WHAT DIFFERENCE DOES FRONTLINE AIDS MAKE?

An outcome harvest evaluation by Richard Smith and Anna Downie, with Layla Ismail.

What difference does Frontline AIDS* make? We set out to answer this seemingly straightforward question by exploring how outcome harvesting, a relatively new and in many ways novel approach to evaluation, might improve the evidence base for our achievements, inform future strategic decisions as we approached the end of our 2016-2020 strategy, and help communicate the added value of Frontline AIDS to our audiences.

Outcome harvesting is a participatory tool that enables those using it to identify, formulate, verify, and make sense of outcomes.

An *outcome* is defined as *an observable change in the behaviour (activity, relationship, policy or practice) of a social actor that has been influenced by the activities and outputs of Frontline AIDS in a small or large way, directly or indirectly, intentionally or not.*

This definition of an outcome proved to be insightful for documenting the achievements of Frontline AIDS, achievements that typically resulted from complex, long term processes including

* We are referring here to the UK and South Africa charity Frontline AIDS, as opposed to the global partnership. The purpose of the evaluation was to understand the charity's added value to the partnership.

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organisational development of Linking Organisations[1] (LOs), advocacy and influence, technical support and knowledge sharing.

This was an evaluation conducted collaboratively between staff and an external evaluator, with the external evaluator having overall responsibility for designing and facilitating a robust process as well as data quality. The evaluator facilitated over 20 current and former staff from across all sections of Frontline AIDS, who described their chosen outcomes according to the specifications of outcome harvesting – that is with sufficient detail to make the descriptions of outcomes verifiable – and then facilitated their participation in the analysis of the outcomes.

THE OUTCOMES

- 65 outcomes were harvested, the great majority representing Frontline AIDS' achievements between 2016-2018, the focal years of the evaluation.
- Three clusters of highly significant outcomes which wouldn't have happened without Frontline AIDS highlight both the expertise and the value it puts on organisational strengthening, innovative programming, convening the most marginalised civil society actors and sharing knowledge between different countries and contexts:
  - o LOs becoming Global Fund Principal Recipients; either strengthening the organisation or supporting the grant development process.
  - o The adoption of innovative programme approaches in new countries; support for PrEP pilot projects or organisations in new countries taking up the READY approach.
  - o Civil society and marginalised groups coming together to advocate more effectively for prevention.
- Frontline AIDS has realised change by influencing no less than 14 different types of social actor, ranging from those within the movement - LOs – to governments, international organisations and, in a few cases, individuals in communities.
- Civil society social actors featured in nearly half (31) of the outcomes and of these they were often LOs whose changes in behaviour following interventions by Frontline AIDS is evidenced in 19 outcomes.
- Almost as frequent are the 28 outcomes showing Frontline AIDS influence on government and inter-governmental actors including ministries, various UN bodies and other state actors, service providers such as the police, and development assistance funders.
- Ten outcomes illustrate an important function of Frontline AIDS: linking actors across borders and with international organisations for greater effectiveness.

Together, the outcomes provide numerous novel insights into the achievements of Frontline AIDS but as with any evaluation, there are limitations: programme-level, community-level and service-delivery outcomes in particular were poorly represented. These limitations are due to three things: firstly, outcome harvesting is a participatory process and not everyone had the same time or motivation to participate; secondly, important results such as reaching people through service delivery may not have involved outcomes defined as behaviour changes, and thirdly, the sources who reported the outcomes did not always know the details of, for instance, community-level changes.

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[1] Linking Organisations were, up until 2020, the accredited partners of Frontline AIDS.

FUNDING SOURCES AND THE IMPORTANCE OF FRONTLINE AIDS' CONTRIBUTIONS TO OUTCOMES

In outcome harvesting it is assumed that the change agent – in this case, Frontline AIDS – is but one of those contributing to the observed outcomes. For Frontline AIDS this is very much the case: outcomes often involved LOs and / or partners. While conscious of the contribution of others, the focus of this evaluation was staff perceptions of the importance of the Frontline AIDS contribution to the outcomes and whether there are patterns in outcomes to which restricted and unrestricted funding contributed.

For the majority (50) of outcomes, Frontline AIDS made an important or essential contribution. That is, the majority of outcomes would not have been realised at all or would not have been fully realised without Frontline AIDS. The highest percentage of outcomes to which Frontline AIDS made essential contributions were those demonstrating positive changes in community action; availability of accessible, affordable services and interventions; partnerships; and strengthened community and key population organisations.

Restricted and unrestricted funding were of equal importance for making important or essential contributions and were used in combination in about 20% of cases. Used separately or in combination the two types of funding were used to achieve outcomes across the organisation's theory of change; see figure below. Most dependent on unrestricted funding were achievements strengthening organisations (community and key populations organisations) and promoting informed choices to access services by people at risk of HIV. Notably, restricted funding was used successfully to improve policies of funders and encourage civil society organisations seeking funding for inclusive work – these are types of achievements which commonly need unrestricted funding.

Regardless of the type of funding, many outcomes resulted from the efforts of several people from different functions of Frontline AIDS, a pattern that suggests a strongly collaborative way of working. The 9 LILO Connect (Looking In, Looking Out) outcomes exemplify this particularly well. Realised entirely with restricted (SIDA) funding from 2015-2017, the work involved the income team, technical advisors, senior managers and programme managers from Frontline AIDS working together with the LO Positive Vibes and Executive Directors from several other LOs. Outcomes were achieved with communities, CSOs, service providers and government in East, West and Southern Africa.

EXAMPLE: USE OF RESTRICTED FUNDING

Outcome: Since 2018, stakeholders from government, coordinating and technical agencies and civil society in seven countries in the Middle East and North Africa (MENA) have mobilised and committed to support multi-sectoral and coordinated work on linkages between gender based violence and HIV.

Contribution: Working in a consortium, Frontline AIDS contributed technical support to the LEARN MENA project from February-December 2018, particularly in the use of the ALIV[H]E framework – an applied research framework for addressing linkages between HIV and gender based violence – and conducting participatory action research. In particular we built the capacity of MENA Rosa network to address HIV-gender based violence linkages and contributed to the growing evidence base.


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EXAMPLE: USE OF UNRESTRICTED FUNDING

Outcome: Between 2016 and 2018, the performance of ANS-CI governance and management improved significantly. The organisation is now a principal recipient for TB and HIV grants for the Global Fund and has diversified its funding sources.

Contribution: From 2006-2018 Frontline AIDS:
- Set up ANS-CI as a country office and supported its transition to a national organisation in 2006
- Supported the Board to recruit a new executive director and develop an organisational change strategy (2013)
- Provided training on governance and leadership for the board and the senior management team (2013-2015)
- Facilitated team building and coaching sessions for the board, new executive director and staff
- Supported negotiations with the Global Fund to maintain the organisation as a Principal Recipient
- Accompanied ANS-CI in the implementation of its Global Fund grant
- Helped re-position ANS-CI to do work on key populations in the country
- Funded consultants to support the diversification of its sources of funding and review proposals

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Figure 1: Use of restricted vs unrestricted funding across the theory of change
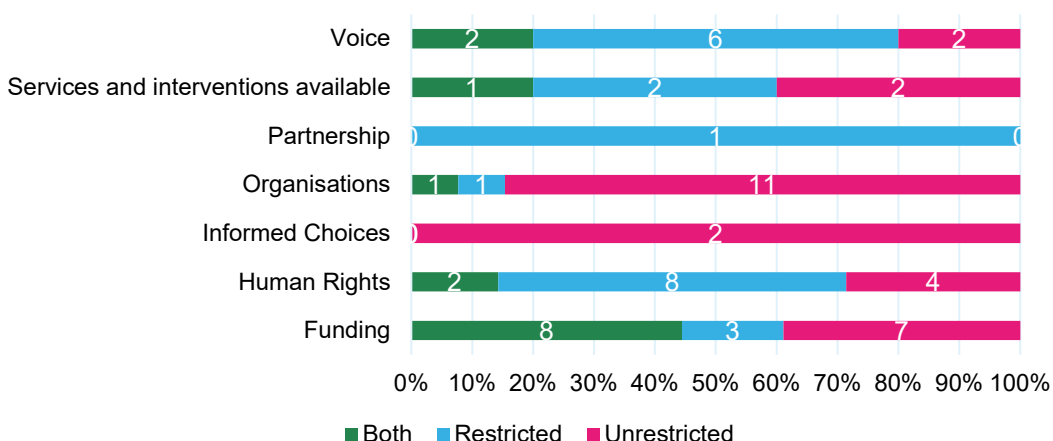
TYPES OF CHANGES INFLUENCED BY FRONTLINE AIDS

Each outcome was classified as a change in activity, relationship, policy or practice. Policy and practice changes accounted for over half the outcomes, indicating that Frontline AIDS has been very capable of contributing to lasting changes of importance to the HIV response. Practice-type changes were most numerous: over a third of all outcomes evidenced improvements in a) the societal or institutional context for people living with, or most at risk of, HIV; or b) access to HIV prevention and treatment services for people who would otherwise be neglected or excluded. Examples include the cessation of arrests of people who use drugs by the police of Yunnan, China, and the implementation by LOs in west and southern Africa and India of interventions for adolescents that are tailor made, person centred and inclusive, i.e. the READY approach.

Policy type changes were highly varied, ranging across government and civil society.

- Inclusive approaches to key populations included in Zambia's National HIV and AIDS Strategic Framework for 2017-2022.

- New multi-stakeholder commitments and prioritisation of work on linkages between gender-based violence and HIV in seven countries in the MENA region.
- Inclusion of sex workers, people who use drugs and LGBT as vulnerable groups in the influential SRHR definition of the Guttmacher-Lancet Commission.

GEOGRAPHIC DISTRIBUTION OF OUTCOMES

By far the greatest proportion (nearly half) of all outcomes occurred in sub-Saharan Africa, with others being achieved across all regions where Frontline AIDS has operated.

Thirty-three outcomes occurred at the national level in one or more countries. Of these, nearly half (14) were evidence of changes in LOs, such as developing into an independent organisation as with Mahamate in Myanmar, institutional change that restored donor confidence in CHAU in Uganda, and the integration of TB into the work of three LOs in Asia and sub-Saharan Africa.

Only a small fraction (16%) of outcomes were changes at the sub-national or community levels. This may simply be a reflection that the outcomes in this evaluation were identified by Frontline AIDS sources and they are inherently most knowledgeable about the work they do directly with those at the national, regional and international levels. An outcome harvest that also engaged with LO sources may reveal more sub-national or community level outcomes that Frontline AIDS may have contributed to indirectly.

OUTCOMES AND THE THEORY OF CHANGE

The outcomes provide considerable evidence that Frontline AIDS has helped the partnership make progress towards most of the planned outcomes in its 2016-19 theory of change. Considering the process of change anticipated in the ToC, most harvested outcomes provide evidence of the earliest anticipated steps in the process – the creation of enabling and inclusive environments. The further along the process of change according to the ToC, the fewer the number of outcomes that were harvested. This is as expected because the later outcomes concern community action, accessible interventions and empowered people, results which LOs, rather than Frontline AIDS, are likely to be more knowledgeable about.

Surprising, however, is the lack of outcomes that evidence the promotion of partnerships between LOs. The theory of change describes Frontline AIDS contributing most directly to this result. Although none of the outcomes explicitly highlight such achievements, collaboration or partnership between Frontline AIDS and LOs is a cross-cutting theme that is evident within a great many of the harvested outcomes, showing partnership has been a common way of working.

Enabling and inclusive environments: No less than 33 outcomes, achieved among various social actors, emphatically demonstrate that Frontline AIDS has had notable successes with advocacy for both rights and funding that has helped create enabling and inclusive environments. Examples include:

- **UN forums and organisations:** This is the largest group of outcomes that show a more enabling and inclusive environment, as fits with the lead international advocacy role of Frontline AIDS in the partnership. Outcomes concern the introduction of inclusive language to formal texts on disability, refugees, key populations, human rights, access to treatment without stigma and, lastly, the successful promotion of a multi-sectoral and coordinated response to gender-based violence and HIV in the Middle East and North Africa region.
- **Funders:** No less than 19 outcomes show funding achievements, including the direct role of Frontline AIDS in supporting LOs to win grants, working with the Global Fund in various ways

and the strong relationship of Frontline AIDS with the UK Department for International Development (DFID).

- **Governments:** For example, in Cote d'Ivoire, the National HIV/AIDS Control Programme endorsed the LILO approach as a methodology to fight stigma against key populations. They supported the Linking Organisation ANS-CI to set up a pool of facilitators and train religious leaders, journalists and magistrates.
- **Service providers:** In the south-western region of Yunnan, China, police have stopped arresting people who use drugs, referring those at low risk to a community-based treatment programme instead of a compulsory detox centre.
- **Communities**: Awareness raising about the need to accept and support key populations led to a staff member taking the message to their family in Cote D'Ivoire and a religious leader in Zimbabwe sharing what he had learned with his church and speaking about it at an international conference.

Community and key population organisations that lead: 14 outcomes show the importance of Frontline AIDS in developing and ensuring the leadership and delivery of a substantial number of LOs. For example:

- At the heart of the long-term organisational development support offered by Frontline AIDS to LOs is accreditation. Six outcomes show the importance of accreditation support for realising fully independent LOs that have the confidence of donors, as in the case of KHANA in Cambodia and Mahamate in Myanmar.
- The ability of LOs to continue their national leadership roles by improving practices to overcome organisational crises is shown by outcomes from Haiti, Cote D'Ivoire, Burkina Faso, Burundi and Uganda. Here, it was rapid, short-term and often intensive responses from Frontline AIDS that made the difference, helping organisations restructure, develop their financial and other systems, and restore funders' confidence such that grants were continued or won.

Communities are at the heart of the theory of change. This evaluation found some striking evidence of Frontline AIDS helping to make communities, in particular young people and adolescents, central to HIV responses around the world. In the most significant outcome involving LOs, a model approach for working with young people and adolescents, READY, was developed by Frontline AIDS with LOs and shared such that it has not only been taken up by LOs in Cote D'Ivoire, India and Namibia but has also been financed or part-financed by sources other than Frontline AIDS.

Accessible, affordable interventions: Different approaches were used to win the backing of the government authorities whose approval and acceptance of responsibility for delivering new services is essential for their wider, sustained uptake. In Mozambique, Frontline AIDS collaborated closely and directly with LGBT people, winning the support of government for LGBT counsellors to provide HIV testing. Funding for Pre Exposure Prophylaxsis (PrEP) willingness-to-use studies among key populations led to Ministries of Health in Malaysia and Ecuador approving pilot projects distributing PrEP to men who have sex with men and transgender populations. In Cambodia, Frontline AIDS worked with the LO, KHANA, to develop and win government backing and Global Fund support for a community-based antiretroviral therapy delivery model.

Empowered people: Two outcomes, one from Thailand and one from Peru, show Frontline AIDS' role in helping people, who otherwise are unlikely to have done so, to choose to test for HIV and access services.

THE FUTURE ROLE OF FRONTLINE AIDS

An informative pattern in the data emerged when contrasting the significance of outcomes and the importance of Frontline AIDS' contribution. This analysis can help prioritisation of future work so that

it is not directed to outcomes that are less significant and would probably have occurred anyway but is instead directed more to achieve the most significant outcomes which wouldn't have happened without Frontline AIDS, for instance.

DISCUSSION AND LEARNING POINTS FOR FRONTLINE AIDS STAFF

The evaluation identified the following questions for Frontline AIDS staff to consider:

- Can we now answer the question *What difference does Frontline AIDS make?*
- What do the outcomes and descriptions of how they were achieved tell us about our strategies and priorities going forwards?
- Are both long-term and short-term support for some LOs likely to be ongoing needs and if so, how can these functions best be resourced?
- Do we need to do more to encourage partnerships between LOs?
- Is this new 'lens' provided by outcome harvesting useful for capturing and making sense of outcomes, and if so when should outcome harvesting be used in the future?
- Should LOs, for example, be involved in future harvests to gain a holistic understanding of how the Frontline AIDS partnership achieves outcomes?