Evaluation of the International HIV/AIDS Alliance Strategy: HIV, Health and Human Rights: Sustaining Community Action 2013-2020

Executive summary

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Introduction and background

This evaluation of the International HIV/AIDS Alliance (the Alliance) strategy was commissioned by Frontline AIDS (the new name of the Alliance), for both accountability and learning purposes, and to support the design and implementation of the next strategy. It was carried out between March and July 2019 by a team of four consultants from IOD PARC.

The evaluation assesses the second half of the strategy (2016 – 2019), across four themes: reported outcomes and impact; the Alliance partnership model; strategic coherence across the partnership; and the accreditation system. The findings are drawn from a review of key documents and data provided by the Alliance, as well as interviews, surveys and country visits to Ukraine and Zimbabwe to capture the perspectives of a range of stakeholders. Key populations who benefit from Alliance interventions were not directly engaged in this research, as the focus was primarily on the organisational structures and relationships.

The Alliance describes itself as *"an innovative global partnership of nationally based, independent civil society organisations that work together to mobilise communities against HIV and AIDS."* During the strategy period the Alliance, including a UK-based Secretariat and Linking Organisations (LOs) in 29 countries, underwent restructuring and leadership changes. Work with implementing partners (IPs) other than LOs expanded and the Secretariat's multi-country programme management role grew.

Key findings

Alliance strategic coherence

The Alliance strategy under review is relevant to the global partnership and the work of LOs and, given the **focus on equity, rights and inclusion**, to the global HIV response. However, the strategic results framework has **not been an effective mechanism to monitor and collect evidence to show the relation between the direct work and support of the Alliance**, and the impact on people's lives and the AIDS response. Data does not distinguish between LO results from work supported by the Alliance and that implemented with other funding and support or show how Alliance support may have contributed to securing these other resources and impacts. It instead provides an aggregate picture of the global partnership results, though this is not well used to inform decision making in the Alliance or by partners. Unlike LOs, who are autonomous Civil society organisation (CSOs), the **Secretariat does not have its own strategy or M&E framework** to monitor its overall results, as it is not required for the unrestricted funding and restricted funded programmes to report against its own specific goals and frameworks. Most LOs and Alliance programmes did not explicitly report on the Sustainable Development Goals (SDGs) during the period under review.

Outcomes and impact

The Alliance has *consistently met or exceeded most of the targets* for its outcome and output indicators. According to Alliance annual reporting and reporting from some restricted programmes, progress towards the selected outcome and output indicators has been strong, with 3 targets consistently overreached, one unmet and one met in some years. The evaluation found reports of **wider changes arising from Alliance or LO results**, for example in the behaviours of young people, attitudes of health workers, availability of harm reduction services or laws or policies which strengthen opportunities for key populations to realise their rights.

However, as mentioned above, **limitations to the strategic reporting framework** mean that it is not possible to gain a full overview of direct results of the Alliance and the Secretariat from existing reporting. Given these limitations, the evaluation focused its primary research on identifying the direct contribution of the Alliance to its strategic objectives, and the results of its partners.

Added value of the Alliance

The Alliance plays an important role in the global HIV response: building the capacity of CSOs; strengthening the focus on adolescents and key populations; and keeping HIV and AIDS on the global agenda. It makes an important contribution to many national organisations (especially LOs) in terms of capacity, knowledge and opportunities, with an impact on the focus, relevance and quality of partners' programming, and the effectiveness of their advocacy.

LOs benefit from direct investment and support from the Alliance for organisational strengthening, and opportunities for networking, shared learning and participation in programmes. Implementing partners benefits from greater access to funding and technical capacity within specific programmes of work, and opportunities to strengthen their impact and reach.

Organizational strengthening is a major contribution of the Alliance to its partners, especially LOs, and highly valued by all stakeholders, including donors who acknowledge that they are generally averse to partner directly with smaller, weaker organisations. This support is delivered through various mechanisms, including mentoring and technical assistance, and primarily linked to the accreditation capacity assessment, which provides a rare opportunity for LOs to take a strategic, holistic overview of their organisations and strengths and weaknesses. For LOs, the Alliance is an important source of strategic funding, and participation in multi-country programmes can contribute to strengthening the organisational capacity of IPs as well as LOs.

A major focus of organisational strengthening is on **governance**, supporting the strengthening of policies, structures and systems, with a perceived impact on programme quality and effectiveness and opportunities for growth and sustainability. Many LOs also identified results in terms of more effective **resource mobilisation**, through support for proposal development, exposure to donors and intelligence and greater credibility. Several LOs consider that this enabled them to position themselves at a national level in spaces usually dominated by INGOs, and several directly attributed successful funding bids to important donors such as the Global Fund to this support.

The Alliance is considered an important ally to help civil society organisations find common ground and **build movements,** through funding, coordination, space and support or for CSOs to strategise together. Some concrete results have been reported from Alliance work to coordinate civil society actors on key themes over several programmes, including changes in drug laws in Indonesia, Kenya and Uganda. Increasingly, the Alliance has supported cross-key-population collaboration which is important to keep HIV on the agenda and ensure that services are equally targeted.

Its strong due diligence systems, and good connections on the ground puts the Alliance in a good position to manage and sub-grant donor funds. Increasingly, the Secretariat's **fund management** activities bridge the gap between donors who operate at a distance from the grassroots and need to justify investments in terms of lives saved,

and smaller organisations who are representative, but not visible or strong enough to qualify for direct funding.

For LOs, a key value of the Alliance is the opportunity to **learn and share knowledge** and experiences with peers in other countries, strengthening their own capacity, opportunities for joint advocacy and fundraising, and bringing new insights, and practices. Peer relationships and other Alliance support has enabled partners to create innovative pilot programmes, in particular for harm reduction and prevention, and strengthen programme implementation, communication and evidence building. However, opportunities for sharing and learning, and building evidence across the partnership, are not fully realised and largely facilitated by the Secretariat.

The Alliance has a strong commitment to work with and for **key populations** and to strengthen this focus among its partners. It provides relevant and effective support to partners to strengthen their delivery of rights-based programmes, and their engagement with key populations and young people. This is a key aspect of the accreditation standards, and is also supported through training, capacity building, evidence building and best practice guidance. The Alliance has supported young people to lead, engage and represent their issues and in several cases young people have influenced programming and policy.

The Alliance is uniquely positioned to **facilitate advocacy** across contexts and promote or facilitate community and key population engagement in policy processes. The Alliance makes an important contribution to the advocacy capacity of many partners through direct training, opportunities to engage in joint initiatives, and access to global spaces. Alliance partners valued opportunities to participate in global movements on issues such as harm reduction and Sexual and Reproductive Health Rights (SRHR), and exposure to international debates and platforms, strengthening their own national advocacy. The Alliance is able to coherently promote community and key population issues with donors, and this area could be further strengthened going forward.

Factors influencing effectiveness

The Alliance has been effective in achieving its strategic outcomes because of the strength of its **relationships** (between the Secretariat and LOs), based on a shared culture and values, and the common accreditation standards. The Alliance enjoys significant connectivity across its members, from the global reach and influence of the Secretariat to the connections to the grassroots of many LOs. The Secretariat has strong **systems and expertise** which has enabled it to provide quality organisational development support and technical assistance to partners and build a reputation for managing risk and distributing funding. The unremitting **focus on AIDS** has enabled the Alliance to support partners to maintain focus and position their work in relation to wider debates such as the SDGs and Universal Health Coverage.

However, **restructuring** was perceived to decrease direct engagement between LOs and Secretariat staff, creating a more distant relationship. Other factors considered to have hindered the achievement of strategic outcomes include a **lack of clarity** of the role and relationship of IPs to the wider Alliance, and the concentration of Alliance ownership and leadership in the Secretariat. The limitations of the **strategic reporting** framework, which present partnership and CSO capacity building as aims in themselves, rather than contributors to wider goals, have hindered the collection of evidence on the wider value of CSO strengthening and particularly the impact on health

and equity outcomes. This may have hindered the achievement of strategic objectives by reducing the availability of relevant data and evidence.

The Alliance partnership model

Partnership is at the heart of the identity, way of working and results of the Alliance, and a key investment of the strategic funding it receives. It is **fundamental to the strateg**y which promotes strong and resilient CSOs, and partnerships with key populations. Though in some sense '*a result in itself*', it also underpins the achievement of other results. Across the Alliance, **strong partnership** has helped to promote effective and transformational interventions. These are based on collective ownership and mutual accountability, built on **shared values and long-term relationships**, and recognise the value of individuals, with relationships which stretch beyond formal project structures.

The Alliance partnership was built on the 'LO model', a global alliance of accredited, independent national member organisations and a Secretariat, operating on an equal basis to achieve a common aim, and assessing each other on mutually agreed accreditation standards. These relationships are a **strong basis for collaboration, exchange and sub-granting**, and have enabled the Alliance to deliver the strategy. It has pushed the Alliance partners to be more ambitious and enabled the Alliance to make strong connections between national and global contexts, strengthening the work of LOs and the Secretariat. However, the LO model has also created limitations and tensions, including a perceived sense of dependency and exclusivity.

The Secretariat, set up to coordinate the global partnership, is increasingly also playing the role of a member, delivering on the strategy directly. However, its contribution and results are **not clearly articulated, tracked or reported**. LOs maintain relationships with other partners, and increasingly the Secretariat has developed partnerships with other organisations for the implementation of restricted-funded programmes. Unlike relationships with LOs, implementing partnerships are time-bound, and based on commitments to deliver on a specific set (or sets) of common goals and outcomes. There is no **systematic commitment or mechanism** for the organisational strengthening of implementing partners. The quality and nature of the relationships as described by IPs varies widely, with some considering it a typical donor relationship and others a more direct relationship based on greater ownership and mutual accountability.

Currently, the Secretariat is implicitly at the centre of the Alliance, while LOs consider themselves 'members', contributing their data and expertise and deriving clear benefits in terms of capacity, positioning, credibility, relationships and opportunities. In order to ensure that partnership and alliance-building are put the service of wider health and equity goals, the Alliance needs to find ways to continue to build strong, long-term and trusted relationships, while allowing a more flexible and strategic approach to creating and defining relationships than the LO model allows.

Accreditation

Accreditation is the glue which binds the global partnership together and strengthens the capacity of the Alliance to deliver on its strategy. The **long-term relationships, opportunities for exchange and collaboration, and shared culture and values** fostered by accreditation are the basis for much of the value and results of the Alliance and has an impact on LO effectiveness. It also allows the Secretariat to identify and prioritise their capacity building and OD support to LOs.

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In particular, accreditation is an opportunity for LOs to reflect and identify broad organisational issues which affect performance and an opportunity to connect with and learn from peers through peer review visits. Being accredited enables LOs to identify as an 'official' Alliance partner, which some consider gives them **reputational advantage and confidence, and strengthens funding opportunities**. Donors note the benefit to LOs they work with, and that it strengthens their preparedness for other assessments. As it does not include mechanisms to ensure that changes are embedded in the LO, the accreditation system does not lend itself as a 'quality seal', and this could incur risk to the reputation of the Alliance.

As a **peer-led system** there is **strong ownership** of the standards and process, although the administrative burden is relatively higher for smaller LOs and for some their political context or size make some standards difficult to apply. Some LOs mentioned difficulty with implementing specific standards, especially around the composition of the Board and the representation of key populations on staff and management.

As implementing partners are not able to access the benefits of accreditation and membership, including OD support, this creates a tension in the wider partnership and creates a logic for investment in CSO capacity and collaboration (i.e. in LOs only) which is not necessarily the most strategic or relevant to the wider goals of the Alliance.

Conclusions

The International HIV/AIDS Alliance has delivered on its 2013-2020 strategy, in terms of the overall reach and outcomes of the members, and the capacity and relationship building with partners. Alliance reporting shows strong results, building strong assets for collaborative and connected working, which have a clear value to the HIV response at all levels. However, the lack of clarity in the way the Alliance describes itself and tracks its results weakens the opportunity to build evidence of its value and impact and obscures the valuable work and results the Secretariat is delivering in terms of quality and valuable services to CSOs to strengthen the community response to HIV and AIDS. As such, it is increasingly important for the Secretariat to define clearly and explicitly its role in the wider partnership, its expected outcomes and their expected contribution to the results and impact of its partners, as well as the expected impact of CSO capacity and alliance building on the wider HIV response.

Across the Alliance, there is clear evidence that the strategy is relevant to members, that the Alliance contributes to furthering the common interests set out there, and that members share a common culture and values, underpinned by the strategy and accreditation, which strengthen the alliance and its transformative potential. However, the current model does not recognise the identity, role and power of the Secretariat, which, in its role as coordinator of the Alliance, holds decision-making power, especially around the use of unrestricted funding, and directly implements the strategy through restricted funded work. It identifies need (primarily through the accreditation process) then both 'commissions' and 'delivers' capacity development services to LOs. Though the Secretariat has invested time, energy and resources into developing structures to rebalance and redistribute this power, leadership and ownership, the confusion of the identity and role of the Secretariat hinders the development of transparency, ownership and proactive engagement. This can also create tensions across the wider partnership, as IPs enjoy a qualitatively different relationship with the Secretariat.

The accreditation system has been a central component in delivering the strategy under review and should continue to be a foundation for the global partnership. However, the structure of accreditation makes it difficult to scale up to a broader approach to civil society capacity strengthening, and for the global partnership to become broader and more inclusive the role of accreditation, and responsibility for the investments required, would need to be reviewed.

Recommendations

Recommendation 1: Separate the functions of the Secretariat

1. Our primary recommendation is to separate the functions that currently sit within the Secretariat into two distinct bodies, Secretariat as LO and Secretariat as *Frontline AIDS-Coordinating Body*. This will allow clearer articulation of the purpose, function and role of each in delivering against strategic results area, and enable greater transparency, ownership and proactive engagement from other *Frontline AIDS-Global Partnership* members.

Recommendation 2: Organise your strategy, theory of change and results framework to show the links between CSO capacity and organisational development and health and equality outcomes

2. The *Frontline AIDS-Coordinating Body* should strengthen its mechanisms to identify and track results, not only of members, but also of the alliance building and CSO capacity building work. In the current strategy, the four areas of results are presented on an equal footing although in theory, CSO capacity and alliance building are expected to contribute to a stronger and more effective community-led response, enabling health and social outcomes and thus contribute to the other results areas.

3. The next strategy and theory of change should clearly set out this results chain, so that all interventions can be understood in relation to each other, and the greater goal to end AIDS. This will enable Frontline AIDS to contribute evidence of how organisation development and capacity development improve outcomes and results in terms of health, equity and rights. This should consider the link between CSO capacity and health/policy outcomes in two directions – outwards to shift the dominant narrative and the behaviour and culture of powerful, wealthy actors, and inwards to increase the strength of CSO players to compete within the existing system.

General recommendations for the Global Partnership

These specific strategic areas should be a core part of the vision of the Frontline AIDS Global Partnership in the next strategy period.

- ***Maintain the focus on HIV, key populations and an inclusive HIV response***
- ***Continue to provide, and build on, valued services such as*** resource mobilisation, OD capacity building and open spaces for grassroots civil society engagement in regional and global advocacy
- ***Consider how to expand and diversify membership of the Frontline AIDS Global Partnership to enable a more diverse and representative group***
- ***Find new ways to name and identify innovation***
- ***Strengthen advocacy with powerful regional and international players***, including the Global Fund.