A Toolkit to Sustain Global & National Advocacy

Enabling Women to Track Global Fund Investments Towards Gender Equality Across HIV, Tuberculosis & Malaria

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Acknowledgments

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Abbreviations

AGYW	Adolescent girls and young women
ALIV[H]E Framework	Action Linking Initiatives on Violence Against Women and HIV Everywhere
ASAP	AIDS Strategy, Advocacy and Policy
CLM	Community-led monitoring
CLMF	Community-led monitoring and feedback
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CSC	Community Score Card
CSE	Comprehensive Sexuality Education
DHO	District Health Offices
DMO	District Management Office
FBO	Faith based organisations
FGD	Focus Group Discussions
KIIs	Key Informant Interviews
IDIs	In-Depth Interviews
M&E	Monitoring and Evaluation
MOH	Ministry of Health
PEPFAR	USA President's Emergency Plan For AIDS Relief
PHOs	Provincial Health Offices
PMU	Procurement Management Unit
PRs	Principal Recipient(s)
RSSH	Resilient and Sustainable Systems for Health
NSPs	National Strategic Plans
ODA	Official development assistance
SBCC	Social and behavioural change communication
SDG	Sustainable Development Goals
SMART	Specific, Measurable, Attainable, Realistic and Time-bound
SOGI	Sexual Orientation and Gender Identity
SR(s)	Sub-recipient(s)
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SPICED	Subjective, Participatory, Interpreted, Cross-checked, Empowering, Diverse and Disaggregated
TIP	Toolkit Implementation Group
ToR	Terms of Reference
TWP	Technical Working Groups
UHC	Universal Health Coverage
VAW	violence against women
ZYP	Zambia Youth Platform
W4GF	Women4GlobalFund

Introduction

The Women4GlobalFund (W4GF) movement was founded in June 2013. It was created by a coalition of individuals and organisations concerned that gender equality was not receiving sufficient attention at the time of substantial transition within the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Today W4GF remains the only space for women in all their diversity focusing on the Global Fund and unites and mobilises women's rights and gender equality activists to advance gender equality through Global Fund policies and processes at the global and national level in implementing countries. We remain alarmed by the lack of substantive progress in country programmes. There has been insufficient attention to gender equality and human rights in the Global Fund's response including more recently with the onset of COVID-19 showing limited information about how the Global Fund is addressing major gender equality challenges, inadequate action to address the growth in gender-based violence (GBV), and weakening access to sexual and reproductive health (SRH) services.
The Global Fund is an essential partnership and funding mechanism that focuses on ending HIV, TB and malaria, in line with the Sustainable Development Goals (SDGs) and the principles of Universal Health Coverage (UHC). The Global Fund work is guided by its Global Fund Strategy (2017-2022) Investing to End Epidemics. It has no country offices or staff outside its headquarters in Geneva, Switzerland - nor does the Global Fund conduct any direct programming or service delivery. The Global Fund's investments in countries are mostly implemented by Government bodies, such as Ministries of Heath (MoH) and sometimes civil society implementers. The overall coordination of programmes and services is guided by Country Coordinating Mechanisms (CCMs). CCMs are made up of different constituencies such as government officials, civil society and community-based organisations (CBOs), technical partners and people living and or affected by HIV, TB and malaria (the three diseases). These constituencies gather to discuss and decide which country priorities agreed in National Strategic Plans (NSPs) for each of the three diseases, should be included in the funding request to the Global Fund. Global Fund resources are not only guided by NSPs but can also be informed by existing national strategies and polices that address communities, gender, human rights and gender inequality, sexual and reproductive health and rights (SRHR). More recently, with the onset of COVID-19 countries have been able to access additional support through the Global Fund flexibilities and through additional funds. As Advocates, it is important to observe the changes the Global Fund has made in reference to COVID -19, to question if the process was transparent and had the input from women who are expected to benefit from these changes been considered. Hence, the tracking of the impact of COVID -19 on women becomes a required necessity, especially since COVID -19 has the potential to impact the lives of women in a negative way.

The CCM overall responsibilities are to: coordinate the development of the national request for funding; nominate Principal Recipients (PRs); oversee the implementation of approved grants; approve reprogramming requests; and ensure linkages and consistency between Global Fund grants and other national health and development programs.

Given that the Global Fund, has no country presence, strategic partnerships and strong capacity of women are critical to ensure impact and investment that promotes and protects human rights and gender equality. This is the bedrock of effective programming. It is essential that women from diverse communities are able to provide effective oversight of Global Fund supported programmes, services and their quality, in a transparent and systematic manner as provided in this W4GF Accountability Toolkit.

The W4GF Accountability Toolkit supports women health and human rights advocates to:

- conduct independent, community-led monitoring and tracking of Global Fund–supported programmes and services to assess the effectiveness of services, including by gathering client perspectives;
- ensure that countries take the right steps to achieve gender equality and uphold human rights by highlighting what is/is not working well in Global Fund–supported programmes and services and advocate to reprogramme and scale up programmes and services that are effective; and
- build and strengthen strategic partnerships between communities and the organizations and institutions implementing the grants, which is essential to enable women to remain meaningfully engaged and to assess their own effectiveness as W4GF advocates in Global Fund processes at the national level.

Women and AGYW in many countries engaged at national levels in country dialogues and some meaningfully participated in developing HIV, TB and malaria funding requests submitted to the Global Fund at various times through six submission windows. As of 9 February 2021 a total of 181 funding requests were received by the Global Fund of which 58% have been approved by the Global Fund Board.[1] The meaningful engagement of women and girls – especially those from key and vulnerable populations, those living with HIV, and affected by TB and malaria are essential to creating effective programmes that work for women in all their diversity across HIV, TB and malaria.

The Technical Review Panel (TRP) reviews' on Windows 1 & 2 still show a lack of gender equality and human rights prioritisation in funding requests. For many women, especially those from key populations and other under-served, neglected and excluded groups including AGYW, the reality is that they continue to face barriers to meaningful participation.

As greater emphasis is being placed on grant implementation than in the past, W4GF Advocates must be better supported to sustain advocacy through monitoring grant implementation. As women in implementing countries improve and amplify their advocacy it is important to critically assess and understand the overall landscape of what is being funded, where and by whom and where gaps remain. Whilst W4GF has made tremendous gains in ensuring that gender equality and human rights are a top-line strategic key objective of the Global Fund – it is also imperative that W4GF Advocates maintain larger perspective of how the Global Fund fits into the 'big picture' funding landscape.

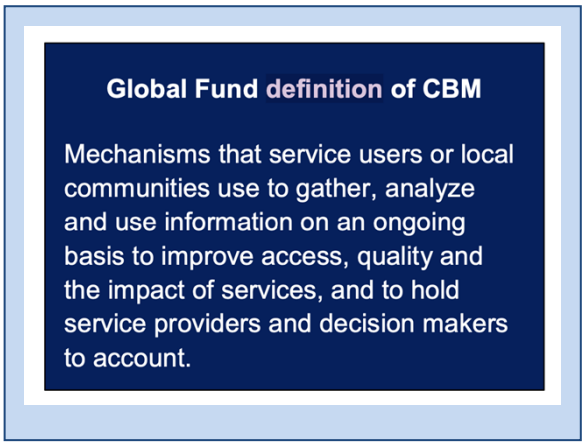
What is Community Led Monitoring and Feedback?

Community-led monitoring and feedback (CLMF) refers to a form of public oversight where communities, whether directly or indirectly, demand greater accountability from policy makers and providers in relation to the delivery of public services.[2] Influencing programmes through review CLM empowers communities to:

[1] Global Fund Tracker available here

[2] InScale Community Monitoring in a Volunteer Health Worker Setting: A Review of the Literature, March 2011 available here

- Engage in a reflection process about what is actually happening in their own communities
- Develop their knowledge, create awareness and ownership over future planning and finding solutions to the challenges they face
- Facilitate understanding of how change happens and causal effects – both positive and negative
- Ensure programmes and services remain relevant and on track – holding implementers accountable



- Collect and share qualitative data that seek to complement high-level global quantitative indicators and leverage these findings to influence initiatives and demand further alignment.

According to the Global Fund, Community-based monitoring (CBM) refers to service users assessing the effectiveness, quality, accessibility and impact of health programs and services which they receive. CBM includes any type of monitoring led by communities, however a key principle of CBM is that communities decide what to monitor and act upon the data collected. Unlike monitoring led or undertaken by health systems, advocacy based on the evidence and observations gathered is an essential outcome of community-based monitoring initiatives.

The description of CBM according to the Global Fund's Modular Framework Handbook[3] includes establishment of community-led mechanisms for ongoing monitoring of health policies, performance, quality of services, barriers to accessing services, inequalities (such as human rights violations, stigma and discrimination and gender-based inequalities). It could include:

- Scorecards
- Reporting from service users
- Community/service user meetings and assessment activities
- Setting up of complaint mechanisms
- Community reporting of feedback to relevant service providers/decision makers (e.g. collation of data, meetings, production of reports)
- Monitoring of individual cases for purposes of sharing with ombudsmen, for litigation, for research reports, and submission to UN human rights mechanisms, etc.

The CCM's oversight role is different from the PR's responsibility to monitor and evaluate the implementation of grants. Oversight requires the CCM to understand how the grants are working, follow progress and challenges, and bottlenecks and follow up on actions for improving performance.

[3] Global Fund Modular Framework Handbook February 2017 Geneva, Switzerland, https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

Oversight is focused on governance and understanding whether or not the program is meetings its targets. The CCM is responsible for understanding grant implementation at the macro level, but does not need to immerse itself in the micro details, which is the responsibility of the PR.

In contrast, monitoring is the tracking of the key elements of program/project performance, usually inputs and outputs, through record-keeping, regular reporting and surveillance systems as well as health facility observation and surveys." Monitoring is often more detailed than oversight and focuses on measuring adherence to targets. Oversight ensures that monitoring is being done, that results are being reported, and the program is meeting its targets.[4] The CCM depends on implementation updates provided by the PRs on a quarterly basis during the Oversight Committee meetings and CCM meetings. The CCM also conducts oversight field visits, which are supposed to be conducted every six months.

> Community-based research is essential for ensuring that policy-makers and programme planners are well informed as to: (1) the needs of the communities that their policies and programmes are aimed to reach; and (2) the real impact, availability, accessibility, affordability, acceptability, quality and effectiveness of the services and policies they currently are (or plan to be) delivering. Beyond informing others, community-based research is also an important source of information for communities to guide services, advocacy and actions. Moreover, community-based research empowers communities to play an active role in influencing policy dialogue.
>
> When it comes to research led by communities, however, there is still insufficient funding, especially for research by marginalised communities. Where community-based and community-led research has been supported, it has resulted in crucial and insightful evidence for communities, policy-makers and programme planners. Communities Deliver: UNAIDS AND STOP AIDS ALLIANCE 2015

This W4GF Accountability Toolkit aims to complement and strengthen the work of the CCM Oversight Committee by supporting women to engage with CLM to inform CCM and implementing partners about the quality of their interventions. A glance of the overall seven (7) phases and sixteen (16) steps of the Accountability Toolkit are in the Figure on the next page.

[4] Global Fund Guidance Paper on CCM Oversight

W4GF Accountability Toolkit Phases & Steps

Phase 1 : REFLECTION AND ASSESSING ENGAGEMENT

- Step 1: Bring together women, AGYW and gender equality advocates who engaged in the funding request development for a one-day reflection meeting
- Step 2: Assess strategy, engagement and effectiveness as advocates during:
  1. The funding request development;
  2. Technical Review Panel (TRP) feedback discussions; &
  3. Grant-making
- Step 3: Document lessons learnt and advocacy

Phase 2 : INCEPTION AND PLANNING

- Step 4: Build support amongst women and secure high-level commitment from the CCM and PRs
- Step 5: Develop a resource plan
- Step 6: Secure a lead organiser to support the process
- Step 7: Know your national response and obtain full information on what the Global Fund is supporting and who is implementing what and where
- Step 8: Define general locations and services where CBM will be conducted

Phase 3 : THE WORKSHOP TRAINING

- Step 9: Organise a workshop
- Step 10: Identify workshop participants from the districts that CBM will take place
- Step 11: Conduct the workshop to prepare the team with an action plan and methodologies as a workshop outcome

Phase 4 : CONDUCT COMMUNITY BASED MONITORING

- Step 12: Track and monitor progress of Global Fund funded programmes

Phase 5 : DATA ANALYSIS

- Step 13: Analyse the data collected and document findings
- Step 14: Share the draft report with the coalition
- Step 15: Finalise findings to identify priority initiatives for advocacy

Phase 6 : FINDINGS INTO ADVOCACY

- Step 16: Develop an advocacy and communication plan

Phase 7 : SHARING OUTCOMES AND CONTINUE TO MONITOR THE CHANGES MADE

What is this Accountability Toolkit?

This W4GF Accountability Toolkit is for women and gender equality champions who engaged in the funding request process and advocated for specific human rights-based programmes and services for women and girls. This W4GF Accountability Toolkit supports W4GF Advocates to assess their own engagement thus far. It enables W4GF Advocates to remain engaged in the implementation and monitor that the funds they advocate for are reaching the right communities and benefitting women and AGYW. This Accountability Toolkit outlines a process for CLM specially led by women.

> Building accountability requires more than just tools and technical skills and should be seen as part of existing advocacy work. "Social accountability is 80% political and 20% technical. Methods and tools are important, but success depends on the context in which the tools are used, the principles and values that guide their use, and who is involved. Social accountability is as much about changing mentalities, building relationships, and developing capacities as it is about technical tools". Scaling up Social Accountability in World Bank Operations

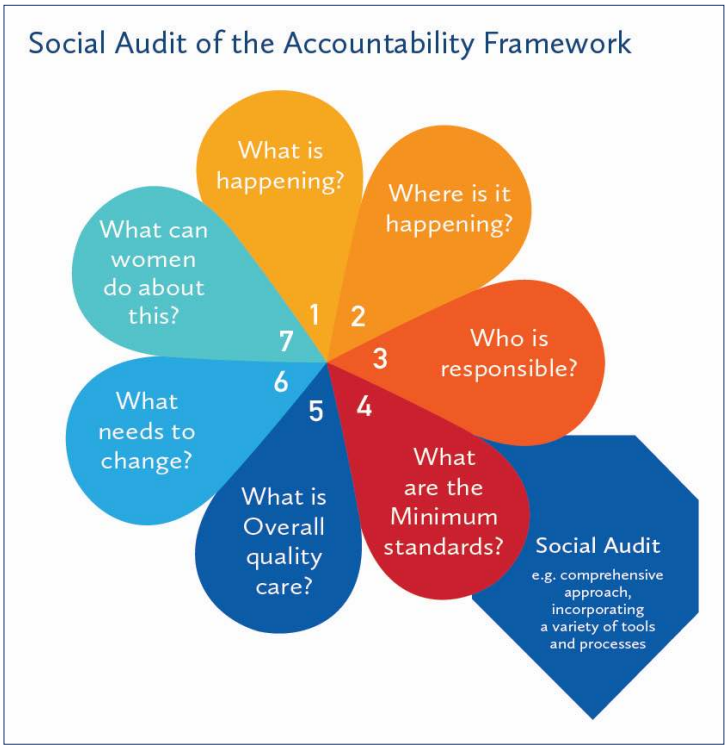
CBM can be categorised into four models[5]

- Downward accountability (e.g. complaint-handling systems)
- Citizens as Service Delivery Watchdogs (e.g. reporting stock-outs of essential drugs)
- Local Health Governance Mechanisms (e.g. Local Health Councils)
- Social Audit (e.g. comprehensive approach, incorporating a variety of tools and processes).

[5] "Four models of community-based monitoring: a review" by London School of economics, University of Copenhagen, International HIV/AIDS Alliance and commissioned by the Community, Rights and Gender Department at the Global Fund to Fight AIDS, Tuberculosis and Malaria (2016)

This Accountability Toolkit focuses on a social audit and provides a comprehensive tool that enables women to remain engaged by building understanding and knowledge around:

- What is happening?
- Where is it happening?
- Who is responsible?
- Defining the minimum standards of good practice?
- How equitable, acceptable, accessible, appropriate and effective are programmes and services?
- What needs to change?
- What can women do about this and how can women hold those responsible to account? How can collaborative feedback mechanisms be created to hold implementers to account?



This Accountability Toolkit emphasises a spirit of community understanding and ownership of national programming. Unpacking personal perceptions and experience will contribute to better collaboration and partnership between women and program implementers, leading to a more inclusive model of country ownership of national programs. The purpose of this Accountability Toolkit is to gather mostly qualitative evidence (with support from the CCM and PRs) to inform implementers on the quality of programs, ensuring that interventions continue to be relevant and to support women's leadership for advocacy, meaningful participation and accountability. It uses simple language and available techniques that support women in communities to monitor and feedback successes and challenges on program delivery implemented by Principal Recipients (PRs) and Sub Recipients (SRs), who report to the CCM on Global Fund interventions.

This W4GF Accountability Toolkit includes seven (7) phases with sixteen (16) steps that cover how women can strengthen their own strategy, effectiveness and engagement in CLM around Global Fund supported programmes. This Accountability Toolkit focuses on Global Fund supported programmes but also acknowledges that the Global Fund does not exist in isolation and works as a gap donor to address a broader national framework that includes domestic and official development assistance (ODA). It supports women already engaged in Global Fund national processes, to collect qualitative rights-based, gender-responsive data to monitor programmes funded by the Global Fund's in their country. This would support the quantitative data collected to measure progress around women and AGYW. This could compliment the indicators that currently only count numbers of people tested and treated but do not speak to the quality of services or the reality and needs of women throughout their lives.

This Accountability Toolkit is a community driven tool that supports women to:

- **Assess their own engagement and effectiveness** as advocates in national processes that respond to HIV, TB and malaria. This includes their engagement during the funding request development as well as during the Technical Review Panel (TRP) feedback discussions at the country level and during grant-making
- **Remain meaningful engaged** throughout the entire grant cycle, especially during grant implementation. Engagement ensures country objectives are met by upholding the rights of women to access services and by ensuring that services remain responsive to women and grounded in reality.
- **Define priorities and what data they want to focus on**. This Accountability Toolkit is not prescriptive but is rather a guideline that can be adapted. It does not decide which programmes or interventions women should monitor – nor does it define specific priorities or locations to be tracked.
- **Conduct independent, bottom-up, community-led monitoring** that goes beyond counting numbers to track effectiveness of services and client perspectives highlighting lived realities. This work also includes empowering women in communities and leaving them with more information and linkages to services than before the CBM took place.
- **Build strategic partnerships** through informing implementers and strengthen partnerships between community and those implementing the grants. This will lead to better quality programmes and services.
- **Influence future Global Fund grants** through CLMF of programmes/services. Women, who are often beneficiaries of services, are also designers, managers, implementers and monitors of programs and can highlight what is and is not working well to influence reprogramming and advocate to scale up effective programmes and services. Women also need to be able to make the case for programmes and services that are working and must continue in the next funding cycle.

Some of the Phases and Steps in the W4GF Accountability Toolkit have been adapted from the Translating Community Research Into Global Policy Reform For National Action: A Checklist For Community Engagement To Implement The WHO Consolidated Guideline On The Sexual and Reproductive Health And Rights Of Women Living With HIV.[6] This Accountability Toolkit has also leveraged existing tools and Frameworks that seek to support CLMF and engagement such as the Action Linking Interventions on Violence Against Women (VAW) and HIV Everywhere (ALIV[H]E) Framework.

For social accountability to become a reality, the World Bank believes that two obstacles must be overcome: 1) people need to understand themselves as rights holders and 2) they need to take collective actions based on information to demand accountability. This way, social accountability can improve service delivery, especially for the poor (World Bank, 2004).[7]

> Social accountability can be defined as an approach towards building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability (**World Bank**, 2004).

The W4GF Accountability Toolkit further highlights the need for women in communities to be fully supported to engage and have the capacity to act upon their role as rights holders. They need to be supported to be able to take collective

[6] This was based on the UNAIDS 2014 Gender Assessment Tool: Towards a gender-transformative HIV response and the UNAIDS and STOP TB PARTNERSHIP Gender assessment tool for national HIV and TB responses - Towards gender - transformative HIV and TB responses

[7] Scaling up Social Accountability in World Bank Operations

decisions and hold accountable the CCM and key implementers of Global Fund supported resources.

Why is this Accountability Toolkit Important?

The 'right to health' is an important component of a human rights approach to HIV, TB and malaria. The right to health includes the right to health care, which embraces a wide range of socio-economic, political, legal, cultural and environmental factors that promote conditions in which people can lead a healthy life. The right to health extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and drinkable water, adequate sanitation, safe and healthy working conditions, and a safe and healthy environment. The right to health includes the right to sexual and reproductive health services, access to non-judgmental, and confidential information and choice, as well as the resources necessary to act on that information. All of this is essential to women and especially AGYW.

However, the reality is that often health care systems often do not focus on achieving the highest attainable standard of health for all people (for many reasons). This is because their focus is on public health and on community-level outcomes. As a result, there is often a tension between public health on the one hand and human rights on the other, even though they are mutually compatible. At community level, civil society often feel caught in the middle. However, as Gruskin and Ferguson (2009, WHO Bull)[8] make clear, this is both possible and essential. It is a human right to participate and express views, needs and experiences and to make sure that public funds are spent correctly and transparently, intervening where necessary and if quality of care principles are not respected. This Toolkit recognises that women who access and benefit from services and programmes need support to respond as active holders of human rights and not only passive users of public services.

In line with the WHO quality of care[9] Framework duty bearers are required to provide programmes and services that meet the minimum standard of care. This includes programmes and services that are equitable, acceptable, accessible, appropriate and effective. In order to ensure minimum standards, duty bearers must meaningfully engage women, especially those most vulnerable and marginalised, from the very outset in programme design, implementation, monitoring and evaluation.

The WHO quality of care principles are guided by the respect for human rights and fundamental freedoms.	
Equitable	Women, in all their diversity, are able to obtain health services they need
Accessible	Women in all their diversity are able to obtain the services that are provided
Acceptable	Health services meet the expectations of women in all their diversity.
Appropriate	Health services are grounded in respecting privacy, confidentiality, non-stigmatisation, and gender-responsiveness
Effective	Services have a positive contribution to the health of women in all their diversity.

8 Using indicators to determine the contribution of human rights to public health efforts

9 WHO, 2012: Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services. Quality Assessment Guidebook

The UNAIDS agenda for zero discrimination In health care settings minimum services for discrimination-free health-care settings include the following:

01.THE HEALTH-CARE CENTRE SHOULD PROVIDE TIMELY AND QUALITY HEALTH CARE TO ALL PEOPLE IN NEED, REGARDLESS OF GENDER, NATIONALITY, AGE, DISABILITY, ETHNIC ORIGIN, SEXUAL ORIENTATION, RELIGION, LANGUAGE, SOCIOECONOMIC STATUS, HIV OR OTHER HEALTH STATUS, OR ANY OTHER GROUNDS.

02.INFORMED CONSENT IS REQUESTED FROM THE PATIENT BEFORE ANY TESTS ARE CARRIED OUT OR ANY TREATMENT IS PRESCRIBED. FURTHERMORE, PATIENTS ARE NOT FORCED TO TAKE UP OR REQUEST ANY SERVICES.

03.HEALTH-CARE PROVIDERS RESPECT THE PATIENT'S PRIVACY AND CONFIDENTIALITY AT ALL TIMES.

04.HEALTH-CARE PROVIDERS ARE REGULARLY TRAINED AND HAVE SUFFICIENT CAPACITIES AND COMPETENCIES TO PROVIDE SERVICES FREE FROM STIGMA AND DISCRIMINATION.

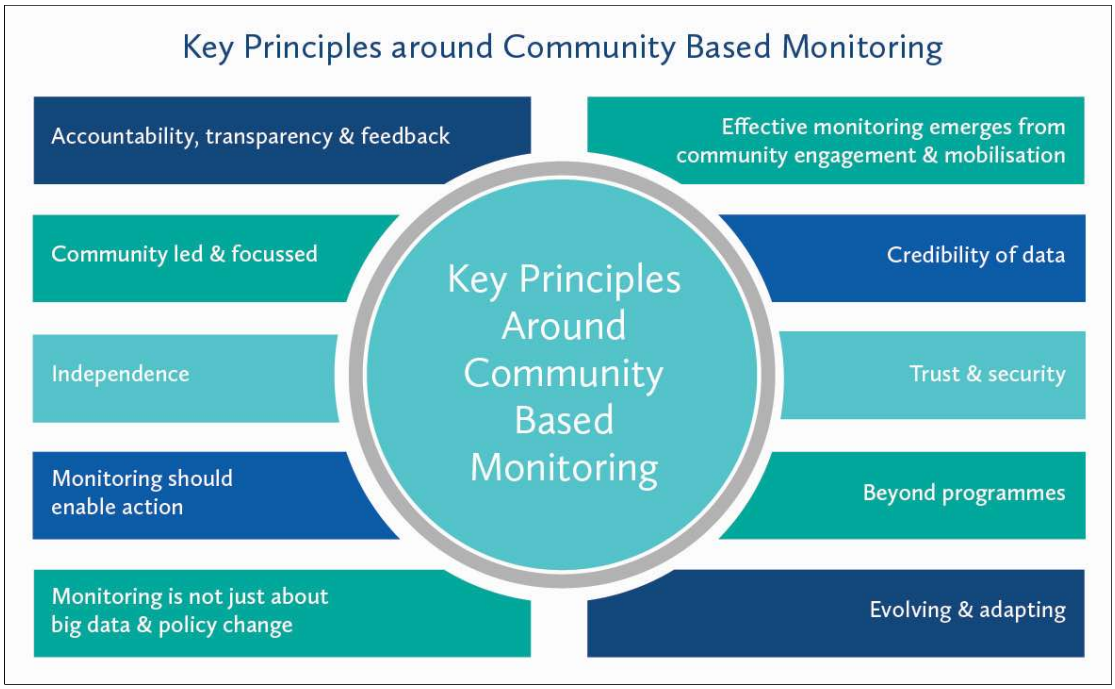
05.THE HEALTH-CARE CENTRE HAS MECHANISMS IN PLACE TO REDRESS EPISODES OF DISCRIMINATION AND VIOLATION OF THE RIGHTS OF ITS CLIENTS AND ENSURE ACCOUNTABILITY.

06.THE HEALTH-CARE CENTRE ENSURES THE PARTICIPATION OF AFFECTED COMMUNITIES IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES PROMOTING EQUALITY AND NON-DISCRIMINATION IN HEALTH CARE.

Community-Led Monitoring: Key Principles

Communities gathered together (convened by the Global Fund Secretariat) and defined key principles which are essential for CLMF to be successful. These included:

- **Independence**: effective community monitoring initiatives are independent of the services and programmes being monitored
- **Accountability, transparency and feedback**: programmes and service providers can enable community feedback by making performance data available and by creating confidential feedback mechanisms
- **Community led and focused**: communities will monitor issues that they most care about, not abstract indicators
- **Monitoring is not just about big data and policy change**: results of community monitoring should first and foremost inform local feedback, action and change
- **Effective monitoring emerges from community engagement and mobilisation**: it is not enough to simply set up and fund monitoring initiatives from the outside
- **Monitoring should enable action**: communities engage when their efforts lead to real action and change
- **Credibility of data**: monitoring approaches should be credible and verifiable
- **Beyond programmes**: communities are interested in improvements in the whole environment in which they live, not just in particular programmes
- **Trust and security**: communities may be taking risks when monitoring issues around service quality and human rights; service providers and funders should address and mitigate this
- **Evolving and adapting**: effective community monitoring evolves to address emerging issues and adapts to new concerns and changes in context; many initiatives have moved from being disease specific to being about health more generally.



How to use the W4GF Accountability Toolkit

The W4GF Accountability Toolkit includes seven (7) phases with sixteen (16) steps that cover key areas where women can strengthen their own strategy and effectiveness and engage in CLMF. All of the steps are further supported by Annexes A-O that expand on the key concepts that are essential in the Accountability Toolkit.

Phases and Steps	Timeline (<6 months in total)	Who will do this?	What will the cost be?
Phase 1: REFLECTION AND ASSESSING ENGAGEMENT • Step 1: Bring together women, AGYW and gender equality advocates who engaged in the funding request development for a one-day reflection meeting • Step 2: Assess strategy, engagement and effectiveness as advocates during: 1) the funding request development; 2) Technical Review Panel (TRP) feedback discussions; & 3) grant-making • Step 3: Document lessons learnt and advocacy	2 weeks		
Phase 2: INCEPTION AND PLANNING • Step 4: Build support amongst women and secure high-level commitment from the CCM and PRs • Step 5: Develop a resource plan • Step 6: Secure a lead organiser to support the process • Step 7: Know your national response and obtain full information on what the Global Fund is supporting and who is implementing what and where • Step 8: Define general locations and services where CLMF will be conducted	8 weeks 2 weeks 1 weeks 2 weeks 2 weeks 1 week		
Phase 3: THE WORKSHOP TRAINING • Step 9: Organise a workshop • Step 10: Identify workshop participants from the districts that CLMF will take place • Step 11: Conduct the workshop to prepare the team with an action plan and methodologies as a workshop outcome	6 weeks 2 weeks 2 weeks 2 weeks		
Phase 4: CONDUCT COMMUNITY-LED MONITORING AND FEEDBACK • Step 12: Track and monitor progress of Global Fund funded programmes	2 weeks		
Phase 5: DATA ANALYSIS • Step 13: Analyse the data collected and document findings • Step 14: Share the draft report with the coalition • Step 15: Finalise findings to identify priority initiatives for advocacy	8 weeks 4 weeks 2 weeks 2 weeks		
Phase 6: FINDINGS INTO ADVOCACY • Step 16: Develop an advocacy and communication plan	4 weeks		
Phase 7: SHARING OUTCOMES AND CONTINUE TO MONITOR THE CHANGES MADE	Ongoing		

Understanding Key Approaches to Measuring Results

For more information on key terms used in CLMF. See Annex A – the Jargon Buster. The essential terms to know right now are included in this box below.
[i]

Key Terms

Impact. The long-term, cumulative effect of programs/interventions on what they ultimately aim to change, such as a change in prevalence, or morbidity and mortality

Results. The outputs, outcomes, or impacts (intended or unintended, positive and/or negative) of an intervention

Outcome. What has happened or been achieved because of the work done

Outputs. The results of program/intervention activities; the direct products or deliverables of program/intervention activities, such as the number of HIV counseling sessions completed, the number of people served, the number of condoms distributed.

Indicator. A quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention. Note: Single indicators are limited in their utility for understanding program effects (i.e., what is working or is not working, and why?). Indicator data should be collected and interpreted as part of a set of indicators. Indicator sets alone cannot determine the effectiveness of a program or collection of programs; for this, good evaluation designs are necessary. *UNAIDS Glossary of terms Monitoring and Evaluation Terms*

Qualitative Data. Data that seek to measure quality rather than quantity

Quantitative Data. Data that seek to measure quantity and not the quality

SMART Indicator. Indicators that are: Specific, Measurable, Attainable, Realistic and Time-bound

SPICED Indicator. Indicators that are: Subjective, Participatory, Interpreted, Cross-checked, Empowering, Diverse and Disaggregated. Indicators originating from a women perspective should be SPICED (Subjective, Participatory, Interpreted, Cross-checked, Empowering, Diverse and Disaggregated). SPICED indicators are often closer to the priorities and desires of people than SMART (Specific, Measurable, Attainable, Realistic and Time-bound) indicators, which, despite good intent, have a limited understanding of

Understanding quantitative and qualitative research

- **Quantitative data** collection (used by countries reporting to the Global Fund) is designed to collect cold, hard facts and numbers. The Global Fund encourages countries to always desegregate data by age and sex. Quantitative data are structured and statistical. Quantitative data speaks to the "what" and counts numbers of people for example how many people are accessing services and treatment. Quantitative data helps to draw general conclusions about the work.
- **Qualitative data** collection provides information that seeks to describe a topic (why, how) more than measure it. Think of impressions, opinions, and views. Qualitative data seek to delve deep into the topic at hand, to gain information about people's motivations, thinking, and attitudes. While this brings depth of understanding to your research questions, it will also take longer for the results to be analysed.[10]

The W4GF Accountability Toolkit emphasises the importance of both quantitative and qualitative, formal and participatory approaches and indicators (explained below), which complement each other and provide a comprehensive picture of impact**.** This Accountability Toolkit focuses on **qualitative** participatory methodologies, which can be utilised by women to strengthen global **quantitative** indicators, on which countries are required to report. Qualitative participatory research can put a human voice to the numbers and trends that quantitative data capture.

These data can help implementers to fully understand how women and AGYW are receiving the service and what difference it is making in their lives. They can highlight weaknesses or deficiencies where programmes and services require strengthening and they also provide evidence of what is working well and should be scaled up, from a community perspective. In this way PRs and SRs can create and develop relevant accessible services, which will fit people rather than trying to squeeze women and AGYW into standardised, top-down services. Whilst the process may take longer initially, the longer-term investment will pay dividends in terms of program effectiveness.

[10] The Difference Between Quantitative vs. Qualitative Research

The W4GF Accountability Toolkit places **more emphasis on qualitative ways to collect data** but also highlights below the various ways in which communities can engage with the **four major approaches to measuring results**[11]

- **Formal–quantitative:** This approach produces numbers (e.g. 37% of women have ever experienced violence from a partner) through externally designed approaches, such as questionnaires.
- **Participatory–quantitative:** This approach also produces numbers but ensures that participants' voices are incorporated into the assessment.
- **Formal–qualitative:** A qualitative approach creates information through discussion or interviews either with an individual or in groups. It helps us to understand the process of change in the context of people's lives.
- **Participatory–qualitative:** This includes techniques, such as mapping and drawing, to produce different forms of data. The process is guided more by the participants than by outside researchers.

[11] ALIV[H]E Framework Action Linking Initiatives on Violence Against Women and HIV Page 55

The Global Fund requests that countries use quantitative indicators for HIV, TB and malaria. These include impact, outcome and coverage indicators that are included in the Global Fund Modular Framework Handbook.

The current global indicators are high-level indicators and none of them speak to quality of services but only focus on percentages of people reached (quantities).

Some of the indicators for HIV that specifically mention women in the Modular Framework include:

- Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months
- Percentage of women and men with non-regular partners in the past 12 months who report the use of a condom during their last intercourse
- Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months
- Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV
- Percentage of AGYW reached with HIV prevention programs- defined package of services
- Number of AGYW who were tested for HIV and received their results during the reporting period
- Percentage of AGYW using pre-exposure Prophylaxis
- Percentage of pregnant women who know their HIV status
- Percentage of HIV-positive pregnant women who received antiretroviral therapy during pregnancy
- Proportion of pregnant women who slept under an insecticide-treated net the previous night
- Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria.

Some of the indicators for TB are desegregated by gender (male/female)

- Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services
- Percentage of people diagnosed with TB who report stigma in health care settings that inhibited them from seeking and accessing TB services
- Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services
- Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases
- Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases
- Percentage of registered new and relapse TB patients with documented HIV status
- Percentage of HIV-positive new and relapse TB patients on ART during TB treatment
- Percentage of people living with HIV initiated on ART who are screened for TB in HIV treatment settings
- Number of TB cases with RR-TB and/or MDR-TB notified
- Number of cases with RR-TB and/or MDR-TB that began second-line treatment
- Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated

Some of the indicators for malaria are desegregated by gender (male/female)

- Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection
- All-cause under-5 mortality rate per 1000 live births
- Proportion of population that slept under an insecticide-treated net the previous night
- Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net
- Percentage of children aged 3–59 months who received the full number of courses of SMC (3 or 4) per transmission season in the targeted areas.

This Accountability Toolkit recognises the need for women to develop their own indicators of success based on the WHO quality of care and the UNAIDS minimum standards mentioned in section 5. See more on this in Accountability Toolkit Step 11.

Accountability Toolkit Phases & Steps

W4GF Accountability Toolkit Phases & Steps

Phase 1 : REFLECTION AND ASSESSING ENGAGEMENT

- Step 1: Bring together women, AGYW and gender equality advocates who engaged in the funding request development for a one-day reflection meeting
- Step 2: Assess strategy, engagement and effectiveness as advocates during:
  1. The funding request development;
  2. Technical Review Panel (TRP) feedback discussions; &
  3. Grant-making
- Step 3: Document lessons learnt and advocacy

Phase 2 : INCEPTION AND PLANNING

- Step 4: Build support amongst women and secure high-level commitment from the CCM and PRs
- Step 5: Develop a resource plan
- Step 6: Secure a lead organiser to support the process
- Step 7: Know your national response and obtain full information on what the Global Fund is supporting and who is implementing what and where
- Step 8: Define general locations and services where CBM will be conducted

Phase 3 : THE WORKSHOP TRAINING

- Step 9: Organise a workshop
- Step 10: Identify workshop participants from the districts that CBM will take place
- Step 11: Conduct the workshop to prepare the team with an action plan and methodologies as a workshop outcome

Phase 4 : CONDUCT COMMUNITY BASED MONITORING

- Step 12: Track and monitor progress of Global Fund funded programmes

Phase 5 : DATA ANALYSIS

- Step 13: Analyse the data collected and document findings
- Step 14: Share the draft report with the coalition
- Step 15: Finalise findings to identify priority initiatives for advocacy

Phase 6 : FINDINGS INTO ADVOCACY

- Step 16: Develop an advocacy and communication plan

Phase 7 : SHARING OUTCOMES AND CONTINUE TO MONITOR THE CHANGES MADE

PHASE 1 – REFLECTION AND ASSESSING ENGAGEMNT

(led by anyone who is interested to engage in this work)

Step 1: Organize a reflection meeting to bring together women in all their diversity

- Send out an invitation to women and girls and gender equality advocates who engaged in the funding request development for a one-day reflection meeting with the objective to reflect and assess their engagement as advocates.
- Also invite any women and girls from different constituencies that should have been there but were absent or not included.

Step 2: Assess strategy, engagement and effectiveness as advocates

- Identify two people: someone who is well respected and able to lead these discussions and another person with excellent writing skills to take notes and document the discussion.
- During this meeting facilitate a discussion to understand how effective the strategy and engagement of women was in the following processes: 1) the funding request development; 2) Technical Review Panel (TRP) feedback discussions; & 3) grant-making – See Annex B for the Phase 1 facilitation discussion guide.

Step 3: Document lessons learnt and advocacy

PHASE 2 - INCEPTION & PLANNING

(led by anyone who is interested to engage in this work)

Step 4: Build support amongst women, secure high-level commitment from the CCM and PRs and organize a second planning meeting:

- Reach out to the same organisations and networks of women and AGYW who engaged in Phase 1 discussions and include any others that were missing. Gauge their interest in CLMF. At this point, invite only allies who will definitely support CLMF to discuss this initiative and gather a group interested to conduct CLMF of programmes and services supported by the Global Fund and other key partners.

When convening this initial meeting be sure to invite a diverse group, to include a balanced range of women: ages, living with HIV, and affected by TB and malaria; regions, sexual orientation and gender identity (SOGI), people who use drugs, people with disability, sex workers, ethnic groups, and people from urban/rural areas. In addition to community diversity include people with expertise, (perhaps from outside the community, e.g. community workers, academics or research professionals) who can

A community partnership is a collaboration that represents the most intense way for individuals to work together, while still retaining the separate identity of the participating entities. Once you have identified your stakeholders, you need to discuss with them the possibility of collaborating in the community public health assessment and becoming a community partner. You should consider ahead of time what levels of collaboration you are prepared to offer and accept from these stakeholders. Some may want to only be updated with progress, some may wish to provide occasional consultation or feedback, and others may wish to be included in all aspects of the work involved. UCLA Performing a Community Assessment

strengthen credibility and support this work. Also invite any gender or Adolescent Health (ADH) Technical Working Group (TWG) if this is important in your country.

- At this phase 2 meeting/s do the following:
    - Introduce CLMF and explain why it is essential.
    - Seek agreement that partners are interested to engage in this work.
    - Conduct a quick stakeholder analysis discussion to identify relevant players who are essential but not in the room. (see box on the right in blue) This could also be linked to areas and locations where services exist (supported by the Global Fund) that are to be monitored and tracked. Also consider as part of this analysis those who might support or oppose this work?
    - Agree on a name for this group (for the purposes of this Toolkit 'The Accountability Toolkit Implementation Group').
    - See who is interested in being the lead organisation/network (for purposes of the Toolkit we will refer to 'The Lead' to coordinate the work of The Accountability Toolkit Implementation Group and agree lines of reporting. If the person/organisation who called this meeting is interested to assume this role – make this known now.
    - Discuss resources as essential to engage in this work. Gauge support from partners at this meeting and who else might be able to provide resources.

Questions that can help with conducting a stakeholder analysis

1. What CLM (use broadly to capture as much as possible) is taking place – descriptive

- Who is funding CLM/CBM /proximity to the affected communities
- Who is doing the monitoring (GF funded and other)
- Who supports the monitoring (funders, technical, research, evaluation)
- What is being monitored (start with disease identified as priority for that country and probe for other diseases)
- How is it being monitored/tools and methodologies used
- How are the results of the monitoring used (advocacy targets e.g health providers, government officials responsible for disease response)

2. How it is going

- Capacity of monitoring organizations
- Clarity of monitoring objectives
- Quality and effectiveness of the tools/methodologies and fit with objectives
- Quality of data collected/how the data is analyzed
- Engagement/involvement of affected communities
- Effectiveness of use of results/advocacy targets/relationship with targets
- Whether advocacy targets have taken up monitoring results
- Other impact of monitoring e.g. on communities themselves

3. Gaps and TA needs

- What they feel they are doing well?
- What they would like to strengthen/improve (probe e.g. ease of tools, compiling and using information, reaching and influencing advocacy target).

- Once you are organised and It is clear who is interested to engage and you have a rough idea of the work ahead, it's now time to build more support. Organise a meeting to now inform the CCM, PRs and SRs and key partners and seek their support and collaboration. Be sure to include the National AIDS Council (NAC) as a member of the CCM. Invite them to all of these meetings to get their direct buy in and commitment for support going forward. Present CLMF to them and find ways that this can be done

together. You will need their support moving forward. See Annex C - a sample letter requesting engagement and support from key partners, including the CCM, PRs and SRs who are implementing the programmes/services that you may wish to monitor.

Step 5: Develop a resource plan

- Have an initial discussion with the Accountability Toolkit Implementation Group about where you think you want to conduct CLMF. It is advisable to start in one district and then integrate any learning before more work is done in another district. All you need now is to know the location and what the programme/service is, confirm it is for women or AGYW and who is implementing it.
- Prepare an initial budget that highlights the key stages of the W4GF Accountability Toolkit. List and agree the human resources required to conduct CLMF and agree the costs associated with respective responsibilities in the process. The budget should include the following requirements:
    - The coordination expenditures
    - Additional human resources such as consultants who might need to support the work
    - Meetings and workshops (including lodging, travel and logistic costs, as needed)
    - Costing around conducting the CLMF
    - Costing to review the data and develop advocacy material; and
    - Other costs, as relevant to the national context.
- Reach out to partners that have indicated their interest from the initial meeting and confirm the availability of funds to support CLMF. Start to explore which partners might be interested to support this work and prepare a concept note see Annex Q that covers what you should include in a concept note. Use this to mobilise resources from prospective donors and or technical agencies – Use all available contacts to build support for this initiative. See Annex D - a Sample Resource Planning Tool.

Step 6: Agree on a Lead organiser/organization to support this process

Agree on a lead If you have not already done so by now

- The Lead may be the individual or network/organisation that called the initial meeting, but not necessarily. See Annex E – A sample ToR for The Lead organisation/network.
- Once funding has been secured, The Lead will facilitate this CLMF process to guarantee adequate ownership and coordination and ensure relevant stakeholders are engaged in the entire process, beyond the W4GF Accountability . Accountability Toolkit Implementation Group
- The Lead network/organisation must be committed to conducting the following tasks:
    - Agree on roles and responsibilities and ways of working and communication with the W4GF Accountability Toolkit Implementation Group and lines of reporting back to the W4GF Team who will support advocacy efforts
    - Define a clear, feasible and achievable timeline to prepare and undertake the rest of the process outlined here, including milestones and deadlines. Deadlines should be influenced by relevant national processes and opportunities where findings can be leveraged, to lobby for action and support (e.g. CCM oversight meetings and CCM meeting including reporting timelines to the Global Fund), if relevant.
    - Support and coordinate the work of the W4GF Accountability Toolkit Implementation Group

- Review suggested materials and decide methodologies to be used in monitoring and tracking programmes and services supported by the Global Fund
- Coordinate and report data findings through effective advocacy on behalf of the Accountability Toolkit Implementation Group
- Maintain relationships with all partners especially the CCM and PRs and participate in national platforms and consult and debrief all Accountability Toolkit Implementation Group
- Coordinate meetings with key stakeholders and build support
- Conduct virtual meetings and maintain online social media platforms.

Step 7: Know your national response

Obtain full information on what the Global Fund is supporting and who is implementing what and where

- Assess and MAKE A NOTE of how available, accessible and public the relevant information, data and documentation are from the CCM and also from the Global Fund Secretariat. This includes:
  - The final funding request submitted to the Global Fund Secretariat
  - The matching funds application (if applicable)
  - The grant agreement
  - The performance frameworks and budgets
  - Any presentations that the CCM has prepared as it finalises implementation arrangements.
  - Any additional resources for COVID-19 that you might be aware of that addresses gender related barriers to accessing services.

  For example, are all these documents available on the Internet? They should be available on the Global Fund website here. The Accountability Toolkit Implementation Group requires this level of information to fully understand what the country is working towards, who the PRs, and SRs are. Building relationships with the CCM and PRs and SRs will be a crucial part of this work.
- MAKE A NOTE of how easy it is to understand the documentation, if you are able to obtain these and any reports and data from the CCM, PRs and SRs. Being able to understand technical language is a prerequisite to enable meaningful participation in decision-making, as well as to be able to hold those who deliver public services accountable. If the documents are not clear then you need to point this out to those who have created the documents to seek clarity and request that technical language and terms not become a barrier to participation. In some countries it is a requirement for health providers to write clearly to ensure that all people understand.[12]
- Fully understand the national context. This would include fully understanding the NSP and how women were involved in its development as well as how it prioritises and speaks to the needs and rights of women, and AGYW. This could also include reviewing the latest epi information any studies done with and for women across the three diseases. What thematic areas are being supported by the Global Fund and what are other key donors (for example PEPFAR) supporting?
- It is important to build a clear picture of the Global Fund's share of resource allocation in the country. Seek clarity on the following:
  - What programmes are being supported by the Global Fund?
  - Where are these programmes and services located?
  - Who is responsible for implementation?

[12] This is a requirement, for example, of health workers in the UK

- What methods of M&E (monitoring and evaluation) are PRs and SRs using? And what qualitative methods exist or are planned by PRs and SRs?
- When are oversight visits planned? Who is on the oversight committee that might be allies to this process.

- Understand CCM oversight role and management of programmes. Review any civil society shadow reports. What has changed since this CCM evaluation took place, to determine how the CCM is performing in line with the Global Fund's own Eligibility Performance Assessment? This is also a means to improve accountability.

STEP 8: Define locations and services where CLMF will be conducted and define CLMF components

Based on a clear picture of the country context, reassess your initial decision and decide where to conduct this first pilot CLMF process. See Annex F - Tracking Indicators, Approach, Capacity and Methodology.

When considering the work, regardless of what you are monitoring the CLMF components of how you do the work remain the same. It is important to think about the following components:

- What is the ideal health service that addresses the priority needs of women and/or AGYW and includes their well-being – how would you measure this in line with the WHO principles: Equitable; Accessible; Acceptable; Appropriate and Effective
- How does this health service align or relate to WHO or national guidelines and evidence-based best practice?
- What the perception and/or assumptions of the current service?
- What are the indicators that they are reporting on? (this is helpful to know but not essential) The global high-level indicator for this would be: *Percentage of adolescent girls and young women reached with HIV prevention programs - defined package of services*
- If this was *your* ideal programme - what might your own indicators of success look like if these were more SPICED? As a reminder on SPICED Indicators - see the box below.
- Define the objectives for this CLMF.

Subjective: key informants (beneficiaries/stakeholders) have a special position or experience that gives them unique insights which may yield high return time-wise. What may be seen by some as 'anecdotal evidence' becomes critical data because of the source's value
Participatory: indicators should be developed together with those best placed to assess them, i.e. with the project's ultimate beneficiaries, local staff and other stakeholders
Interpreted and communicable: locally defined indicators may not mean much to others, which means they need to be explained or interpreted to different stakeholders
Cross-checked and compared: the validity of indicators needs to be cross-checked by comparing different indicators and progress, and by using different stakeholders and methods to ensure validity
Empowering: the process to develop and assess indicators should be empowering in itself and should allow stakeholders to reflect critically on their changing situation
Diverse and disaggregated: there should be a deliberate effort to seek out different indicators from a range of groups and across gender. The data needs to be recorded in a way that these differences can be assessed over time.

For example, some countries may choose to focus on Comprehensive Sexuality Education (CSE) with young people in schools. Go through the process and answer the questions as per this example below. According to the UNFPA Operational Guidance, there are nine essential

components of CSE, which have been integrated into this chart below. These indicators on the extreme left (are ideal) and help us to think through programmes that are equitable; accessible; acceptable; appropriate; and effective).The positive and negative perceptions and assumptions helps up to think through what we might find, and it is also important to understand what the objectives of all of this are?

IDEAL	Positive perceptions & assumptions	Negative perceptions & assumptions	What are the CLMF objectives
Equitable: Young people in all their diversity have opportunity to CSE in schools	Reaching across formal and informal sectors and across age groupings Sessions address different populations of young people including key populations This is an open and frank discussion where full information on sex and sexuality is provided - All questions asked are answered honestly Integrated focus on gender	The discussion is not open and honest, and the only prevention method discussed is abstinence The facilitator is not comfortable talking about sex and sexuality or gender and power and does not answer all questions asked The sessions do not touch on SOGI	To assess if everyone has been able to participate in CSE sessions in schools To assess the quality and content of what has been provided and if it is for all young people in their diversity.
Accessible: All young people are able to access CSE	A safe and healthy learning environment Safe spaces for girls to express themselves freely.	This happens at a time when not all students are around and when it does happen they do not feel safe	To assess if an enabling environment was created
Acceptable: Young people feel that the CSE is valuable to their own lives	Grounded in core universal values of human rights The space and information are used to discuss challenging issues around SOGI and reproduction as well as really unpacking gender and power and relationships between the two	Discussions provide incorrect information on SOGI and gender and conversations that challenge SOGI and harmful gender norms are prevented and not allowed.	To understand how young people, view this? What could be done better? What is working well?
Appropriate: Health services are grounded in respecting privacy, confidentiality, non-stigmatisation, and gender-responsiveness	Youth friendly services – so all staff from desk clerk to clinicians are trained on what that means. Thorough and scientifically accurate information Participatory teaching methods for personalisation of information and strengthened skills in communication, decision-making and critical thinking. Easily digestible information. Cultural relevance in tackling human rights violations and gender inequality including GBV.	The facilitator has sensitivities and conservative values around youth sexuality which infringe on progress Information is only given to young people 16 years of age and above There is no open discussion on SOGI and human rights Young people living with HIV are told they should not have sex and should not have children;	To assess the content? To assess the methodology used? To understand how the content speaks to human rights and gender equality

Effective: Having a positive contribution to the health of adolescents – fewer teenage pregnancies and lower HIV prevalence	Linking to sexual and reproductive health services and other initiatives that address gender equality, empowerment, social and economic assets for young people Young people are taking up offers of different contraceptives options, including condoms Young people are accessing additional information/lifesaving tools/support if this is required Strengthening youth advocacy and civic engagement	Some contraception is available but no condoms, so no protection against HIV/other STIs No contraceptive options are offered & contraceptive options are often not available	What value does this add and how do young people perceive the CSE Are young people happy with the prevention options and are these always accessible

The table below shows the indicators from high-level global indicators and then moving from SMART to SPICED indicators.

IMPORTANT: indicators can change over time and need to be reviewed regularly. For instance, community members may begin with just wanting to have basic access to health services. Later, they may want to change that to access to *good* services; and, later still, access to and regular uptake of good services, with reductions in unintended pregnancies, STIs etc. As the program develops, so also should the quality and reach of the outcome progress.

Global Indicators	SMART Indicators to address this	SPICED Indicators
Percentage of adolescent girls and young women reached with HIV prevention programs	School management has a policy on the SRHR of pupils and they are able to address challenges if students need additional support	Young people were part of developing the school policy on SRHR and understand it and feel safe enough to report issues as and when they arise
HIV prevalence among adolescent girls and boys (15- 19) and young women and men (20-24)	Young people in school understand their SRHR and are able to access HIV related services and treatment	E.g. young people know their own HIV status and feel comfortable sharing it, if they want to, with others around them
Maternal mortality ratio among 15-24-year-old females	The school provides services and young people have access to support and information they require	Young pregnant women are well and can stay in school with access to support including cash transfers
Proportion of all women aged 15-19 and 20-24 who agree that a husband is justified in beating his wife for specific reasons	Increased numbers of young people accessing SRHR services in the community and school in year 1,2,3	Both young women and young men are clear that intimate partner violence is a human rights abuse and actively support one another to develop and uphold mutually respectful relationships
Percentage of women whose age at marriage is below 15 and 18 years	Numbers of schools that allow CSE peer education in their school	

- Decide which approach will be used to conduct CLMF? These might include:
    - Community Mappings – See Annex G

    - Key Informant Interviews (KIIs): These are One-on-one conversations (either in person or by phone) that deeply explore the issue – See Annex H
    - Focus Groups: In-person conversations with small groups of people to engage and understand their views – See Annex I
    - Surveys
    - Community Forums
    - Community Score Cards
    - Case studies: Collections of client stories from in-depth interviews
    - Expert opinions: High-quality information from well-informed sources
- Do you have the capacity to do this? (Skills, human and financial resources)
- How will you implement this (Who will do the work? What are the activities? Where will it happen? And When?) Revert back to Annex F, which can be used to track indicators, approach, capacity and methodology.

Phase 3 – THE WORKSHOP TRAINING

STEP 9: Organise a training workshop

The workshop should take place over four days, as a residential workshop. However, due to COVID -19, this could be restricted and therefore a virtual training is possible. It would be ideal to select people who have a fair understanding of how the CCM works and who have been engaged at the national level. See Annex J - A sample workshop agenda (for those who are not aware of the Global Fund) The agenda is one prepared for a virtual meeting across three countries with three different time zones. You can adapt this agenda for a four-day residential workshop. Workshop objectives could include to:

- Build understanding of current grant, the CCM, PRs, SRs, the allocations and implementation arrangements etc as well as understanding the strategic entry points to influence … whom/what?
- Amplify the voices of women to influence health programs, particularly those supported by the Global Fund
- Learn to implement the W4GF Accountability Toolkit to monitor and feedback successes and challenges related to services delivered under the Global Fund investments, from the district to the national level
- Strengthen the W4GF Accountability Toolkit Implementation Group community-led coordination and CLMF efforts.

STEP 10: Identify workshop participants from the districts that CLMF will take place

Workshop participants will be drawn from the pool of women who will actively conduct or (in an active way) support those conducting the CLMF. All these women must:

- Represent women in all their diversity – including women from key populations, women with disabilities, women who use drugs, women who engage in sex work and lesbian and transgender women
- Demonstrate ties to the CCM and national networks engaged in national Global Fund processes working to address HIV, TB or malaria
- Prove affiliation to networks or organisations of women living with HIV; and women's/human rights groups; young women; networks of TB and malaria who are willing to support this work
- Experience in implementing/reviewing/assessing community-based health care programmes (preferably TB, HIV and/or malaria) and have a keen interest in CLMF of health services
- Be able to work in English and have access to internet (essential)

- Be proactive, and able to use the information and skills for relevant advocacy activities relating to HIV, TB and malaria.

It is important to guarantee that these women understand their role - representing diverse and key affected populations to monitor and track engagement and implemented programmes – contributing to meaningful involvement as a core principle of W4GF. This in turn will affirm the lived experiences and expertise of women in all their diversity and will help to develop ownership in the outcomes of this work.

STEP 11: Conduct the workshop to prepare the team with an action plan

In preparation for the workshop, it is important to develop and understanding of the participants level of knowledge about the content of the training. This provides you with a basis to immediately measure which areas needs additional attention. To gather this knowledge, we use a pre-survey before the training. Participants complete the pre-survey, and the facilitator uses the information to gauge the participants understanding of the content to be presented. This exact same survey is conducted after the training, only focussing on the training content covered. See Appendix J

This workshop will gather a core working group who will conduct CLMF in an agreed one or two pilot districts. The objective of the workshop will be to train those who will be conducting the CLMF in their own communities. At the workshop:

- Make sure all group training work is done in teams geographically located where the work will be conducted. If you are going to conduct this work in two districts, you will need all the group work to be done in those two districts.
- The workshop will solidify strategic initiatives to track and identify the CLMF components and methodology.

To start the workshop, the consultant will present an extensive overview of the current situation as a starting point for the discussions. The workshop could take on the following structure:

When preparing the training sessions, for each day you will review the session objectives; the time required; the materials and preparation; how the content will be delivered, facilitator notes in preparation for the next day's presentation. See a sample agenda in Annex K. This process can be done on a daily basis or preferably ahead of the time when preparing the training tools so that you are well prepared for the training. This process should be done daily because unexpected things might happen and you would need to adjust the agenda.

The workshop will create a solid understanding of the country context, by:

- Understanding what the Global Fund and other key donors such as PEPFAR is supporting around the NSPs.
- Identifying existing policy and programmatic gaps that limit the capacity of women and AGYW to enjoy their SRHR.
- Critiquing national policies, guidelines and programmes, identifying which support efforts toward gender equality and human rights for women in all their diversity.
- Assessing what is/isn't working and what needs to change?

TAKE NOTE! Of the following items. Given the realiy of COVID-19 some of these meetings and workshops may have to take place virtually.

Face to Face Training	Virtual Training
• Make sure the room has natural light and provides ample space • Set up the tables so that people sit in smaller groups (Round tables of 10 works better than one large L shaped tables) • Ensure there is enough wall space to displace the work • You will need flipchart paper and markers • Be prepared! Ensure that all papers are printed ahead of the workshop! Avoid printing at the last minute • Start the four days with a dinner the night before to go through the workshop objectives and allow sufficient time for generous introductions so that these do not need to be done on day 1 of the workshop • Make sure the facilitator is skilled in CLMF and facilitating participatory processes and is able to respect the times set out in the agenda.	• Ensure that all participants have access to a device for online connectivity • Ensure all participants have access to connectivity (financially as well as actual mechanism to access internet/WIFI) • Plan around time zones so that everyone is on at the same time if needed. (some countries do have more than 1 time zone) • Make sure you are familiar with online training software and platforms to ensure the training is interactive and reaches the aims and objectives • Make sure everyone has everything that they need including hard copies of documents • Plan a dry run of the technology with the participants so that they know how to use the technology on the days of the training. This will save time during the training because it will prevent you from having to educate participants how to use the training when you need them to complete the activity.

PHASE 4 – CONDUCT COMMUNITY-LED MONITORING

Step 12: Track and monitor Global Fund supported programmes

All four data collection methodologies are important and are complementary. This part of the Accountability Toolkit focuses on the four major groups of evaluation processes and provides ideas for how CLMF can be conducted. There is more focus on certain data collection methods that are more orientated to CLMF and evaluation and for people not working on the inside of services.

Some people believe participatory approaches should take place before any of the formal approaches as they give so much more insight into 'why' and 'how' and what local priorities are compared to external priorities…but many implementers using formal processes insist on conducting formal approaches, so as not to 'bias' the data.

This chart below highlights the various techniques that are applicable in this Accountability Toolkit

Formal–qualitative A qualitative approach creates information through discussion or interviews, either with an individual or in groups. It helps us to understand the process of change in the context of people's lives. **Ideally this should be conducted *first*, to ensure that formal quantitative questions are appropriate and relevant to community members.**	**Formal–quantitative** This approach produces numbers (e.g. 37% of women have ever experienced violence from a partner) through externally designed approaches, such as questionnaires.	**Participatory–qualitative** This includes techniques, such as mapping and drawing of issues defined by community members themselves, to produce data. This can be data either identified by them or data requested by outsiders. The process is most powerful when guided more by the participants than by outside researchers.	**Participatory–quantitative** This approach produces numbers in relation to priorities relevant to community members. It ensures that participants' voices and perspectives are incorporated into the quantitative assessment process.
Conduct **Key Informant Interviews** (KIIs) and or **In-Depth Interviews** (IDIs). These are qualitative in-depth interviews with people who know what is going on in the community. The interviews allow information to be collected from a wide range of people, including male and female community leaders, professionals, or residents, who have first-hand knowledge about the	This includes Population-based surveys such as the Demographic and Health Survey (DHS). For more on this click here Take time to review and understand what else is out there in terms of formal-quantitative data.	Examples: Conduct Participatory Learning Sessions – also known as **Focus Group Discussions (FDGs)**, to engage women who themselves access services. See Annex I MAKE A NOTE: Make sessions participatory – E.g., the facilitator literally 'hands over the pen', providing loads of flipchart and sticky tape and create a safe space - inviting and encouraging women to engage in the process. Use exercises to draw, map or chart the discussion and learning. For more about FGDs click here. Also see Annex 7 of the ALIV[H]E framework and Annex I	Develop **Community Score Cards (CSC).** CSC help to measure the degree of satisfaction and the quality of services. These are most effective when community members themselves generate the questions asked. Outsiders can add questions if wish, as long as the score cards don't become too long. For more on this click here including more examples in the

community. This provides insights on challenges and recommendations for solutions. (UCLA CENTER FOR HEALTH POLICY RESEARCH) For more on this go to UCLA Center for Health Policy Research Health DATA Program – Data, Advocacy and Technical Assistance – See Annex H			annexes. Score cards are mostly conducted through FGDs and can also provide *quantitative* data if there is space for questions which offer a Likert scale e.g. "rate how you found your appointment today on a scale of 1-10". Then the %s of respondents who gave a score of e.g. 7 and above, and 4 and below can be recorded out of the total no. (100%) of respondents.
	People Living with HIV Stigma Index – see if information is available in your country click here	Develop Anonymous **Community Score Cards** (CSCs), for clients to write their *comments* **as they leave the health clinic** once they have accessed services, or to take home with them and fill in and return to their youth community centre when they next visit it. These can be posted into and remain in a locked box and the community coalition holds the key. The cards empower women with a process to provide feedback to the providers. These can be collected by the coalition and the information collated and analysed and compiled into a report submitted to the CCM, PRs and SRs. *NOTE! Sometimes score cards can feel scary if people fear their comment may be identified. CSCs can offer insight into service quality and can also work well if delivered with a dialogue process in a safe space. This can almost feel more anonymous and creates a shared sense of challenges and shared solutions.*	
		Community health report cards (coded to assess progress) to be completed by this coalition seeking interviews from community	

		members who **may not have accessed services**. The report cards can be used in the community to generate public feedback and perceptions on health services and why they have not accessed these. This process serves as an additional diagnostic tool to support service providers and others to identify challenges or barriers to accessing services, understand community perspectives or address areas that need attention. See Annex M – This is an example taken form the International Development Law Organisation based in Kenya.	
		Personal Experience Report Establish health advocates that consist of community members who represent various demographics e.g. teen mothers, women living with HIV, individuals needing contraception and/or sex workers. On a specific day they enter the health clinic requesting specific services and report back on their experience. These individual experiences could result in a personal experience report gathered through the process of "stories of change" evaluation method. Stories of change show what is valued using specific narratives of events. Structured with a beginning, middle and end, they focus on the change that has taken place due to the program. Please see Appendix Q[13]	
		Conduct a Community Mapping to identify what health services exist, what is good and appreciated about them, and if there are problem zones, e.g. places where women feel vulnerable to sexual harassment or critical remarks or physical assault at different times of the day or night. This requires community input and voices. Mapping helps to create a community-centred picture of the environment but most importantly assists advocates to develop indicators for social accountability tools. For more information on this see Annex G	

[13] https://odi.org/en/publications/strategy-development-most-significant-change-msc/

PHASE 5 - DATA ANALYSIS

Step 13: Analyse the data collected and document findings

This section has been extracted from How to Effectively Carry Out a Qualitative Data Analysis

Making sense of this data collected can be a daunting task. Ensure along the way that the data you collect is practical for analysis and that it has informed the tool you created to track the data. In any situation - how you ask a question and structure the responses affect how that data is analysed later.

Qualitative analysis, though based on certain ground rules, does not follow a rigid process. Do the following to organise your data

- Step 1: Transcribe all data - After you have conducted sessions in communities – often the data can be unstructured and confusing. It is therefore, your duty and essential to make sense out of the data though transcription. The first step of analysing data is to transcribe all data. Transcription simply means converting all data into textual form.
- Step 2: Organise your Data - After transcribing the data, you'll most likely be left with large amounts of information all over the place. A lot of new researchers get confused and frustrated at this point. However, you can get back on track by simply organising your data. You must resist the temptation of working with unorganised data because it will only make your data analysis more difficult. One great way to organise your research data is by going back to your research objectives or questions and then organising the collected data according to these objectives/questions. You have to make sure to organise your data in a visually clear way. You can achieve this by using tables. Input your research objectives into the table and assign data according to each objective.
- Step 3 - Code Your Data. Coding is the best way to compress your data into easily understandable concepts for a more efficient data analysis process. Coding in qualitative analysis simply involves categorising your data into concepts, properties and patterns. Coding is a vital step in any qualitative data analysis and helps the researcher give meaning to data collected from the field. You can derive the codes for your analysis from the data you've collected (observation will help you identify these), from theories, from relevant research findings or from your research objectives. Some popular coding terms include:
    - Descriptive coding: Summarising the central theme of your data
    - In-Vivo Coding: Using the language of your respondents to code
    - Pattern Coding: Finding patterns in your data and using them as the basis of your coding

  After coding your data, you can then begin to build on the themes or patterns to gain deeper insight into the meaning of the data.
- Step 4 - Validate Data. Data validation is one of the pillars of successful research. Since data is at the heart of research, it becomes extremely vital to ensure that it is not flawed. You should note here that data validation isn't just 'one step' in qualitative data analysis - it's something you do all through your data analysis process. It has been listed as a step here to just highlight its importance. There are two sides to data validation. First is validity which is all about the accuracy of your design/methods and the second is reliability which is the extent to which your procedures produced consistent and dependable results.

- **Step 5 - Conclusion of Data.** Analysis Conclusion here simply means stating your findings and research outcomes based on the research objectives. While concluding your research, you have to find a valid link between the analysed data and your research questions/objective.

See Annex L as an example of coding data. For access to the actual excel sheets please contact W4GF.

Step 14: Share the draft findings and report with the Accountability Toolkit Implementation Group

- This preliminary analysis will be shared as a draft report with the Accountability Toolkit Implementation Group for review. If you wanted to, you could also consider inviting those who informed your data collection (if it is was a FGD then invite the FGD participants), a researcher or a CCM member who supported this work, to be a part of this step. This will help to create buy in and ownerships.
- Once you have received input from the Accountability Toolkit Implementation Group then you can proceed to conclude your data analysis and present your data analysis as a final report.
- Your report has to state the processes and methods of your research, pros and cons of your research, and of course study limitations. In the final report, you should also state the implications of your findings and areas of future research.
- The preliminary report and elements of the final report will be developed according to the timelines and process agreed with the Accountability Toolkit Implementation Group for feedback and review of reports and conclusions.
- Regular calls will take place between the Accountability Toolkit Implementation Group and those conducting the CLMF to ensure that everything is on track. Face to face meetings will be held as required taking COVID 19 restrictions into consideration and in cases where Covid 19 restrictions prevent the gathering of people, virtual meetings will be held.

Step 15: Finalise findings to identify priority initiatives for advocacy

- Consolidate information and work with the Accountability Toolkit Implementation Group to strategically share the findings with the CCM and PRs.
- The Accountability Toolkit seeks to strengthen programmes so that findings and data can be presented in a non-threatening way and support the needs and questions of decision-makers on the CCM.

Phase 6 – FINDINGS INTO ADVOCACY

Step 16: Develop an advocacy and communication plan

Click on this link which will give you more information on how to do this.

Ideas about what you could do with the data include:

- Reports that include summaries or Executive Summaries
- Write to the CCM and present the data with recommendations and request a meeting to share more
- Write an opinion-editorial for the local newspaper
- Hold a community forum to discuss the findings

- Create fact sheets, policy and or advocacy briefs – See Annex L as an example of what is possible. This is an Advocacy Brief conducted by W4GF on meaningful engagement in three countries.
- Give interviews about an issue that concerns you to a radio or television audience.

Make sure your report gets read! Keep in mind the following:

- Be Concise – Make it short and to the point. Make it easy to find information.
- Interesting – Take the time to sort through all of your assessment findings, and present and discuss those that are new and compelling.
- Responsive – Consider your audiences. Keep them in mind while writing the report.
- Useful – Write clear conclusions and recommendations. They are more usable. If the reader knows what to do with the information, they will be more likely to do it.
- Attractive – Spend a small portion of your budget to print bound reports in colour to distribute to your important target audiences.

For more on how to present your report check out the UCLA Center for Health Policy Research Health DATA Train the Trainer Project 4. PERFORMING A COMMUNITY ASSESSMENT CURRICULUM

Think of the following when you design a communications strategy to disseminate key priorities emerging from the CLMF.

- Consider the priorities emerging and determine the key stakeholders and populations that will need further engagement. Are there others beyond the CCM and PRs?
- Select media to be used (adjusting the use of communication channels according to context and audience).
- Create (or adjust, if they already exist) the messages so that they are appropriate for both the media used and the intended audience (such as the Ministry of Health; health-care providers; law enforcement institutions and specific communities).
- Define how messages will be disseminated and identify tools to be used to do so.
- Budget for the advocacy and communication strategy and ensure this is cost-effective.
- Foster broad partnerships with other civil society, government bodies, universities, media outlets and so on.
- Prepare to engage with the media, regarding what women are requesting. Ensure that individuals in the Accountability Toolkit Implementation Group are prepared to act as spokespersons; make your requests clear; and explain why these are essential, not only for women, but also for the entire population.

Phase 7 - SHARING OUTCOMES AND CONTINUE TO MONITOR SERVICES

It is essential that all communities remain engaged in the Global Fund funding cycle and that we remember that the Country Dialogue process is supposed to be ongoing and this includes during the implementation phase. We must continue to create demand for rights-based policies and programming that supports the priority needs of all women and AGYW especially those who are most marginalised and isolated. All gains must be protected or may be lost.

This Accountability Toolkit will be a new way of working for many women as we hold PRs and the CCM accountable. This is all work in progress. There is no single way to do all this and your experiences - successful and challenging - will be valuable for others to learn from and to guide the advocacy work for W4GF.

REMEMBER TO SHARE THE ACCOUNTABILITY TOOLKIT OUTCOMES WITH THE W4GF SECRTARIATE. WE ARE HERE TO SUPPORT WOMEN IN THIS PROCESS AND ARE EAGER TO KNOW WHERE HOW THIS TOOLKIT CAN BE STRENGTHENED.

For additional information please contact: Ms Sophie Dilmitis, W4GF Global Coordinator, sophie@women4gf.org

Annexes

Annex A - Jargon Buster

Results - The outputs, outcomes, or impacts (intended or unintended, positive and/or negative) of an intervention.

Indicators - A quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention. Note: Single indicators are limited in their utility for understanding program effects (i.e., what is working or is not working, and why?). Indicator data should be collected and interpreted as part of a set of indicators. Indicator sets alone cannot determine the effectiveness of a program or collection of programs; for this, good evaluation designs are necessary.[14]

Qualitative - Data that seeks to measure quality rather than quantity.

Quantities - Data that seeks to measure quantity and not the quality.

SMART Indicators - Indicators that are: Specific, Measurable, Attainable, Realistic and Time-bound).

SPICED Indicators - Indicators that are: Subjective, Participatory, Interpreted, Cross-checked, Empowering, Diverse and Disaggregated. Indicators originating from a woman's perspective should be SPICED (Subjective, Participatory, Interpreted, Cross-checked, Empowering, Diverse and Disaggregated). SPICED indicators are closer to the priorities and desires of people than SMART (Specific, Measurable, Attainable, Realistic and Time-bound) indicators, which, despite good intent, have a limited understanding of any qualitative key issues. SPICED indicators can be developed to become SMART, but SMART indicators, developed externally are rarely automatically SPICED. Hence the need to work with women and AGYW to develop their own indicators to track the changes they wish to see.[15]

Monitoring - Routine tracking and reporting of priority information about a program, project, its inputs and intended outputs, outcomes and impacts.[16]

Evaluation - Rigorous, scientifically based collection of information about program/intervention activities, characteristics, and outcomes that determine the merit or worth of the program/intervention. Evaluation studies provide credible information for use in improving programs/interventions, identifying lessons learned, and informing decisions about future resource allocation.

[14] UNAIDS Glossary of terms Monitoring and Evaluation Terms.
[15] ALIV[H]E Framework Action Linking Initiatives on Violence Against Women and HIV Everywherehttp://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf Page 83
[16] http://www.unaids.org/sites/default/files/sub_landing/files/11_ME_Glossary_FinalWorkingDraft.pdf

Community Led Monitoring - CLM involves drawing in, activating, motivating, capacity building and allowing the community and its representatives e.g. CBOs, people's movements, voluntary organisations to directly give feedback about the functioning of public service or function.[17]

Accountability - Accountability is the obligation of people and organisations to live up to what is expected of them and to report on the use of resources; it also is the assumption of responsibility for one's actions and the consequences of such actions.[18]

Community - A group of individuals who live in the same place or have or share a common interest.

Community Mapping - A community mapping is a map showing important places in a community – for example churches/templets markets, health services, schools bars, places where people meet – places where people socialise and so on.

Community Participation - The involvement of community members in activities or initiatives geared to addressing or resolving challenges within their own communities.

Community Report Card - An accountability tool used by community members to report progress or the lack of it. A community report card is crucial for identifying community requirements for achieving a desired goal. It is often used to measure or track the quality of health services in a community.

Community Score Card - The aim of Community Score Cards (CSCs) is to gather feedback from a community about a service and to use this information to improve the functioning of that service. CSCs are usually implemented on a smaller scale (perhaps in a number of communities served by a health facility) and therefore require fewer resources and less time for implementation.[19]

Focus Group Discussion - Focus group discussions (FGDs) are part of most experiences of participatory research and action. The label FGD embraces a range of different procedures, but the common denominator is that a group of different types of participants is formed, and the group members are given the opportunity to enter into conversation with each other in a safe setting. In participatory research, a FGD is usually convened, mediated and recorded by a team of at least two people, including a facilitator and a note-taker.[20]

Gender - Gender refers to the state of being male or female. These differences are often based on social or cultural constructs rather than biological ones. "Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities."[21]

Mapping the context - A qualitative technique, which takes community members through an exploratory and reflective process of their day-to-day lives, needs, strengths and challenges.

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[17] Indian Journal of Community Medicine Services https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2940173/

[18] UNAIDS Terminology Guidelines 2015
http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

[19] Community Monitoring in a Volunteer Health Setting: A literature Review by Cathy Green https://www.malariaconsortium.org/upscale/local/downloads/report-community-monitoring-report-cathy-green.pdf

[20] http://www.participatorymethods.org/glossary/focus-group-discussion

[21] UNAIDS Terminology Guidelines 2015
http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

This is a participatory process, which allows for discussion, analysis and the creation of tools. It helps to identify the relation between different actors in a system and the manner in which the system functions and how this intersects with communities.

Power Mapping - Power mapping is a visual tool used by social advocates to identify the best individuals to focus on to promote social change. The role of relationships and networks is very important when advocates seek change in a social justice issue.[1] The power mapping process entails the use of a visual tool to conceptualise the sphere of a person or group's influence. The power map tool helps to visualise whom you need to influence; who can influence the person in power and what can be done to influence the identified person with power. Power Mapping is often politically focused and is frequently used to persuade decision makers to alter how they may vote on an issue. It can also be used to convince an organisation to take a stand, persuade a foundation to give your organisation a grant, or compel a newspaper to write a favourable editorial.[22]

Human Rights - Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible. Universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups.[23]

Gender inequality - Refers to gender norms and roles, cultural practices, policies and laws, economic factors, and institutional practices that collectively contribute to and perpetuate unequal power relations between women and men. This inequality disproportionately disadvantages women in most societies. It plays out in women's intimate relationships with men as well as at family, household, community, societal, institutional and political levels. Many women lack access to and control over economic and other resources (e.g. land, property, access to credit, education) and decision-making power (e.g. in sexual relations, healthcare, spending household resources, making decisions about marriage). This lack of power makes it difficult for women to negotiate within or leave abusive relationships or those where they know they could be at risk for HIV and/or other STIs.[24]

Gender-transformative approaches - These encourage critical awareness of gender roles and norms and include ways to change harmful to more equitable gender norms in order to foster more equitable power relationships between women and men, and between women and others in the community. They promote women's rights and dignity; challenge unfair and unequal distribution of resources and allocation of duties between men and women; and consider specific needs of women and men. Such approaches can be implemented separately with women and girls and with men and boys. However, they are also being increasingly implemented with both women and girls and men and boys together and across generations – either simultaneously, or in a coordinated way in order to challenge harmful masculine and feminine norms and unequal power relations that may be upheld by everyone in the

[22] https://en.wikipedia.org/wiki/Power_mapping
[23] United Nations Human Rights Office of the High Commissioner
http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx
[24] 16 Ideas for addressing violence against women in the context of the HIV epidemic A programming tool
http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=5B19D36ADF2FE33C1EB6BEDE586EA34B?sequence=1

community.[25]

Empowerment - The term empowerment refers to measures that increase autonomy and self-determination in people and in communities to enable them to represent their interests. It is the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights. Empowerment as action refers both to the process of self-empowerment and to professional support of people, which enables them to overcome their sense of powerlessness and lack of influence, and to recognise and use their resources.[26]

Global Fund-related acronyms and abbreviations

CCM	Country Coordinating Mechanism
CRG	Community, Rights and Gender
CSS	Community Systems Strengthening
FPM	Fund Portfolio Manager
GAC	Grant Approvals Committee
GES	Gender Equality Strategy
GES AP	Gender Equality Strategy Action Plan
GFAN	Global Fund Advocates Network [Africa or Asia Pacific]
GFS	Global Fund Secretariat
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria [NOTE: The acronym "GFATM" is no longer used]
JANS	Joint Assessment of National Strategies
KAP	Key Affected Populations
KP	Key Populations
KPIs	Key Performance Indicators
LFA	Local Fund Agent
LIC	Lower Income Country
LMIC	Lower Middle Income Country
NFM	New Funding Model
NSP	National Strategic Plan
OIG	Office of the Inspector General
PR	Principal Recipient
RCM	Regional Coordinating Mechanism
SIIC	Strategy, Investment and Impact Committee
SOGI	Sexual Orientation and Gender Identity Strategy
SRs	Sub-recipient(s)
SSRs	Sub-sub-recipient(s)
TA	Technical Assistance
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
UHC	Universal Health Coverage

[25] 16 Ideas for addressing violence against women in the context of the HIV epidemic A programming tool http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=5B19D36ADF2FE33C1EB6BEDE586EA34B?sequence=1

[26] https://en.wikipedia.org/wiki/Empowerment

Annex B - Phase 1 Facilitation Guide

Why is this important?

Many Women4GlobalFund W4GF Advocates have engaged at the national level to influence funding requests submitted in the Global Fund's 2020–2022 allocation cycle. Whilst we have made many strides, in some countries meaningful engagement remains a challenge and advocates have worked hard to advocate for programmes and services to be included in funding requests submitted to the Global Fund that are gender sensitive or transformative - edging countries towards gender equity.

This document is a guide and provides suggestions to support W4GF Advocates to assess their level of engagement and document their experience and lessons learnt. Reflecting on engagement and documenting the work and experience enable W4GF Advocates to better understand their strategy and engagement and track progress of meaningful engagement and results in the following processes:

- The funding request development and its submission;
- Technical Review Panel (TRP) feedback discussions; and in
- Grant-making.

Documenting lessons learnt and recommendations will further support future Advocates and alert them to key strategies, moments to be conscious of, allies and foes, and actions that have impact and can make the difference.

How do you start?

Given the reality of COVID-19, the W4GF Team recommend inviting all the women who engaged at the national level to reconvene for a virtual dialogue. Ahead of this it is a good idea to agree who will lead this short process to document your engagement. At the end of this short process and once a report is compiled it is a good idea to organise and invite a panel of partners to join another virtual discussion to share key outcomes and recommendations. The partners could also share their own insights and perspective on community advocacy, and what can be done to strengthen this work and relationship.

What do you need to think about?

Quick and easy to answer questions that can be done before the first virtual dialogue:

1. Name of the person leading this process
2. Country
3. Organisation
4. Which of the three diseases does your engagement cover?
    - HIV
    - TB
    - Malaria

5. How many of the following communities of women were consistently represented in your engagement? (Tick all that apply)
    - Openly living with HIV
    - Women affected by TB
    - Women living with HIV
    - Lesbian and bisexual women
    - Adolescent girls and young women
    - Women who engage in sex work
    - Women who use drugs
    - Transgender

- Non-binary
- Women and girls with disabilities
- Women and girls affected by Malaria

6. Are you represented on your national Country Coordinating Mechanism?

7. Which window did your country submit the funding request in?

Window	Submission date	Technical Review Panel review
1	23 March 2020	May 2020
2a	30 April 2020	June 2020
2b	31 May 2020	July 2020
2c	30 June 2020	August 2020
3	31 August 2020	October 2020
4	8 February 2021	March 2021
5	30 April 2021	June 2021
6	15 August 2021	September 2021

8. How were you involved in the following?

- community consultations
- Funding request process
- In the writing team
- During the writing
- In responding to TRP comments
- In selecting Principal Recipients
- In grant making
- As sub-recipient
- As sub-sub recipient
- As a consultant
- I was not involved

Suggested questions to guide the discussion to reflect on engagement and effectiveness in three different areas:

Engagement to develop the funding request

- Did women in all our diversity meaningfully engage in the process?
- Were community consulted and were your inputs around gender diversity considered and included in the funding request?
- Can you track this in the budget?
- Was enough and robust data and evidence provided to address gender inequities?
- What major concerns do you have about the country dialogues process
- If you applied for Technical Assistance – was it useful and at the right time?
- What modules from the modular framework most supported your advocacy and is this problematic?
- Was your input aligned and guided by your NSPs?

- How did you prepare ahead of the country dialogue?
- What specific outcomes were achieved related to what was advocated for?
- Which, if any partners (technical partners and donors) supported us and when?
- What needs to change moving forward? In terms of the national process; the strategy we have and the methodology to advocate?

LIST KEY RECOMMENDATIONS & TO WHOM?

Engagement in the Technical Review Panel (TRP) feedback discussions

- Did the CCM Secretariat share the comments that came back from the TRP?
- What were the comments made by the TRP?
- What opportunities were there to formally review and respond to the comments made by the TRP?
- Where their comments relevant and appropriate? And had these been raised by us?
- How were the comments addressed by the writing team?
- How were we able to review the amended funding request?
- What needs to change in this process and who can help us to achieve this?

LIST KEY RECOMMENDATIONS & TO WHOM?

Engagement and effectiveness during grant-making

- How many women remained engaged during grant making negotiations?
- What did this engagement look like?
- How was the Principal Recipient (PR) and the Global Fund Secretariat open to input during this stage?
- What was lost/agreed in the final negotiations? What was the 'leakage' during grant-making and why?
- What needs to change in this process and who can help us to achieve this?

LIST KEY RECOMMENDATIONS & TO WHOM?

Did you raise any concerns with the following group and what was the outcome?

- The Communities Delegations to the Global Fund Board
- The Developing Country NGO Delegation
- The Developed Country NGO Delegation
- Regional constituencies
- The Global Fund community, rights and gender communication platforms
- The Office of the Inspector General

Overall how did COVID-19 impact your ability to engage in each stage of the work?
What changed in the grant given the situation?
Has your country applied for flexibilities and if so do you know what these are for?

Annex C - Sample Letter Requesting Partner Engagement and Support

(INSERT THE DATE)

Dear (INSERT A NAME/S),

Warm greetings to you.

As you may know, our country is currently rolling out programmes and services under the Global Fund grant 2020 - 2022. In addition to other key objectives this grant has committed to reduce gender- and age-related disparities and close gaps between key and vulnerable populations. This includes increasing investments in populations and locations at heightened risk to maximise impact and value-for-money. It also requires the differentiated delivery of a comprehensive package to reach those previously left behind.

As women, some of us meaningfully engaged in the process to develop the funding request and we want to remain equally engaged in implementation. We have committed to ensuring community research that provides additional qualitative data and evidence to strengthen programmes and services delivered for women and AGYW with Global Fund resources.

We have been planning our engagement and would very much like to work with you in this initiative. We believe that qualitative rights-based community data collection can support the quantitative data currently collected to measure progress around women and AGYW. This could compliment the global indicators that currently only count people tested and treated but do not speak to the quality of services or the reality of our lives.

We now have a simple and reliable tool that enables community and civil society organisations to collect data and we would like to invite you to a meeting where we can discuss this and present the synergies we see and the benefits for all of us. Please take a look at the W4GF Accountability Toolkit, which is attached to have a better understanding of what we are suggesting.

I would really appreciate your support and would be grateful if you could confirm your availability to me before (INSERT DATE HERE). We look forward hearing from you and to be working together on this important effort.

Many thanks

(INSERT YOUR NAME HERE)

Annex D - Resource Planning Tool

(this is just a guide and further elaborations on specific line items can be adjusted or changed

Description	Unit (e.g. person, vehicle, room, unit,..)	Quantity	TOTAL
Preparatory community meetings			
Developing tools to conduct CLM			
Coalition support			
Conducting CLM: Residential CBM (includes facilities, teas, and lunch)			
Conducting CLM: transport			
Conducting CLM: out of pocket expenses			
Data analysis			
Development of advocacy strategies and messages influencing policy and webinars			
Advocacy briefs to influence global advocacy			
Administrative fee			
Sub Total - sub grants			
Grand Total			

Annex E - ToR for Lead Organisation or Network

Terms of Reference for Lead organisations working with the W4GF Accountability Toolkit

1. Introduction

This Terms of Reference (ToR) outlines the responsibilities of and the context in which the Lead organisations will roll out of the pilot W4GF Accountability Toolkit enabling women to conduct community led monitoring (CLM) in Cameroon, India and Tanzania.

The W4GF Accountability Toolkit supports women to:

- conduct independent, community-led monitoring and tracking that explores effectiveness of services and qualitative client perspectives in Global Fund supported programmes and services.
- ensure that countries take the right steps to achieve gender equality and uphold human rights by highlighting what is/is not working well and advocate to reprogramme and scale up programmes and services that are effective; and
- build and strengthen strategic partnerships between communities and those implementing the grants - enabling women to remain meaningfully engaged and assess their own effectiveness as W4GF Advocates in Global Fund processes at the national level.

2. The role of the lead organisation

W4GF Advocates selected to participate in the workshop and engage in activities to advance the Accountability Toolkit will become the W4GF Accountability Toolkit Implementation Group. The role of the Lead organisation will be to lead the W4GF Accountability Toolkit Implementation Group nationally.

The W4GF Accountability Toolkit Implementation Group is a structure that allows W4GF Advocates to learn from each other, to influence national decisions and hold countries accountable for their actions to ensure that programmes and services for women and girls advance human rights and gender equality. The W4GF Accountability Toolkit Implementation Group will comprise 30 women from the three countries who attend the familiarisation workshop and then move forward into national implementation. The selection (which will include the Lead organisation) will ensure that this is a balanced mix of women living with HIV, young women, and those representing women from key affected populations/networks. All of them will commit to coordinating the implementation of the Accountability Toolkit with support from their own networks and W4GF.

The W4GF Accountability Toolkit Implementation Group was selected against the following diversities and criteria:

- Ability to demonstrate ties to the CCM and national networks addressing HIV, TB, or malaria in the selected countries and to see this as an extension of their work.
- Represent women in all their diversity.
- Affiliated to networks or organisations of young women, women living with HIV; and women's/human rights groups; networks of TB and malaria who are willing to support this work; and
- Affiliated to networks or organisations of women from key populations - including but not limited to - women with disabilities, women who use drugs, women who engage in sex work, lesbian, bisexual, and transgender women.

3. Lead organisations responsibilities

This work will be conducted in four stages – see the "workplan at a glance" on page 5. The Lead organisation will lead all the national work and have the following overarching roles to:

- Coordinate with W4GF team in all stages of this work (as per workplan)
- Organise and expand national processes to reflect and assess engagement in Global Fund processes to date
- Engage in other national-level discussions and work with other women allies, relevant organisations and stakeholders (including on the CCM) to organise an inception and planning process.
- Plan - together with the W4GF Accountability Toolkit Implementation Group and other key stakeholders - how to implement the Accountability Toolkit at national level
- Implement CLM together with the W4GF Accountability Toolkit Implementation Group. At the same time engage other women and networks thereby channelling findings to influence national Global Fund HIV, TB and malaria priorities
- Coordinate and lead all national-level advocacy work based on the findings from CLM with coordination support provided by the W4GF team.
- Work together with the W4GF Team and the Lead organisations in the other two countries to ensure the overall success of this project.

4. Specific role of Lead organisations in each stage

Herewith are the duties of the Lead organisation per stage.

Stage 2: *April 2021*

W4GF Team will conduct a virtual induction training workshop on CLM and support the W4GF Accountability Toolkit Implementation Group set up post the workshop.

Areas where the Lead organisation will play a key role in stage 2 include:

- Work with and prepare the participants for the training.
- Support and coordinate the training in – country. This might include organising the:
  - Transfer of funds to each participant to enable their participation in a virtual training. If held virtually a one off payment will be made available for each participants to cover internet costs for the virtual training
  - Organise and coordinate the venue (if funding becomes available for an in-person training). This might include arranging travel; ensuring participants arrive safely; and that accommodation is organised if necessary
  - Distribute training material to participants in time for the training
  - Organise meals and per diems
- Review the workshop agenda and all other W4GF preparation and related work.
- Commence a landscaping and mapping to understand who is currently conducting CLM to avoid duplicating efforts and explore synergies.

Please note, perdiems, accommodation and meals will only be provided if the funding for the training is secured and if the training will be held in one venue for everyone to participate.

TARGET: by the end of Stage 2: All have completed the virtual training & know how to proceed; communication strategy in action.

Stage 3: May *2021*

Set up the national level Accountability Toolkit Implementation Group with and include others in a national reflection process and begin the inception and planning for CLM at the national level.

Following the induction and training workshop, an amount of US$3,000 will be paid to each Lead organisation in the three countries.

This funds will allow the Lead organisation to organise the work and build momentum in Stage 3. Areas where the Lead organisation will play a key role in Stage 3 include to:

- Maintain relationships with all national partners especially the CCM, PRs and SRs, participate in national platforms, and meet with key stakeholders to build support at the national level
- Organise national consultations to see who else must be included in this work[27]
- Finalise the landscaping and mapping to understand who is currently conducting CLM to avoid duplicating efforts and explore synergies
- Review materials and decide methodologies to be used in monitoring and tracking programmes and services supported by the Global Fund
- Finalise clear workplans and budget that ensure SMART CLM activities
- Conduct virtual and or other meetings to maintain communications and planning of the work
- Coordinate with the W4GF Team and the Lead organisations in the other two countries.

TARGET: By the end of Stage 3 - all national partners are aware of the work to take place; National reflections have happened; Workplan and budgets are in place and well-funded. Two joint webinars are organized by the W4GF Team with the coalition (all three Accountability Toolkit Implementation Groups and other national partners involved); and the group is well supported and available to each other.

Stage 4: *June – November 2021*

Conduct CLM in the three countries and channel findings to influence national priorities and Global Fund global policy and process.

During Stage 4 the Lead organisations will be provided with a US$25,000 grant to kick start national implementation of CLM based on the workplans developed in Stage 3. If the full amount is not secured W4GF will provide support to each country to explore funding opportunities available for national level work. Areas where the Lead organisation will play a key role in Stage 4 include to:

- US$ 25,00 grant: Coordinate, monitor and manage the grant based on the workplan and budget developed by the Country W4GF Accountability Toolkit Implementation Group (CWATIG) in Stage 3. The Lead organisation will act on behalf of the CWATIG who will serve as both an implementing and reference group.
- Oversee and lead on CLM work of the W4GF Accountability Toolkit Implementation Group
- Oversee the analysis of data from the CLM and capture findings for effective advocacy
- Develop advocacy strategies and messages to influence policy; documents & reports produced at national levels
- Report back to the W4GF and EANNSO (fiscal agents)
- Work with the W4GF Team to support the development of globally focused advocacy briefs.

[27] *The reflection and assessing engagement and the Inception and Planning at the national level initiates a process to reach out further beyond the Accountability Toolkit Implementation Group to other organisations, networks and key stakeholders and bring them onboard to plan the key areas/programmes/services to be tracked and the methodology used during the community led monitoring. During this Stage, the Lead organisations will define the human resources and budget required to conduct CLM comprehensively*

TARGET: At the end of Stage 4 we will be able to see results from CLM with lead implementers; advocacy strategies and messages influencing policy; documents & reports produced at national levels; and work with the W4GF Team to develop two advocacy briefs for global advocacy.

The Lead organisations will work closely with the W4GF Team who will facilitate a relationship with the W4GF Fiscal Agent – Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO) based in Tanzania to **ensure that all finances are managed ethically, transparently, and according to a defined budget.**

5. Expected Results and Outcomes

Lessons will be learned from the pilot work in these three countries to refine the Accountability Toolkit so that it can be rolled out in other countries in the future. W4GF together with the women at the local level will take a qualitative approach to collecting data to complement the Global Fund quantitative data gathering. Hence, quality of services will be included in this process.

As noted in the introduction expected outcomes include:

- An active, supported and well-coordinated group of W4GF advocates engaged at the national level in monitoring and shadow reporting who are able to effectively advocate and influence changes at the national and global levels based on the evidence collected through the Accountability Toolkit.
- Stronger advocacy for gender equality and human rights, and to address the needs of women in all their diversity, through representation and influence, based on more effective and coordinated evidence building and policy analysis.
- More effective programmes that are monitored by communities who ensure programmes are working for women and girls in all their diversity and upholding human rights.
- Increased number of community gender advocates working with and supporting those on the CCMs.
- Global Fund policies (global and national) are strengthened around meaningful engagement of women due to being able to prove (beyond doubt) that meaningful engagement results in better health outcomes.

6. The role of W4GF

W4GF will support women working at the national level to gather and leverage information and data on service provision to improve responsiveness, equity and quality of services and hold service providers to account. Support will be provided so that the advocates from the three countries can support each other, learn from experiences and translate their findings to global level as needed.

The W4GF team will work closely to **support** the Lead organisation to:

- Provide a deeper understanding of the Accountability Toolkit as well as key ways to influence the Global Fund
- Support the W4GF Accountability Toolkit Implementation Group to develop a national workplan and budget to coordinate CLM activities to be implemented in Stage 4
- Engage with the W4GF Accountability Toolkit Implementation Group and troubleshoot key issues and challenges
- Ensure the Lead organisations are able to deliver on their overall workplan. This will include learning from each other and sharing effective strategies in qualitative data collection
- Provide the overall coordination of the group and ensure monthly joint webinars to check in and share how things are progressing and support where required

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Annex F - Tracking Indicators, Approach, Capacity and Methodology

Part 1

What do you want to track?	Identify existing sources of data	Where is this happening?	What indicators are being used?	What approach is best to use for this?	Who will support you in this effort?	Who might oppose you (allies and foes)?

Part 2

Plan approach	Who will take the actions?	When will the actions
Review the assumptions and ensure indicators are SPICED		
Develop the necessary Protocol (the introduction, methods, work plan, budget, reporting and facilitator guide)		
Recruitment and invitation of participants (incl. strategic allies)		
Recruitment and training of team, pre test		
Logistics (e.g. venue, materials)		
Conduct of Analysis, reporting		
How will the report results be shared and who will be the audience		

Another way of doing this is to put together a Monitoring, Evaluation, Accountability and Learning (MEAL) Plan. A MEAL plan is your project or programme's roadmap to implementing your MEAL related activities as intended, in a timely and efficient fashion, and to ensure continuous learning throughout

the project and programme cycle. Specifically, Save the Children defines a MEAL plan as a management tool that can be used to monitor and evaluate interventions, projects or programmes. You can see this here

Annex G - Community Mapping

Annex H has been adapted from TOOLS TOGETHER NOW! 100 participatory tools to mobilise communities for HIV/AIDS A community mapping is a map showing important places in a community – for example churches/templets markets, health services, schools bars, places where people meet – places where people socialize and so on.

Why use it?

- Community mapping is useful to provide a non-threating way to start a discussion about sensitive subjects including sex, HIV /AIDS, drug use and so on. Identify which places (and people) are important in the community and why.
- Explore women's concerns about their communities and what they would like to change
- Identify services and resources available in a community and gaps in services
- Highlight different group views if possible – for example different constituencies might draw different things in a map of the same area compared to other groups.

How to use it?

- Divide large groups into peer groups to make separate maps to compare different views of the community.
- Discuss what sorts of places to show on the map
- Ask participants to draw a map showing all the places the participants think are important to them
- If the group has trouble getting started - suggest that they begin by marking themselves on the map where they are right now.
- Then discuss what is shown on the map.

Facilitators notes

- If the group is large and uses paper to draw the map stick serval pieces together and add more paper as the map grows
- Different participants may draw very different maps of the same area and this is okay. It reflects their different views of the community and of the topic discussed
- Some marginalised groups for example drug users maybe concerned that information they put on the map for example – where they buy or use drugs will be used to punish them. Agreeing how the map will be used before you start may help people to feel comfortable.
- Community maps can show how things looked in the past and/or how people could like a place to look in the future
- Discuss how to improve the situation in the community by comparing maps of the present and the future

Adaptations of Community Mapping

- Start by requesting participants to work in groups and think about their ideal medical service and to draw this on a large piece of paper. For this work split the men and women. Ask them to think about the following:
    - What are their top priorities and what they would love to see when they access health centres.

- Once they are clear about what they would like to see – turn to what their reality is. Ask each team to conduct a community mapping to identify what services exist (health and other). This mapping provides a community-centred picture of the environment. Most importantly, assist advocates to develop indicators for social accountability tools.
- Provide the following instructions and request them to draw the following:
    - Draw the community and highlight all the places that are important and often visited
    - Highlight where the clinic is, other medical services, the market place, places where you hang out, places where people get information, Places where you go to access condoms, contraceptives, HIV/TB medications. Places that you like to visit
    - Once you have drawn your map, think about the medical services you have identified. ***IMPORTANT:*** *sometimes people identify the local gas station; public toilets or dad's bottom drawer as sources to access condoms. Keep in mind that what OUTSIDERS think of as medical facilities may be the last place young people or AGYW would go to access these essential things.*
    - What good things from your list of ideal services already exist in current service that they actually have access to?
    - What challenges remain with existing service?
    - Facilitate a discussion and enable participants to use their inner visions to dream what would really work for them and to appreciate what might already be there and it will be easier later to engage with the service providers
    - As you think about the medical facilities – MAKE A NOTE of any information you have about mechanisms that exist to foresee barriers to accessing services. Also MAKE A NOTE about scenarios where a human rights violation occurred. Do you know if the service provider has measurements in place to prevent or address this.[28] What happens if a client makes a complaint whilst accessing services? What corrective measures exist if any?
    - Also add places on the map that are not safe and if there are areas that have any specific challenges for communities or places where people become vulnerable. MAKE A NOTE! This may change from day to night. Safe places by day time may be not safe at night. E.g. the bus station and sometimes their dad /uncle comes home or drops by from work. Don't forget to ask these questions as sometimes young people might be too shy/ashamed to mention the dad e.g. themselves…. Encourage them also to think about "people like me here" rather than 'me' so they have a veil of anonymity.
- Once the work is done participants can display their drawings on the walls (which are on flipcharts stuck together, so they are relatively big). They can do a gallery walk and review all the drawings. No-one from one group can mark the other group's drawings. They have to respect each other's viewpoints but people in one group can add something to their own map(s) if they like, after the shared discussions. (e.g. once men added something to their drawing which the women had thought of, but the men hadn't thought of – and they acknowledged the women for the thought – which in itself felt like a bit of a coup!)
- Review and build consensus based on the information previously collected on the national context.
- Create a safe space to share, reflect and assess what can be done with the tools outlined in this Accountability Framework and where exactly this should be done. What are the specific services that need to be explored?

[28] See, for example, an article about the UN Women et al global treatment access review, 2017: https://www.hhrjournal.org/2017/12/in-womens-eyes-key-barriers-to-womens-access-to-hiv-treatment-and-a-rights-based-approach-to-their-sustained-well-being/

- Present all the different CLMF activities that are possible and agree which ones are the best to use for this specific programme
- Work with participants to create their own SPICED results and indicator matrix – What are the changes they want to see? Revert back to Annex E.

Annex H - Key Informant Interviews (KIIs) and/or In-Depth Interviews (IDIs)

The UCLA CENTER FOR HEALTH POLICY RESEARCH created this annex. This is **Section 4: Key Informant Interviews from the** [UCLA Center for Health Policy Research Health DATA Program – Data, Advocacy and Technical Assistance]

Purpose - Key informant interviews (KIIs) are qualitative in-depth interviews with people who know what is going on in the community. The purpose of KIIs is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions.
The following are two common techniques used to conduct key informant interviews:

- Telephone Interviews
- Face-to-Face Interviews

When to conduct key informant interviews

- To get information about a pressing issue or problem in the community from a limited number of well-connected and informed community experts.
- To understand the motivation and beliefs of community residents on a particular issue.
- To get information from people with diverse backgrounds and opinions and be able to ask in-depth and probing questions.
- To discuss sensitive topics, get respondents' candid discussion of the topic, or to get the depth of information you need. Individual or small group discussions (two to three people maximum) create a comfortable environment where individuals can have a frank and open in-depth discussion.
- To get more candid or in-depth answers. The focus group dynamic may prohibit you from candidly discussing sensitive topics or getting the depth of information you need. Sometimes the group dynamic can prevent some participants from voicing their opinions about sensitive topics.

Planning the key informant interviews - There are several key steps involved in planning and implementing KIIs as a means for data collection. Review the following activities and prepare accordingly with your community partnership members.

- Gather and review existing data
- Determine what information is needed
- Determine population and brainstorm about possible key informants
- Choose key informants
- Choose type of interview
- Develop an interview tool
- Determine documentation method
- Select designated interviewer(s)
- Conduct key informant interviews
- Compile and organise key informant interview data

Gather and review existing data - Collect and review existing research data and reports before determining what additional information needs to be collected from key informants, as the information

you are looking for may already exist. You can piece together a great deal of information about a community or a health issue from different sources.

Determine what information is needed - The first step in preparing for your KIIS is to identify the information you want to gather. Once you have drafted your primary questions, next determine what type of data is needed. For example, do you want to collect data on community practice, community opinions, or existing services and service utilisation? The type of data needed helps you identify the best people to interview.

Determine population and brainstorm possible key informants - Before selecting key informants, it is important to map out your population of interest, or target population. This target population could include all community residents living in a particular city or zip code or could be a particular portion or group within that geographical region (such as a racial/ethnic minority, adolescents, or women). Once you are clear about the target population you can better brainstorm possible key informants who are knowledgeable and closely linked to your population of interest.

Choose key informants - Carefully select the key informants. Remember key informants must have first-hand knowledge about your community, its residents, and issues or problems you are trying to investigate. Key informants can be a wide range of people, including agency representatives, community residents, community leaders, or local business owners.

The first step in the selection process is to identify and create a list of potential key informants—individuals or groups you want to interview to gather information about your target population. In creating this list try to get a diverse set of representatives with different backgrounds and from different groups or sectors. This diversity provides a broad range of perspectives. For example, your list could include people from different sectors, such as health service administrators, religious leaders, city government officials, young mothers, minority populations, or youth advocates.

Second, you need to narrow down your list. Review your list and identify one or two persons from the same sector who you believe can provide needed information. However, keep in mind that your final group should have a diverse mix of key informants in order to ensure a variety of perspectives. For example, if investigating gang activity in a community, you could approach and solicit the input of a wide range of experts who are knowledgeable about the problem, such as church leaders, local store owners, neighbourhood-watch-association representatives, parks and recreation staff, parents, youth advocates, police, and teachers. Key informant diversity is important. If you only interview people of a particular background or sector you may end up with results that are one-sided or biased. Interviewing key informants from a wide range of sectors allows you to look at varying perspectives and underlying issues or problems.

The number of people you interview largely depends on your data needs, available time, and resources. Typically, 15-25 interviews are the most you need.

Choose type of interview - The next step is to select a technique to obtain information from each of the key informants—either by telephone or face-to-face. The technique you use largely depends on your key informant's availability and preferred choice, as well as your available time, resources and overall logistical feasibility. However, these techniques are not mutually exclusive; both options may be used effectively.

The following is a description of each:

A. Telephone Interviews: Telephone interviews may be the most convenient and least time-intensive way to interview busy key informants. The major shortcoming of this approach is not having the personalised interaction that is otherwise possible through a face-to-face interview. However, if you develop a structured telephone key informant interview tool to address your primary questions, the telephone interview may provide all the valuable information you are looking for.

Arranging Telephone Interviews: Once you have compiled your list of key informants, distribute this list to your partnership members and ask them to identify those individuals they know. If appropriate, the partnership members can help access key informants by personally contacting them, providing a brief explanation of the community needs assessment project, encouraging them to participate in the interview, and facilitating communication between them and the interviewer. The designated key informant interviewer would then contact them to schedule a convenient time to conduct the interview.

When contacting key informants, stress the importance of their input and let them know ahead of time about the time commitment. Telephone interviews should last no more than 15-25 minutes, as it is difficult to schedule longer periods with busy people. However, once engaged, informants may be willing to speak longer. So, it is a good idea to schedule at least an hour of your time to allow for interviews that run longer.

B. Face-to-Face Interviews: Face-to-Face interviews are the most frequently used format. This format is more time intensive because it requires additional scheduling and logistical planning. The advantages to this technique are that it provides a free-exchange of ideas and lends itself to asking more complex questions and getting more detailed responses.

Arranging Face-to-Face Interviews: Again, ask your partnership members if they know any of the identified key informants, and allow them to make the first contact. The designated key informant interviewer would then schedule a convenient time and place for the interview. As a general rule it is important not to schedule too many interviews in one single day. After each interview the interviewer should take some time to make additional notes and organise initial findings or impressions, so time should be allotted for this after each interview. Face-to-face interviews typically last 20-30 minutes. Again, once engaged, informants may be willing to speak longer.

Persistence is key. Making it into someone's busy schedule is not easy. Anticipate this challenge and don't give up! This is true for both telephone and face-to-face interviews. Continue calling until the pre-designated cut-off date.

Develop an interview tool Prepare an interview tool to guide the discussion and make sure your questions are answered. The interview tool typically contains an outlined script and a list of open-ended questions relevant to the topic you would like to discuss. Begin with the most factual and easy-to-answer questions first, then follow with those questions that ask informant's opinions and beliefs. End with questions that ask for general recommendations. Don’t be afraid to ask probing questions during your interview, as these help to clarify informant’s comments and get detailed information.

The following are the main components of the interview tool:

- Introduction: Before beginning the interview introduce yourself and your project. As a general rule the introduction you write should do the following: 1) help establish the purpose for the interview; 2) explain who is involved in the process (community partnership members); 3)

establish credibility for the interview and yourself as the interviewer; 4) explain why their cooperation is important in collecting the information you need; and 5) explain what will happen with the collected information and how the community will benefit.

- Key questions: Draft five to ten questions important to getting the information you have set out to collect. The key questions should be designed in order to elicit more revealing information about your community issue or problem. Ask questions that draw upon the informant's expertise and unique viewpoint.
- Probing questions: Probing questions encourage participants to reflect more deeply on the meaning of their comments. These questions are also useful at getting people to think about the cause or root of the problem you are investigating.
- Closing question: Provide an opportunity for the key informant to give any additional information or comments. Also ask the key informants for their recommendations or solutions in addressing the problem.
- Summary: If time permits, quickly summarise the major comments heard throughout the interview and ask informants if you covered all the major points. Ask them if there is anything else they would like to tell you that you have not asked them. Finally, thank them for their time.

After completing the interviews, it is a good idea to send thank you notes to the interviewees.

Determine documentation method - Compile interview information to ensure data collection efficiency, quality, and consistency across interviews. You want to make sure all the information you have set out to collect is captured.

There are two methods you can use to record the interview responses:

- Note-taking: Interviewers should plan to take notes during the interview as well as directly after. It is wise to type up and print the key questions you have drafted (approximately five to ten) leaving enough space between each question to manually write the key informant's comments while conducting the interview. However, taking notes while interviewing someone could be quite a balancing act. Interviewers may find themselves engaged in the conversation and not taking notes. The best advice is to plan to take notes during the interview but not allow note taking to disrupt the flow of the conversation. Immediately after each interview the interviewer should take some time to review their notes and fill in any details, expand on their note taking short-hand, or add important comments or points made. It is a good idea to do this immediately after the interview when things are still fresh in their mind. Waiting several hours or a day may mean losing a lot of valuable interview information.
- Tape recording: Interviewers can also use a tape recorder to document what key informants say. This approach allows the interviewer to freely engage in the conversation without worrying about note taking. The interviewer may take brief notes during the interview, write down and organise notes at the end of the interview and use the tape recording to fill in information gaps or details. It is necessary to get informed consent from the key informant to audiotape the interview. So, it is a good idea to discuss the possibility of audio taping before scheduling the interview. In this scenario, it is important to emphasise that: 1) the interview will be recorded so that none of their important insights and discussions are missed; 2) the interview will not be recorded if they do not prefer it to be; and 3) the audiotape will not have their name on it and will be kept in a secure location.

Select designated interviewer(s) - Determine who in your partnership has the skills or background to conduct the interviews. Interviewers should be good listeners, have strong communication skills, be able to take detailed notes, be detail oriented, and comfortable meeting and talking to new people. For

consistency it is wise to only have one or two designated interviewers.

Conduct key informant interviews - The interview tool your partnership develops will help structure the discussion and carefully sequence the various key questions. Interviewers can practice and familiarise themselves with the script and questions before meeting the key informants.

Starting the Interview - The interviewer should begin by thanking the respondent and stressing the importance of the meeting. At this time the interviewer can make any clarifications and answer any questions about the community assessment and the purpose of the interview. However, careful considerations should be taken in order not to influence or bias respondents' answers.

Interviewers should listen carefully for recurring and new opinions or beliefs. They should take notes highlighting important points made. Throughout the interview it is important that interviewers' pace themselves. In order to compare data collected and identify themes it is important to get answers to certain key questions from every person interviewed. At the end of the interview ask the key informant if they have any questions or final comments. Let them know what will happen with the information and conclude the interview by thanking them for their time.

Compile and organise key informant interview data - As soon as your partnership starts the process of collecting the key informant interview data, you will suddenly have a lot of data to manage. It is important to think about this while in the planning phase. Specifically, you want to discuss the following with your partnership and note your decisions:

A. What will the key informant data look like once it is collected?

- This depends on what the key informant interview instrument looks like and what types of questions you asked. You may have a broad range of key informant responses.

B. How will the key informant data be compiled?

The key informant interviews you collect will be qualitative. After finishing a key informant interview, the interviewer should make notes and write down any additional comments or impressions. Within the next couple of days, the interviewer or designated person should type up the interview notes, using the audiotapes (if applicable) to fill in any gaps. All of the interview notes:

- Anecdotes, and discussion points need to be typed into one-word processing document. However, this has the potential of being a really long document, depending on how many interviews were conducted and how long they were. Really long documents are not very helpful, as there is no easy way to see relationships across different focus group discussions. So, the interviewer may want to consider organising qualitative data right from the data entry stage into major categories. These categories are most commonly the interview questions that were asked. This way, you end up with a document of all of the interviewees' discussions organised under each question.
- One individual or agency should take responsibility for creating the master file, developing the categories, and cutting and pasting the notes into the corresponding categories.
- One individual or agency should take responsibility for keeping track of the audiotapes.

Where will the key informant data be processed and compiled?

- Plan where the data is at all times during the data collection process. This eliminates any confusion that may arise when multiple partnership members and agencies take on the survey data collection and compilation activities. It also clarifies ahead of time what specific steps need to be undertaken to collect, enter, compile, and analyse the different data pieces.

- Once your partnership has thought through the above points, then you should have a clear idea of where (when?) the interview data will start being collected and where the data will end up.

What about informant confidentiality/anonymity?

- Ensuring confidentiality/anonymity is very important. Depending on the nature of the topic, let key informants know that you will not use their names or any other potentially identifying information (such as title and organisation) in your final report or publications. Assure them that their responses will be kept confidential—results will focus on the content of the discussion rather than identifying who said what. This may help encourage them to participate and make them more comfortable and willing to openly share their opinions about your topic of interest.
- After collecting data from individuals—referred to as human subjects, there are a few important rules to consider when handling their responses:
    - Keep any identifying information in a locked place (such as name, organisation, title, phone number, or address). This can be simply a locked filing cabinet drawer or password protected computer, which ensures that no one has access to the confidential responses.
    - Keep identifying information in one place. This ensures that fewer people have access to private information. (repetitive?)
    - Once the data is compiled, remove any identifying information that is associated with it. When typing up your tape-recorded key informant interviews, assign each respondent in your word document a unique number. You can start with "1" and just assign a different number to each key informant you enter. Keep your interview notes and any printed documents in the same locked drawer.

Advantages and Disadvantages of Key Informant Interviews Advantages	Disadvantages
• Detailed and rich data can be gathered in a relatively easy and inexpensive way • Allows interviewer to establish rapport with the respondent and clarify questions • Provides an opportunity to build or strengthen relationships with important community informants and stakeholders • Can raise awareness, interest, and enthusiasm around an issue • Can contact informants to clarify issues as needed	• Selecting the "right" key informants may be difficult so they represent diverse backgrounds and viewpoints • May be challenging to reach and schedule interviews with busy and/or hard-to-reach respondents • Difficult to generalise results to the larger population unless interviewing many key informants

Annex I - Focus Group Discussions

Adapted from Belfrage and Wigley Guidelines for Focus Group Discussions

A Focus Group Discussion (FGD) is a qualitative research technique consisting of a structured discussion and used to obtain in-depth information (qualitative data) from a group of people about a particular topic. The purpose of the discussion is to use the social dynamics of the group, with the help of a moderator/facilitator, to stimulate participants to reveal essential information about people's opinions, beliefs, perceptions and attitudes.
FGDs are often conducted among homogenous populations, who usually share a common characteristic such as age, sex, or socio-economic status, which encourages a group to speak more freely about the subject without fear of being judged by others.

Confidentiality in FGD can't always be assured by the facilitator/researcher – by nature of the fact that the people in the FGD will hear each other's opinions/experiences and you can only trust that they won't share them outside of the group; this should be reflected in the FGD consent form]

Key Steps to conduct a FGD:

STEP 1: Select field team

- Moderator: The moderator/facilitator should have knowledge and experience or skills in leading FGDs, and at the least, understand the importance of assisting all members to speak at some point, be able to manage dominant group members, and have an ability to ask open questions and follow up with relevant additional questions to stimulate conversation and reflection. It is not desirable to run them as a question / response, question / response exercise. In that situation, people are more likely to respond what they think the interviewer wants to hear.
- Interpreter: Make sure the FGDs are conducted in the local language or in the language the participants feel most comfortable in, and if needed, use interpreters that have been trained/or train them in their role as translators in FGDs. (They need to translate directly and, as far as possible, not get involved themselves in the discussion, then translate back an edited version)
- Observer/recorder: It can be effective to have two people conducting the focus group -- one asking the questions (the moderator) and one writing and observing expressions, body language etc, which can give clues about sensitivities etc. When using an interpreter, however, the moderator might be able to do both given the lag time for translation.
- Other staff: There needs to be a clear motive if any other staff is to be present during a FGD.
- Make sure that none of the field staff are biased to the subject at stake (i.e. no personal or organisational interest) or have a role that might obstruct participants to speak out freely.

STEP 2: Determine what types and number of groups needed

In each location, there should be interviews with elderly women, elderly men, adult women, adult men. If it does not inhibit conversations, age groups or gender could be mixed when it would be inconvenient to them to be separated, as long as the topic does not relate to or is affected by gender or age stereotypes, and as long as there is some possibility of also gaining disaggregated information.

- Interview adolescent girls and boys if the moderator is trained or experienced in interviewing young people under 18. Be particularly careful in interviewing younger children and consult with UNICEF or experts in child protection for assistance.
- Ensure, wherever possible, to focus on specific groups with disabilities and attempt to meet with indigenous or other minority groups.

- Group size: the ideal size is 8-12 people; however smaller and larger groups can work well and oftentimes judgement must be made quickly on the spot so as not to offend or inconvenience people. If the space available is noisy, try to make the groups smaller to facilitate hearing.
- Make every effort to ensure that non-participants are not present or within hearing distance, particularly as this can give rise to protection risks.
- Try to ensure that people such as community leaders or representatives are not mixed in amongst the groups, as they may well discourage others from speaking freely. If such people are present, it is best to interview them separately.
- The nature of this kind of work is that all the best laid plans are likely to disappear out of the window when the team arrives at the venue, and quick thinking and flexibility is required to manage the best outcome in what is likely to be chaotic circumstances.

STEP 3: Prepare for the individual FGD

- Location for FGD: Try your best to organise the meeting in a private, safe and comfortable environment (e.g. not direct under the sun), and that it is accessible (especially to persons with disabilities, older persons, and women). In the current conditions, be prepared to compromise and check with the group that the compromise works for them.
- Date and time for the FGD: ensure mobilisation of participants before the meeting as far as possible and inform community leaders in advance of the discussion so they are aware of it. If a local agency is facilitating your access to communities, ask them to explain the purpose of your visit and to the extent possible, prepare the groups to reduce time lost in confusion.
- Plan with your team beforehand how you will divide groups between you. You want to aim for as much consistency of approach so that results are comparable.

STEP 4: Conduct the FGD: Introduction

- Introduce the focus group by explaining the reason for the visit. It is important to explain the rationale to avoid raising expectations. Explain what you will do with the information, and be very clear that when asking about needs, there is no guarantee that things will change, however to the extent possible, you will pass on their feedback to relevant authorities.
- The discussion might touch upon some sensitive issues such as security and violence. Ensure participants there are no requirement to respond if the question causes discomfort. Participation is completely voluntary, and participants are free to answer or not, or to leave at any point.
- Remind participants that confidentiality should be kept throughout in that no names or personal information will be disclosed or used in any publications/reports nor should participants share what was said and by whom after this FGD as per the consent form.
- Explain that you will be taking notes during the interview to help you remember what was said, but that these are for your own personal use and will not be shared with others.
- Make sure that your notes reflect as closely as possible what was said. When it comes to analysing the outcomes, the more detail captured the better, and the more likely you are to have quotable passages which can be very powerful. Scant notes can render the exercise useless.
- Ask if there are any questions before starting the interview and make sure to take some notes about the demographics of the group.
- Be mindful that these are people who have suffered great loss and trauma and are also all individuals who have their own stories. Without spending all the time set aside building rapport, and without getting too personal, it is advisable to spend some time showing genuine interest in the people to whom you are speaking, to learn a bit about them and to put them at

ease. You might like to ask people what they did before the typhoon, and in our experience, people also don't mind telling a bit of their experience of the typhoon. Use your judgement and be a bit creative.

Step 5: Tips for the facilitator, observer and interpreter

- Notice body language and expressions as relevant.
- Make sure to listen to participants, non-judgmentally and intervene if others are judging them, reminding them of the respect for other opinions.
- Encourage that only one person talks at a time and remind people and the interpreter not to go too long in between translation, as you will lose a lot of the detail.
- It can be helpful sometimes, especially in one on one interview, to put a question in the form of a role play. For example, you might say something like, "imagine I'm the head of (insert local authority or aid agency), what would you say to me?"
- Use neutral comments and encourage the quieter people to contribute – "Anything else?", "does anyone else have something to add?", "How about this side of the group?"
- Explain to interpreters the importance of translating sentence-by-sentence and not summarising what people say. Interviewers should help interpreters by asking only one short question at a time and by reminding them about confidentiality of the discussions

Annex J - Sample Pre-Workshop Training Survey

* Required

Knowledge on Global Fund and key issues				
Global Fund Board *	I know nothing or very little	I have limited knowledge	I know enough to carry out a discussion with others	I play a leadership role and/or have expert knowledge
Global Fund Board and its decision-making process including committees and relevant processes				
How Global Fund Board Delegations work				
Country processes and Global Fund in-country processes *				
National Strategic Plans				
The Global Fund's Funding Model				
Country Coordinating Mechanism				
Country Dialogue				
Funding Request Development - including writing and budgeting processes				
Global Fund grant making process				
Monitoring Global Fund grants				
Community led monitoring				
Global Fund policies, frameworks and strategies *				
Strategy 2017 - 2022 - Investing to End Epidemics				
Sexual Orientation and Gender Identity (SOGI) Strategy				
Gender Equality Strategy (GES) and it's Action Plan				
Key Population Action Plan				
Technical Brief: Gender Equity				
Community Systems Strengthening Framework				
Community-Based Monitoring overview				
Towards an understanding of community-based monitoring and advocacy				
Technical Assistance on Community Rights and Gender				
COVID-19 Guidance Note: Community Rights and Gender				
Experience and Expertise				
Understanding of key issues for communities *	I know nothing or very little	I have limited knowledge	I know enough to carry out a discussion with others	I play a leadership role and/or have expert knowledge
Gender norms				
Gender programming				

Intersections between gender and HIV				
Intersection between gender and TB				
Intersection between gender and malaria				
Human rights				
Intersections between human rights and HIV				
Intersections between human rights and TB				
Intersections between human rights and malaria				
Programming related to Adolescent Girls and Young Women				
Community systems strengthening				
Health systems strengthening				
Community led monitoring				
Intersections between HIV/TB/malaria/COVID-19				

How are/have you been involved with Global Fund country level processes? (Please highlight as many that apply) *	
	Engaged in developing the National Strategic Plans
	Engaged in costing the National Strategic Plans
	A member of the Country Coordinating Mechanism (CCM)
	Supporting a CCM representative
	Global Fund Principal/Sub Recipient
	Participated in the Global Fund Country Dialogue
	Involved in developing the Global Fund funding request
	Involved in developing the budget(s) for the Global Fund funding request
	Community, Rights and Gender (CRG) Special Initiative (SI) Technical Assistance (TA) Provider
	Requestor of CRG SI TA
	Technical Review Panel (TRP)
	A member of the Developing Country NGO Delegation to the Global Fund Board
	A member of the Communities Delegation to the Global Fund Board
	Work closely with one of the CRG Communications Platforms
	No formal role or involvement
	A Her Voice Ambassador
	A Her Voice Grantee
	Other:

Have you ever used/conducted one of the following community led monitoring methodologies *	
	a community score card
	a shadow report
	a community mapping
	key Informant interviews
	community forums
	focus groups
	conducted a survey
	developed a case study
	Other

If you answered yes to any of the above can you explain? *

What is your understanding of accountability? *

……

What is your understanding of community led monitoring? *

……

Which statement better explains qualitative research or data collection? *	
	allow you to explore ideas and experiences in depth
	designed to collect cold, hard facts and numbers.
	None of the above

Choose the definition for a shadow report *	
	A report that identifies key issues related to community
	A report conducted by the government on their work
	A method for non-government organisations to supplement and /or present alternative information to reports governments are required to submit under human rights treaties.
	None of the above

Choose the definition for a community mapping *	
	A map that tells you how to get from A to B
	A map that highlights all important points in the community
	Sometimes called asset mapping is all about involving residents in identifying the assets of their neighbourhood, looking at opportunities and creating a picture of what it is like to live there
	None of the above

Is this statement true or false? A Community Forum is a local forum made up of residents, community and voluntary groups, public sector bodies and local businesses to work together to address issues facing particular neighbourhoods *
True
False

Workshop training

What is your main expectation for the training? *

……

Do you have any specific expertise on community led monitoring that you can present to this group during the training? If your answer is yes - what specifically might that be? *

……

If we could only answer ONE question on the community led monitoring, what would be your question? *

……

Helping us to prepare for the virtual training	
If we are to do this all virtually where would you be able to access good internet? *	
	from home
	from work
	a work hub
	a cafe
	Other:

During the W4GF Accountability training, what will you be working with? (Tick all that apply)	
	Laptop
	Smart phone
	Desktop
	Tablet
	Laptop

How often do you have a power cuts? *	
	Often - more than twice a day
	Regularly - at least once a week
	Sometimes - maybe once a month
	Never
	Other:

If we are able to secure funding and COVID-19 restrictions allow - would you be willing to travel back and forth to a meeting venue? *	
	Yes
	No
	Maybe
	Other:

Please provide us with your current physical address so that we know where you are located. *

……

Biography
Whist we have you here please tell us a little about you or drop your biography here if you have it including something you want us to know about you. * ……

Annex K - W4GF Accountability Training Agenda

Date to be added here

1. Training objectives

- To build understanding of community led monitoring (CLM) and to strengthen the capacity or women to influence national health programmes and services supported by the Global Fund;
- To create an active and well-coordinated group of women engaged at national levels who are able to track and monitor to highlight what is/is not working well in Global Fund–supported programmes and services and advocate to reprogramme and scale up programmes and services that are effective;
- To support women to hold their countries accountable so that countries take the right steps to achieve gender equality and uphold human rights at national levels.
- To strengthen strategic partnerships between women and the organisations and institutions implementing the grants, which is essential to enable women to remain meaningfully engaged
- To agree to a way of working as a coalition with lines of reporting and virtual organising.

2. Workshop times

This workshop will take place virtually starting on the (date) through to the (date) over nine separate days and the agenda will run from 7:30 – 13:40 hours CAT (6 hours and 10 minutes) and will happen across the following times:

- Cameroon: 7:30 – 13:40 hours
- South Africa/Zimbabwe: 8:30 – 14:40 hours
- Kenya/Tanzania: 9:30 – 15:40 hours
- India: 12:00 – 18:10 hours

*On day 7 and 8 the times go to 15:00 hours

3. Workshop outputs

- A workshop report
- A training package that can be used again at national levels
- A workshop outcomes statement will have key requests and recommendations for PRs, SRs and technical partners who support the work of Global Fund funded programmes- further direction to be decided by workshop participants.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
07:30 – 13:40 Cameroon 08:30 am – 14:40 South Africa/ Zimbabwe				09:30am – 15:40 Tanzania		12:00pm – 18:10pm India	
To get to know each other and the role of the W4GF Accountability Toolkit Implementation Group; to understand the training objectives and the virtual platform and tools; and to connect with the Global Fund, County Coordinating Mechanism (CCM) and key partners	To strengthen understanding on Accountability; gender inequality and of the Global Fund and in-country programmes and services being supported	To understand community led monitoring (CLM) and what is being done in the three countries	To introduce key concepts and CLM approaches to collect data	To strengthen understanding of key concepts and CLM approaches to collect data and measure results. *(scorecards and or focus group discussion).*	To strengthen understanding of key concepts and CLM approaches to collect data and measure results. (shadow reports and or community mappings	To practically explore the planning of CLM	To develop action plans for Stage 3 and agree ways of work moving forward.

Prior to the workshop participants will complete a pre- workshop survey to assess level of understanding relate to key Global Fund structures as well as the content of the Accountability Toolkit. This will enable the W4GF Team to review the draft agenda and ensure it matches existing expertise and expectation. Following the online training a post- workshop survey will establish a quick dipstick analysis of the changes in understanding of the content delivered

Workshop Agenda

Day 1: Orientation

To get to know each other and the role of the W4GF Accountability Toolkit Implementation Group; to understand the training objectives and the virtual platform and tools; and to connect with the Global Fund, County Coordinating Mechanism (CCM) and key partners.

Time	Session	Lead	Format
08:30 – 11:00	**Session 1.1 Welcome** . W4GF welcome and introduction of participants . Technology overview . Ground Rules . Agenda . Logistics announcements . Why are we here? Overview of objectives and agenda . Energizer . Role of the W4GF Accountability Toolkit Implementation Group and Lead organisations . Highlighting the outcome statement		
11:00 – 11:15	Break		
11:15 -12:30	**Session 1.2 Official opening** . Overview of workshop objectives . What we will be covering . Next steps beyond this workshop Guests: CCMs including technical partners (UNAIDS, WHO), Global Fund, Frontline AIDS, GIZ, ViiV, Donors, etc		
12:30 – 13:00	Lunch break		
13:00 – 14:30	**Session 1.3 Getting to know each other** . Identifying our own health journeys . What are our health priorities as women? . What policy and programmatic gaps exist to access to services/treatment? . What is/isn't working and what needs to change? Remembering this picture over the days		
14:30 – 14:40	**Session 1.4 Reflections from day 1**		

DAY 2: To strengthen understanding on gender inequality and of the Global Fund and in-country programmes and services being supported.

Time	Session	Lead	Format
8:30 – 08:40	**Session 2.1 Welcome**		
08:40 – 10:00	**Session 2.2. What is accountability?** . Understanding accountability . Explaining the various types of accountability . Recognising mechanisms for accountability . Understanding the commitments and their strength and weaknesses . What is social accountability and how can we use that as an advocacy tool?		
10:00 – 11:00	**Session 2.3: Gender transformative programming**		

	. Objective: To strengthen understanding of gender transformative programming and why it matters for vulnerability/responses linked to the socio-economic model		
11:30 – 11:45	Break		
11:45 – 12:30	**Session 2.4 Understanding the Global Fund** Objectives: To strengthen understanding of the Global Fund funding model (including NSPs, CCMs, TRP and country dialogues)		
12:30 – 13:00	Lunch break		
13:00 – 14:30	**Session 2.5 Understanding supported programmes and services in Cameroon, India and Tanzania** . What is being supported by the Global Fund for women and adolescent girls and young women . Who is responsible for implementation? . Where exactly is this happening? . Are programmes transformative/sensitive, including age diversity approaches? DISCUSSION: Participants share experiences and lessons learned from the reality of country-level Global Fund processes.		
14:30 – 14:40	**Session 2.6 Reflections from day 2**		

Day 3: To develop a deeper understanding of community led monitoring (CLM) and what is being done in the three countries.

Time	Session	Lead	Format
08:30 – 08:40	**Session 3.1. Recap of day 2**		
08:40 – 10:00	**Session 3.2 Panel discussion with partners** . What is CLM? . What are the key principles around CLM? . And how does this differ from what the CCM and its oversite structures do? . Different approaches of CLM (PEPFAR)		
10:00 – 11:00	**Session 3.3** . Who is funding CLM efforts related to women? . Who is doing the monitoring (Global Fund funded and other)? . Who supports the monitoring (funders, technical, research, evaluation)? . What is being monitored? . How is it being monitored/tools and methodologies used? . How are the results of the monitoring used (advocacy targets e.g. health providers, government officials responsible for disease response)?		
11:00 – 11:15	Break		
11:00 – 12:30	**Continuation of sessions 3.3** . What they feel they are doing well?		

	. What they would like to strengthen/improve (probe e.g. ease of tools, compiling and using information, reaching and influencing advocacy target)		
12:30 – 13:00	Lunch break		
13:00 – 14:30	Session 3.4 Understanding the Accountability Toolkit phases and steps Break the groups into three and ask them to look at the phases and discuss what it is and plenary session		
14:30 – 14:40	Session 3.5 Reflections from day 3		

DAY 4: To introduce key concepts and CLM approaches to collect data.

Time	Session	Lead	Format
08:30 – 08:40	Session 4.1. Re-cap of Day 4		
08:40 – 09:40	Session 4.2. What does a social audit look like?		
09:40 -10:30	Session 4.3. The WHO quality of care principles		
10:30 – 11:15	Session 4.4. Global Indicators and SPICED indicators		
11:15 – 11:30	Break		
11:30 -12:30	Session 4.5. Exploring and understanding the change matrix and indicators		
12:30 – 13:00	Lunch break		
13:00 – 14:30	Session 4.6. Exploring community-based monitoring methodologies		
14:30 – 14:40	Session 4.7. Reflections from day 5		

DAY 5: To develop a deeper understanding of key concepts and CLM approaches to collect data and measure results. Everything you need to know about develop a scorecard (morning) and or conducting a focus group discussion in the afternoon.

Time	Session	Lead	Format
08:30 – 08:40	Session 5.1. Recap of day 4		
08:40 – 10:00	Session 5.2 Score Card Development		
10:00 – 11:00	Session 5.3 Score Card Development		
11:00 – 11:15	Break		
11:00 – 12:30	Session 5.4 How to conduct a Focus Group discussion		
12:30 – 13:00	Lunch break		
13:00 – 14:30	Session 5.6 How to conduct a Focus Group discussion		
14:30 – 14:40	Session 5.7 Reflections from day 5		

Day 6: To develop a deeper understanding of key concepts and CLM approaches to collect data and measure results. Everything you need to know about writing a shadow report (morning) and or conduct a community mapping (afternoon)

Time	Session	Lead	Format
08:30 – 08:40	Session 6.1. Recap of day 4		
08:40 – 10:00	Session 6.2 How to write a Shadow report		
10:00 – 11:00	Session 6.3 How to write a Shadow report		
11:00 – 11:15	Break		
11:00 – 12:30	Session 6.4 How to conduct a community mapping		
12:30 – 13:00	Lunch break		
13:00 – 14:30	Session 6.5 How to conduct a community mapping		

14:30 – 14:40	**Session 6.6 Reflections from day 6**		

DAY 7: Practical day to explore the planning of CLM

Time	Session	Lead	Format
08:30 – 08:40	**Session 7.1. Recap of day 4**		
08:40 – 11:00	**Session 7.2:** Each Lead organisation selects a programme or service currently happening that the group might want to explore. They go through the process to define the methodology; develop their own indicators and start to think about how they might approach this if there were going to develop a score card; conduct a focus group discussion; create a shadow report or xx.		
11:00 – 11:15	Break		
11:00 – 12:30	**Session 7.3: Three group presentations and discussion**		
12:30 – 13:00	Lunch break		
13:00 – 14:00	**Session 7.4 Three group presentations and discussion**		
14:00 – 15:00	**Session 7.5 Review of joint statement**		

Day 8:

To develop action plans for Stage 3 and agree ways of work moving forward.

Time	Session	Lead	Format
08:30 – 08:40	**Session 8.1. Welcome, check-in and reminder of final day objectives**		
08:40 – 11:00	**Session 8.2: Solidifying action plans and** preliminary objectives and activities – over the next 6 months and beyond**:** . What will happen next? . When will this happen? . What are the lines of communication? . How will we work together? . Do we have the right people in the room? Who is missing? . Defining elements of successful – what do the leads need from you? . What to expect from W4GF		
11:00 – 11:15	Break		
11:00 – 12:30	**Session 8.3: Solidifying action plans: Discussion and finalising plans**		
12:30 – 13:00	Lunch break		
13:00 – 14:00	**Session 8.4: Finalising the joint statement**		
14:00 – 15:00	**Session 8.5: Wrap-Up** . Wrap-up of key issues raised throughout workshop . Summary of next steps . Completion of end-of-workshop survey by participants		

One week later

Time	Session
09:30 – 11:30 CAT	**Open discussion with partners to present action plans and engage in discussion about the way forward**

Annex L - Sample coding

CODED DATA FROM FOCUS GROUP DISCUSSIONS, 1 to 1 INTERVIEWS AND LIST-SERV DISCUSSIONS

KEY FOR OVERALL OCCURRENCE:	KEY FOR ANALYSIS OF COLUMNS F-AQ	
Over 7 occurrences		Yes (issue raised strongly)
3-7 occurrences		Somewhat (issue raised e.g. by 1 FGD member or alluded to)
fewer than 3 occurrences		No (issue not raised)

KEY FOR ANALYSIS OF COLUMNS F-AQ	
Over 7 occurrences	
3-7 occurrences	Somewhat (issue raised e.g. by 1 FGD member or alluded to)
less than 3 occurrences	No (issue not raised)

Analysis of data from focus group discussions, one to one interviews and listserv discussions

				Focus Group Discussions/ Community dialogues												One to one interviews								
			OVERALL OCCURRENCE	Country 1	Country 1	Country 1 - Larger group	Country 2	Country 2	Country 2	Country 2	Country 3 - young women	Country 3 - (sex workers)	Country 4	Country 4	Country 4	Country 1	Country 2	Country 2	Country 2	Country 3	Country 4	Country 5	Country 6	Country 7
				FGD1	FGD2		FGD3	FGD4	FGD5	FGD6	FGD7	FGD8	FGD9	FGD10	FGD11	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7	Interview 8	Interview 9
Themes identified by the partnership	***Additional* themes raised by respondents**	**Suggested by partners**								Muslim /rural			YWLHIV			YWLHIV	WUD	SW	YWLHIV	YWLHIV	TG	WUD (former)		
Barriers:																								
Treatment availability																								
Treatment was not free			5								Tx free but 3-													
	using alternative therapies as treatment was not available		2																					
	Exhausted tx regime possibilities		1																					
	Treatment eligibility		1																					
	Pregnancy		9																					
	treatment has become more accessible		13																					
	Access to private health care insurance is sometimes better		5																					
	Taking Septrin/ Cotrimoxazole		2																					

Annex M - Meaningful Engagement of Women in the Funding Model: Recommendations Kenya, Uganda & Zimbabwe

Background

Many countries will submit concept notes to the Global Fund for consideration in the next allocation cycle under the new Global Fund Strategy 2017 – 2022. Recognising the opportunity to ensure appropriate and focused programming for women and girls highly vulnerable to HIV, TB and malaria including women from key populations[29], Women4GlobalFund (W4GF) conducted interviews of women and gender advocates in three countries - Kenya, Uganda and Zimbabwe - to identify how the Global Fund's funding model can be further strengthened to facilitate more meaningful participation. Supporting organised and meaningful participation of women in all their diversity in national processes will help guarantee programmes and services are grounded in reality and provide the greatest potential to reach women with essential services. This advocacy brief summarises ***key challenges and recommendations*** from these interviews in the areas of country dialogue processes, implementation and monitoring.

Identified Key Challenges

Women in Kenya, Uganda and Zimbabwe who were interviewed for this short study were asked questions related to the level of involvement in various country and Global Fund processes since the inception of the funding model in 2012. The following table summarises key issues and challenges that continue to inhibit meaningful participation and any progress made.

1. Process challenges in NSPs, country dialogues and concept note development: representation/inclusion of civil society; timing to consult constituencies; coordination and sharing between technical working groups especially around HIV and TB			
	Not Enough Progress	Some Progress	Significant Progress
Kenya		□	
Uganda		□	
Zimbabwe		□	
2. Limited understanding on how Global Fund operates at the secretariat and country level			
Kenya		□	
Uganda		□	
Zimbabwe		□	
3. Inadequate levels of expertise on gender and gender transformative programmes amongst people in power responsible for social transformation			
Kenya	□		
Uganda	□		
Zimbabwe	□		
4. Insufficient technical and financial resources to meaningfully participate in NSP development, CCMs and Global Fund processes – including for capacity development, advocacy for women and key population communities			
Kenya	□		
Uganda	□		
Zimbabwe	□		
5.Lack of support for community monitoring, data collection, and validation: gaps in data, epidemiology, disaggregation by gender, age, and nuances between key populations			
Kenya	□		

[29] Including lesbian and transgender women, sex workers, and those affected TB and malaria communities

Uganda	□		
Zimbabwe	□		
6. Lack of mechanisms and guidance for women to hold ineffective CCMs accountable			
Kenya	□		
Uganda	□		
Zimbabwe	□		
7. Lack of funding for women in all their diversity to act as implementers (Sub Recipients)			
Kenya		□	
Uganda		□	
Zimbabwe	□		

Key Recommendations

As the Global Fund moves forward with the operationalisation of the new 2017 – 2022 Strategy we call on the Global Fund and technical partners to address the following recommendations immediately to ensure more meaningful engagement of women in all their diversity working on HIV, TB and malaria.

1. **Strengthen guidance on the meaningful engagement**: The Global Fund must revise and strengthen its guidance specifically on how countries should engage women in all their diversity at all stages of the funding model **to ensure effective Global Fund country processes**;
2. **Sustain support for the Global Fund's Community, Rights and Gender (CRG) Special Initiatives**, such as the regional coordination and communications platforms; and **expanding support to the Robert Carr Civil Society Networks Fund (RCNF);**
3. **Continue to build knowledge and understanding of gender transformative programming**: The Global Fund and partners must facilitate knowledge-building around gender linked to human rights;
4. **Bolster support for women in all their diversity on Country Coordinating Mechanisms (CCMs) and beyond** through providing technical and financial resources to meaningfully participate in National Strategic Plan (NSP) development, CCMs and Global Fund processes – including for capacity development and advocacy;
5. **Support capacity building of women to monitor implementation** by providing funding for monitoring efforts, data collection guidance documents and tools. The Global Fund and partners must make certain countries collect disaggregated data that speaks to the specific issues that women face**;**
6. **Ensure that all CCMs consistently follow the CCM eligibility criteria;** to ensure CCMs are accountable to civil society and beneficiaries of Global Fund supported programmes; and
7. **Channel greater funds for civil society implementation**: The Global Fund must refocus and promote funding for community-based responses, community systems strengthening, and rights-based programming.

Recommendations: Strengthening the Meaningful Engagement of Women in all their Diversity

1. Strengthen guidance on the meaningful engagement

Throughout Global Fund processes it is essential that women's organisations and networks are given adequate time for consultation, debate, and feedback, and that women in all their diversity are effectively prepared to successfully engage. The current Global Fund guidance is too broad and should be revised to more appropriately steer countries on how to meaningfully engage women by requesting countries to:

- **Document the consultative processes that took place**, including with recognised and credible women-led and centred CBOs; networks; and activists (with clear mandates and outreach to constituencies). This documentation should be in addition to meeting minutes and attendance lists, and should describe who was involved, what processes were put in place for consultation, what

was the response, how responses were incorporated into broader processes, strategies, concept notes and grant-making documents, and what lessons were learned to improve on in the future.

- **Expand seats for women and key populations on CCMs**. Among the three countries, women responded that overall, the number of women and key population members on the CCM were inadequate to represent such a diverse group. For example, the Kenyan CCM currently has no gender champion and only one woman representing all of key populations and in Uganda one transgender woman reported, *"Although there is a CCM key populations representative he is not given ample space to articulate issues".*
- **Allow constituencies to caucus on their own** with enough time to develop evidence-based, costed, priority programmes that can be collated and submitted to the NSP and concept note writing teams. This process should be carried out in safe and inclusive spaces, and led by credible networks over a period of time. This is especially important for women from key populations who are criminalised and marginalised. Written submissions should speak to available data, existing gaps, and collectively developed programmatic priorities and strategies to be considered ahead of the NSP and concept note consultations. Constituencies should be informed on what was included in the NSP or not (and why) and be clear on the amount of resources allocated.
- **Include women in all their diversity in each technical working group** for the development of the NSP and concept notes. Women from Uganda demanded to have a specific technical working group that addressed human rights and gender as no other working groups were addressing these areas. It is critical that adequate time is provided for coordination and sharing between the technical working groups. Nearly all respondents noted that they were strictly confined to their technical working group and unable to share and coordinate content between the technical working groups especially between HIV and TB. One woman from Kenya said *"When I wanted to know what was happening in the TB working group during the NSP development process I was told - female sex workers were not a key population so stick to your technical working group".*
- **Publish and communicate country dialogue schedules** months prior to the start of country dialogues to give civil society an opportunity to adequately prepare, consult and prioritise. In addition, CCM schedules and annual work plans should be available to civil society. *"We were called in the evening and told to be ready the following day, so there was no time to properly consult with my community, I was in the meeting but I spent most of my time outside of the meeting consulting with my own constituency instead of sitting at the table" sex worker from Kenya.*
- **Share key documents**: These include various iterations of concept notes (drafts and final), as well as comments from the Technical Review Panel (TRP), draft implementation plans and budgets. It was clear from women interviewed that documents are not shared regularly and with all CCM members. One interviewee from Zimbabwe described the result of lack of sharing documents and being informed of the content of drafts and final documents, *"All the gains we made in the concept note development were lost in the grant making".*

2. **Sustain support for the Global Fund's Community, Rights and Gender (CRG) Special Initiatives**, including the regional coordination and communications platforms which one woman from Uganda noted as being *"important as they ensure we know what is happening regionally and globally and this gives us great connection but their connections in country could be strengthened which will require greater resources".* Overall, the CRG Special Initiatives has been a critical avenue for civil society organisations to access technical assistance for a range of country dialogue processes. CRG support has resulted in greater knowledge and awareness among civil society of Global Fund processes. Another vital CRG initiative was funding the Robert Carr Civil Society Networks Fund (RCNF). Respondents highlighted that the RCNF made a real difference in enabling civil society consultation with communities. *"We had funding from the RCNF and that is how we convened our own consultations. If we had not had this funding it would have been impossible. Other groups such as sex workers did not have*

the support and although we invited them to our consultations other women from key populations were invisible" ICW EA, Uganda.

Despite the positive feedback on the importance and usefulness of the CRG Special Initiatives, respondents raised the need for some changes. Respondents voiced that those requesting TA should be presented with options for TA providers including **Providing Technical Assistance (TA) to** include: *1)* At minimum - options presented for those requesting the TA to select the organisation facilitating the TA that include areas of coverage; thematic; and geographical and community representation. *2)* Ability to build capacity and solicit information with communities beyond the cities and document priorities *3)* Provide resources to link and collate information from these sustained consultations which should follow the cycle from NSPs to prepare for country dialogues, monitoring implementation and *4)* Provide sustained resources for national level review reflection processes. This would ensure d*eliberate outreach to all members of a constituency who requested the TA allowing smaller organisations to access these opportunities.* 5) The TA provided by the Global Fund should extend beyond the grant making and include implementation. There is an assumption that technical support is available during the preparation stage for implementation – civil society and community Principal Recipient (PRs) face a challenge in obtaining technical support in preparing for implementation especially when it is the first time to implement.

3. Continue to build knowledge and the understanding of gender transformative programming

From interviews with women in Kenya, Uganda and Zimbabwe as well as from discussions as W4GF workshops, it is evident that there is much more to be done to create a better understanding of gender in the context of the three diseases. The Global Fund should **continue efforts to ensure that all stakeholders – especially those in power have a clear understanding of gender transformative programming and intersections with human rights.** Without this the Global Fund will fail to deliver is Strategic objective to "Promote and Protect Human Rights and Gender Equality" in the Global Fund 2017 – 2022 Strategy.

4. Bolster support for women in all their diversity on CCMs and beyond

The Global Fund should promote that countries (as a prerequisite to funding) **allocate a percentage of the CCM budget directly for civil society engagement,** so that civil society on CCMs can coordinate, consult, feedback, build consensus, as well as include communities in monitoring Global Fund activities. A third of allocated funds should be clearly earmarked for women and key populations most vulnerable to HIV, TB and Malaria. This budget should be located at the PR level and should be utilised through known, legitimate, credible and inclusive networks. *"I always wonder how the Global Fund professes commitment to civil society engagement but fails to avail resource for these very critical processes. This should be rectified as a matter of urgency as our government conveniently would rather we remain incapacitated." W4GF advocate Zimbabwe.*

"To give you an example - The DREAMS programmes have partnered with local organisations. There is trust and a track record of working with communities who speak our language and have a presence here. They are accessible and understand us and we give them feedback. The CCM empowers big organisations to move into communities and disregard local players. This cannot be sustainable. Besides, why not just strengthen existing players than importing experts. This is a waste of time and resources because they spend too much time trying to gain entry when they could just utilise existing entry points." Sex worker from Zimbabwe.

5. Support capacity-building of women to monitor implementation

Support civil society's monitoring role through the development of common monitoring and evaluation tools such as community scorecards and shadow reports. Civil society can also conduct analyses of the effectiveness and impact of gender-transformative and human rights-based interventions and activities

for key affected women and populations. These analyses can be used to inform Global Fund programmes, throughout the project cycle and substantiate needed adjustments along the way. Monitoring, analyses and assessments by civil society should be funded by CCMs or other technical partners. This process could create opportunity for civil society to play a more robust oversight role; to demand accountability and transparency, critique strategies and processes i.e. biomedical responses, public health approaches, vs rights based programming in order to continuously examine and expose the shortfalls, gaps and opportunities for addressing the deepening inequities which fuel vulnerability and inequality.

6. Ensure that all CCMs consistently follow the CCM eligibility criteria

The Global Fund should consider conducting an assessment to rate government and CCM efforts and effectiveness in meaningfully engaging civil society. In addition, CCM eligibility requirements should be updated to outline the following:

- The financial and organisational/network requirements that must be in place to support meaningful communication structures between civil society CCM members and the communities they represent;
- A comprehensive introduction and orientation process/timeline for all new CCM members;
- Guidance to CCM civil society members on the creation of independent reference groups to support them on the CCM. An independent, properly resourced mechanism could create a support system for civil society CCM members and serve the purpose to coordinate stronger and more effective civil society engagement; and
- Provide technical support to aid the reference group.

7. Greater funds channelled for civil society implementation

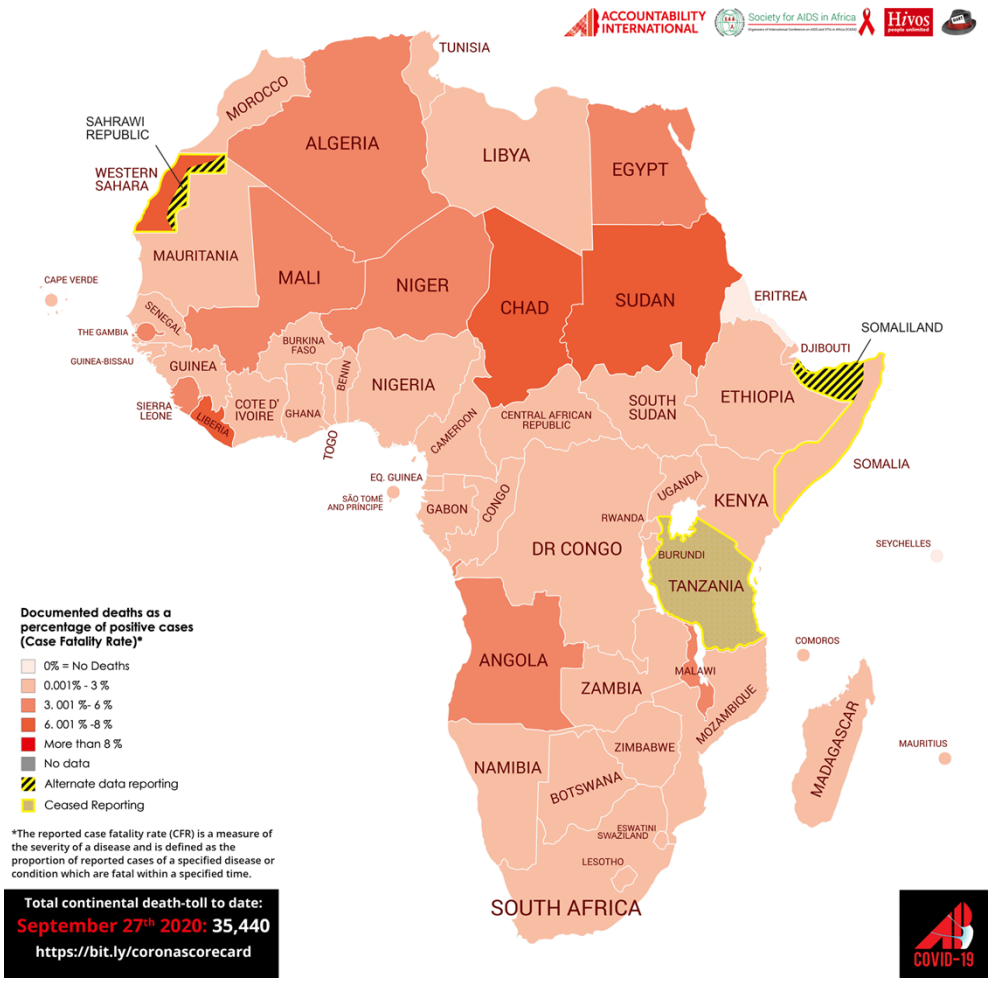
A public health approach is often taken to address HIV amongst vulnerable groups, however, this does not effectively deal with generations of oppressions; gender inequality; violence and stigma and discrimination. The bulk of the Global Fund resources are currently channelled into a biomedical response, but where stigma and discrimination is rife, gender-based violence and negative stereotypes and attitudes become a barrier to accessing services. To address this the Global Fund must refocus and do a better job at funding community-based responses, community systems strengthening, and rights-based programming. *"Civil society have seen a significant reduction in countries following the Dual Track Financing requirement but also reduction in countries having Sub Sub Recipients making it more challenging for community based organisations that work directly with women and girls to access funding and organisational capacity development opportunities that come with being a Global Fund implementer. Countries need to ensure the selection criteria for SRs does not act as a barrier towards qualification of local civil society." W4GF advocate Uganda.*

For more information, please contact Sophie Dilmitis, Global Coordinator, Women4GlobalFund (W4GF) – sophie@women4gf.org www.women4gf.org or https://www.facebook.com/women4globalfund/ **Women4GlobalFund (W4GF)** is a dynamic and global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and specific needs of women and girls in all their diversity.

Annex N - A Scorecard Example

Please see the link below. It is the link to the Accountability International Webpage. Here you can access their tools on score carding. See the pictures below that come from their website about scorecards.

http://bit.ly/AccountabilityHive



Covid-19 African Data 27th September 2020	Positive cases	Deaths	Documented deaths as a percentage of positive cases (Case Fatality Rate)*	Documented deaths per 100 000 people (Mortality rate (not per annum, but since start of epidemic data)	Population as of 2020 (UN Stats)
Algeria	50910	2010	3.95%	4.584	43,851,043
Angola	4718	174	3.69%	0.529	32,866,268
Benin	2340	40	1.71%	0.330	12,123,198
Botswana	2921	16	0.55%	0.680	2,351,625
Burkina Faso	2008	56	2.79%	0.268	20,903,278
Burundi	485	1	0.21%	0.008	11,890,781
Cape Verde	5771	57	0.99%	10.252	555,988
Cameroon	20735	418	2.02%	1.575	26,545,864
Central African Republic	4806	62	1.29%	1.284	4,829,764
Chad	1178	84	7.13%	0.511	16,425,859
Comoros	478	7	1.46%	0.805	869,595
Congo	5089	89	1.75%	1.613	5,518,092
Côte d'Ivoire	19629	120	0.61%	0.455	26,378,275
Democratic Republic of Congo	10593	271	2.56%	0.303	89,561,404
Djibouti	5409	61	1.13%	6.174	988,002
Egypt	102840	5883	5.72%	5.749	102,334,403
Equatorial Guinea	5028	83	1.65%	5.916	1,402,985
Eritrea	375	0	0.00%	0.000	3,546,427
Eswatini (Swaziland)	5431	108	1.99%	9.309	1,160,164
Ethiopia	73332	1170	1.60%	1.018	114,963,583
Gabon	8728	54	0.62%	2.426	2,225,728
Gambia (The)	3569	111	3.11%	4.593	2,416,664
Ghana	46387	299	0.64%	0.962	31,072,945
Guinea	10580	66	0.62%	0.503	13,132,792
Guinea-Bissau	2324	39	1.68%	1.982	1,967,998
Kenya	38115	691	1.81%	1.285	53,771,300
Lesotho	1558	35	2.25%	1.634	2,142,252
Liberia	1339	82	6.12%	1.621	5,057,677
Libya	31828	499	1.57%	7.262	6,871,287
Madagascar	16285	229	1.41%	0.827	27,691,019
Malawi	5768	179	3.10%	0.936	19,129,955
Mali	3086	130	4.21%	0.642	20,250,834
Mauritania	7462	161	2.16%	3.463	4,649,660
Mauritius	367	10	2.72%	0.786	1,271,767
Morocco	117685	2069	1.76%	5.605	36,910,558
Mozambique	7983	58	0.73%	0.186	31,255,435
Namibia	11033	120	1.09%	4.723	2,540,916
Niger	1196	69	5.77%	0.285	24,206,636
Nigeria	58324	1108	1.90%	0.537	206,139,587
Rwanda	4820	29	0.60%	0.224	12,952,209
Sahrawi Republic / Western Sahara	28	2	7.14%	0.335	597,330
São Tomé and Príncipe	911	15	1.65%	6.844	219,161
Senegal	14909	308	2.07%	1.839	16,743,930
Seychelles	143	0	0.00%	0.000	98,340
Sierra Leone	2215	72	3.25%	0.903	7,976,985
Somalia / Somaliland	3588	99	2.76%	0.623	15,893,219
South Africa	670766	16398	2.44%	27.649	59,308,690
South Sudan	2686	49	1.82%	0.438	11,193,729
Sudan	13606	836	6.14%	1.907	43,849,269
Tanzania	509	21	4.13%	0.035	59,734,213
Togo	1743	46	2.64%	0.556	8,278,737
Tunisia	16114	214	1.33%	1.811	11,818,618
Uganda	7530	73	0.97%	0.160	45,741,000
Zambia	14641	332	2.27%	1.806	18,383,956
Zimbabwe	7812	227	2.91%	1.527	14,862,927
Totals	**1459714**	**35440**			**1,339,423,921**
Grade A	0-500	0 - 50	0% = No Deaths	0.0000 - 5.3186	
Grade B	501 - 5000	51 - 100	0.001% - 3 %	5.3187 - 10.6373	
Grade C	5001 - 10000	101 - 500	3. 001 %- 6 %	10.6374 - 15.9560	
Grade D	10000 - 50000	501 - 1000	6. 001 % -8 %	15.9561 - 21.2747	
Grade E	Over 50000	More than 1000	More than 8 %	21.2748 - 26.5934	
No data (ND)	Africa CDC Data as reported by AU's member states				

Some data is contested for political reasons: a) cases reported by the UN observer mission for **Sahrawi Republic / Western Sahara** are not reported to Africa CDC & the WHO, so Morocco claims no cases in its Western Sahara territory, while the Sahrawi Republic does not report to the Africa CDC & WHO and its figures tend to include its refugee camps in Algeria; b) **Somalia's** figures reported to the Africa CDC & WHO include secessionist Somaliland which reports separately in irregular news briefings;

c) **Tanzania** ceased reporting on 9th May 2020 so its' current status is unknown;

***The reported case fatality rate (CFR) is a measure of the severity of a disease and is defined as the proportion of reported cases of a specified disease or condition which are fatal within a specified**

IMPORTANT: When Accountability International first began tracking the COVID-19 pandemic, our grading of the number of positive cases had as our worst-case scenario (Grade E) countries with more than 1,000 cases. Since the caseloads have increased significantly, with two African countries surpassing the 5,000 barrier, from May 14th, 2020, we have raised the ceiling for Grade E to more than 10,000 cases and have adjusted the rest of the grading in line with that. Comparisons reaching from before to after May 14th, 2020 must thus rely on the numbers and not the grading.

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A second example is provided by International Development Law Organisation, Kenya

	Credits to International Development Law Organisation, Kenya. **Indicator Performance Scoring *(Document 4 CSC process)*** **Group:** Δ AGYW Δ CBO/health committees/communities Δ Justice providers Δ Health providers *(tick appropriate)*						
	Date (dd/mm/yyyy):_____ **Name of Health Facility:**_____ **Sub county:** _____ **District:**_____ **Country:**_____						
		Score					
	Indicator	1	2	3	4	5	**Reason for Score**
A	Availability						
	Availability of service providers at the health facility						
	Accessibility of HIV services						
	• HIV testing and counselling						
	• Post violence care for SGBV including evidence collection, PEP, police forms and linkage to police gender desk to report						
	• HIV prevention services – including condoms and information						
	• Mixed contraceptive method mix – counselling, contraceptive information and services						
	Health committees available and hold meetings and discussions regarding HIV services for AGYW						
	Availability of service providers at the police desks, gender desks						
B	Accessibility						

	AGYW can receive HIV related services at any time that they need them						
	The health facility is user friendly						
	The distance to the gender desks/police/local council						
	The gender desks/police desks are user friendly						
	Ease with which AGYW reach the justice sector – police, gender desks, courts in case of SGBV						
C	Acceptability						
	Confidentiality of HIV testing (space, non-disclosure of status						
	Consent – health providers ask for consent before providing HTS services						
	Police handle cases of SGBV in gender sensitive manner? Do they indulge in victim blaming and shaming?						
	Attitude of staff towards AGYW accessing services at the health facility						
	Attitude of staff towards AGYW accessing services at the justice facility – Police, gender desk, local councils						
D	Quality						
	Coordination between the health and the justice sectors in providing remedies to AGYW victims of SGBV						
	Police readiness to file and investigate crimes of SGBV against AGYW						
	What is your satisfaction with HIV related services provided to AGYW in the health facilities?						
	What is your satisfaction with HIV related services provided to AGYW by the justice providers – police, gender desks, courts						
	There are channels for AGYW to provide feedback to health service providers						
	There are channels for AGYW to provide feedback to justice service providers including police, gender desks and local council members						

	Credits to International Development Law Organization, Kenya. **Input Matrix for HIV related services for AGYW**			
	Date (dd/mm/yyyy)_____ **Sub county:** _____ **District:**_____ **Country:**_____			
	Indicator	**Input Entitlement**	**Actual**	**Remarks/evidence**
A	Availability			
	Number of health workers in the facility			
	Availability of contraceptive method mix services for adolescent Girls and Young Women			
	Availability of PEP for prevention after exposure to HIV			
	Are there shelters for AGYW who experience Sexual and Gender Based Violence (SGBV)			
	Availability of HIV testing services at the health facility			
	Gender desk for reporting SGBV available in the subcounty			
B	Accessibility			
	AGYW can access • HIV testing services, • condoms, • contraceptive method mix information or services • PEP At the health facility without discrimination			

	Police are accessible to AGYW in need of reporting cases of sexual and gender-based violence (SGBV) – distances to police stations and police gender desks or safe shelters			
C	Acceptability			
	Confidentiality is observed while providing services to AGYW			
	Informed consent is sought while providing HIV related services to AGYW			
	Police/gender desks observe confidentiality when providing SGBV services to AGYW			
D	Quality			
	The medicines provided in the facility are of good quality as per government regulations			
	The storage of drugs supplies in the facilities is as per required standards			
	Storage facilities are as required (temperature)			
	The expiry date is still relevant			

Annex O - Ethical Considerations in Data Collection

This Annex has been adapted from The North Jersey Health Collaborative Ethical Considerations in Data Collection (not dated).

If you would like additional information on ethical considerations please review the ICW Guidelines on ethical participatory research with HIV positive women and the 2016 WHO guide: Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication Putting women first: ethical and safety recommendations for research on domestic violence against women.

Collecting data is at the core of CLMF to improve good health outcomes. Sometimes, data collection seeks to better understand the barriers and challenges in service delivery and other times it is to review the quality of services and programmes and how they have improved people's lives. Regardless of how data is collected (surveys, interviews, discussions or observations), all participants who engage in data collection must be fully informed about:

- the process and objectives;
- the manner in which the data is collected, stored and reported; and that
- none of the data and outcomes of its collection will intentionally pose harm.

The following ethical considerations are essential in data collection with community participants and should be strictly respected:

- Inform participants who you are (your name, organisation and reason for collecting data when requesting their participation).
- Do not engage in any activity that may cause physical or emotional harm to participants
- Seek permission (in writing) from participants providing the data and make the following clear:
    - Involvement is voluntary.
    - Participants are free to withdraw from any data collection or intervention program at any point without pressure or fear of retaliation.
    - Make participants aware of any potential harm that could result from their participation.
- Participants must complete a consent form – see box for more on this as well as Annex P
- Remain neutral. Do not let your personal preconceptions or opinions interfere with the data collection process.
- Collecting data (i.e. through surveys) is often done under the assumption that

> *"**Consent form**: An easily understandable written document that documents a potential participant's consent to be involved in research which describes the rights of an enrolled research participant. This form should communicate the following in a clear and respectful manner: research time-frame; title of research; researchers involved; purpose of research; description of research; potential harms and benefits; treatment alternatives; statement of confidentiality; information and data to be collected; how long the data will be kept, how it will be stored and who can access it; any conflicts of interest; a statement of the participant's right to withdraw from participation at any point; and declarative statement of understanding that the potential participant agrees to and signs. The consent form should be in a language that the potential participant understands. For potential participants with limited literacy, the verbal communication of the consent document details should be provided along with proper documentation of consent, if it be given."* WHO 2011 Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants

information provided is confidential and the findings will be anonymous. Inform participants when you have to break confidentiality (e.g. in the case of harm to themselves or someone else) and whether results will be anonymous or not.

- When collecting data, try to avoid taking advantage of easy to access groups simply because they are there (this is called “convenience sampling”). Data should be collected from those that most help us answer our questions.
- Be respectful of people’s time and when possible, compensate them for it.
- Protect the data collected. Respect personal information and ensure this is only accessible to people who need to see the data. Keep the information in a secure, or locked location.
- After data are analysed share the results with participants and seek their validation. It is a good practice to ensure that women who provided the data are meaningfully engaged and are a part of each process - meaningfully shaping and leading the research.

To access more information on ethics visit the WHO 2011 Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants

Annex P - Informed Consent Sample Form (Title of the Study/Initiative)

This Informed Consent Sample Form has been adapted from the STOMATOLOGY EDU JOURNAL 2016.

Informed consent letters should keep language and vocabulary basic and straightforward. All sections of the consent form, except the "Consent" section, should be written in second person ("You are invited..."). Headers should include "Informed Consent" followed by the title of the study (e.g., the header in this document). Footers should include page numbers. If your consent letter is more than one page, the footer should also include a space for the participant's initials (e.g., the footer in this document). The above Information in italics is for your information and should be deleted from the actual consent form. Any text in brackets should be completed with relevant information.
Nb. you might want to add in the option of reading this out to the participant if s/he can't read - and a thumbprint perhaps if s/he can't write?

TITLE OF STUDY
[Insert title]

PRINCIPAL INVESTIGATOR
[Name]
[Department]
[Address]
[Phone]
[Email]

PURPOSE OF STUDY
You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.
The purpose of this study is to [Briefly describe purpose of study.]

STUDY PROCEDURES

- *List all procedures, preferably in chronological order, which will be employed in the study. Point out any procedures that are considered experimental. Clearly explain technical and medical terminology using non-technical language. Explain all procedures using language that is appropriate for the expected reading level of participants.*
- *State the amount of time required of participants per session, if applicable, and for the total duration of the study.*
- *If audio taping, videotaping, or film procedures are going to be used, provide information about the use of these products.*

RISKS

List all reasonably foreseeable risks, if any, of each of the procedures to be used in the study, and any measures that will be used to minimize the risks.

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

List the benefits you anticipate will be achieved from this research. Include benefits to participants, others, or the body of knowledge. If there is no direct benefit to the participant, state so. For example, "There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may…." When applicable, disclose alternative procedures or courses of treatment, if any, which might be advantageous to participants.

CONFIDENTIALITY

Your responses to this [survey] will be anonymous. Please do not write any identifying information on your [survey]. OR For the purposes of this research study, your comments will not be anonymous. Every effort will be made by the researcher to preserve your confidentiality including the following:

[State measures taken to ensure confidentiality, such as those listed below:

- Assigning code names/numbers for participants that will be used on all research notes and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.]

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

COMPENSATION

If there is no compensation, delete this section.

Indicate what participants will receive for their participation in this study. Indicate other ways participants can earn the same amount of credit or compensation. State whether participants will be eligible for compensation if they withdraw from the study prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact the Review Board in your country [Add In that information here]

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Note: Please delineate the "Consent" section of the Informed Consent Form by drawing a line across the page (like the one below this paragraph). This delineation is important because the consent form grammar shifts from second person to first person, as shown in this example.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions and I have been provided with a written plain language statement to keep. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction I understand that I will be given a copy of this consent form. I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements; my data will be protected and accessible only by the named researchers.

I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Annex Q - Concept Note Template

INSTRUCTIONS: The whole concept note should be 2-3 pages long.

Organisation Details

INSTRUCTIONS: Complete the following table with details of the organisation submitting the concept note.

Project Title	<Insert>
Organisation Name	<Insert>
Address	<Insert>
Website	<Insert>
Telephone	<Insert>
Fax	<Insert>
Contact Person	Name: <Insert>; Telephone: <Insert>; Mobile phone: <Insert>; Email: <Insert>
Registration Details	Type of organisation: <Insert>; Country: <Insert>; Year: <Insert>; Registration Number: <Insert>

Project Summary

INSTRUCTIONS: Insert a 1-2 paragraph summary of the project highlighting the target area, beneficiaries, strategy and expected results. Write this section after you have completed all other sections of the concept note.

<Insert summary here>

Current context and challenges

<Briefly describe the problem being addressed>

Focus Area & Beneficiaries

<Briefly describe the geographic target area and the people who will benefit from the program>

Objectives and Activities

<Insert the goal of the project>

Approach

<Briefly describe the approach to solve the problem. If the approach is something that has been used before then describe how it has been used previously and why you think it will be appropriate in your setting>

Monitoring & Evaluation

<Briefly describe how you will measure results. List the key indicators if appropriate>

Outcomes

<Insert outcomes>

Budget

<Give the total budget for the project>

Sustainability <Briefly describe how the project activities will be sustained in the long term>

Appendix R - Stories of Change – Most Significant Change Methodology

The Most Significant Change (MSC) technique is a form of participatory monitoring and evaluation. It is participatory because many project stakeholders are involved both in deciding the sorts of change to be recorded and in analysing the data. It is a form of monitoring because it occurs throughout the programme cycle and provides information to help people manage it. MSC contributes to evaluation because it provides data on impact and outcomes which can be used to help assess the performance of the programme as a whole.

Essentially, the process involves the collection of significant change (SC) stories emanating from the field level, and the systematic selection of the most important of these by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by 'searching' for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussions about the value of the reported changes. When the technique is successfully implemented, whole teams of people begin to focus their attention on programme impact.

MSC has had several names since it was conceived, each emphasising a different aspect. Examples are: 'Monitoring-without-indicators' - MSC does not make use of predefined indicators, especially ones which have to be counted and measured; or the 'story approach' - the answers to the central question about change are often in the form of stories of who did what, when and why, and the reasons the event was important.

Detailed description of the process

- The first step in MSC generally involves introducing a range of stakeholders to MSC and fostering interest in and commitment to participating. The next step is to identify the domains of change to be monitored. This involves selected stakeholders identifying broad domains - for example, 'changes in people's lives' - that are not precisely defined as are performance indicators, but deliberately left loose to be defined by the actual users. The third step is to decide how frequently to monitor changes taking place in these domains.
- SC stories are collected from those most directly involved, such as participants and field staff. The stories are gathered by asking a simple question such as: 'during the last month, in your opinion, what was the most significant change that took place for participants in the programme?' It is initially up to respondents to allocate a domain category to their stories. In addition to this, respondents are encouraged to report why they consider a particular change to be the most significant.
- The stories are then analysed and filtered up through the levels of authority typically found within an organisation or programme. Each level of the hierarchy reviews a series of stories sent to them by the level below and selects the single most significant account of change within each of the domains. Each group then sends the selected stories up to the next level of the programme hierarchy, and the number of stories is whittled down through a systematic and transparent process. Every time stories are selected, the criteria used to select them are

recorded and fed back to all interested stakeholders, so that each subsequent round of story collection and selection is informed by feedback from previous rounds. The organisation is effectively recording and adjusting the direction of its attention - and the criteria it uses for valuing the events it sees there.

- After this process has been underway for some time, perhaps a year, a document is produced including all stories selected at the uppermost organisational level in each domain of change over the given period. The stories are accompanied by the reasons for selection. The programme funders are asked to assess the stories in the document and select those which best represent the sort of outcomes they wish to fund. They are also asked to document the reasons for their choice. This information is fed back to project managers.
- The selected stories can then be verified by visiting the sites where the described events took place. The purpose of this is twofold: to check that stories have been reported accurately and honestly, and to provide an opportunity to gather more detailed information about events seen as especially significant. If conducted some time after the event, a visit also offers a chance to see what has happened since the event was first documented.
- The next step is quantification, which can take place at two stages. When an account of change is first described, it is possible to include quantitative information as well as qualitative information. It is also possible to quantify the extent to which the most significant changes identified in one location have taken place in other locations within a specific period. The next step after quantification is monitoring the monitoring system itself, which can include looking at who participated and how they affected the contents, and analysing how often different types of changes are reported. The final step is to revise the design of the MSC process to take into account what has been learned as a direct result of using it and from analysing its use.

In sum, the kernel of the MSC process is a question along the lines of: 'Looking back over the last month, what do you think was the most significant change in [particular domain of change]?' A similar question is posed when the answers to the first question are examined by another group of participants: 'From among all these significant changes, what do you think was the most significant change of all?'.

Key points/practical tips

MSC is an emerging technique, and many adaptations have already been made. These are discussed in Davies and Dart (2005). In sum, there are 10 steps:

- How to start and raise interest
- Defining the domains of change
- Defining the reporting period
- Collecting SC stories
- Selecting the most significant of the stories
- Feeding back the results of the selection process
- Verification of stories
- Quantification
- Secondary analysis and meta-monitoring
- Revising the system

Example: MSC in Bangladesh

In 1994, Rick Davies was faced with the job of assessing the impact of an aid project on 16,500 people

in the Rajshahi zone of western of Bangladesh. The idea of getting everyone to agree on a set of indicators was quickly dismissed, as there was just too much diversity and too many conflicting views. Instead, Rick devised an evaluation method which relied on people retelling their stories of significant change they had witnessed as a result of the project. Furthermore, the storytellers explained why they thought their story was significant.

If Rick had left it there, the project would have had a nice collection of stories but the key stakeholders' appreciation for the impact the project would have been minimal. Rick needed to engage the stakeholders, primarily the region's decision makers and the ultimate project funders, in a process that would help them see (and maybe even feel) the change. His solution was to get groups of people at different levels of the project's hierarchy to select the stories they thought were most significant and explain why they made that selection.

Each of the four project offices collected a number of stories and was asked to submit one story for each of the four areas of interest to the head office in Dhaka. The Dhaka head office staff then selected one story from the 16 submitted. The selected stories and reasons for selection were communicated back to the level below and the original storytellers. Over time, the stakeholders began to understand the impact they were having and the project's beneficiaries began to understand what the stakeholders believed was important. People were learning from each other. The approach, MSC, systematically developed an intuitive understanding of the project's impact that could be communicated in conjunction with the hard facts.

Rick's method was highly successful: participation in the project increased; the assumptions and world views surfaced, in one case helping resolve an intra-family conflict over contraceptive use; the stories were used extensively in publications, educational material and videos; and the positive changes where identified and reinforced.

To date, although the application of MSC has been mostly confined to NGO programmes and other not-for-profit organisations, corporations are also recognising that issues such as culture change, communities of practice, learning initiatives generally and leadership development could benefit from an MSC approach.

This tool first appeared in the ODI Toolkit, *Tools for Knowledge and Learning: A Guide for Development and Humanitarian Organisations*.

[i] UNAIDS: Glossary- Monitoring and Evaluation Terms