

# EVALUATION MANAGEMENT RESPONSE

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

### INTRODUCTION

The International HIV/AIDS Alliance's current strategy- [HIV, Health and Rights: Sustaining Community Action](#) covers the period 2013-2019 (originally intended to be until 2020). In 2015 this was updated and a new results framework was developed. In 2019 the Alliance rebranded as Frontline AIDS and has developed a new Global Plan of Action to guide its future work. This includes changing the organisation's partnership model.

As the previous strategy ends, and to meet donor requirements, we commissioned a strategic evaluation to cover the period 2016-2018. In addition, the Board of Trustees requested an evaluation of the Alliance's [accreditation system](#) to help guide its future direction.

The **main objective** of the evaluation was to assess the Alliance's performance in achieving outcomes of the strategy results framework and provide evidence to help answer our key evaluation questions. The specific objectives were:

1. Review progress towards selected results in the Alliance results framework (2016-2018)
2. Verify the validity of data reported to the Alliance by a sample of Alliance Linking Organisations and implementing partners
3. Help answer key strategic questions currently of high importance to the Alliance in three key areas: Organisational strengthening, specifically the accreditation system; partnership brokering and convening; and innovation
4. Provide pragmatic recommendations to help shape the Alliance's Global Plan of Action, including the accreditation system and its partnership model

[IOD Parc](#) were selected to undertake the evaluation which took place between January and August 2019. This document is Frontline AIDS' management response to the evaluation.

## How the evaluation will be used

- As a summative evaluation to evidence the progress the Alliance has made towards its results framework through use of strategic funds supported by SIDA, BUZA and others. It will be used in reporting to all of our strategic donors.
- To guide the Frontline AIDS Senior Management Team, and the wider partners, in the implementation of the new Global Plan of Action and partnership model
- To guide the Frontline AIDS Accreditation Committee in deciding on the future direction of the accreditation system.

The summary evaluation report is available on the Frontline AIDS website alongside this management response. We will share the full evaluation with our strategic donors and partners, as well as sharing it internally within the Secretariat. It can also be available upon request.

## QUALITY OF THE EVALUATION

All evaluations commissioned by the Frontline AIDS Secretariat are reviewed for quality using the [BOND evidence principles and checklist](#). This is done by one of the members of the Strategic Information team in the Frontline AIDS Secretariat to help inform future evaluation designs. It should be noted that quality of the evidence is influenced by a variety of factors; the design of the study, the time and money allocated to it as well as the quality of the data collection, analysis and report. Quality therefore is influenced both by the evaluators and the Secretariat who commissioned and supported the evaluation. The evaluation scored highly in terms of its the appropriateness, transparency and triangulation. This gives us confidence in the validity of the evaluation findings.

### Summary of evaluation quality using BOND evidence assessment

#### Appropriateness: 88%

The methods used were appropriate, and the findings analysed systematically to reach the conclusions.

The Frontline AIDS Secretariat was experiencing a particularly intense period at the time of the document review which may have limited the range of relevant documents offered to the evaluators. Internally we need to find a better way to centrally and regularly collect donor reports and other documents describing progress and outcomes.

We would have liked to see the evaluators make more use of the peer-reviewed research that we have made accessible through our [evidence map](#) as this shows the evidence that has been collected of the outcomes of the Alliance's interventions. This would have provided more evidence of outcomes on people's lives which goes far beyond the indicators in our results framework.

#### Transparency: 81%

The methods, ethical considerations and limitations of the approach taken are all very clearly described in the report. The only improvement that would have scored the evaluation more highly in terms of transparency would have been in giving details of any potential bias in who was collecting and analysing the data.

#### Triangulation: 75%

We appreciated the commitment of the evaluation team in presenting back the preliminary findings at the end of the country visits, and sending a country specific report to the LOs in the two focus countries. The draft findings of the evaluation were presented to the Secretariat and to the Board of Trustees for validation and discussion before the report was written and there were opportunities for two rounds of feedback on the draft report.

#### Contribution: 56%

The design of the evaluation meant that an analysis of comparison groups was not appropriate, although it might have been interesting to explore alternative factors and the contribution of other actors alongside describing the role of the partnership.

### Summary of evaluation quality using BOND evidence assessment

#### Voice and inclusion: 44% (principle and score)

For a study focusing on evaluating a partnership rather than a specific intervention, including beneficiaries is more complicated. The evaluators felt it would be unethical to interview key populations who benefit from the work of the partnership, as they considered that the research was neither directly meaningful nor relevant to them. Given the focus on the strategy of the Alliance, and on accreditation, partnership and added value to partner results, it was not considered necessary or ethical to engage them directly. Efforts were made to engage as wide a number of partners as possible in the evaluation however.

Ideally, had more time and budget been available we would have liked more time focusing on the outcomes of the work of the partnership in which case involvement of community organisations and individuals would have been essential.

The Secretariat could have made more effort to have representation from partners on the evaluation steering committee, though the accreditation committee (which includes LO representation) was consulted on the evaluation questions, and they were able to feedback on the initial findings.

## OUR RESPONSE TO THE EVALUATION

Frontline AIDS welcomes the evaluation and its recommendations. Overall we accept the analysis and main recommendations of the report. The evaluators have captured well the dilemmas we face as a partnership, such as how to measure our impact. We are pleased that the evaluation recognises the work that is most important to us: *“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.”*

We feel that there is an overemphasis in the report on describing a change in the Secretariat’s role: *“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”*. Whilst we agree that we must do more to better track our contribution and results, and be explicit about our role, the Secretariat has always managed some direct programmes to deliver the strategy, and this has been one way of supporting Southern leadership<sup>1</sup>. This finding underscores our long-held discomfort with the narrow classification as a “Secretariat” which implies a sole focus on coordination and convening.

The report reflects that relationships with implementing partners vary in quality and nature widely *“with some considering it a typical donor relationship and others a more direct relationship based on greater ownership and mutual accountability”*. It would have been useful to learn more about whether there were any patterns in when these differences were observed. It might be that this reflects the nature of our programme- for example the [Rapid Response Fund](#) is focused on directly supporting grantees with quick access to emergency funds and this is a very different type of relationship to the one we have as consortium lead with our partners delivering [READY+](#) together.

<sup>1</sup> See article this article describing the original set up and founding of the organisation: [https://www.ncbi.nlm.nih.gov/pubmed/12288158?fbclid=IwAR3KCoXmSdOKn0VENDPsWRTNDogFnlyM4t\\_5yB-X6LXnQRPIDRpwYxZxZQc](https://www.ncbi.nlm.nih.gov/pubmed/12288158?fbclid=IwAR3KCoXmSdOKn0VENDPsWRTNDogFnlyM4t_5yB-X6LXnQRPIDRpwYxZxZQc)

**RESPONSE TO THE EVALUATION RECOMMENDATIONS AND ACTIONS TO BE TAKEN**

**Recommendation 1: Separate the functions of the Secretariat into:**

- A Frontline AIDS coordinating body that offers network support, coordination and facilitation of Global Partnership interactions; MEL functions; Accreditation system and commissioning capacity development support
- Frontline Global as an LO, an autonomous NGO and peer to other LOs. Primary focus on delivering results through programming and provides TA/OD services to the partnership and others.

**Our response:** Practically speaking, splitting into two organisations would be unfeasible, and very difficult to fund. However we think this is a thought-provoking recommendation. We agree that the mind-set, relationships and pace that being a programme implementer requires is different to that of a Secretariat convening function. In reality, the Secretariat has always played this dual role to some degree. We agree that we have not been explicit in how we describe and balance these different roles.

Actions	Who?	By when?
➤ Review the structure of Frontline Global to think more about how we can more explicitly separate these functions. One option might be to have the role of the coordinating body sit more clearly within the Executive Directors’ Office.	Director: Programmes and Executive Director	July 2020

**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:**

- Show greater differentiation between conditions or inputs (including CSO capacity and networking/alliance building) and outcomes (effective programming and policy influence)
- Show an intermediate step, about equalising power dynamics in the international aid and health system.
- Greater clarity on the expected outcomes of membership of the Frontline AIDS-Global Partnership, as part of CSO capacity building.
- Include mechanisms to identify any unintended impacts of concentrating capacity building and OD support on selected national CSOs.
- Set out a clear logic and link to the strategy for the different support mechanisms it manages, including the capacity development fund, innovation fund and co-investment fund.

**Our response:** Our strategic results framework has been in use since 2016 and followed a similar format to the previous one used. It has a number of benefits to it; providing data on how many people affected by HIV the partnership is reaching, prioritising outcomes at national level and requiring a relatively low cost reporting process for partners as the data was primarily quantitative with a maximum of 16 indicators to report against.

The evaluation summarised and reflected our concerns about the strategic results framework. We feel the limitations of it are not serving us well and it is a good time to address this. We have started by updating our theory of change which makes more explicit the intermediate steps and assumptions that we believe are needed to end AIDS for everyone everywhere. We are in the process of developing a

results framework that focuses on the contribution of partners to the global plan of action, rather than only focusing on the collective reach of the partners.

We want our results framework to be owned by the partnership more widely – and for it to be more meaningful to them. Therefore at a meeting of Frontline AIDS partners in Cape Town in September 2019 we held a workshop to get their input into our results framework; both indicators and general principles. We are also working closely with M&E colleagues in two Linking Organisations to get their input on the overall M&E plan.

There was a good logic behind the omission of the Secretariat’s role in the results framework (to keep the focus on impact at country level), however this now needs to be addressed with a specific M&E plan for Frontline Global (we have started this by undertaking an outcome harvest evaluation of our work).

Actions	Who?	By when?
➤ Finalise and publish our theory of change narrative	Strategic Information team	February 2020
➤ Develop an organisational M&E plan that identifies opportunities for evaluations to evidence the links between the different steps in our theory of change (so that our actions remain linked to outcomes for people affected by HIV) and includes a way of measuring the ongoing ‘health’ of the partnership and the satisfaction of its members. This goes beyond what a results framework can measure alone, and will aim to produce useful data and evidence that informs decision-making.	Strategic Information team	February 2020
➤ Develop an M&E plan for Frontline Global this includes explicitly assessing the outcomes of capacity development work for organisations.	Strategic Information team	March 2020

**Recommendation 3: Maintain the focus on HIV, key populations and an inclusive HIV response**

- *Continue to engage and report on the SDGs, and support members to articulate and position their HIV work within wider health and development debates, such as UHC.*

**Our response:** Our new Global Plan of Action maintains our commitment and focus on HIV and those most marginalised.

Action 9 of our Global Plan of Action explicitly addresses “strengthening community and national health systems and structures to ensure that sustainable, inclusive and evidence based HIV prevention, treatment and care services are integral to universal health coverage and social support programmes, with full financing by national governments following transition from donor support.”

**Recommendation 4: Continue to provide, and build on, valued services:**

- *Continue to support members with resource mobilisation and other OD capacity building and to open spaces for grassroots civil society engagement in regional and global advocacy. This requires a clear logic and criteria for allocating support, based on strategic priorities and partner needs.*

**Our response:** We need to review how we resource and prioritise our organisational development support and accompaniment, including support for fundraising. We need a clear logic about where and how we prioritise strengthening partners to deliver programmes, and where and how we are supporting partners to be able to lead or contribute actively to the global plan of action.

Actions	Who?	By when?
<ul style="list-style-type: none"> <li>➤ Develop an approach to our OD, accompaniment and capacity development work and investments which clarifies the prioritisation process and how it will be achieved.</li> </ul>	Director of Programmes / Head Partnerships and Civil Society Strengthening	July 2020

**Recommendation 5: Consider how to expand and diversify membership of the Frontline AIDS Global Partnership to enable a more diverse and representative group:**

- *Strengthen representation of organisations of key populations, youth and people living with HIV in the decision making and strategic thinking of the partnership.*
- *Consider the link between accreditation and membership, either to allow non-accredited members, or to enable greater flexibility of the accreditation process with some core standards for all members, and other areas for deeper levels of accreditation.*

**Our response:** Representation of key populations, young and people living with HIV in the partnership is one of our core values. Our [accreditation standards](#) already include requirements for all Linking Organisations to have representation on their board from affected communities, for organisations to have evidence that they are committed to ensuring that people living with HIV are meaningfully involved in all aspects of the HIV response and that people living with HIV are involved in planning, implementing and evaluating programmes. A number of Linking Organisations are led by people from key populations and Frontline Global has recently worked to improve the diversity of its board, including recruiting as trustees a young person and more people living with HIV.

However, this is an area that always requires focus and continual improvement and we should challenge ourselves to go further. Doing this is not straightforward. Many of the mechanisms created by the AIDS response over the past 25 years based on identity can be problematic in how representative individuals can be of the voice and realities of communities. In the most recent conversations we have had with each Linking Organisation, we have asked them explicitly about how they are accountable to communities.

We agree in principle on the need for an accreditation system, however we now need to decide how to do this in the most useful and cost effective way. This includes agreeing on the purpose of being accredited, where community responses most need to be strengthened, and how accreditation responds to our new partnership model.

We need to reflect on whether accreditation is fit for purpose as a membership requirement for Frontline AIDS. Using the findings of the evaluation, we now need to review our options. This will need to take into account our new partnership model. There are a number of different options (for example

having different sets of standards for different types of partners, with a core set relating to our values and approach) or ‘selling’ accreditation as a process and set of standards to other organisations.

Actions	Who?	By when?
➤ We do need to improve feedback loops from people who represent constituencies of the most marginalised people.	Director Influence and Evidence and Director Programmes	Q2 2020
➤ Discuss the findings of the evaluation with our accreditation committee (consisting of LO and trustee representatives) and develop a set of options for the future that respond to, and shape, the changing partnership model.	Director: Programmes	March 2020

**Recommendation 6: Find new ways to name and identify innovation:**

- We recommend that indicators for shared learning and networking, as well as the specific funds for innovation, name and track the emergence and spread of innovation.

**Our response:** Innovation is an important part of our new brand and Global Plan of Action. We will now be focusing on laying the foundation for a refreshed Frontline AIDS approach to innovation. We have recently recruited a Head: Innovation who will lead on this.

Actions	Who?	By when?
➤ Define innovation criteria with which we can examine programmes across Frontline AIDS.	Head: Innovation	Q2 2020
➤ Identify innovations, describe at what stage of innovation they are, and identify how we want to be able to support innovations to develop. For example, if there is a successful or promising project, can we move it to replication or transfer it to a different context with a different beneficiary population? We will be asking if/how we can move innovations across the innovation continuum towards scale.	Head: Innovation	December 2020
➤ Map innovations against existing bodies of evidence, including the <a href="#">Frontline AIDS evidence map</a> , and identify gaps in the evidence base.	Head: Innovation	December 2020

**Recommendation 7: Strengthen advocacy with powerful regional and international players, including Global Fund and other donors, to bring the credibility of the Global Partnership, and experience and perspectives of its members, to bear.**

- Includes research and influence on the continued role of civil society after handover of services to the public sector, to support members in transitioning Global Fund/ middle-income contexts. This might be a community of practice and building evidence of the importance of a civil society monitoring in ensuring the continued quality of such services.

**Our response:** This evaluation took place at a time when there was a gap in staffing for advocacy at Frontline Global; at that point there was no Head of Influence nor a Director of Influence and Evidence in post. It may be that the lack of strategic direction reflects that moment in time. Our global plan of action has clearly set out our direction and priorities for advocacy work (specifically prevention and HIV/TB and HIV/Hep C integration). From this we will be developing a clear focus on what we are advocating for and who we are targeting.

We have made great strides in our coordination of Global Fund influencing internally at Frontline Global, but agree there is more to do at the partnership level.

Transitions in middle income contexts are a core part of our theory of change, and this is reflected in our Global Plan of Action which has two actions focused on how HIV programming for the most marginalised is taken up and funded by governments.

<b>Actions</b>	<b>Who?</b>	<b>By when?</b>
➤ Engage and influence governments and donors to improve access to comprehensive HIV prevention services (including comprehensive sexuality education and harm reduction) to stop marginalised people acquiring HIV	Director of Evidence and Influence / Head of Influence	December 2020
➤ Drive conversations with governments and donors to secure integrated testing, treatment and care for HIV-TB/HIV-Hepatitis C to stop people living with HIV from dying.	Director of Evidence and Influence / Head of Influence	December 2020

#### **Additional actions in response to the evaluation findings**

<b>Actions</b>	<b>Who?</b>	<b>By when?</b>
➤ The evaluation is a long report and we are concerned that as a result few people will read beyond the summary, which limits its utility. Therefore internally we will pull out some of the key themes and signpost people to the most relevant sections to inform their area of work.	Lead: Strategic Information	February 2020