX 8: ASIA REGIONAL REPORT

TA period: December 2015–June 2018

Grantee: Raks Thai Foundation

Partners:

- Lao Positive Health Association
- Service Workers In Group
 Foundation
- Foundation for AIDS Rights
- Vietnam Network of People Living with HIV
- Association of People Living with HIV/AIDS



A web created during the advocacy words activity during the developing policy advocacy strategies workshop in Bangkok, January 2018.

Reach: Organizations and individuals in Laos, Vietnam, and Thailand.

Purpose of the LCI TA: To strengthen the consortium's ability to provide TA to individual organizations in Laos, Vietnam, and Thailand to prevent policies preventing access to HIV services for KPs.

Grantee profile

The LCI grant for Asia Regional was awarded to a consortium led by the Raks Thai Foundation (Raks Thai), working across Thailand, Laos, and Vietnam. Its goal was to build a consortium to support national responses to HIV and AIDS through by: 1) improved technical and organizational capacity of consortium partners to provide effective, cost-efficient, and sustainable TA to enhance, broaden, and expand local and regional civil society advocacy efforts; and 2) improved capacity of local and regional NGOs to issue and award small grants to advocate for improved programs and policies for KPs, and increased accountability of national HIV and AIDS responses.

Assessment

In December 2015, APC conducted a technical and organizational assessment with Raks Thai, which asked that the assessment focus on its organization as opposed to the consortium. Raks Thai subsequently used the LCI capacity assessment tool to assess consortium partners. The assessment covered policy analysis, policy monitoring, policy advocacy and communication, policy implementation barriers, networking and multi-sectoral coordination, policy dialogue, accountability systems, M&E, ability to build capacity, governance, management systems, and resource mobilization.

Assessment findings

- Overall, Raks Thai staff rated themselves highly on multi-sectoral collaboration and policy analysis, a section that emphasized having a strong understanding of the policy environment. As a Global Fund (GF) to Fight AIDS, Tuberculosis, and Malaria principal recipient, Raks Thai worked closely with many organizations and has strong networking skills. However, staff noted skills gaps in policy and communications, and M&E for advocacy.
- Staff ranked themselves lower in M&E for advocacy activities. While Raks Thai is a wellrespected capacity-development organization and has worked with numerous GF grantees in the region, staff noted that they had not delivered advocacy TA in the past.
- Raks Thai staff ranked themselves lower in accountability systems, as they do not see themselves as holding decision makers accountable. Instead, they suggest solutions, discuss policy options, and speak on behalf and raise awareness of community issues.

Based on the assessment, APC and Raks Thai designed an action plan for TA that would incorporate consortium partners when feasible. The plan was reviewed and approved by U.S. Government.

TA provided

APC began delivering TA in January 2016, first reviewing and giving feedback on the consortium's performance management plan. All trainings and workshops that followed included Raks Thai and consortium members. Through a primer training on the policy development cycle, the consortium came to consensus on the core skills needed to conduct effective policy advocacy, which informed the content areas of the capacity-development curricula that was part of its programmatic deliverables.

In a subsequent workshop, each country developed an outline for a policy advocacy strategy focused on a specific policy barrier. APC provided guidelines and resources on management of U.S. Government funding and targeted program management support during the time of transition for the consortium. APC provided resources and tools and reviewed and provided feedback on policy briefs. APC staff also reviewed the curriculum outline produced by the consortium and provided feedback on the theoretical underpinnings of the work.

In January 2017, APC held a visioning workshop that resulted in an updated M&E plan and a framework for the policy advocacy curriculum. APC staff provided extensive feedback and comments on the curriculum objectives, outline, and content to ensure it matched cooperative agreement requirements. In addition, APC provided resources on policy briefs and the concept of policy monitoring. APC designed a module for a workshop on policy monitoring that could be incorporated into existing APC or consortium-specific trainings.

At the request of the consortium, APC conducted a workshop on data use and visualization for decision makers. Consortium members invited several local organizations that were participating in the consortium's training curriculum. Participants used their own data sets to develop compelling visuals and presented them to each other.

The USAID/Regional Development Mission for Asia (RDMA) team asked APC to give its advocacy strategy development training to a larger group of local partners. APC delivered this training in January 2018 to the three remaining consortium members, the Thai Red Cross, and several local partners in

Thailand. In addition, APC prepared curricula on developing policy advocacy strategies for the Thailandbased consortium and other LCI partners. APC followed up with the Laos and Thailand teams to review tricky components of their strategies and immediate implementation actions. As the LCI program was coming to an end, organizations had to secure outside funding for their activities and next steps. By the end of the TA, three of the four groups had taken steps to implement activities.

Strengthening of performance management plan	 Submitted revised program logic model and a streamlined performance management plan to USAID/RDMA.
Workshop on policy development cycle	 Approved definition of policy advocacy. Agreement on proposed advocacy curriculum topics for local organizations, to be developed by the consortium.
Policy advocacy strategy development workshop	 ✓ Outlined three country-specific advocacy strategies. ✓ Key steps taken toward implementation of draft plans.
Policy brief development	 Developed policy brief incorporating feedback from the TA provider. Presented policy brief at stakeholder's forum.
Visioning workshop	 ✓ Agreed on program logic model. ✓ Defined core concepts of consortium curriculum.
Policy monitoring	 Prepared and vetted policy monitoring module with consortium staff.
Data analysis and visualization	 ✓ Six groups analyzed and completed visualizations of their data. ✓ One group used visualization skills to prepare a donor report.
Advocacy strategy development workshop	 Developed and presented four policy advocacy strategy frameworks. Two groups began implementing steps within the plan. One group began formative assessments to inform plan development.
Developing advocacy strategies curriculum	 Shared Thai-specific curriculum with all workshop participants. Incorporated feedback from both workshops in Thailand, and those in Botswana and Cameroon into curriculum and finalized for distribution as an LCI product.
Implementation of advocacy strategies	 Supported development of formative assessment questions and helped the Laotian group determine how to gather information for the advocacy strategy.

TA result highlights

Developing advocacy strategies curriculum

The developing advocacy strategies curriculum was enhanced significantly over the course of the project. The Thai-specific curriculum was used twice in RDMA and shared with all workshop participants. Feedback from both workshops in Thailand, as well as in Botswana and Cameroon, was incorporated into the curriculum and a finalized version was produced for distribution as a product of LCI.

Understanding advocacy activities

During the initial assessment, consortium partners equated advocacy with activism. At the end of the program, they had gained a more nuanced understanding of advocacy activities. During the program, participants discussed data collection and visualization for policy makers, identification of key targets within policy institutions, and forming working groups with key stakeholders and government officials to support policy change.

Challenges

Numerous challenges throughout the course of implementation hindered delivery, uptake, and type of TA provided. These included:

- **Personnel changes.** Staff changes at the key personnel level within the consortium and among the USAID/RDMA support staff and changes in the consortium partners made communication and planning complex. During the first year of implementation, Raks Thai made changes to key personnel and partner SWING left the consortium. Additional changes came in Year 2 as FAR left the consortium, and in Year 3 as partner VNP+ transitioned out of the consortium resigned and FAR decided to leave the consortium. A new COP not hired until November 2017. A new consortium member, APL, was added to the consortium in 2017. These factors significantly affected the provision of TA as program implementation adapted to each new staff and consortium member.
- Vision changes. As the USAID/RDMA staff changed, there were changes in the program vision, which affected deliverables and the TA needed to produce those deliverables. As vision and direction changed, the TA plan had to adapt to programmatic needs. As such, the action plan outlined at the start of the TA was discarded and became subject to agreement between consortium members, USAID/RDMA staff, and LCI mentors for Thailand.
- **Programming delays.** As USAID/RDMA addressed program scope and staffing issues within the consortium, TA was put on hold for months at a time. While the staffing changes had a net positive effect on the program, the loss of momentum and breaks in TA provision had a negative affect the anticipated outcomes.

TA-supported grantee successes

Influencing contracting standards

An issue of importance to the Thailand team was the equitable and transparent contracting of a 200-million-baht fund for HIV prevention, care, and treatment activities for KPs in Thailand. By the end of the program, through advocacy efforts and meetings, a consortium member had become part of the hospital advisory committee on contracting standards, a position that would ensure influence and inclusion of the NGO perspective. "These tools help me create a policy advocacy action plan more thoroughly and think about partnerships with new people or groups to make the plan more powerful than ever."

Kritsadakorn Sowtong, Raks Thai technical officer

Partnering for advocacy

The Asia consortium partnered with other organizations focused on the same issue and held stakeholder meetings about HIV task-shifting from nurses to trained lay workers from KP-led community-based organizations. In Vietnam, VNP+ found other organizations working on the same issue and their niche to contribute to the end goal.

Understanding their power

In all three locations—Laos, Thailand, and Vietnam—organizations understood the critical role civil society can play in influencing policy, holding policy makers accountable, and gathering and presenting data on need for and effects of policy. In Laos and Thailand, this resulted in steps toward policy advocacy.

In Laos, APL and LaoPHA conducted a round of stakeholder interviews to understand the policy landscape for ARV treatment funding in the future. This was their first foray into this realm and was a step that will inform more focused advocacy work.

In Thailand, Pink Monkey analyzed the current policy situation in the country, then organized and implemented a strategy to hold policy makers accountable.

Organizations in all countries described their expanded view of policy advocacy, and their role in advocating for better HIV prevention, care, and treatment services in their countries.

ANNEX 9: UGANDA COUNTRY REPORT

TA period: December 2016–May 2017

Grantee: THETA Uganda

Partners: N/A

Reach: Wakiso, Mukono, and Kampala Districts

Purpose of the LCI TA: To provide supplemental TA to strengthen the capacity of NGOs to represent KPs and advocate for their access to HIV and other health services.

Grantee profile

THETA Uganda is an NGO that works to improve health and access to health care by promoting collaboration between traditional and biomedical health care systems. THETA's objectives include promoting research in traditional medicine; strengthening capacity for holistic health care; building models for traditional and conventional medicine integration; and empowering communities to take charge of their health. THETA currently operates in 15 districts and partners with local district governments and other NGOs.

Assessment

N/A

TA provided

APC's TA to THETA helped to strengthen the capacity of NGOs to advocate for KPs' access to HIV and AIDS and other health services. The TA provided targeted support for the following goals: improving advocacy capacity of 15 NGOs to demand accountability from government on national commitments on most-at-risk-populations (MARPs) by the end of 2019; 2) increase in capacity to identify the legal, policy, and structural barriers that impede equitable access to high-quality HIV services for MARPs by 2019; 3) strengthening the social support and health systems to facilitate greater access to HIV services by MARPs by 2019; 4) increase participation and representation of community leaders, people living with HIV, and MARPs in the governance structures that influence health systems and services by the end of 2019; and 5) strengthen NGO capacity to secure and manage diversified funding by the end of 2019.

Advocacy, M&E, and	 Provided training and TA on advocacy planning.
communications	 Conducted an advocacy planning and M&E workshop on March 14–16, 2017. Provide training and TA on M&E and data visualization.
	 Provided ongoing remote TA to design a trend monitoring dashboard in Tableau for the community scorecard. Supported THETA's application for donated Tableau license.

TA result highlights

With TA from APC, THETA developed a scorecard and dashboard to support the organization's advocacy efforts.

ANNEX 10: ZIMBABWE COUNTRY REPORT

TA period: May 2015–April 2018

Grantee: Family AIDS Caring Trust (FACT)

Partners:

- Pangea Zimbabwe AIDS Trust
- South Africa HIV/AIDS Trust
- Zimbabwe AIDS Network
- Zimbabwe Lawyer for Human Rights

Reach: Ten communities in four provinces

Purpose of the LCI TA: To build capacity of CECHLA and its partners to engage NGOs to guide multi-level HIV and health



Health center committee members at Makonde Christian Hospital.

advocacy to improve access to high-quality services by key and vulnerable populations and to promote evidence-based accountability.

Grantee profile

FACT was the LCI grantee in Zimbabwe and the prime recipient and managing partner of the Coalition for Effective Community Health and HIV Response, Leadership and Accountability (CECHLA) project. Formed in response to PEPFAR's LCI, CECHLA was initiated to increase the number of people accessing high-quality HIV services and to improve health for Zimbabweans. Focus areas included increasing accountability and transparency of national commitments; supporting civil society networks to monitor national and community government response and commitment; reducing HIV-related stigma and discrimination for KPs; increasing ability of individuals to advocate for high-quality services in communities; and enhancing engagement and effectiveness of local NGOs in promoting an efficient and sustainable health system for HIV and AIDS response. In addition to FACT, four NGO partners and seven community-based organizations supported the CECHLA project at the district and community levels.

Assessment

In May 2015, APC conducted a participatory assessment of FACT and each of the four partner NGOs to review their policy, advocacy, and organizational systems capacity. This was the first activity the partners did as a group, and it facilitated understanding of the project's complexity and the skills that each partner brought to the project. The assessment helped partners to identify TA priorities and, following the assessment, APC and CECHLA developed an action plan that prioritized revising project organization structures, developing strategic and advocacy plans, developing policy/communications

materials, improving data sharing, availability, and use, and bolstering M&E. The action plan was reviewed and approved by CDC Zimbabwe.

Assessment findings

- Self-evaluation for individual staff:
 - Ranked themselves high in understanding policy processes, accessing data, engaging stakeholders, gender, community engagement, service delivery, and barriers to accessing services.
 - Were less confident in turning this knowledge into an implementation plan with concrete and measureable actions, advocacy planning, policy communication, and NGO capacity building.
- Participatory organizational capacity assessment:
 - Generally, the capacity scaling scores were low, which participants explained as a result of disjointed work streams. Indeed, they identified the most critical gap as a lack of a single strategic guiding document with concrete activities and joint activities.

TA provided

TA spanned three years, with the most notable results in the areas of strategic alignment and planning and M&E; namely, the community scorecard and utilizing the scorecard data for advocacy. Communications TA was critical to supporting the synthesis and dissemination of project successes.

Through an initial workshop held by APC, CECHLA was able to focus its goals into more focused 'SMART' advocacy objectives that centered on 1) promoting use of the Patients' Charter, 2) ensuring appropriate distribution and use of results-based financing funds, 3) incorporating community health into the Public Health Act, and 4) using the scorecard data to hold government accountable for the Zimbabwe national HIV and AIDS strategic plan 2015–2018 commitments to improving health services.

Advocacy	✓ Supported development of CECHLA's advocacy plan.
,	 Developed advocacy capacity to strengthen district-level health service delivery.
	 Conducted M&E to align project strategies with PEPFAR objectives and identify opportunities to use program data for decision-making and reporting.
	✓ Conducted Advocacy with Empathy: Designing for KP workshop on applying human-centered
	design (HCD) approaches to policy advocacy.
	 Developed toolkit to cascade HCD workshop to community partners.
	 Supported Empathy for KPs workshop facilitated by Gays and Lesbians of Zimbabwe.
Project	✓ Mentored FACT staff in project management.
management and	 Worked with CECHLA partners to determine data needs and advocacy communications
strategic planning	approaches.
Communications	✓ Supported development of CECHLA communications strategy and planning.
	 Conducted a workshop to help partners design clear, strategic communications materials to support advocacy objectives.
	✓ Supported revision and redesign of the Patients' Charter booklet.

APC provided the following TA to support CECHLA's action plan.

	✓ Developed customized communications design and visualization job aids.
	 Provided remote coaching on success story design and development.
M&E	✓ Built skills in data collection and M&E to improve advocacy efforts.
	✓ Developed indicators for the community scorecard dashboard.
	✓ Trained staff to create, maintain, and use the dashboard with NGOs, including analyzing data trends
	and identifying success stories and opportunities for advocacy.
	 Provided ongoing support for data analysis and use of scorecard data.
	✓ Facilitated quarterly reviews of community scorecard data to improve data use.
	✓ Obtained free Tableau licenses and provided hands-on training and ongoing support for using
	software to develop dashboards for routine reporting and data management.
	 Provided coaching on triangulating data across multiple data sets to improve quality, visualization, and use of data for decision-makers.
	✓ Supported development of an online data collection using Google Forms.
	 Collaborated with CECHLA program manager to develop two data-entry forms using Excel, one for scorecard data, the other to collect advocacy data.
	✓ Facilitated development of a secondary dashboard to track scorecard actions.
	✓ Provided hands-on training to CECHLA to expand knowledge of Excel for data analysis.
	 Provided support in finalizing a community scorecard SOP and facilitator training manual.
	 Collaborated with CECHLA to cost a project approach to using a community scorecard as a quality improvement strategy, producing a community scorecard costing tool.
	✓ Supported Nvivo training for qualitative data analysis for CECHLA staff.

TA result highlights

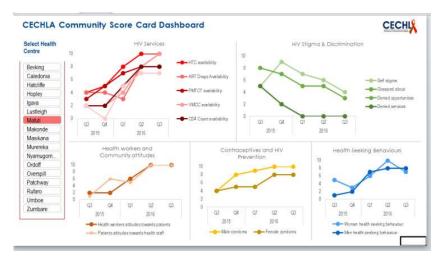
SMART objectives

According to the CECHLA coordinating officer, TA for defining and designing CECHLA's strategic plan was key to the success of the NGO consortium. He explained that initially "when we were implementing it was broad, we didn't have a sense of direction at the beginning, so [the TA] helped us in streamlining and targeting exactly what we wanted to do." He explained that the three-day workshop on developing SMART objectives for advocacy was "where the project started, that was the first critical step."

Community scorecard

A large focus of the TA was on managing and using data produced by the project's existing community scorecard. Community advocate groups comprising patients and health care providers use scorecards to evaluate access and service-delivery indicators. Scorecard data is visualized on a dashboard to monitor

how well the facility is doing with respect to these indicators. Participants regularly review the scorecard data to identify improvements and monitor change. Support to the community scorecard activity spanned the life of the project and resulted in a package of tools guiding every step of the process, from designing the scorecard to creating data visualizations and related messages for advocacy to costing the development of the scorecard process and its implementation.



Community scorecard package

- I. Community scorecard tool.
- 2. SOPs and facilitator guide.
- 3. Dashboard to view trends at the health-center level.
- 4. Advocacy tracker to monitor recommended advocacy actions and their status.
- 5. Supervision checklist to assess the quality of scorecard facilitation on multiple dimensions.
- 6. Costing tool for future organizations to adapt and implement the scorecard.

A CECHLA officer indicated that prior to APC's support he "was collecting data through the scorecard but...not in a position to actually package it in such a way that I could convince the stakeholders [to act]." He indicated that the data visualization component was particularly important to ensuring that scorecard data was presented in a digestible way "that can convince the policymakers, who are very busy with their time." Perhaps most significantly, he said the "most important thing was that [APC TA provider] didn't only just do it for us, she actually taught me how to do it, which was also very critical for capacity building for us." The data generated by the scorecard also contributed to quarterly monitoring documentation for reporting to PEPFAR.

TA approaches

Other, more general feedback was that APC's TA approaches were "brilliant" and "participatory." The CECHLA coordinator explained that the HCD approach to engaging stakeholders for advocacy was "another element that I saw very useful" that "actually created a lot of buy-in from the stakeholders." He also said that the CECHLA partners found that APC's TA trips to Zimbabwe were crucial to success: [The APC] team actually coming this side and... seeing the things in reality and understanding the context was something that I also think is very critical." He concluded that TA is most effective when "you actually come and see the community and understand the dynamics, unlike when the TA is given on the remote side."

Challenges

• Limited connectivity. Because of limited access to the internet in some areas, using Tableau was not always possible. While data management and visualization through the Tableau software was valuable, a simpler Excel-developed dashboard was more functional in the context of the project.

TA-supported grantee successes

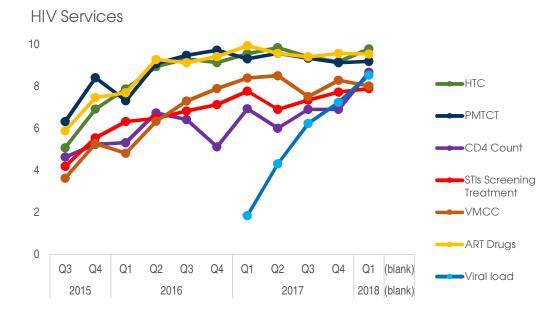
Using the community scorecard for action

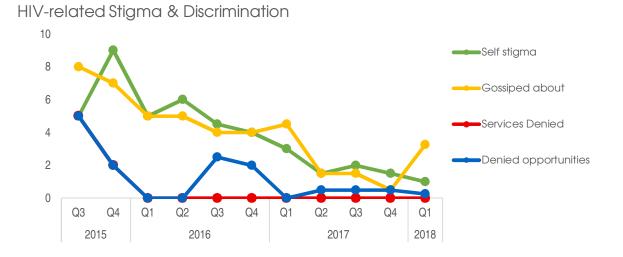
The CECHLA coordinator indicated that the scorecard dashboards enabled district health executives to understand where HIV and AIDS "service delivery was positive or negative." Because of limited funding, district-level officials are not always able to closely monitor hard-to-reach health centers, so the scorecard data that CECHLA was able to produce, distill, and present gave these stakeholders information to improve service quality. Indeed, the community scorecard dashboard between Quarter 3 of 2015 and Quarter I of 2018 reflects improvements in HIV services; reduction in HIV stigma and discrimination; and increased contraceptive use and HIV prevention (see scorecard graphs

"[district actors] had to respond in terms of [any negative] attitudes of health workers they might have toward key populations, the vulnerable populations... so I think our interventions changed a lot of things."

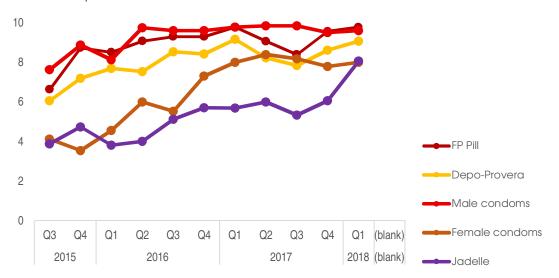
-CECHLA coordinator

below). Furthermore, the productive partnership between CECHLA and the district actors in this manner generated "buy-in of community scorecards," a promising component of future advocacy efforts.





Contraceptive & HIV Prevention



ANNEX II: LCI TECHNICAL ASSISTANCE DASHBOARD

Dominican Republic			
USG LCI mentor A Debbie Kaliel T dkaliel@usaid.gov T Mission POC/USG in- country LCI activity C manager N Mercedes Nunez Menunez@usaid.gov menunez@usaid.gov A	Assessment: August 3–6, 2015 A plan approval: eptember 2015 Current end date: Nov 2016 Additional work eriod: May–July 017	Advocacy consultants led training for INSALUD consortium staff on policy advocacy strategy. Communications workshop held on March 4 th 2015 with the grantee and other consortia members. Strategic planning and organizational development onsite STTA 3/7–3/11/16 by S. de la Torre & M. Msefer. Advocacy strategy finalized 11/2015, new 'how to' manual for the advocacy strategy for new members. Long-distance management TA support to grantee by S. de la Torre & M. Msefer; in-country management TA support to grantee by local consultant. Part II of communications workshop held April 15 th 2015 with all consortia members. Meeting covered advocacy plan, communications plans, sustainability consultant 'report out.' Communications consultant finished plan has been shared with consortium members. Workshop to review/validate the M&E plan, tools with the local consultant & grantee & consortium members. Resource mobilization workshop(s) completed July & Nov 2016. Visit by J. Posner & S. de la Torre to review LCI work/progress with grantee and mission and identified areas that needed additional support (Sept 2016). Evaluation of TA conducted 12/2016. Resource mobilization manual completed. Advocacy plan updated. Merce Gasco traveled to DR from May 7–14, 2017 to conduct a business planning and development of communications strategies workshop for NGOs that support work related to key populations with co- facilitation by INSALUD. Event has been moved to October 17th at the mission's request. All speakers (MOH, USAID, others) are lined up for the final event. LCI grantee participated in a high-level meeting attended by USAID and other major donors, MOH, and civil society. They showcased the micro-networks and how they interact with the health system.	

Guyana				
LCI grantee Volunteer Youth Corp (VYC) USG LCI mentor Britt Herstad bherstad@usaid.gov Mission POC/USG in- country LCI activity manager Edris George egeorge@usaid.gov Grantee POC Simone Sills programme.vyc@gmail.com APC POC Rachel Kearl rachel kearl@jsi.com	Assessment: Dec. 14–18, 2015 TA plan approval: January 5, 2016 End date: May 2018	 TA: Advocacy plan development with grantee Jan 25–26. TA: Sharing of data on NCC member performance in national HIV response Jan 12–14. TA: sastiance to VYC to plan rollout of policy & advocacy capacity assessments for NCC (ongoing). TA: Arril – Review and provide feedback on completed advocacy strategy (ongoing). June – Supported assessment & completed analysis of NCC capacity for proposal writing June – Provided training to NCC on proposal writing and supported breakdown of EU RFA issued while in country. TA: July – support for VYC's selection of a lead applicant and development of a concept note as the initial step for responding to EU RFA. TA: Ott 10–13, 2016: Advocacy Plan implementation support and determination of TA needs for FY17 The advocacy plan was modified to focus activities of NCC and VYC's support to NCC. It was determined that the value-add would be building community advocacy for and holding government accountable to the Patients' Bill of Rights: The action plan activities of CC and VYC's support to 1 Ncc I was determined that the value-add would be premote/virtual ongoing support to: 1) develop a tool that community NGOs can use to collect data on client perceptions of care related to the Patient Bill of Rights; and 2) develop a mechanism for data feedback to points of care. April-May: remote/virtual support in the roll out of the data collection tool; Tableau dashboard was completed; facilitated access to 2 free Tableau licenses via Tableau Foundation. Juuy: continued remote/virtual support t around maintaining the data collection tool; Tableau dashboard was completed; facilitated access to 2 free Tableau licenses via Tableau Foundation. August: traveled to Guyana Aug 7–11 to build a workplan for the remainder of their engagement under LCI and provide training in using Tableau. September-November: Provide ongoing remote suppo		

	 April: Developed organizational capacity guide and tool for transition of national coordination (a working document); finalized the NCC advocacy video; finalizing advocacy infographic. May: Finalized infographic.
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India				
LCI grantee AIDS Alliance India USG LCI mentor Chad Martin cgm8@cdc.gov Mission POC/USG in- country LCI activity manager Sampath Kumar SVKumar@cdc.gov Grantee POC Sonal Mehta smehta@allianceindia.org APC POC Rachel Kearl rachel_kearl@jsi.com	Supplemental TA Approved December 2016 End date: September 2018	 Conducted advocacy planning workshop that resulted in a goal to increase testing and treatment in the communities where the Alliance is working. This will include supporting implementation of the HIV bill and supporting communities to improve services through a community scorecard. TA visit planned for week of July 10 to coincide with the Alliance bringing in three state teams for project planning. TA will include working with the Alliance to develop state advocacy plan to support the national plan, developing community scorecard, and working with national and state teams to determine data needs, collection, and community level capacity building needs. Alliance developed an advocacy plan following the advocacy planning workshop; this plan has been adapted at the state level. July: Conducted scorecard overview and development workshop that resulted in the development of a community-based scorecard based on the advocacy plan. Pending NACO approval, it will be piloted in 3 states. Mock-ups of a data dashboard that will be used to track scorecard data developed; the dashboard will be built using Tableau. Facilitated access to 2 free Tableau licenses via Tableau Foundation. August–November: provided remote support to the scorecard pilot and prep for December in-country visit to build the scorecard data dashboard. TA December 11–15 to build the scorecard Tableau dashboard. Dashboard finalized via remote support. January: Provide nemote support for data analysis and Tableau maintenance. Conducted TA (Feb 26–March 2) to review and update the Tableau dashboard per ongoing data collection and provided data analysis support as data was inputted into dashboard. March-April: In India: on-the-job support to the Delhi data team on Tableau dashboard in preparation to end support. Remote: ongoing support to finalize the scorecard process and dashboard		

	Uganda				
LCI grantee Uganda THETA USG LCI mentor Chad Martin cgm8@cdc.gov Mission POC/USG in- country LCI activity manager Caroline Ajulong ycq1@cdc.gov Grantee POC Joseph Baguma bjoseph@thetaug.org APC POC Joan Robertson jrobertson@jsi.com	Supplemental TA Approved December 2016 End date: May 2017	 One-week trip for two staff to provide training and TA on advocacy planning; a one-week trip for one staff to provide training and TA on M&E and data visualization. Advocacy planning and M&E workshop March 14–16. Completed remote TA ongoing for community scorecard, specifically with the design of a trend monitoring dashboard in Tableau. Supported THETA application for donated Tableau license donation. 			

Zimbabwe				
LCI grantee Family Aids Caring Trust (FACT) with Coalition for Effective Community Health and HIV Response, Leadership and Accountability (CECHLA)Assess 2015USG LCI mentor Richard Poole Richard.poole@hrsa.hhs.go Y Chad Martin cgm8@cdc.govSupplen proposa Decemb (use of funds)Mission POC/USG in- country LCI activity manager Judith Chaumba ybu9@cdc.govEnd dat April 20Grantee POC Theresa Gatsi tgatsi@fact.org.zwAPC POC Rachel Kearl rachel_kearl@jsi.com	 TA and facilitation of development of advocacy plan for CECHLA. TA in project management to FACT. Determine data needs and advocacy communication approaches for CECHLA. Develop communication strategy for FACT and CECHLA. Develop customized job aids for staff for communications design and visualization (ongoing). Cone-on-one coaching with the new CECHLA coordinator. Collaborative work on additional deliverables (e.g., briefs or products in the publications plan). Deep dive on facilitation design for quarterly reviews of community scorecard data to improve how 			

 Toolkit on applying HCD approaches in policy advocacy in development by APC to support the cascade of HCD workshop to the community partners.
✓ June: alignment workshop conducted June 28–29, with additional M&E, data management, and dashboard design coaching on June 27 and 30. Focus of additional coaching was on triangulating data across multiple
data sets (community scorecard, advocacy tracker, and community scorecard supervision tool) to improve the visualization. and use of data for decision-makers at different levels, and add data quality protocols and checks to the various spreadsheets
✓ July: Ongoing coaching on the development of Tableau dashboards for routine reporting of data across data management tools will continue remotely. Actively working with the Tableau Foundation to obtain free licenses for CECHLA
 August: Support development of an online data collection form in Google Forms to collect scorecard data as well as the Tableau dashboard build. Support travel approvals for CECHLA to present on the dashboard design experience submitted to AEA, pending approvals.
 September – October: Support dashboard edits and data analysis per Q2 data collection; prep for November STTA to AEA Conference November 6-11.
 November: Support Dralee's travel to the US to present at AEA. Provide Dralee with dashboard training in DC: review scorecard dashboard and make revisions per field testing and facilitate the development of a secondary dashboard to track scorecard actions.
 December: Support ongoing data analysis of scorecard data collected in Q3 and Q4 in updated dashboard layouts. Prepare for January STTA.
✓ January: Conduct a dashboard review and data analysis support STTA.
 February – March: Provide ongoing support to data analysis and use of score card data; developing SOP for project's scorecard, including costing.
 March and April: Provided support in finalizing a scorecard SOP and facilitator training manual; STTA for Carey Spisak to Zimbabwe in mid-April to cost out a project approach to using scorecards as a quality improvement strategy.
✓ April: Finalized score card costing tool

	Botswana				
LCI grantee BOFWA USG LCI mentor Chad Martin cgm8@cdc.gov	Assessment: May 31–June 3, 2016 TA plan approval: 7/26/16	 BOFWA and partner assessment completed May 31–June 3, 2016. Assessment included BOFWA and its partners BONELA, Nkaikela, and Men for Health and Gender Justice for the policy advocacy domains. Development of consortium governance documents. Support the management of USG funds. Training on policy advocacy strategy development & M&E plan. TA on policy advocacy strategy development. TA on M&E for policy advocacy. 			
Mission POC/USG in- country LCI activity manager John (Maina) Kiranga jkiranga@usaid.gov	End date: March 2018	✓ TA on documenting and using success stories and data to develop effective communication materials.			
Grantee POC Una Ngwenya <u>unangwenya@bofwa.org.bw</u> Segolame L. Ramotlhwa <u>ramotlhwas@bofwa.org.bw</u>					
APC POC Jennifer Magalong jmagalong@fh3i60.org					

Cameroon				
(CBCHB) USG LCI mentor Renee Saunders rjs4@cdc.gov Chad Martin cgm8@cdc.gov Mission POC/USG in- country LCI activity	Assessment: August 2014 TA plan approval: December 2014 Revised TA plan approval: March 2016 End date: January 2018	 APC supported hiring of policy and advocacy advisor. APC staff and consultant led training for CBCHB staff on policy advocacy strategy development. APC staff and consultant led training for health board staff on policy advocacy strategy development. Support to the finalization of the policy advocacy strategy. Systems in place to collect, analyze, and synthesize data about policy activities. Training and use of success stories template to document and describe policy and advocacy successes. Strengthen capacity-building methodologies through development of coaching and mentoring guidance. Provide TA to develop a policy and advocacy resource mobilization strategy. Support to develop an inventory of resources available in country outside direct health services. 		

Cameroon			
LCI grantee Cameroon Baptist Convention Health Board (CBCHB) USG LCI mentor Renee Saunders ris4@cdc.gov Chad Martin cgm8@cdc.gov Mission POC/USG in- country LCI activity manager Emmanuel Kiawi hox5@cdc.gov Grantee POC Professor Pius Tih piustih@cbchealthservices. org APC POC Emily Bockh ebockh@fhi360.org	Supplemental TA proposal approved Dec 2016 End date: January 2018		Training on data visualization - the basics of data visualization, best practices, and guidelines. Provide virtual technical assistance to visualize service delivery/utilization data, regularly collected by CBCHB.

Papua New Guinea				
Grantee Hope World Wide (HWW) USG LCI mentor Chad Martin cgm8@cdc.gov Debbie Kaliel dkaliel@usaid.gov Mission POC/USG in- country LCI activity manager Steven Terrell-Perica Sit9@cdc.gov Grantee POC Amita Mehrotra amehrotra@fhi360.org	Start date: October 2014 Assessment: N/A TA plan approval: N/A End date: October 2018	 APC completed a DUNS number training for 15 organizations; 12 organizations received a DUNS number, and 10 registered with SAM. Proposal development training to CSOs designed and delivered in August of 2016 on development of proposals responsive to solicitation requirements. Development of proposal development "tip sheets" to guide CSOs participating in the proposal development training. Support for documentation/report writing to Hope Worldwide to review current reports. Template provided and integrated into current reports. TA on M&E to review data collection forms and refresher training for staff and sub-partners. TA on sub-grant management to review monitoring forms and recommendations provided to strengthen forms. TA on KP programming to align outreach worker training to national standards. 		

Asia Regional				
LCI grantee Raks ThaiAssessment: December 14- 2015USG LCI mentor Kent Klindera <u>kklindera@usaid.gov</u> Chad Martin cgm8@cdc.govAssessment: December 14- 2015Mission POC/USG in- country LCI activity manager Marisa Sanguankwamdee msanguankwamdee@usaid. govEnd date: June 2018Grantee POC Jeff Goldman ieffrey@raksthai.orgAPC POC Amita Mehrotra amehrotra@fhi360.orgImage: December 14- 2015	 Support to Raks Thai to strengthen logic model and M&E plan and realign logic model to approved workplan. M&E plan was resubmitted to USAID 			

ANNEX I2: EVALUATION OF THE LOCAL CAPACITY INITIATIVE

Evaluation of the Local Capacity Initiative (LCI)

Mary Freyder, MPH **MEASURE Evaluation** Tulane University SPHTM

July 6, 2016 **Webinar** New Orleans, LA







Global, five-year, \$180M cooperative agreement

Strategic objective:

To strengthen health information systems – the capacity to gather, interpret, and use data – so countries can make better decisions and sustain good health outcomes over time.



MEASURE Evaluation Results Framework

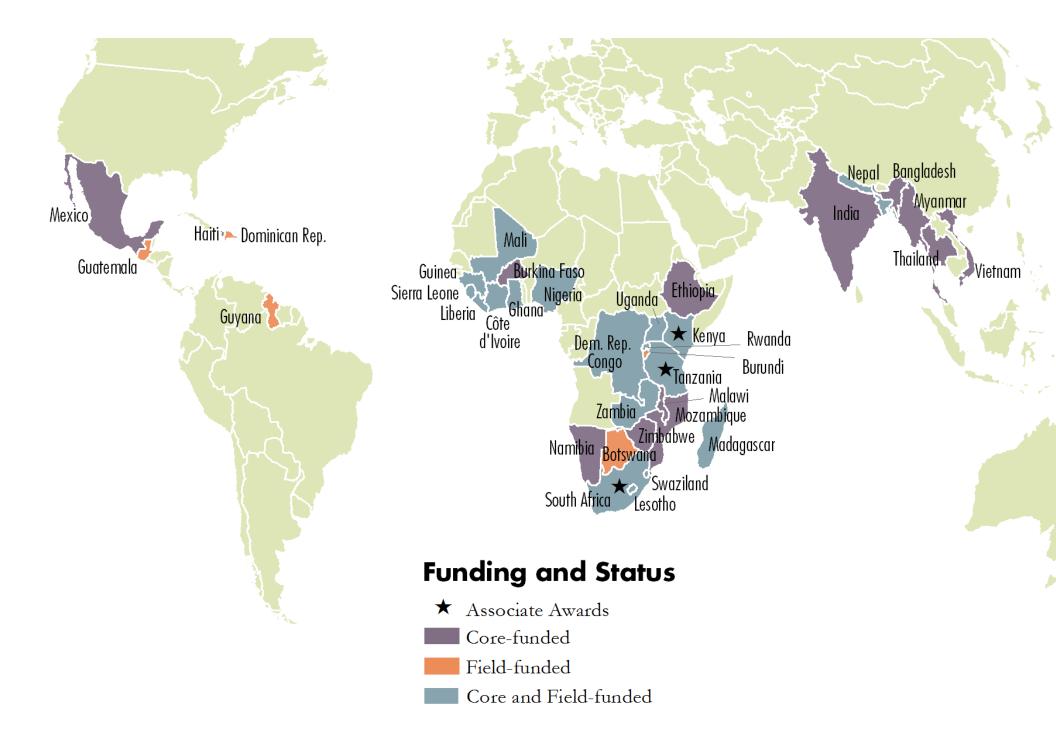
Strengthened collection, analysis, and use of **routine** health data

Improved country capacity to manage health information systems, resources, and staff

Methods, tools, and approaches improved and applied to address health information challenges and gaps

Increased capacity for rigorous evaluation

Global footprint (more than 30 countries)



LCI evaluation presentation

- Purpose of the evaluation
- Theory of change development
- The scope of the LCI evaluation
 - Systematic review
 - In-depth case series

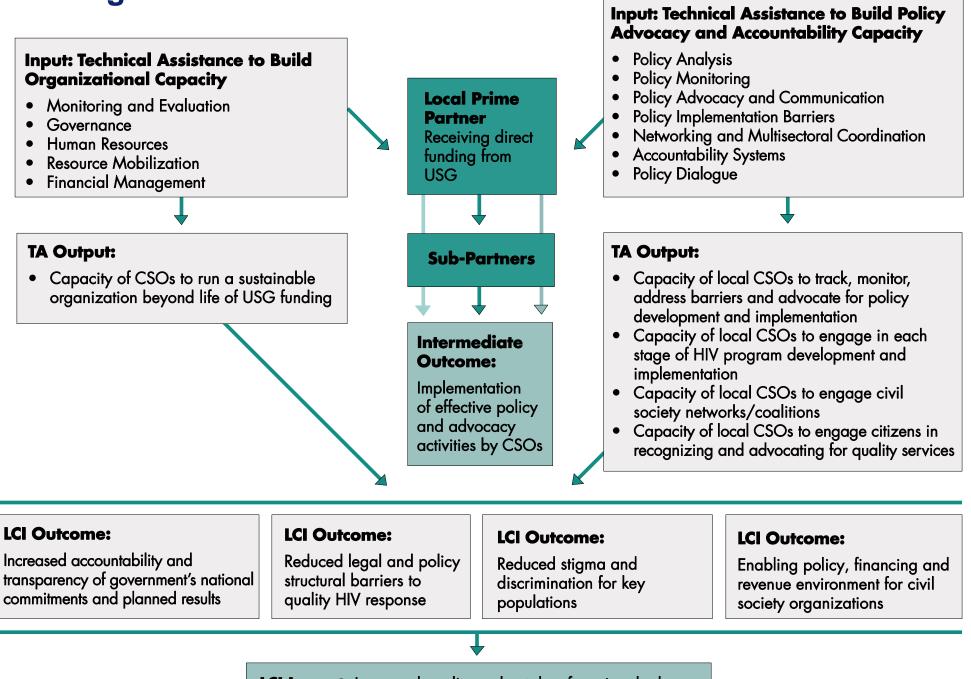
LCI evaluation team

- Katherine Andrinopoulos, PhD
- Thomas Miles, MPH
- Apollo Nkwake, PhD
- Tory Taylor, MPH

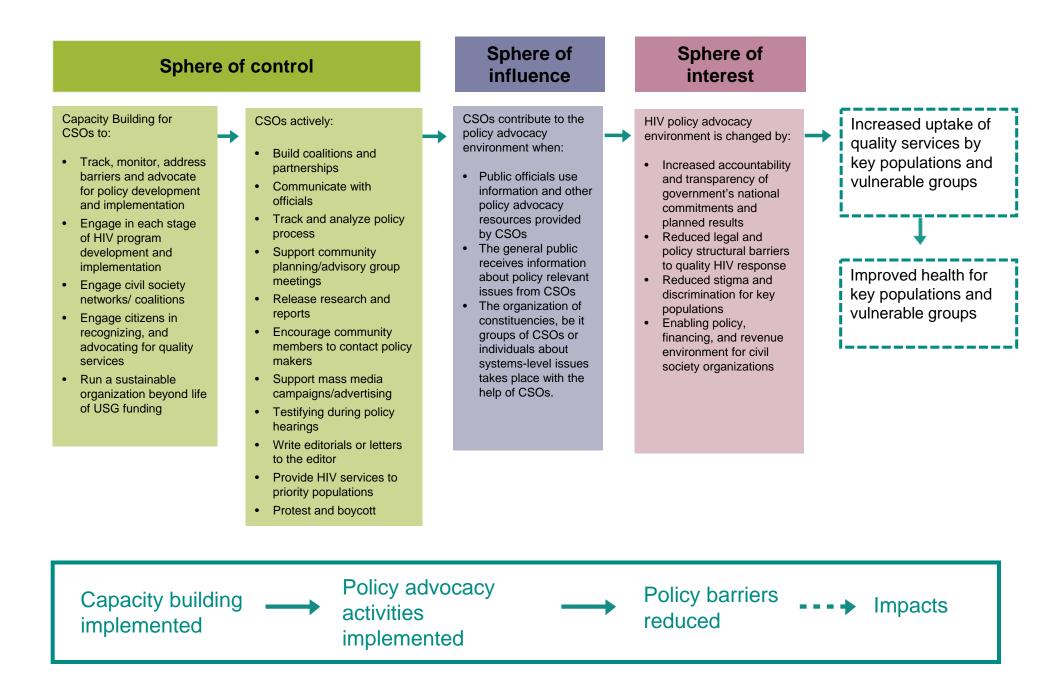
Purpose of the LCI evaluation

To describe the mechanisms by which policy advocacy engagement supports uptake of quality HIV services by key populations and vulnerable groups in order to foster learning across HIV policy advocacy capacity building projects.

LCI Logic Model



LCI Impact: Increased quality and uptake of services by key populations and other vulnerable groups



Evaluation approach

- Complexity aware
- Foster learning across LCI projects
- Case series pre and post
- Participatory ethos

Evaluation components

- Systematic review of country and regional projects
- In-depth case series in Uganda
- In-depth case series in Asia Regional Program

Systematic review objectives

- To describe how the policy advocacy process of each LCI project fit within those outlined in the literature.
- To understand the project stakeholders' perceived purpose and effects of the policy advocacy activities they are conducting.
- To analyze similarities and differences across LCI projects.

Systematic review methods

- 9 of the 14 LCI projects participated
- 60 program documents from October to December 2015
- Standardized tool for research team
- Online survey of project representatives to provide a local analysis

Grantees included in the systematic review

Country or Region	Grantee name	Assessment Date
Mozambique	Nweti Health Communication	Apr 2014
Central Asia	Central Asian Association of People Living with HIV (CAAPLHIV)	July 2014
Cameroon	Cameroon Baptist Health Convention Health Board (CBCHB)	Aug 2014
Rwanda	Umbrella of Persons with Disabilities in the Fight Against HIV and AIDS in Rwanda (UPHLS)	Oct 2014
India	India HIV/AIDS Alliance	Nov 2014
Zimbabwe	Family AIDS Caring Trust (FACT) with Coalition for Effective Community Health and HIV Response, Leadership and Accountability (CECHLA)	May 2015
Uganda	Traditional and Modern Health Practitioners Together Against AIDS (THETA) with Action Group for Health, Human Rights and HIV/AIDS (AGHA) and the MARPs Network Limited (MNL)	May 2015
Dominican Republic	Instituto Nacional de Salud (INSALUD)	Aug 2015
Guyana	Guyana Civil Society Leadership (GSCL) Project	Dec 2015
Thailand (Asia)	Raks Thai Foundation	Dec 2015

Theories of change and intended results

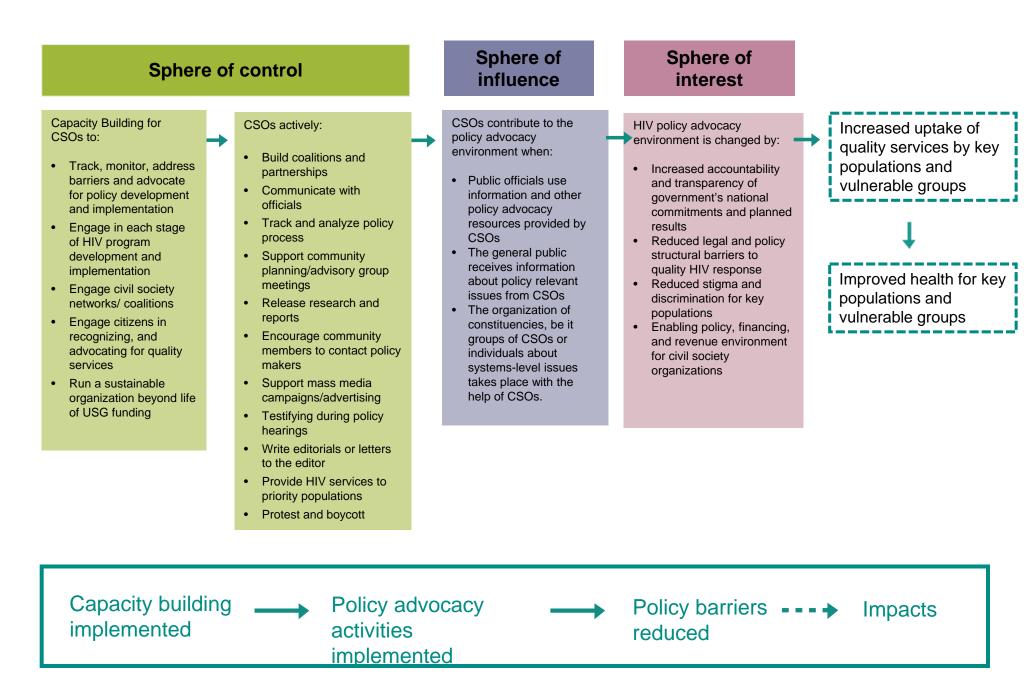
- All country projects have goals, objectives, and measures to be used for results tracking.
- Six country projects have a theory of change linking project activities to expected results.
- No theory of change in Uganda, Rwanda, and the Dominican Republic.

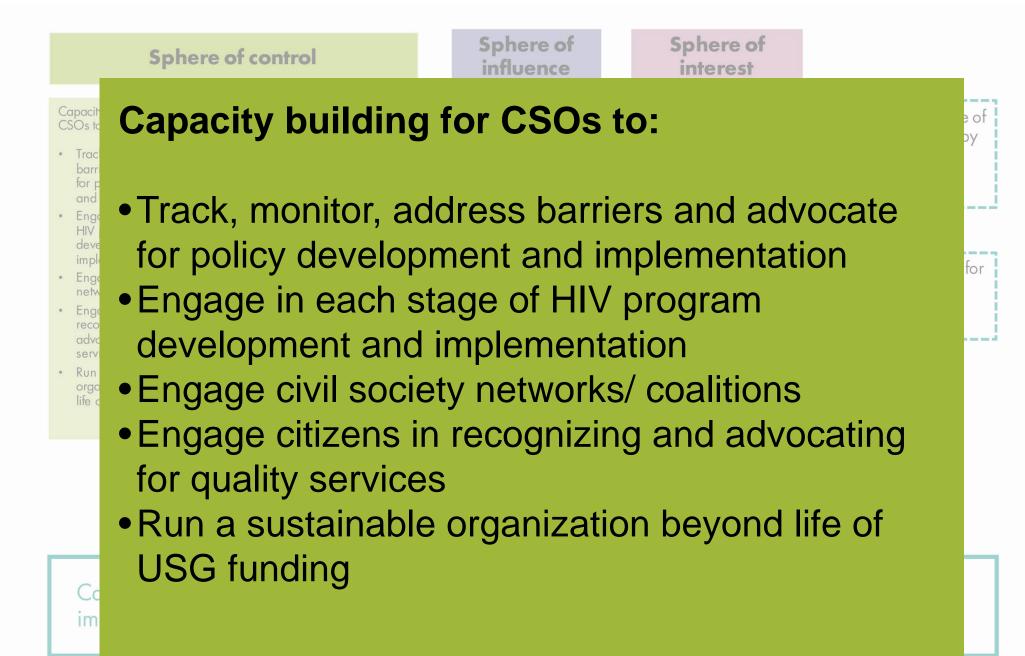
Population targeting

Population	Ν	Countries
Men who have sex with men (MSM)	4	Dominican Republic, Guyana, India, Uganda
Sex workers	4	Dominican Republic, India, Uganda, Zimbabwe
Transgender people	3	Dominican Republic, Guyana, India
Women	3	Cameroon, Dominican Republic, Mozambique
Orphans and vulnerable children	2	Cameroon, Zimbabwe
People who inject drugs	1	India
Clients of sex workers	0	N/A
Other (specify)	4	Central Asia (PLHIV), Mozambique (youth). Rwanda (persons with disabilities), Zimbabwe (youth, PLHIV, artisanal miners)

Rationale for population targeting

Rationale	Ν	Countries
HIV prevalence	6	Cameroon, Guyana, India, Rwanda, Uganda, Zimbabwe
Structural disadvantages	4	Dominican Republic, Guyana, Mozambique, Rwanda
Service access gaps	3	Cameroon, Uganda, Zimbabwe
Organizational factors	2	Central Asia, Mozambique





Most common strengths determined by selfassessment

- Capacity to engage in civil society networks/coalitions
- Capacity to engage in each stage of the HIV program development and implementation

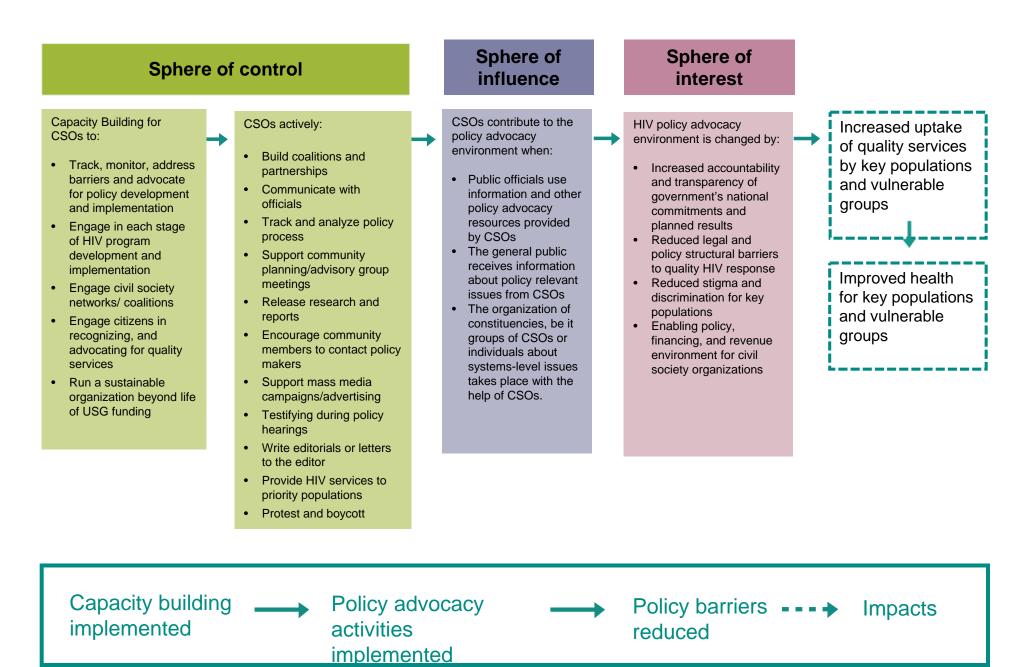
Most common TA needs determined by selfassessment

- Capacity to advocate for and monitor transparent evidence-based policies/regulations
- Capacity to sustain activities beyond the life of the US government funding



Policy advocacy activities by country project

	Ν	Countries
Building or participating in coalitions and partnerships	9	Cameroon, Central Asia, Dominican Republic, Guyana, India, Mozambique, Rwanda, Uganda, Zimbabwe
Policy tracking and analysis	9	Cameroon, Central Asia, Dominican Republic, Guyana, India, Mozambique, Rwanda, Uganda, Zimbabwe
Community planning/advisory group meetings	8	Cameroon, Central Asia, Dominican Republic, India, Mozambique, Rwanda, Uganda, Zimbabwe
Communicating with officials about policy priorities	7	Cameroon, Dominican Republic, Guyana, India, Mozambique, Uganda, Zimbabwe
Releasing research and reports	5	Cameroon, Dominican Republic, Guyana, Mozambique, Rwanda,
Encouraging community members to contact policy makers	5	Cameroon, Guyana, India, Mozambique, Zimbabwe
Mass media campaigns	5	Guyana, India, Mozambique, Rwanda, Uganda
Testifying during policy hearings	3	Mozambique, Uganda, Zimbabwe
Purchasing advertising to influence policy	3	Guyana, India, Mozambique
Writing editorials or letters to the editor	2	Guyana, Mozambique
Providing quality HIV services for priority populations	2	Mozambique, Uganda
Protests	1	Mozambique
Boycotts	0	



of

for

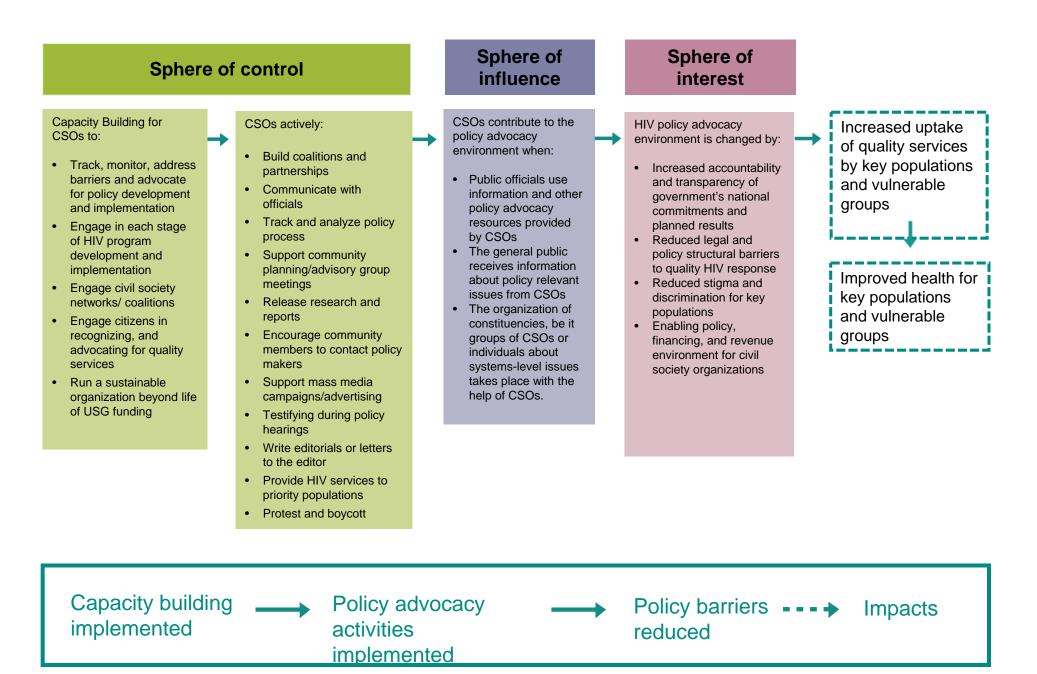
Sphere of Sphere of **Sphere of control** influence interest Capacit **CSOs contribute to the policy advocacy** CSOs to Trac environment when: for I HIV deve Public officials use information and other policy netv advocacy resources provided by CSOs Enge reco The general public receives information about advo serv Run policy relevant issues from CSOs orga life o The organization of constituencies about

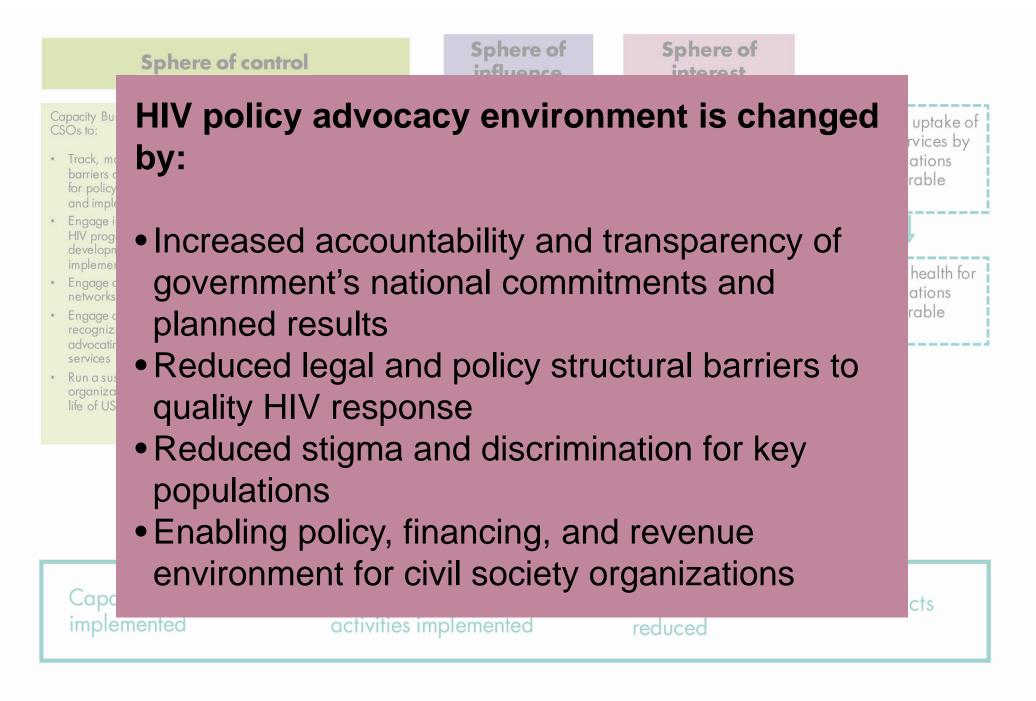
systems-level issues—be it groups of CSOs or individuals—takes place with the help of CSOs

Co

Local engagement on policy issues: laws and policies specified by country project

Country or region	Policy or policies	
Cameroon	Decision creating district and local dialogue structures Law-giving dialogue structures fiscal authority Decree establishing hospital system structure Decrees and order stipulating health districts as administrative units with an obligation to provide care Decrees conferring health service provision-related powers on local area councils	
Central Asia	Order for the purchase of ARV drugs (Kazakhstan) Labor code (Kazakhstan) Laws on HIV and AIDS (Kyrgyzstan, Tajikistan)	
Dominican Republic	National Health Service Law	
Guyana	Anti-Discrimination Law Laws governing civil society organization inclusion in national budget, decision making, and tax exemptions	
Mozambique	Policies related to national budget allocations for the health sector and pharmaceutical logistics	
Uganda	HIV Prevention and Control Act National MARPs Priority Action Plan	
Zimbabwe	Legislative Agenda Public Health Act Ch. 15:09 Health care financing results-based funding Access to Services, A People's Right (patient charter)	





In-depth case series: Uganda and Thailand

- Began in 2015 and end in 2018
- Both are large projects
- One CDC and one USAID
- One in Eastern or Southern Africa, and one outside those regions

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