

Lessons from the Community Advocacy Initiative (CAI)



2012 - 2015



**Australian Federation
of AIDS Organisations**



COMMUNITY ADVOCACY INITIATIVE (CAI)

Evaluation of a partnership in 2012-2015 between APCASO and the Australian Federation of AIDS Organisations (AFAO) with:

- ▶ China HIV/AIDS Information Network (CHAIN), China;
- ▶ Center for Supporting Community Development Initiatives (SCDI), Vietnam;
- ▶ HIV/AIDS Coordinating Committee (HACC), Cambodia;
- ▶ Lao Positive Health Association (LaoPHA), Lao PDR.

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FOREWORD AFAO

APCASO, AFAO and CAI - A Powerful Partnership



Rob Lake
Executive Director
AFAO

This evaluation of the CAI project is a chance to reflect on the significant achievements and impact of a project that has been building since 2008. Firstly, it's important to acknowledge the AFAO and APCASO people without whom this project would not have begun and prospered. Thanks to Dave Traynor, Don Baxter, Alex Turner, Moi Lee Liow, RD Marte, Matt Tyne and Chris Connelly. Thanks also to the many CAI partners over all these years who helped AFAO and APCASO to undertake this work and who were such enthusiastic and skilled partners. Thanks finally to ASHM, the Australian

Society of HIV Medicine, who have acted as coordinating partner for the DFAT program since its inception.

The CAI Project has been an Australian Aid project of the Department of Foreign Affairs and Trade since 2008. The DFAT Regional HIV Capacity Building Programme has been invaluable in helping the networks of people with HIV, gay and other men who have sex with men, trans people, sex workers and people who inject drugs to access reliable funds and other resources to support the development of strong, capable networks built on local and national civil society organisations. For some this was new. "In the past, we seldom had grassroots groups involved in advocacy. With this project, community groups grasped the idea of advocacy and ran with it" (China) The voices of our partners and their members come through strongly in the CAI project and in this report. The strength of their voices, their ideas and their strategies have shaped the project throughout its life.

Since 2011, the CAI project has shifted its focus from advocacy alone to a strategic role in working to localise the significant opportunities of the

Strategic Investment Framework and in particular, the growing need to foster domestic government investment in their own national response to HIV, TB and malaria. APCASO first demonstrated its leadership on this, and showcased this work at the ICAAP conference in Busan. From there, the project has continued to build, with its signature success being to assist in successful negotiations within the Vietnamese government on domestic financing of HIV anti-retrovirals, a major coup.

I commend this report. AFAO is a proud partner with APCASO, and with APCOM, in South East Asia and the Pacific. The publication of this report is a credit to RD Marte, Chris Connelly and all AFAO and APCASO staff. It documents the achievements and learnings of projects like this, brings them out of anecdote and into the light where others can learn and share and new partnerships can emerge.

Congratulations!



FOREWORD APCASO

Words from the APCASO Executive Director



RD Marte
Executive Director
APCASO

Opportunities for civil society organisations to implement highly relevant, meaningful, and impactful regional community advocacy initiatives come few and far in between. APCASO considers it a privilege to have had the chance to lead and implement the Community Advocacy Initiative (CAI) programme, which served as an Asia-Pacific platform for community capacity development and advocacy on HIV financing. CAI outcomes give evidence to the capacity of civil society organisations and key population networks, to, with effective support, affect significant and catalytic

changes from the ground up. These changes range from challenging the status quo of how civil society and governments engage related to HIV financing within countries, to amendments in country HIV investment frameworks or related laws.

The HIV financing landscape in the Asia-Pacific region has changed significantly since CAI started in its first phase of implementation in 2008: we have witnessed a decrease in donor investments on AIDS, the movement to middle income status in a number of our countries and the reluctance of donors to fund these countries, and the increase in domestic HIV investments which cover mainly treatment and barely prevention interventions focused on key populations. The proven-effective principle of funding the right interventions, with the right populations, in the right locations remains as a challenge for the region.

2012 to 2015 saw APCASO, together with AFAO and in-country partners, CHAIN, HACC, LaoPHA and SCDI, implement the Community Advocacy Initiative on HIV Investment Framework (CAI-IF) programme. CAI achievements are a timely reminder of the importance of investing all the more in community

strengthening, mobilisation, and advocacy at moments of difficult operating environments. The CAI Evaluation Report highlights the many successes of the CAI IF programme; the reasons for CAI's effectiveness; and, the lessons that we have learnt over the course of the CAI journey with civil society and community partners.

APCASO acknowledges and sincerely thanks AFAO for the financial, technical, and moral support – above and beyond the call of duty – to APCASO throughout and beyond the life of the CAI programme. APCASO's continued existence and rebirth, despite organisational challenges in the recent years, is a testament to the strength of support, solidarity, and friendship extended to us by AFAO. Rob Lake and Chris Connelly, special and heartfelt thanks to you.

APCASO also is thankful to CHAIN, HACC, LaoPHA and SCDI, for their fantastic work and leadership of the programme, respectively in China, Cambodia, Lao PDR and Vietnam. CAI achieved what it did because of you. And to the all the in-country community partners we have worked with along the way, thanks for having kept the work grounded to grassroots realities and being the constant reminder of why and how we should do our work.

I would also like to thank former and current staff of APCASO who have been involved in the CAI programme – for their dedication and excellent

work ethics, and for continuously striving to learn and applying programmatic and organisational lessons to evolve and improve APCASO. Sincere thanks as well go to Sarah Middleton-Lee for taking the time to understand CAI and the programme partners and giving these justice in her report as an independent evaluator.

CAI is certainly a programme that I am honoured and proud to have led on the side of APCASO. I could only hope that with this report, all CAI regional and country programme partners; APCASO Focal Points, Council of Representatives, Board of Trustees, and staff; and funders in particular the Australian government which supported CAI, are able to share in that pride as well as in a collective aspiration to build upon the foundations laid by CAI towards strategic investments in HIV responses that truly respond to the needs of key populations, and that truly bring us closer to the end of the AIDS epidemic.

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ABBREVIATIONS and ACRONYMS

7S	Seven Sisters	HACC	HIV/AIDS Coordinating Committee
AFAO	Australian Federation of AIDS Organisations	IAC	International AIDS Conference
ANPUD	Asia Network of People who Use Drugs	ICAAP	International Congress on AIDS in Asia and the Pacific
APCOM	Asia Pacific Coalition on Male Sexual Health	IF	Investment Framework
APTIN	Asia Pacific Transgender Network	LaoPHA	Lao Positive Health Association
APN+	Asia Pacific Network of People Living with HIV and AIDS	NGO	Non-governmental organisation
APNSW	Asia Pacific Network of Sex Workers	OSF	Open Society Foundation
ART	Antiretroviral therapy	PEPFAR	President's Emergency Fund for AIDS Relief
CAI	Community Advocacy Initiative	SDG	Sustainable Development Goal
CBO	Community-based organisation	SCDI	Center for Supporting Community Development Initiatives
CHAIN	China HIV/AIDS Information Network	RHCBP	Regional HIV Capacity Building Programme
CRG	Community, Rights and Gender	UNAIDS	United Nations Programme on HIV/AIDS
DFAT	Australian Department of Foreign Affairs and Trade	UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria	YVC	Youth Voices Count
GFAN AP	Global Fund Advocates Network Asia-Pacific		



EXECUTIVE SUMMARY

CAI's goal was to develop the capacity of the most affected communities and their peer-based organisations to actively participate in national and regional responses to HIV

This report shares the process, findings, conclusions and recommendations of an Evaluation of Phases II and III of the Community Advocacy Initiative (CAI) in 2012-15. The Initiative was a partnership between APCASO and Australian Federation of AIDS Organisations (AFAO). It was supported by the Regional HIV Capacity Building Program (RHCBP) of the Australian Government's Department of Foreign Affairs and Trade (DFAT). CAI had four national partners in this period: HIV/AIDS Coordinating Committee (HACC), Cambodia; China HIV/AIDS Information Network (CHAIN), China; Lao Positive Health Association (LaoPHA), Lao PDR; and Center for Supporting Community Development Initiatives (SCDI), Vietnam.

CAI's goal was to develop the capacity of the most affected communities and their peer-based organisations to actively participate in national and regional responses to HIV. Its objectives were:

1. Increased capacity of regional and national HIV and AIDS civil society organisations to analyse policies, articulate key issues and influence decision makers.
2. Strengthened community-led platforms at regional and national levels and links between community and decision-makers.
3. Increased incorporation of Investment Framework (IF) principles into regional and national HIV strategies, financing and programming.

In each country, APCASO/AFAO provided a core package of support to the national partner (including funding, capacity building and mentoring), plus additional support tailored to the context. This was complemented by regional activities, such as the development of advocacy resources and connecting the national partners to regional/international processes. A key tool used was the IF – an approach that guides countries to rationalise the use of resources in order to maximise the impact and sustainability of national HIV programmes. The IF also reshapes thinking on HIV funding from being a 'cost spent' to being an



investment that results in lower expenditure over time. The IF emphasises that successful and cost-effective HIV action needs to focus on and work with the most affected communities and, alongside basic programmes, address 'critical enablers', such as human rights. The IF is an especially useful approach within the context of reduced funding for HIV, in particular in countries entering lower-middle or middle-income status that have been dependent on international funding – including from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) - and now need to step-up their domestic financing.

The CAI Evaluation took place in May-June 2015 and was conducted by an Independent Consultant. It was a 360° process involving representatives of the

Initiative's key stakeholders: APCASO; AFAO; national partners; RHCBP/DFAT; and external stakeholders, such as key population networks, government agencies, the United Nations Programme on AIDS (UNAIDS) and the Global Fund.



THE EVALUATION'S SEVEN STRATEGIC FINDINGS:

STRATEGIC FINDING 1:

CAI had a robust rationale (to enhance civil society capacity to engage in HIV financing processes and advocacy using the IF), was a very timely initiative and set relevant goals and objectives that were well achieved.

STRATEGIC FINDING 2:

CAI achieved different types and levels of results in the four countries that it supported. However, all were significant – representing a step change for the civil society response to HIV in that context. For example, in:

- ▶ **Cambodia**, HACC enhanced civil society capacity on investment thinking and facilitated the production of a Cambodian version of the IF that was endorsed by the National AIDS Authority.
- ▶ **China**, CHAIN gathered evidence on civil society's priority needs for funding and used it as the basis to build more collaborative and respectful relations between civil society and the government. This followed on from a government commitment to develop a funding mechanism for the sector in the wake of the departure of the Global Fund from the country.

- ▶ **Lao PDR**, LaoPHA strengthened the capacity of civil society and brought together civil society organisations around the issue of HIV financing. Through the use of evidence, civil society was enabled to engage in national dialogues and to successfully advocate for the inclusion of key population interventions in the National AIDS Strategy and Concept Note for the Global Fund.
- ▶ **Vietnam**, SCDI built understanding of the IF among civil society and national stakeholders and successfully advocated for: the inclusion of HIV treatment in Vietnam's National Health Insurance Law (as well as provisions that ensured key populations' ability to take up this coverage); and a higher proportion of funds to be allocated to key population interventions in the Concept Note for the Global Fund.

STRATEGIC FINDING 3:

The regional components of CAI brought value-added to the country work, while also strengthening the expertise, reputation and niche of APCASO in Asia and the Pacific and internationally.

STRATEGIC FINDING 4:

CAI's high quality principles, processes and relationships – based on partnership, peer learning and straightforward programme management - were as important as its products.

STRATEGIC FINDING 5:

CAI's work to build the capacity of civil society on the IF and HIV financing brought invaluable side benefits. Notably, these included enhanced civil society ability to engage in: Country Dialogue processes under the Global Fund's New Funding Model (in Vietnam and Lao PDR); and national discussions on domestic financing for HIV (in Cambodia and China).

STRATEGIC FINDING 6:

In 2015 and beyond, CAI's support is more relevant than ever, especially in countries transitioning away from international funding for HIV. There is a need for thorough documentation of the Initiative, as well as the identification of opportunities for APCASO/AFAO and others to scale-up or replicate it.

STRATEGIC FINDING 7:

CAI produced invaluable lessons learned that should be incorporated into the future work of APCASO/AFAO and others working in this field.

The conclusions of the Evaluation included that CAI was a unique and pioneering initiative for civil society in Asia and the Pacific. Its success lay in both what it did and how it did it. CAI demonstrated that civil society can and does engage effectively in the critical and complex dialogues and decisions now faced within responses to HIV. It also showed that such engagement benefits from access to regional and international good practice, financial resources and high quality technical support and mentoring. CAI's relevance will only increase further – as resources for HIV reduce, in particular in countries entering lower-middle or middle-income status.

In the future, it is critical that both: CAI itself continues and scales-up; and the lessons and tools from CAI are shared with and used by others. CAI demonstrates that funding to support civil society advocacy efforts is an invaluable and wise investment and leads to significant outcomes. Donors and governments should ensure the allocation of funding within aid, national and programme budgets to sustain civil society's role in this area.

BASED ON THE FINDINGS AND CONCLUSIONS OF THE EVALUATION, IT IS RECOMMENDED THAT APCASO/AFAO:

RECOMMENDATION 1:

Consolidate the model used for CAI Phases II and III into a 'how to' guide.

RECOMMENDATION 2:

Informed by this consolidation, develop a 'CAI Fast-Track' programme model.

RECOMMENDATION 3:

Engage with the Australian Government's DFAT and other potential donors to support a CAI Phase IV that focuses on providing: on-going, lighter support to the four existing countries; and more intensive support to a further batch of countries.

RECOMMENDATION 4:

Partner with community-friendly economists or academia to analyse further examples of good practice in domestic and sustainable financing.

RECOMMENDATION 5:

Develop a Monitoring and Evaluation Framework at the start of the next CAI Phase VI, with indicators specific to community advocacy and financing.

RECOMMENDATION 6:

Partner with selected civil society organisations to mentor or jointly implement 'CAI Fast-Track' programmes in other countries and/or with specific communities.

It is also recommended that donor agencies, domestic governments and international NGOs working with civil society:

RECOMMENDATION 7:

Recognise and adopt the lessons learned from CAI (outlined in the Evaluation report) as valuable principles and approaches for incorporation and expansion within current/future initiatives with civil society on similar subjects.

RECOMMENDATION 8:

Learn from and support CAI's peer-based capacity building model – based on long-term, mutually respectful and high quality relationships between APCASO and AFAO, and between AFAO/APCASO and the national partners.

INTRODUCTION TO THE EVALUATION

This Report presents the findings, conclusions and recommendations of an Evaluation of the Community Advocacy Initiative (CAI) in 2012-15ⁱ. The Initiative was a partnership between APCASO and the Australian Federation of AIDS Organisations (AFAO) (see Box1).

The aims of Evaluation were to:

1. Conduct an evaluation of CAI in 2012-15 against its stated goalⁱⁱ and objectivesⁱⁱⁱ.
2. Assess the effectiveness of the CAI-related structures, relationships and responsibilities between AFAO, APCASO and national partners and recommend changes to enhance programme efficiency and effectiveness.
3. Identify and document notable achievements of CAI and factors that contributed to them.
4. Identify and make recommendations for on-going opportunities and activities for APCASO that will build on the achievements of CAI.

The Evaluation was carried out in May – June 2015 by an Independent Consultant. It was based on an Enquiry Framework, a tool that - informed by the aims of the Evaluation and the expected outcomes of CAI - outlined the 10 key questions to be answered [see Annex 1].

The Evaluation was a 360° process involving representatives of CAI's key stakeholders: APCASO; AFAO; national partners; the Regional HIV Capacity Building Program (RHCBP) of the Australian Government's Department of Foreign Affairs and Trade (DFAT); and external stakeholders, such as representatives of key population networks, government agencies, the United Nations Programme on AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It combined three methods:

► Method 1:

Key stakeholder interviews: These were carried out with 20 internal and external stakeholders for CAI, with an emphasis on the countries where the Initiative focused. They were semi-structured, with tailored questions based on the Enquiry Framework. Each lasted approximately one hour and was carried out in-person or via Skype or phone. [See Annex 2 for a list of stakeholders].

► **Method 2:**

Focus group discussion: This was carried out with a group of five CAI stakeholders who were present in Bangkok during the Evaluation. It was semi-structured, with a set of questions informed by the Enquiry Framework. It lasted two hours and was carried out in-person. [See Annex 2 for a list of participants].

► **Method 3:**

Literature review: This involved a desk study of over 25 resources relating to CAI. Examples included the Initiative's proposal, contracts, work plans, monitoring reports, training tools, previous evaluations and media coverage. The analysis of the resources was based on the Enquiry Framework. [See Annex 2 for a list of resources].

BOX 1: APCASO AND AFAO

APCASO is a civil society network of community-based and non-governmental organisations on HIV, health, and social development working to advance advocacy and community capacity development in Asia and the Pacific.

APCASO support and promote the role of CBOs and NGOs in elevating the social development and health agenda, particularly those representing communities most in need.

APCASO is the host of the Global Fund Advocates Network Asia Pacific (GFAN AP) and also the Global Fund Community, Rights and Gender (CRG) Coordination and Communications Platform Asia Pacific.

AFAO is the national federation for the community response to HIV in Australia. It provides leadership, coordination and support to the country's policy, advocacy and health promotion on HIV. AFAO's International Programme is based in Bangkok and contributes to the development of effective policy and programmatic responses, particularly in Asia Pacific. It has supported community-based responses to HIV across the region for over two decades.

OVERVIEW OF CAI

To develop the capacity of the most affected communities and their peer-based organisations to actively participate in national and regional responses to HIV.

CAI was a partnership between APCASO and AFAO. Its first phase (CAI Phase I) took place in July 2008 to June 2012^{iv}. This Evaluation addressed CAI Phase II (1 July 2012 to 30 June 2014) and CAI Phase III (an extension to 30 June 2015). The Initiative was funded by DFAT through a grant to AFAO from the RHCBP. In turn, AFAO provided a sub-grant to APCASO.

In Phases II and III, CAI provided financial and technical support to national partners in four countries:

- ▶ **Cambodia:** HIV/AIDS Coordinating Committee (HACC)
- ▶ **China:** China HIV/AIDS Information Network (CHAIN)

- ▶ **Lao PDR:** Lao Positive Health Association (LaoPHA)
- ▶ **Vietnam:** Centre for Supporting Community Development Initiatives (SCDI)

The overarching goal of CAI, taken from an objective of the RHCBP, was: To develop the capacity of the most affected communities and their peer-based organisations to actively participate in national and regional responses to HIV. The more specific goal - alongside the objectives and outputs, as cited in the CAI Monitoring and Evaluation Framework^v - are shown in Box 3.

CAI focused on strengthening advocacy for more effective HIV financing - by developing tools, assembling civil society platforms and building the capacity of the partners to engage in national dialogue and decision-making, based on the Investment Framework (IF) (see Box2^{vi}). During the Initiative, especially in CAI Phase III, APCASO/AFAO also responded to emerging issues - expanding the work to incorporate civil society engagement in the development of Concept Notes and grant implementation for the New Funding Model of the Global Fund. This particularly addressed the need to strengthen: the provision of domestic financing for HIV; the security of funding for civil society engagement in HIV; and the efficiency of the allocation of HIV financing (if the UNAIDS Fast

Track^{vii} response to end the AIDS epidemic by 2030 is to succeed).

In each country, CAI's core strategies focused on:

- ▶ raising awareness and building capacity on the IF;
- ▶ facilitating critical thinking and analysis;
- ▶ building platforms for civil society stakeholders;
- ▶ documenting civil society perspectives, analysis and recommendations; and
- ▶ supporting advocacy.

Additional activities were carried out according to the national context. APCASO/AFAO enhanced this work through a set of regional activities. Examples included: producing CAI advocacy materials; conducting regional consultations with key population networks; promoting CAI and the IF at regional and international AIDS conferences; and connecting CAI to wider regional forums.

See Box 4 for a snapshot of CAI's key activities in 2012-15 at the regional level and in each of the four countries. An analysis of the achievements and lessons is provided in Section 3.

BOX 2: THE INVESTMENT FRAMEWORK (IF)

The IF was developed by international experts convened by UNAIDS in 2012. The Framework: gives guidance for countries to rationalise the use of resources in order to maximise the impact and sustainability of national HIV programmes; enables the amount needed for an effective HIV response to be forecast; and reshapes thinking on HIV funding from being a 'cost spent' to being an investment that results in lower funding requirements over time. The IF is based on Investment thinking that calls for the focusing of resources to: provide essential HIV services; support 'critical enablers' (social and programmatic); and synergise efforts within the national development context.

The IF highlights that successful and cost-effective HIV action needs to focus on and work with the most affected communities. It recognises that community-centered design and delivery is critical to: scaling-up basic programme interventions; reaching the hardest-to-reach populations; ensuring open and sustainable programme access; and increasing cost efficiency (with a shift to community-led service delivery).

BOX 3: CAI GOAL, OBJECTIVES AND OUTPUTS

GOAL:

The HIV response in the region is adequately financed, reflects an investment approach, uses resources strategically and supports programmatic areas, critical enablers and synergies with other development sectors

OBJECTIVE 1:

Increased capacity of regional and national HIV and AIDS civil society organisations to analyse policies, articulate key issues and influence decision makers

OBJECTIVE 2:

Strengthened community-led platforms at regional and national levels, and links between community and decision makers

OBJECTIVE 3:

Increased incorporation of IF principles into regional and national HIV strategies, financing and programming

OUTPUT 1:

Increased awareness and understanding of IF among CAI country partners and HIV stakeholders in four countries, and APCASO and HIV stakeholders at the regional level

OUTPUT 2:

APCASO's and CAI country partners' capacity to design, deliver and lead effective IF related advocacy & advocacy capacity building has increased

OUTPUT 3:

Country and regional IF working groups have defined clear community messages, analysed relevant policies, and developed advocacy plans

OUTPUT 4:

APCASO and country partners positioned as the key community information and communication hub on IF in the region

OUTPUT 5:

Community oriented IF related materials, tools and documentation has increased

OUTPUT 6:

Increased input to policy debates and dialogues on IF by APCASO, CAI country partners and HIV stakeholders to regional and national decision makers

PROGRAM STRATEGIES:

1. Raising awareness and capacity building on the IF
2. Facilitating critical thinking and analysis
3. Documentation of civil society perspectives, analysis and recommendations
4. Advocacy

BOX 4: SNAPSHOT OF CAI ACTIVITIES IN 2012 - 2015

REGIONAL LEVEL ACTIVITIES



Holding of workshops, satellites and side meetings on the IF and domestic financing at: International Congress on AIDS in Asia and the Pacific (ICAAP) 2013, Bangkok; and International AIDS Conference (IAC) 2014, Melbourne.

Advocacy on HIV financing for civil society at main meeting and Community Forum of United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Intergovernmental Meeting on HIV/AIDS 2015, Bangkok.

Representation at Open Society Foundation (OSF) global meeting on human rights and the Global Fund's Strategy for 2016-21, Barcelona.

Advocacy on IF and domestic financing at the Asia Pacific Forum on Sustainable Development 2015, Bangkok, in the Sustainable Development Goals (SDG) process.

Playing a leading role in foundation of Global Fund Advocates Network Asia Pacific (GFAN-AP), including input into the development of the Global Fund Strategy 2017-21

Conducting four country scoping visits to learn about context, talk to national stakeholders and seek recommendations for partners.

Hosting of start-up and planning meetings for CAI national partners. Consultation with regional key population networks and other regional stakeholders to introduce CAI, Bangkok.

Production of CAI policy materials, such as Investment Framework 101 and River Rescue Roleplay.

Provision of remote technical support to national partners on government engagement, planning and organisational development.

Production of CAI advocacy materials, including: briefing on Governments' Commitments to HIV Financing^{viii}; Case Study of SCDI^{ix} and Reforming the Health Insurance Law in Viet Nam; and, Recommendations from Community Experiences with the Global Fund New Funding Model.

Including HIV financing in the Australian Award Fellowship Leadership and Mentoring Programme for 25 civil society activists from the region.



COUNTRY LEVEL ACTIVITIES

Cambodia Activities (led by HACC):

Conducting of national and provincial civil society workshops to build understanding of IF and consult on communities' priorities.

Conducting of planning among civil society for advocacy on financing.

Development of report on Cambodia version of the IF and receipt of endorsement by National AIDS Authority.

Facilitated a round-table meeting exploring experiences of community and civil society during the Global Fund New Funding Model in Cambodia.

Lao PDR Activities (led by LaoPHA):

Conducting of capacity building workshops for civil society to: learn about IF; present IF to government; and develop advocacy materials.

Conducting of civil society dialogues with government, donors and UN agencies on domestic financing, emphasising funding of civil society as critical to National AIDS Strategy and Global Fund Concept Note.

Development of national civil society advocacy plan.

Upcoming: Conducting of consultations to: strengthen civil society engagement in Global Fund's New Funding Model; and review feedback from Global Fund's Technical Review Panel on country's Concept Note.

Development of local civil society advocacy materials.

China Activities (led by CHAIN):

Conducting of civil society capacity building workshop on IF.

Holding of dialogue meeting with government to launch report and discuss its recommendations for government funding mechanisms to civil society.

Raising awareness about concept and principles of IF among wider civil society.

Convening of platform for civil society members to rally on financing issues.

Upcoming: Production of e-bulletin for civil society on HIV financing.

Conducting of on-line survey of members, with 100 responses used to compile report on financing priorities and recommendations for funding mechanisms.

Upcoming: Conducting of survey on current funding experiences of civil society.

COUNTRY LEVEL ACTIVITIES

Vietnam Activities (led by SCDI):

Conducting of civil society capacity workshops on the IF.

Development of country-specific advocacy materials on HIV financing.

Co-hosting of national meeting on IF/withdrawal of international donors with civil society, government, UN agencies and international NGOs.

Submission of report from national meeting to National Assembly.

Dissemination of CAI policy brief on innovative financing to Members of Parliament.

Input of community needs into amendment of National Health Insurance Law to cover Antiretroviral therapy (ART) and improve key populations' access to insurance.

Upcoming: Conducting of workshop on domestic and innovative financing at annual meeting of Vietnam Civil Society Partnership Platform on AIDS.



ANALYSIS OF CAI ACHIEVEMENTS AND LESSONS

CAI achieved different types and levels of results in the four countries that it supported. However, all were significant – representing a step change for the civil society response to HIV in that context.

This section provides an analysis of the achievements, strengths, weaknesses and lessons of CAI Phases II and III in 2012-15. The findings are framed by the Enquiry Framework and grouped under seven Strategic Findings:

STRATEGIC FINDING 1:

CAI had a robust rationale (to enhance civil society capacity to engage in HIV financing processes and advocacy using the IF), was a very timely initiative and set relevant goals and objectives that were well achieved.

A clear message from the Evaluation was that CAI benefitted from a strong rationale and was a very timely intervention. By focusing on capacity building, advocacy and financing, the Initiative responded to a critical - and growing - need within the civil society response to HIV in Asia and the Pacific. It took place at a time of considerable change and uncertainty. This was characterised by trends such as: reduced international resources for HIV; increased demands for domestic financing; countries adapting to or preparing for lower-middle or middle-income status; and prioritisation of bio-medical interventions within HIV responses (risking the neglect of critical enablers). It was also characterised by: increased global policy commitment to ensuring 'no one left behind' within the 'end to AIDS'; within countries, on-going human rights abuses and punitive legislation against key populations; and heightened attention to community systems strengthening and task-shifting to community-based service delivery (accompanied by a lack of sufficient allocation of funding to CBOs).

APCASO/AFAO demonstrated foresight in developing relevant goals and objectives (see Box 3) that addressed these trends that many other stakeholders are now only starting to tackle. In 2012-15, while not the sole organisations to work on HIV financing, CAI was the only Initiative in Asia and the Pacific to do so specifically and through a civil society lens. It was also likely the only civil society programme globally to take a

comprehensive approach – with its three objectives adding up to a strong package of action and support.

Furthermore, CAI demonstrated an important ability to respond to evolving trends and needs. For example, while continuing to use IF principles, CAI Phase III increasingly focused on processes – such as Country Dialogues and Concept Notes – related to the Global Fund, as well as on more sophisticated aspects of HIV financing (such as the need for domestic government funding mechanisms). Another key aspect of CAI was its ability to adapt and respond to the local context and civil society needs, which enabled the programme to have greater impact within each country.

As indicated by the snapshot of activities in Box 4, CAI achieved solid results across its objectives and, in turn, solid progress towards its goal. Assessed against the expected outputs and outcomes outlined in the project proposal^x and Monitoring and Evaluation Framework^{xi}, the Initiative's performance was strong. Where targets were not achieved or activities were not implemented as planned, there was a clear explanation why. For example, the idea of having an IF Working Group in each country (Output 3) was not fulfilled because it became evident that it would be better to integrate the work into existing forums, rather than set up parallel mechanisms.

STRATEGIC FINDING 2:

CAI achieved different types and levels of results in the four countries that it supported. However, all were significant – representing a step change for the civil society response to HIV in that context.

The Evaluation found that there were some common outcomes from CAI across Cambodia, China, Lao PDR and Vietnam. Examples included that civil society benefitted from increased: capacity and confidence in advocacy; understanding of the IF and the concept of investment; engagement in national planning and budgeting; and respect from government and other national stakeholders.

However – as highlighted in both the Mid-Term Review of CAI^{xiii} and the case studies (Box 5A, 5B, 5C, and 5D) – CAI also had different foci – and achieved different types of results – In the four countries. These variations reflected a range of factors, such as related to the: country context (HIV epidemic, political system, etc.); national partner (leadership capacity, level of resources, etc.); and civil society sector (scale, relationship with the government, etc.). However, in all four contexts, the CAI results were significant – representing a step change ('shift') in the civil society response to HIV. While, as with many advocacy-related projects, it is challenging to directly or solely attribute the results to CAI, it is clear that the Initiative played a vital role in mobilising and catalysing the process of change.

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BOX 5A: STEP CHANGES SUPPORTED BY CAI IN VIETNAM

CASE STUDY 1: MOBILISING SUSTAINABLE FINANCING FOR HIV

Vietnam has a concentrated HIV epidemic. It is a lower middle-income country where PEPFAR is scaling-down its support and the Global Fund will withdraw in 2017.

CAI Phase II started support in Vietnam in 2012. SCDI's key activities included: capacity building workshops on the IF for civil society; building relations with government counterparts; convening a national meeting on the IF (and the withdrawal of donors) involving civil society, government, UN agencies and donors; and submitting the report of the meeting to the National Assembly. The activities also included inputting civil society recommendations into the

revision of the National Health Insurance Law. This was amended in June 2014 to include: coverage of ART, diagnostics and opportunistic infection treatments; and measures to help key populations to register (such as removal of the requirement to have formal employment).

Within the context of Vietnam, CAI's biggest result was the change in National Health Insurance – which will now meet most of the \$25 million USD annual costs for treatment (95% of which were previously covered by PEPFAR and the Global Fund). This will both ensure sustainable financing and strengthen access to treatment for key populations. Pham Thi Minh from the Vietnam



VIETNAM: Mobilising Sustainable Financing for HIV



Network of People who Use Drugs, says: "Without SCDI, the voices of communities like ours would never be raised to the level of government. Before, we thought health insurance didn't matter and we couldn't buy it. When we were equipped with knowledge, we realised we only have to pay a certain amount and it could save our lives."

Another major result of CAI was the shift in thinking towards prioritising HIV interventions. In the national meeting, consensus was achieved on the need to focus investment on key populations and evidence-based programmes. This was subsequently reflected in the National AIDS Strategy that now, for example, includes programmes for men who have sex with men. In turn, this provided the foundations for the Concept



Note to the Global Fund, with 30% of the budget allocated to prevention for key populations and opioid substitution therapy.

Hoang Thi Hien of the Advisory Group to the Chair of the National Committee on AIDS, Drugs and Prostitution says: "CAI provided information and knowledge on the Investment Framework, which we did not know before ... Priorities for HIV have been shifted to focus more on key populations, treatment for people living with HIV, treatment as prevention, increased budget for treatment, mobilising local resources."

STRATEGIC FINDING 3:

The regional components of CAI brought value-added to the country work, while also strengthening the expertise, reputation and niche of APCASO in Asia and the Pacific and internationally.

The Evaluation found that CAI benefited from being a regional – rather than country-by-country – intervention. Here, the roles of APCASO/AFAO included:

- ▶ **Providing a common conceptual framework for the project.** For example, APCASO/AFAO introduced the IF and supported the national partners to translate its principles into a practical approach for civil society advocacy.
- ▶ **Facilitating communication and planning among CAI partners.** For example, APCASO/AFAO hosted joint start-up and planning meetings for the country partners, while also working with each individually to develop budgets and work plans.
- ▶ **Promoting CAI's results and lessons at regional and international events.** For example, APCASO/AFAO held or participated in panel discussions, side meetings and capacity building events at ICAAP 2013, IAC 2014 and the Asian Forum on Sustainable Development 2015. These served to both boost the confidence and profile of the CAI partners and share the Initiative's approaches with other stakeholders in the region and globally.
- ▶ **Serving as an IF information hub and producing regional resources.** For example, APCASO/AFAO produced Government Commitments to HIV in Asia and the Pacific – a briefing that reminds governments of their existing mandates for civil society and HIV, as outlined in the Political Declaration on HIV/AIDS and UNESCAP resolutions 66/10 and 67/9 (see Annex 3)^{xiv}.
- ▶ **Including HIV financing in the Australian Award Fellowship Leadership and Mentoring Programme.** This involved supporting the participation of 25 civil society activists from Cambodia, Indonesia, Lao PDR and Vietnam in a seven-day training programme around the IAC in Melbourne in 2014, with sessions on HIV financing and advocacy facilitated by APCASO/AFAO.
- ▶ **Facilitating the exchange of approaches and lessons between countries.** Within interviews for the Evaluation, each of the national partners could cite examples of things that they had learned from the other partners. For example, the representative from CHAIN in China cited how they had learned about integrating HIV into health insurance

from Vietnam and including civil society in national planning from Cambodia.

- **Connecting CAI and its national partners to wider regional and global processes.** For example, APCASO/AFAO promoted CAI and the IF through a meeting with Asia and the Pacific regional key population networks. APCASO also used CAI messages in advocacy at the UNESCAP Intergovernmental Meeting on HIV/AIDS and Community Forum 2015. Here, it helped secure HIV investment as one of the four themes of the Meeting, while also facilitating sessions on financing at the Community Forum and participating in a UNAIDS panel on the subject. Messages concerning HIV financing were included in the official statement produced by civil society.

APCASO has also connected CAI partners to the Global Fund Advocates Network Asia Pacific (GFAN-AP), a coalition that it has been instrumental in setting up. The latter is particularly involved in mobilising support for the Global Fund's Replenishment and providing input into the development of the Global Fund's Strategy for 2017-21 (including through the Global Fund Partnership Forum held in Bangkok in June 2015).

BOX 6: VIEWPOINTS ON APCASO/AFAO'S APPROACH

"AFAO and APCASO helped translate a difficult and non-accessible Framework to the community – focusing on the prioritisation and principles that underpin an effective response. CAI has built broader political competency among its partner organisations."

David Fowler
RHCBP

"To APCASO, capacity building is about doing whatever it takes to respond to partners' needs. In some countries, it's just about catalysing and supporting their work. In others, it's about multiple different types and moments of support. In all cases, it's a long-term relationship and partnership."

RD Marte
APCASO

One of APCASO/AFAO's key contributions was to serve as a bridge between international good practice and the national partners, in particular by introducing the IF. The Framework's concept and principles were strongly relevant to, and enthusiastically embraced by, CAI's partners. All of those interviewed for the Evaluation said that the IF provided them with a critical basis for evidence-based advocacy, particularly in contexts where civil society is sidelined. The IF's emphasis on data served as a breakthrough in civil society/government relations – increasing the former's credibility and providing it with a legitimate argument for why community responses to HIV (especially those for key populations) should be prioritised and resourced. In some cases, the Framework also served to help to bring together fragmented civil society sectors – providing a common platform for advocacy. However, a key lesson was that the IF must always be adapted to the local context. It should not be used to create parallel processes that compete with, rather than complement, existing strategies.

Indeed, CAI demonstrated the importance of processes to analyse, adapt and disseminate global level policies and frameworks into accessible and actionable formats and programmes for use at the county level by national and sub-national civil society. The Initiative showed the impact that a relatively small programme with limited resources can achieve through acting as a catalyst and

capacity builder for national civil society. The Evaluation concluded that CAI is rare – perhaps unique – in its approach and work on HIV financing with civil society. Support to scale-up and replicate such regional initiatives is urgently needed.

Externally, the use of the IF proved more challenging for APCASO/AFAO at the regional level. This was in relation to both: regional civil society stakeholders (some of whom did not fully understand the utility of the Framework); and UNAIDS (which, despite having originally created the IF, distanced itself from its application). In both cases, APCASO/AFAO could, perhaps, have done more to convince others of its rationale for using the IF's principles and, in turn, secured greater buy-in for its work.

Finally, a clear message from the Evaluation was that CAI was a critical initiative for the credibility and sustainability of APCASO. This was particularly the case as, during the course of the project, the network experienced major organisational challenges and questions over its future. With AFAO's support, CAI helped to put APCASO 'back on the map' - by demonstrating its ability to implement a high quality and multi-country programme and to have a strategic niche. This reconfirmed APCASO as a leader within the civil society response to HIV in Asia and the Pacific.

BOX 7: VIEWPOINTS OF NATIONAL PARTNERS ON APCASO/AFAO'S REGIONAL ROLE

“APCASO and AFAO helped us build closer links with other countries – finding similarities, while also supporting us to develop an approach for our specific context. They act as long-term, strategic partners in the region – not fly in, fly out, but available on an on-going basis.”

Ling Ping
CHAIN, China

“APCASO is a very different kind of partner. They have been the facilitator – not just giving us funding, but technical support. They gave us tools for advocacy – which we can translate to our language and our country context. Before, we didn't have any idea about the Investment Framework – they shared it with us and gave us an international perspective of funding and skills to advocate for an evidence-based response.”

Vieng Souriyso
LaoPHA, Lao PDR

“No other institution in Asia Pacific apart from APCASO is supporting advocacy [specifically on financing for civil society]. Advocacy is the backbone of NGOs and key populations in our region. If there's no advocacy and no voice, we can't make a difference [on financing] and our governments can just do what they want.”

Tim Vora
HACC, Cambodia

“It's so useful to have APCASO and AFAO's regional and international perspectives. It backs us up with confidence. The concept of the IF has been critical, fundamental. Without the IF as the basis, the project would have been very different and much harder.”

Khuat T. Oanh
SCDI, Vietnam

2

BOX 5B: STEP CHANGES SUPPORTED BY CAI IN CAMBODIA

CASE STUDY 2: BUILDING INVESTMENT THINKING AMONG CIVIL SOCIETY

Cambodia is often cited as a success story for its action on HIV and has an ambitious national strategy to eliminate all new infections by 2020. However, the response has experienced a rapid and dramatic decrease in international funding, notably from the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund. This has already led to the closure of some civil society organisations and an urgent need to increase domestic financing for HIV (which, in 2013, accounted for only 11%^{xiii}).

CAI Phase II started support in Cambodia in 2012. HACC's work included conducting national and provincial workshops that involved representatives

of people living with HIV, key populations, the government and other national stakeholders. These aimed to: increase awareness of the IF and the importance of an enabling environment; identify civil society's priorities; and develop a Cambodia version of the IF. The challenges included how to shift policy-makers' focus on service delivery and commodities to also finance areas such as advocacy on critical enablers.

HACC developed its Cambodia version of the IF and received the official endorsement of the National AIDS Authority. The Cambodia IF was welcomed by many stakeholders. However, it was critiqued by others who questioned why it omitted some



CAMBODIA: Building Investment Thinking Among Civil Society



available evidence and was not more strongly aligned with the Government's existing strategy (Cambodia 3.0).

Tim Vora from HACC concludes that: "We changed community partners' way of thinking. Previously, they were only interested in service delivery and commodities. We supported them to recognize the importance of other aspects – like an enabling environment and capacity building." Phalla Tia of the National AIDS Authority says: "HACC translated the Investment Framework to the Cambodia context and encouraged more strategic thinking about investment among civil society. Civil society and the Investment Framework bring a comprehensive approach and range of issues to the table – not just about basic HIV programmes,



but things like gender, key populations and decentralisation to communities. These add value to the basic programmes.

The Framework also helps move the response to HIV from isolation to integration – by getting the interest of other stakeholders and sectors, such as the Ministries of Labor or Social Welfare."

STRATEGIC FINDING 4:

CAI's high quality principles, processes and relationships – based on partnership, peer learning and straightforward programme management – were as important as its products.

A further clear message from the Evaluation was that the quality of CAI's principles (such as community involvement), processes and relationships were critical to its success. This was seen at all levels of the Initiative, from the Australian Government's DFAT to APCASO/AFAO, the national partners and local NGOs and CBOs. Throughout the Evaluation, internal and external stakeholders described CAI's relationships using terms such as “respectful” and “collaborative”.

While it is challenging to quantify the precise impact, it is clear that, for this Initiative, the partnerships brought value-added. This was particularly the case as the project often dealt with 'unknown territory' – with new and sensitive subjects that could have left individual organisations in a vulnerable position and that required everyone to learn from each other. As Vieng Souriyo from LaoPHA puts it: “We don't see APCASO or AFAO as a donor, but a partner. They didn't have an agenda to profile. They weren't after kudos, but what's best for the country. The partners were respectful of each other, not competing. We've learned together. Before, I didn't understand

where funding was from or know the National Strategy. Now, I'm proud that I understand the country status.”

CAI's high quality relationships and principles were enhanced by its straightforward programme management structure. For example, decisions (such as on the re-allocation of budgets) could be taken quite rapidly, while the monitoring requirements (such as for narrative and financial reports) were not burdensome. CAI also benefitted from an overall sense of respect and flexibility – such as with APCASO/AFAO not prescribing approaches, but allowing the national partners to adapt their plans and budgets to their contexts

BOX 8: VIEWPOINTS ON THE APPROACH TO CHANGE

“Any advocacy that does not have key affected communities at its heart, or that is not grounded in their realities, or that leaves them behind in the implementation, will never be effective, sustainable or truly meaningful. Investing in community capacity development and mobilisation should therefore be seen as essential to creating enabling environments towards effective HIV responses.”

Extracts from an article by RD Marte, Khuat Thi Hai Oanh and Chris Connelly in HIV Australia, 2014

and evolving opportunities, in turn fostering their national ownership and leadership. Some partners voiced specific appreciation for being trusted to have an 'incubation period' at the start of the project – where they had space to explore the most effective action to take, without being pressured to get started immediately.

The scale of CAI Phase II and III – with four country partners – was appropriate for the stage in development of both the programme and APCASO. For the partners, while not bringing large-scale financial resources to their organisations, it was a critical strategic opportunity to leverage their role. For example, for SCDI in Vietnam, while CAI represented just 5% of their organisational budget, it provided unique support and mobilisation on financing and, in turn, a critical opportunity to progress the organisation's national advocacy work.

A rare weakness in CAI's management was that the Monitoring and Evaluation Framework was not developed until partway into the project. Although the product was strong, this caused confusion among stakeholders due to the Framework using different language (around outputs, outcomes, etc.) to the original project proposal. It also meant that the Initiative's subsequent annual reports were structured in a different way. In turn, the latter brought a challenge to the Evaluation – as it was difficult to compare 'like with like' across the years, as well as to add up the cumulative outcomes.

BOX 9: VIEWPOINTS ON COLLABORATION VIETNAM

“We brought together policy-makers, programme managers, researchers and communities. So, it is not just communities on one side fighting for their rights, but a more constructive partnership and spirit, with all people using their respective knowledge. Communities are not confronting, but constructive, clear and strong.”

Khuat Thi Hai Oanh
SCDI

“SCDI facilitated to bring policy-makers and community representatives together. Members of the Advisory Group could meet with people living with HIV, sex workers, people who use drugs etc. to discuss practical issues and challenges faced by the community. Recommendations based on these meetings have been made to allow better access to services and better participation on the HIV response from the community. In the context of reducing international funding and limited national budget, the collaboration between government and community is crucial.”

Hoang Thi Hien
Advisory Group to the Chairperson of the National Committee on AIDS, Drugs and Prostitution

The Evaluation particularly highlighted the very strong collaboration between APCASO and AFAO. Many of the core aspects of CAI were carried out jointly – within a relationship of mutual respect and exchange. While APCASO led on the day-to-day implementation of the Initiative, AFAO played a vital facilitative and supportive role, such as in relation to the:

- ▶ Conceptualising and planning of CAI.
- ▶ Monitoring and evaluation of CAI, including development of the Monitoring and Evaluation Framework.
- ▶ Liaison with and reporting to the Australian Government's DFAT.
- ▶ Connection of APCASO and the national partners to regional and global dialogues and forums.
- ▶ Sharing of good practice from the civil society response to HIV in Australia.
- ▶ Developing tools and approaches for capacity building of national partners.
- ▶ Conduct of scoping and technical support visits to national partners.

The Evaluation found that, during CAI Phases II and III, APCASO and AFAO worked well together and brought added-value both to each other and to the Initiative as a whole. AFAO's role was often 'behind the scenes' – providing APCASO with solid and consistent organisational, technical and moral support and enabling it to enhance its reputation

and recognition in the region. It is clear that, in 2012-15, especially the initial years, CAI would not have been of the same quality or delivered the same results without AFAO's contribution. However, it is also clear that, during the period, the relationship between APCASO and AFAO evolved – as the former became stronger and more independent. In future stages of CAI, it will be important to explore how to maintain the benefits of the partnership to date, while recognising that – from the perspective of cost-efficiency – APCASO is now able to conduct a large proportion of the Initiative on its own.

On a practical note, it was a concrete advantage that – by the end of CAI Phase III – both APCASO and AFAO's International Programme had their offices in Bangkok – enabling constant communication and regular visits to partners. One national partner expressed particular appreciation for APCASO/AFAO's "human touch" – with them being "less distant than international NGOs".

A specific example of the importance of CAI's process was provided by the methodology used for capacity building on the IF. Here, in addition to providing clear information materials, APCASO/AFAO produced the River Rescue Roleplay – a participatory activity that enables participants to apply the principles of the IF to taking decisions about resource-allocation within a fictional scenario. This supports participants to 'learn by doing' –

taking the IF apart, analysing its principles and then reconstructing it.

A lesson for the future is that CAI would have benefitted from the earlier involvement and consultation of the national partners (who were confirmed after the Initiative had been conceptualised). CAI could also still gain from further marketing of its results to, for example, further convince regional stakeholders of the value and concrete results of using the IF.

Overall, the Evaluation noted that – beyond its good systems and processes – CAI benefitted from the involvement of talented and committed individuals, many of whom are recognised as national and regional civil society leaders. This social capital was invaluable and a significant contributor to the success of the project. However, it could also be an area for some concern – as it emphasised the need to continue to strengthen the capacity of institutions as well as individuals, in order to multiply the impact and sustainability of such an Initiative.



3

BOX 5C: STEP CHANGES SUPPORTED BY CAI IN CHINA

CASE STUDY 3: STRENGTHENING CIVIL SOCIETY AND GOVERNMENT RELATIONS

International funding for HIV in China (an upper middle-income country) has declined dramatically, catalysing the need to 'look inwards' and increase domestic financing. Although the government had voiced commitment to funding civil society, it was unclear about what mechanism to use. Also, although it was consulting with the sector, it was 'cherry picking' specific organisations.

CAI Phase II started support in China in 2012. CHAIN's key activities have included: a capacity building workshop on the IF for civil society; raising awareness of the IF with wider civil society; and convening a members' platform on financing.

CHAIN also conducted a members' e-survey, receiving responses from 100 civil society organisations. The survey report was framed by the IF principles. It: outlined civil society's priority issues in relation to financing (such as the need to not only fund services, but action on critical enablers); and made recommendations for funding mechanisms. It was launched and discussed at a meeting with the Government and other stakeholders, such as UNAIDS.

As Chen Zhongdan of the UNAIDS Country Office says: "In China, the lack of data made it difficult to know how to allocate resources. The policy



CHINA: Strengthening Civil Society and Government Relations



makers wanted hard data ... to convince them. The IF provided scientific evidence that enabled Chinese CBOs to not only ask the government for support for services, but show that civil society has a role to play in advocacy."

Within the national context, CAI's most significant achievement was to build a more collaborative and respectful relationship between civil society and the Government. For example, the launch of CHAIN's survey was the first time that the Government had attended such a meeting initiated by an NGO. The Government now makes reference to CHAIN's survey and speaks publicly about the importance of investing in communities. It has committed to establishing a civil society fund resourced by the Central Government.



Ling Ping of CHAIN says: "Now is a very difficult time for civil society involvement in HIV in China. CAI gave us an opportunity to connect the diversity of civil society, from small community groups to large NGOs, under one framework. It was unique, providing the only opportunity for open dialogue The Government has become open to the opinions and ideas of civil society Before, they didn't speak to us about financial issues. Now, they sometimes call us just to ask our opinions."

STRATEGIC FINDING 5:

CAI's work to build the capacity of civil society on the IF and HIV financing brought invaluable side benefits. Notably, these included enhanced civil society ability to engage in: Country Dialogue processes under the Global Fund's New Funding Model (in Vietnam and Lao PDR); and national discussions on domestic financing for HIV (in Cambodia and China).

CAI came at a critical and strategic time in HIV funding processes in all four countries and, as a result, brought notable side benefits for the national partners. For example, in Vietnam, SCDI's meeting to introduce the IF and discuss pending funding gaps for HIV came months ahead of the Country Dialogue process for the Global Fund. This enabled civil society to be better prepared and better able to articulate allocation issues, while also fostering greater government recognition of civil society's opinions. Similar ability to engage was witnessed in Lao PDR ahead of their Country Dialogue process. Meanwhile, in China, CAI again contributed to greater recognition of civil society perspectives on funding, this time within the context of domestic financing mechanisms.

APCASO/AFAO also experienced side benefits from CAI – leveraging the work of the Initiative to catalyse or engage in other initiatives. For example, CAI's focus paved the way for APCASO's successful application to be the Community, Rights and

Gender (CRG) Regional Communication and Coordination Platform for the Global Fund, as well as its integral role in establishing GFAN-AP. APCASO also took further institutional steps to confirm its niche as the regional civil society focal point for HIV financing by featuring the subject (as well as advocacy and key populations) in its Strategic Plan for 2015-2020.

BOX 10: VIEWPOINTS ON CAI AND SUSTAINABILITY

“Now we really know how to do advocacy. If tomorrow CAI leaves Lao it will be sad, but the community skill will still be here. We can still do advocacy, we can talk with those from high levels, we can do it now ... We have our evidence. We have developed our own framework. Even if the government tells us the HIV money is small, we could tell them what our priority is, what our concerns are, what are those things that will really benefit communities. We have something to base our arguments on, we could now argue with confidence.”

CAI Partner
Lao PDR

STRATEGIC FINDING 6:

In 2015 and beyond, CAI's support is more relevant than ever, especially in countries transitioning away from international funding for HIV. There is a need for thorough documentation of the Initiative, as well as the identification of opportunities for APCASO/AFAO and others to scale-up or replicate it.

The Evaluation took place at a time when funding for CAI from DFAT's RHCBP was coming to an end. It was unclear if and how future funding from the Australian Government might be secured.

The Evaluation indicated that, in the four countries targeted to date, some aspects of CAI are likely to be sustainable. This includes the increased knowledge and capacity among civil society leaders (such as in Lao PDR – the country with the least developed civil society sector and where APCASO/AFAO invested the most time and energy – see Box 10^{xv}). It also includes the changes achieved in national policies and strategies (such as the National Health Insurance Law in Vietnam).

However, a strong message from the Evaluation was that there remains a not only major, but growing, need for CAI to continue its support. This refers both to the four existing countries/national partners and other countries/organisations in Asia and the Pacific (and potentially beyond). With the latter, this particularly applies to countries that are

transitioning into lower-middle or middle-income status – which requires them to move away from international funding for HIV and towards domestic and innovative sources.

To meet this growing demand, it is important that CAI's tools and processes are fully documented and, where possible, transformed into practical tools. While the Initiative's work has been well recorded to date, further work could be done to consolidate this, such as through the production of a 'how to' guide for use by both APCASO/AFAO and other organisations.

**BOX 11: VIEWPOINTS ON EVIDENCE-BASED
ADVOCACY**

“In the past, we seldom had grassroots groups involved in advocacy. With this project, community groups grasped the idea of advocacy and ran with it.”

Xin Meizhe

Chinese Preventative Medicine Association, China

“Before, people couldn't speak up in meetings with government. Now they speak confidently, supported by data and skills.”

Kinoy Phongdeth

Lao Network of People Living with HIV, Lao PDR

In the future – within a context of decreased resources for HIV, but increased pressure for results – it will also be important to explore if the CAI approach could be accelerated. This would involve developing a sped-up and (if possible) pared-down 'CAI Fast-Track' model. This would focus on the core essentials of the Initiative and could be implemented more quickly, using less resources. In each of the four existing countries, there is still much work to be done. For example, in Vietnam – the country that achieved the most high profile results in CAI Phases II and III – there is a critical need to ensure that the amended National Health Insurance Law is fully implemented and that the barriers to insurance for key populations are addressed. Such action is vital to change the current status quo whereby, for example, 85% of people who inject drugs and sell sex lack health insurance.

Also, civil society involvement will be critical to the development and implementation of a transition plan for the country to cope with the departure of the Global Fund in 2017. Furthermore, there is a need to build on the gains in health insurance to further move away from 'vertical' approaches to HIV service provision and ensure fuller integration into wider health and community systems. This can build on research that SCDI has conducted that demonstrates that community-based services are not only better placed to protect human rights, but are more cost effective. As Khuat T. Oanh of SCDI

concludes: "The next five years will be the tipping point in Vietnam and Asia Pacific. We have these last few miles to go. Countries could become financially independent in their responses to HIV ... but they could also go backwards, losing the gains made in their response."

Across the countries, some common challenges for civil society in the future include how to: build understanding that community-based services are not 'free' and require resources; work with governments to increase overall domestic funding allocation for HIV and health; sustain and expand allocations to civil society within national strategic plans and budgets; develop appropriate domestic funding mechanisms for civil society; identify and realise civil society-friendly forms of innovative financing; and safeguard allocations for critical enabler interventions within programmes for the Global Fund (against increased emphasis on bio-medical approaches, including treatment).

Further challenges in many of the countries include how to: build stronger leadership and advocacy among key populations; work with non-traditional partners (such as ministries of finance); engage in wider national budgeting processes; and, within moves towards decentralisation of responses to HIV, promote the IF concept at district or provincial levels.

BOX 12: VIEWPOINTS ON CAI FUTURE DIRECTIONS

“CAI enabled partners at the country level to engage communities in moving from business as usual. It helped them to look beyond the usual targets (like the National AIDS Authority and Ministry of Health) and towards the decision-makers for budgets and social welfare (like the National Assembly and Ministry of Finance). The resources needed for civil society to task-shift to community-based service provision have not been in the viewfinder of governments – because they haven't had to pay for it until now.

As we enter a new phase of the response, civil society action could flounder because governments don't allocate resources. We need a well-capacitated civil society to dialogue in partnership with the government about mechanisms to fund civil society. We have a large and unfinished agenda.”

Tony Lisle
UNAIDS Regional Support Team

For APCASO, an important question for the future is the degree to which it can engage other members of its network in CAI – with or without providing them with funds. Collaboration with Spiritia

Foundation in Indonesia – an APCASO member that, although unfunded, received information from CAI – exemplifies the potential.

A further strategic consideration for APCASO/AFAO is the extent to which CAI should or could be extended beyond HIV, notably to civil society involved in tuberculosis and malaria.

STRATEGIC FINDING 7:

CAI produced invaluable lessons learned that should be incorporated into the future work of APCASO/AFAO and others working in this field.

CAI produced a wealth of lessons learned that could be used by both the Initiative's current stakeholders and other organisations starting or strengthening similar work. Ten examples of these lessons are detailed in Box 5.



**BOX 13:
TEN LESSONS LEARNED FROM CAI****1**

The willingness of civil society to engage in a complex agenda should not be underestimated. Within CAI, early concerns that organisations might struggle to understand the IF proved unfounded as, once the Framework was demystified, participants enthusiastically grasped its relevance.

2

High quality generic tools are important and cost/time-effective, but must always be adapted to national contexts. In CAI, such tools provided 'economy of scale' and saved 'reinventing the wheel' – providing an important starting point in the countries. However, they had to be adapted to the specific contexts, such as the capacity of civil society and local dynamics of policy-making.

3

While community advocacy takes time, there is an urgent need for results. CAI demonstrated that civil society advocacy does not happen overnight and, instead, is a gradual process of building capacity, trust and relationships. However, the Initiative also showed that a balance needs to be struck with the current urgency around priority setting and resource allocation for HIV, with immediate opportunities on the table, such as the development of Concept Notes for the Global Fund.

4

Evidence is an invaluable, even transformational, tool for civil society advocacy. Within CAI, better production, access to and/or analysis of data gave civil society the power and credibility to convince governments and policy-makers that might, otherwise, have remained skeptical about investing in communities.

5

The heart of CAI was its country-level work – emphasising the need to select strong national partners. Given the potentially complex and sensitive nature of CAI's subjects, it was vital to have appropriate partners. This included organisations that had: an existing profile and reputation (within civil society and among national stakeholders); and a willingness to learn about new ideas for advocacy and financing.

6

More than ever, many governments in Asia and the Pacific – particularly those entering lower middle-income status – are open to collaborating with civil society on HIV. In all four countries where CAI operated, the national partners found that their government welcomed an investment approach and showed greater appreciation of the role of civil society. As one of the national partners said: “It feels like we’re entering a different era – one where our government is willing to work with civil society and to find solutions as they don’t want the national response to fail or to waste resources.”

7

Success for such an Initiative combines incremental progress with seizing the moment.

CAI benefitted from an on-going process of building understanding, skills and trust. However, it was also vital for the partners to recognise and grasp 'trigger points' – moments when relevant issues reached the top of agendas or there was a turning point in national dialogue. As a national partner said: “We learned that it’s important to do activities at key moments, on the right subject and with the right people.”

8

Advocacy on financing requires civil society to go beyond the 'usual suspects'. Within CAI, the national partners found that they needed to move out of their 'safety zone' (such as collaborating with the ministry of health) and to develop non-traditional partnerships (such as the ministry of planning).

9

Amidst the complexities of HIV financing, clear advocacy messages are critical. Within CAI, APCASO/AFAO and the national partners developed core messages that were applied and repeated in their diverse advocacy activities. This built a united front and constantly reinforced communities' core 'asks'.

10

The direct voice of key populations is critical to the power of community advocacy. Within CAI, it was vital to facilitate opportunities for key populations (not just their issues) to be directly represented in advocacy opportunities, such as processes to develop national strategies.

4

BOX 5D: STEP CHANGES SUPPORTED BY CAI IN LAO PDR

CASE STUDY 4: Building an Empowered Civil Society Voice

Lao PDR is a lower middle-income country, with a response to HIV heavily dependent on international financing. It has a young civil society sector, with many CBOs lacking capacity, especially in advocacy.

CAI Phase II started support in Lao PDR in 2012. LaoPHA's key activities included: capacity building workshops on the IF for civil society; a national civil society advocacy plan; and civil society dialogues on domestic financing with government, donors and UN agencies. The latter included participation in the review of the National AIDS Strategy – with civil society using data to provide evidence for investment in key populations. Such

interventions have since been incorporated into other processes, such as the country's proposal to the Global Fund. The Government has now, for the first time, allocated funding to a programme for men who have sex with men.

Within the context of Lao PDR, CAI's biggest result was a shift in community development, including among groups of people living with HIV and key populations. Civil society grew in confidence and legitimacy by gaining the knowledge and skills to have a voice within complex discussions on investment. The IF gave them a framework to understand and articulate why their work matters. Now, civil society – such as key population



LAO PDR: Building an Empowered Civil Society Voice



members of the Country Coordinating Mechanism – are increasingly able to debate with the Government.

As Vieng Souriyi, LaoPHA, says: “We helped to develop the skills of community leaders to advocate for those most at risk. Such communities can now use data to identify their priorities and show why they need support. This means that they are better able to get money, such as from the Global Fund. It's changed the relationship between stakeholders. The government has realised that it cannot fight AIDS alone and needs civil society.”



As Kinoy Puongdeth, from the Lao Network of People Living with HIV, says: “Through the technical support, I have seen a change in the capacity of civil society organisations. Before we lacked information and when we advocated to the government, they wouldn't listen. Now, they do. Before, when we sent people to high-level meetings, they would just attend. Now, they are more empowered and engage with the Government. Before, the Government set all the plans and told us what to do. Now, they ask us.”

CONCLUSION

As detailed in Section 3, it can be concluded that there were seven main strategic findings (key messages) from the Evaluation of CAI in 2012-15:

STRATEGIC FINDING 1:

CAI had a robust rationale (to enhance civil society capacity to engage in HIV financing processes and advocacy using the IF), was a very timely initiative and set relevant goals and objectives that were well achieved.

STRATEGIC FINDING 2:

CAI achieved different types and levels of results in the four countries that it supported. However, all were significant – representing a step change for the civil society response to HIV in that context.

STRATEGIC FINDING 3:

The regional components of CAI brought value-added to the country work, while also strengthening the expertise, reputation and niche of APCASO in Asia and the Pacific and internationally.

STRATEGIC FINDING 4:

CAI's high quality principles, processes and relationships – based on partnership, peer learning and straightforward programme management – were as important as its products.

STRATEGIC FINDING 5:

CAI's work to build the capacity of civil society on the IF and HIV financing brought invaluable side benefits. Notably, these included enhanced civil society ability to engage in: Country Dialogue processes under the Global Fund's New Funding Model (in Vietnam and Lao PDR); and national discussions on domestic financing for HIV (in Cambodia and China).

STRATEGIC FINDING 6:

In 2015 and beyond, CAI's support is more relevant than ever, especially in countries transitioning away from international funding for HIV. There is a need for thorough documentation of the Initiative, as well as the identification of opportunities for APCASO/AFAO and others to scale-up or replicate it.

STRATEGIC FINDING 7:

CAI produced invaluable lessons learned that should be incorporated into the future work of APCASO/AFAO and others working in this field.

Beyond these strategic findings, it can more broadly be concluded that:

- ▶ **The Evaluation of CAI was a timely opportunity** to not only mark the end of a period of funding, but for the Initiative's stakeholders to 'take a step back' and reflect on the project's past work and, critically, future directions.
- ▶ **CAI has been a unique and pioneering initiative for civil society**, certainly within Asia and the Pacific and, perhaps, globally. Working through a civil society lens, it has brought a distinctive and well-conceived combination of attention to capacity building, advocacy and financing.
- ▶ **CAI has demonstrated that civil society can and does engage effectively in the critical and complex dialogues and decisions now faced within responses to HIV.** This role benefits from the opportunity to access regional/international good practice, modest financial resources and high quality technical support and mentoring.
- ▶ **CAI's success lies both in what it did and how it did it.** While the Initiative benefited from a sound concept and solid programme management, its principles, high quality relationships and talented individuals also brought significant value-added.
- ▶ **CAI's relevance will only increase further in the future** – as resources for HIV reduce, in particular in countries entering lower-middle or middle-income status (that need to develop investment approaches and step-up domestic financing). In the future, it is critical that both: CAI itself continues and scales-up; and the lessons and tools from CAI are shared with and used by others.



RECOMMENDATIONS

Based on the findings and conclusions of the Evaluation – and to support the future continuation, scale-up and/or replication of CAI in the post-2015/SDG environment – it is recommended that the Board and staff of APCASO/AFAO:

RECOMMENDATION 1:

Consolidate the model used for CAI Phases II and III into a 'how to' guide. This should aim to provide a practical tool that both supports APCASO/AFAO's future work on CAI and enables the model to be used by other stakeholders. It should include a package of resources – such as information sheets, outlines for capacity building workshops and examples of country IFs – and be designed to be as accessible and user-friendly as possible (such as in the form of an e-toolkit with sections that can be easily downloaded and printed).

RECOMMENDATION 2:

Informed by this consolidation, develop a 'CAI Fast-Track programme model. This should aim to identify the minimum essentials of the existing CAI model and conceptualise them as an approach that can be implemented more quickly and requires less intensive investment (of time and funding). This should, again, be developed for use by both APCASO/AFAO and other stakeholders.

RECOMMENDATION 3:

Engage with the Australian government's DFAT and other potential donors to support a CAI Phase IV that focuses on providing: on-going, lighter support to the four existing countries; and more intensive support to a further batch of countries. The on-going, lighter support to the existing countries should focus on supporting them to identify and implement key next steps to scale-up and/or accelerate their CAI Phase II and III achievements. As examples, this might involve supporting them to: work with their national government to develop a domestic financing mechanism for civil society; or apply the IF to provincial levels. The more intensive support should utilise the CAI 'how to' guide and focus on the selection of a further batch of countries – notably those entering or adapting to lower-middle or middle-income status – that, in the short to medium-term, face decreased international/Global Fund resources for their response to HIV.

RECOMMENDATION 4:

Partner with community-friendly economists or academia to analyse further examples of good practice in domestic and sustainable financing. This should build on work carried out in CAI Phases II and III and aim to further establish APCASO/AFAO as regional/global experts in HIV financing. It should involve collaborating with relevant partners (such as community-friendly economists) to identify and address gaps in the current knowledge pool.

Examples include gaps relating to: the development of government-run funding mechanisms for civil society; the integration of HIV into existing or evolving health insurance and social welfare schemes; and the development of innovative financing mechanisms.

RECOMMENDATION 5:

Develop a Monitoring and Evaluation Framework at the start of the next CAI Phase VI, with indicators specific to community advocacy and financing.

RECOMMENDATION 6:

Partner with selected civil society organisations to mentor or jointly implement 'CAI Fast-Track' programmes in other countries and/or with specific communities. This should involve identifying other civil society organisations with which APCASO/AFAO could collaborate to scale-up the CAI approach through mentoring or jointly implementing 'CAI Fast-Track' programmes. An example is JumpStart – an AFAO/Asia Pacific Coalition on Male Sexual Health (APCOM) programme that already includes attention to advocacy and funding within its capacity building of networks for men who have sex work men and transgender people.

In addition, it is recommended to donor agencies, domestic governments and international NGOs working with civil society to:

RECOMMENDATION 7:

Recognise and adopt the lessons learned from CAI (outlined in the Evaluation report) as valuable principles and approaches for incorporation and expansion within current/future initiatives with civil society on similar subjects. The ten key lessons from CAI – as identified by the Evaluation – represent a summary of the critical elements that contributed to the Initiative's success and outcomes. They provide a strong foundation for respectful and meaningful programming with civil society on HIV financing and beyond.

RECOMMENDATION 8:

Learn from and support CAI's peer-based capacity building model – based on long-term, mutually respectful and high quality relationships between APCASO and AFAO, and between AFAO/APCASO and the national partners. Interventions between partners of unequal power and resources are often implemented in a top-down manner. Despite stated intentions to foster sustainable local actors, they can be experienced as disempowering for the local civil society partners involved. The approach of CAI – In pairing peer organisations which experience similar challenges, success and obstacles in their respective fields – has provided an instructive model for effective and empowering civil society capacity building.



ANNEX 1

Enquiry Framework for Evaluation

1. Did the CAI have a strong rationale – responding to an identified need and gap?
2. Overall, to what extent did the CAI meet its stated goal?
3. Overall, to what extent did the CAI meet its stated objectives?
4. What were the key results of the CAI for AFAO? With a focus on promoting engagement and well-informed dialogue in relation to the Strategic Investment Framework and HIV financing*.
5. What were the key results of the CAI for APCASO? With a focus on providing technical support to country partners, advocating in regional forums, being an information hub and providing a discussion platform for key affected communities – all in relation to the Strategic Investment Framework and HIV financing.
6. What were the key results of the CAI for the national Sub-Grantees? With a focus on community organisations' national engagement and advocacy to governments in relation to the Strategic Investment Framework and HIV financing.
7. What – at national, regional or global levels – are any indications of the impact of the CAI, such as on actual HIV programmes or levels/types of HIV financing?
8. How effectively did the structures, relationships and responsibilities among AFAO, APCASO and the Sub-Grantees contribute to the CAI's goal and objectives? In particular, how did the nature of the relationship between AFAO and APCASO contribute towards more effective community systems strengthening within this project?
9. What were the key lessons learned from the CAI in terms of 'what works' and 'what doesn't work' for such an Initiative?
10. In the future, how could the results of the CAI be sustained and/or scaled-up by AFAO, APCASO and the national Sub-Grantees.

The assessment of the CAI's key results (questions 4-6 of the Enquiry Framework) focused on the Initiative's expected outcomes^{vi}:

- ▶ **EXPECTED OUTCOME 1:**
Increased awareness and understanding of IF among CAI country partners and HIV stakeholders in four countries, and APCASO and HIV stakeholders at the regional level.
- ▶ **EXPECTED OUTCOME 2:**
APCASO and CAI country partners' capacity to design, deliver and lead effective IF related advocacy and advocacy capacity building has increased.
- ▶ **EXPECTED OUTCOME 3:**
Country and regional IF working groups have defined clear community messages, analysed relevant policies, and developed advocacy plans.
- ▶ **EXPECTED OUTCOME 4:**
APCASO and country partners positioned as the key community information and communication hub on IF in the region.
- ▶ **EXPECTED OUTCOME 5:**
Community oriented IF-related materials, tools and documentation has increased.
- ▶ **EXPECTED OUTCOME 6:**
Increased input to policy debates and dialogues on IF by APCASO, CAI country partners and HIV stakeholders to regional and national decision makers.

*HIV financing includes attention to: civil society engagement in Concept Notes and grant implementation for the Global Fund to Fight AIDS, Tuberculosis and Malaria; increasing domestic financing for HIV; addressing the security of funding for civil society engagement in HIV; and enhancing the efficiency of how HIV funding is allocated.

ANNEX 2

Participants and Resources for Evaluation

APCASO, AFAO and DFAT

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Don Baxter	- APCASO
Chris Connelly	- Australian Federation of AIDS Organisations (AFAO)
David Fowler	- Regional HIV Capacity Building Programme (RHCBP)
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Phalla Tia	- National AIDS Authority, Cambodia
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Don Baxter	- Board Member, APCASO
James Malar	- Programme Officer, APCASO
Chris Connelly	- International Programme Manager, Australian Federation of AIDS Organisations (AFAO)

Resources for Desk Review

CAI Evaluation:

1. End of Project Evaluation of the Community Advocacy Initiative Phase II-III: Terms of Reference, AFAO, 2015.

CAI II Proposals, Contracts and Progress Reports:

2. Project Proposal 2012-2014: The Community Advocacy Initiative, proposal to RHCBP, AFAO.
3. Funding Agreement: The Australasian Society of HIV Medicine and Australian Federation of AIDS Organisations, 1 July 2012.
4. Monitoring and Evaluation Framework: Community Advocacy Initiative, APCASO and AFAO, 12 July 2013.
5. Community Advocacy Initiative: Investment Framework: Mid Term Review, Bangkok, AFAO, November 2013.
6. Progress Report: July 2012 – March 2013: Community Advocacy Initiative – Investment Framework, APCASO/AFAO.
7. Progress Report: July 2012 – March 2014: Community Advocacy Initiative – Investment Framework, APCASO/AFAO.
8. Mid Term Review: Community Advocacy Initiative, AFAO, November 2013.

CAI III Proposals, Contracts, Progress Reports and Evaluations:

9. Agreement Between Australian Federation of AIDS Organisations (AFAO) and Asia Pacific Council of AIDS Service Organizations (APCASO), 1 July 2014 – 30 June 2015.
10. Community Advocacy Initiative – Investment Framework: Interim Funding Proposal 2014-2015 to Regional HIV/AIDS Capacity Building Programme, AFAO.
11. Progress Report: July 2014 – September 2015: Community Advocacy Initiative – Investment Framework, APCASO/AFAO.
12. Independent Progress Review of the Regional HIV Capacity Building Program: Final Report, Annalize Struwig and Paul Janssen, April 2014.

CAI Communications Materials:

13. Mind Map: Community Advocacy Initiative on the Investment Framework, APCASO.
14. Community Advocacy Initiative, (brochure), APCASO and AFAO.
15. Community Advocacy Initiative on the Investment Framework, (Powerpoint presentation), APCASO, September 2013.

16. Phase III – Community Advocacy Initiative on the Investment Framework – Interim Funding 01 July 2014 – 30 June 2015, (Powerpoint presentation), APCASO.
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18. How Do We Make Change Happen? Lessons Learned from the Community Advocacy Initiative On Investment Framework (CAI-IF) Programme in Vietnam, RD Marte, Dr Khuat Thi Hai Oanh and Chris Connelly in HIV Australia, July 2014.
19. Community Advocacy Towards Nationally Funded and Sustainable HIV Treatment in Viet Nam: A Case Study of the Community Advocacy Initiative on the Investment Framework in Viet Nam, Bridging the Gaps – APCASO, AFAO and SCDI, January 2015.
20. Government Commitments to HIV Investments in Asia and the Pacific, HIV Investment Matters: Briefing Paper Series on Issues Around Financing of the HIV Response in Asia and the Pacific, Volume 1, APCASO and AFAO, January 2015.
21. Funding Mechanisms to Foster Community Mobilisation – Which Way Forward in China? Experiences from the CHAIN, APCASO and AFAO Community Advocacy Initiative on the Investment Framework Program in China, Cai Lingping and Li Yue (CHAIN), RD Marte (APCASO), and Chris Connelly (AFAO) in HIV Australia Vol. 12.2.
22. A Case Study of the Community Advocacy Initiative on the Investment Framework in Viet Nam: Bridging the Gap, SCDI, APCASO and AFAO in Bridging the Gap, January 2015.
23. APCASO website; www.apcaso.org
24. AFAO website; www.afao.org.au

Other Resources:

25. Fast Track: Ending the AIDS Epidemic by 2030, UNAIDS, 2014.
26. The Gap Report, UNAIDS, 2014.



ANNEX 3

CAI Advocacy Messages in HIV Financing

The following advocacy messages were published in Government Commitments to HIV Investments in Asia and the Pacific, HIV Investment Matters: Briefing Paper Series on Issues Around Financing of the HIV Response in Asia and the Pacific, Volume 1, APCASO and AFAO, January 2015.

Call to Asia and the Pacific Governments and the International Donor Community:

1. Sustainably and sufficiently fund the HIV response.
2. Ensure resources are allocated towards interventions that are cost-effective and high-impact, based on country evidence. This means funding the right interventions, in the right communities, in the right locations.
3. Address barriers to effective implementation and scale-up of programmes: fund critical enablers, including programmes advancing human rights, promoting gender equity, and supporting community mobilisation.
4. Manage and implement HIV programmes more efficiently by addressing inefficiencies, corruption and financial waste.
5. Fill the gaps left by domestic government funding allocations through continued support from the international donor community.
6. Ensure the meaningful participation of civil society and communities in the HIV response in general, and in HIV financing-related decision-making, implementation and monitoring in particular. This entails funding programmes that develop community and civil society capacity and confidence to critically engage in HIV budget processes.

ANNEX 4

References

- i. Addressing CAI II (July 2012-14) and CAI III (2014-15).
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- iii. Increased capacity of regional and national HIV and AIDS civil society organisations to analyse policies, articulate key issues and influence decision makers. 2. Strengthened community-led platforms at regional and national levels and links between community and decision makers. 3. Increased incorporation of Investment Framework principles into regional and national HIV strategies, financing and programming. Referenced from: Monitoring and Evaluation Framework: Community Advocacy Initiative, AFAO and APCASO, 12 July 2013.
- iv. CAI I was implemented in Cambodia, China, Indonesia, Lao and Vietnam.
- v. Referenced from: Monitoring and Evaluation Framework: Community Advocacy Initiative, AFAO and APCASO, 12 July 2013.
- vi. A Case Study of the Community Advocacy Initiative on the Investment Framework in Vietnam: Bridging the Gaps, APCASO, AFAO and SCDI, January 2015.
- vii. UNAIDS initiative to achieve targets for 2030 of: 95-95-95 for treatment; 200,000 new infections among adults; and zero discrimination. http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf
- viii. Government Commitments to HIV Investments in Asia and the Pacific, HIV Investment Matters: Briefing Paper Series on Issues Around Financing of the HIV Response in Asia and the Pacific, Volume 1, APCASO and AFAO, January 2015.
- ix. *A Case Study of the Community Advocacy Initiative on the Investment Framework in Viet Nam: Bridging the Gap*, SCDI, APCASO and AFAO in Bridging the Gap, January 2015.
- x. *Project Proposal 2012-2014: The Community Advocacy Initiative*, proposal to RHACBP, AFAO.
- xi. Referenced from: Monitoring and Evaluation Framework: Community Advocacy Initiative, AFAO and APCASO, 12 July 2013.
- xii. National AIDS Spending Assessment, Cambodia, 2013.
- xiii. *Mid Term Review: Community Advocacy Initiative*, AFAO, November 2013.
- xiv. *Government Commitments to HIV Investments in Asia and the Pacific, HIV Investment Matters: Briefing Paper Series on Issues Around Financing of the HIV Response in Asia and the Pacific*, Volume 1, APCASO and AFAO, January 2015.
- xv. Lessons On Strategic Investments from the Community Advocacy Initiative (CAI), A Regional Partnership Programme Implemented By APCASO, HACC, CHAIN, LAOPHA, SCDI and AFAO, RD Marte, APCASO, 18 July 2014.
- xvi. Referenced from: Monitoring and Evaluation Framework: Community Advocacy Initiative, AFAO and APCASO, 12 July 2013.



BACK COVER