

**Civil Society Health Policy Action Fund (CSHPAF)  
Project Technical Committee (PTC)**

Screening of Proposals and Selection of Grantees

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## 1. Background of the CSHPAF

The International Health Partnership and related initiatives (IHP+) launched a Civil Society Health Policy Action Fund (CSHPAF) in 2010. This fund is open to support health organisations, networks and coalitions in 21 IHP countries<sup>1</sup> over a one-year period. The fund aims to support southern civil society organizations, networks and coalitions to become more effectively engaged in national health policy processes. The CSHPAF is administered by Oxfam. A call for proposal was launched by Oxfam on March 19 2010. By the deadline of April 21 2010 a total of 114 proposals had been received.<sup>2</sup>

## 2. The Project Technical Committee (PTC)

As an advisory board to the CSHPAF, Oxfam set up a Project Technical Committee (PTC). The PTC consists of 10 individual experts chosen from inside and outside of Oxfam.<sup>3</sup> The roles of the PTC are:

- Approval of the Call for Proposals, Criteria for Selection, and the Capacity Assessment Tool.
- Review of Proposals and input into the selection process of grantees
- Review of the Midterm Project Implementation report.
- Review of the of the End of Project report.
- Providing guidance, advice and support to the Project Manager and the Grant Manager on the effective implementation of the project.

All members of the PTC act on their individual capacity and on a voluntary basis. Each PTC member submitted a written form declaring no conflict of interest exists. Since the inception of the PTC, there has been one teleconference and regular communication by email.

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<sup>1</sup>Benin, Burkina Faso, Burundi, Cambodia, Democratic Republic of Congo, Djibouti, Ethiopia, Kenya, Madagascar, Mali, Mozambique, Nepal, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Togo, Uganda, Vietnam, and Zambia.

<sup>2</sup> A complete list of proposals can be found in annex 1

<sup>3</sup> A complete list of PTC members can be found in annex 2

### 3. Proposal Assessment and Selection

The assessment and eventual selection of proposals was a 4-stage-process. Table 1 below illustrates the process

**Table 1 Selection Process**

Stage	Main Criteria	Method	Assessors	Result
0	<ul style="list-style-type: none"> <li>Is the proposal from an eligible country?</li> <li>Proposal submitted more than once?</li> </ul>	Screening	Project Manager and Project Assistant	114 > 110 proposals
1	Does the proposal focus on health policy?	Online assessment	Oxfam health policy experts	110 > 54 proposals
2	<ul style="list-style-type: none"> <li>Project plan clear and sensible?</li> <li>Project goal achievable?</li> <li>Budget clear, sensible, and related to project plan?</li> </ul>	Online scoring	PTC members	Ranking and identification of "top 31 proposals"
3	<ul style="list-style-type: none"> <li>Track record and strategic objectives in health policy / advocacy?</li> <li>Deliverables realistic for the timeframe of one year?</li> <li>Engagement with policy makers?</li> <li>Budget reasonably split between implementation and administration</li> </ul>	Individual assessment and group discussion based on all documents submitted	PTC Members	Selection of 13 proposals

Stage 3 of the proposal assessment and selection process took place during a face-to-face meeting in Nairobi from May 12 -13, 2010.

### 4. The PTC Meeting

In order to facilitate the selection process and generally enhance collaboration within the PTC a 2-day-meeting of the PTC was convened in Nairobi. The meeting was made possible through the financial support of WHO.<sup>4</sup> All but one member<sup>5</sup> of the PTC were present during the meeting. The objectives of the meeting included:

<sup>4</sup> A preliminary financial summary report can be found in annex 3. The final report including further transportation costs in Nairobi will be part of the CSHPAF midterm report.

<sup>5</sup> Ester Tallah could not make it due to conflicting commitments.

- Receive a progress update on the project
- Review and select proposals for funding
- Understand Oxfam's approach and tools for grantee management
- Brainstorm about risks and opportunities with regards to grantees selected
- Brainstorm about enhancing the CSHPAF's visibility and interactivity<sup>6</sup>

Below is a summary of the main points discussed and agreed on during the meeting.

#### **4. 1. Feedback on the Process up to the Nairobi Meeting**

Feedback from the PTC was collected on the practicability of the website, the criteria for selection, the timelines, and the overall interaction of the PTC. Points raised included:

- Despite the tight deadlines and the loss of the Grant Manager the CSHPAF management team managed to steer the process commendably well
- Internet connectivity has been a challenge in most southern countries for submitting, uploading and assessing proposals
- There have been issues with and bugs in the website, making it at times difficult to assess proposals
- Although timelines were generally sufficient, the challenges with internet connectivity and the website itself eventually led to time pressure
- Some of the documents were submitted and uploaded in formats that not everybody was able to open
- The comment function was very appreciated since it helped exchange knowledge and opinions between assessors; however it had its technical challenges
- It was at times difficult to assess the quality of proposals without having the comprehensive knowledge of the country context
- The interaction between PTC members should be increased as it has proved helpful when it happened
- Assessing the split between administrative versus operational costs is difficult in proposals focusing on policy work
- Given the mediocre quality of some proposals it would be interesting to think about providing support to CSOs in proposal writing
- Given the number of francophone proposals, it would be good to have a second PTC member from a francophone country

#### **4.2. The Selection of Grantees**

As a result of the online ranking process, a list of the 31 highest-scored and completely submitted proposals was established.<sup>7</sup> This list served as the basis for the PTC discussions culminating in the selection of the proposals eventually to be funded. For the purpose of assessment the PTC split in three subgroups. Each subgroup assessed proposals in line with its members' expertise and background. The subgroups assessed and discussed the proposals including all documents submitted. It was agreed to put a specific focus on:

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<sup>6</sup> The detailed agenda of the meeting can be found in annex 4

<sup>7</sup> The list of the top 31 proposals can be found as annex 5

- Organisations should have a track record in (health) advocacy
- The organisations' strategic objectives should speak to health policy and advocacy work
- Deliverables should be realistic for the timeframe of one year
- Proposals need to clearly demonstrate that there will be engagement with policy makers
- The narrative and budget should clearly speak to each other
- The budget should be close to a 70/30 split – implementation versus administration
- Funding decisions should not only be based on quality of proposals but also try to reflect our aim to enhance CSO engagement in health policy processes in countries with limited history of such engagement

In a plenary discussion each of the sub-groups presented their respective ranking of the proposals assessed in their group. A preliminary list of 13 proposals to be funded was drawn up. Background checks on all potential grantees were executed after the meeting by the Project Manager. These background checks confirmed the funding recommendations made by the PTC.<sup>8</sup> PTC members added written comments to each of the proposals selected concerning strengths and weaknesses in the proposal and potential opportunities and threats in future grant management. These comments will be discussed with the grantees during the grant making process.

Points raised in the discussion included

- It was striking that many of the proposals came from the wider HIV community
- Judging on the basis of quality only it is very difficult to achieve a geographically wide spread of proposals funded
- Several International NGOs qualified in the top 13, which are generally not the target group of the CSHPAF

### **4.3. The Way Forward**

After the identification of successful proposals, an outline of the Oxfam GB Partnership

Policy<sup>9</sup> and Oxfam's grant management software Crimson was presented, and a brainstorming session took place with regard to the future of the CSHPAF. Points raised included:

#### Concerning the work of the CSHPAF Management Team

- A French speaking support person should be sourced within Oxfam to provide support to the Grant Manager
- Processes undertaken within the PTC and CSHPAF Management Team need to be documented, for review for next round and adoption as operational guidelines.
- Start collecting evidence of work and as soon as possible; this will feed into the decision to apply for funding to finance a round two
- When applying for funding for a second round of proposals, budget and funding cycles of potential donors need to be taken into account

<sup>8</sup> The list of proposals to be funded can be found in annex 6

<sup>9</sup> The Oxfam GB partnership policy can be found as annex 7

- Need to start thinking around process indicators, as well as Key Performance Indicators (KPI), which will be included in grantees reporting requirements

#### Concerning the website

- Display the PTC assessment and selection process for the sake of transparency.
- For each successful grantee, display a project summary, contact email, overall budget, and expected key outcomes.
- Make links to other websites available – PTC members are invited to send those links to the CSHPAF Management Team
- The website could be used as a platform for the grantees to interact, share lessons and tools and learn from each other.
- The development of a newsletter – two pager – which can highlight work to date – success – case study/story – which can be circulated amongst the PTC contact lists etc.
- In general it would be good if the website could be used as a platform for discussions and learning for health advocacy

#### **4.4. Immediate Action Points**

- Follow up on the preliminary list of grantees, make and communicate final decisions (Project Manger)
- Expand the PTC by one French speaking member (PTC, Project Manager)
- Source one French speaking support person within Oxfam (Project Manager)
- Negotiate Extension of contract with DFID and WHO (Project Manager)
- Prepare first draft of the mid-term report for comments from PTC (Project Manager)

## 5. Annexes

### Annex 1: List of All Proposals Received

	Organization Name	Project Title	Country
1	Association Burkinabè pour l'amélioration de la Sécurité des patients et le droit à la santé (ABASEP)	Sécurité des patients et gestion des risques dans les formations sanitaires du Burkina Faso : aspects lutte contre les infections liées aux procédures de soins	Burkina Faso
2	Abongomola Orphans and disabled Development Initiative (AODDI)	Strengthening care and support to all the HIV/AIDS positive person	Uganda
3	Association Burkinabe de Sante Publique (ABSP)	Appui au processus d'appropriation de la gestion des programmes et services de santé par les communes en lien avec la santé publique et la promotion de la santé au Burkina Faso	Burkina Faso
4	Association Chrétienne pour un Développement Intégral des Communauté (ACDCI) TOGO	Projet de Sensibilisation, de Formation et de Depistage en Matiere de Lutte contre les IST/VIH/SIDA	Togo
5	Associação para o Combate do Desemprego do Niassa (ACODENIA)	Cuidados Para Saude	Mozambique
6	Action Aid Nepal	Strengthening Basic Free Health Care Services at Local Level	Nepal
7	Action Nord-Sud Rwanda	Evaluation des services de mutuelles de santé dans la zone couverte par les douze (12) centres de santé du District administratif de BURERA en Province du Nord/ RWANDA	Rwanda
8	Appui au DEveloppement et à la Santé Communautaire (ADESCO)	Projet de renforcement des capacités des membres des Comités de Gestion de Santé sur le concept mutualiste et leur engagement pour l'amélioration des conditions d'accès aux services et soins de santé de qualité dans la préfecture de Tchaoudjo, Région Cent	Togo
9	Action Humaine Pour le Developpement Integre au Senegal (ADHIS)	Programme d'appui à la société civile pour un contrôle citoyen de la gouvernance sanitaire au Sénégal.	Senegal

10	Agence de Formation, de Recherche et d'Expertise en Santé pour l'Afrique (AFRICSanté)	Dissémination des résultats du projet de recherche Kesho-Bora : plaidoyer pour une application des nouvelles recommandations sur la prévention de la transmission mère-enfant du VIH	Burkina Faso
11	African Institute for Health and Development (AIHD)	Consortium for Non-Communicable Diseases Prevention and Control in sub-Saharan Africa: Support for the Implementation of a Kenya Chapter	Kenya
12	Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda	Improving health outcomes in Uganda through building the capacity of Civil Society Organisations to constructively engage in health policy processes and to hold donors and government accountable	Uganda
13	Agir Ensemble	Increasing capacity of TB detection for health professionals in Goma (ICATDEHP).	Congo
14	Aide à la Scolarisation des enfants sur la santé de production (ASEFD)	Projet de Lutte Contre Le VIH/SIDA et Sensibilisation sur la Santé de la Production	Burkina Faso
15	Association of International NGOs (AIN)	Strengthening the non state actor's role in health sector in Nepal	Nepal
16	Alerte – Santé – Environnement (ALSA ONG)	Appropriation des politiques et Programmes de santé par les collectivités décentralisées pour un transfert de compétence dans le domaine de la santé	Mali
17	ALTER SANTE	Renforcement des capacités de l'ONG AlterSanté pour améliorer la PEC des femmes enceintes séropositives dans le cadre de la PTME dans la région des Plateaux, Togo.	Togo
18	Alliance National Pour la Sécurité des Patients (ANASEP)	Alliance nationale pour la sécurité des patients	Senegal
19	Association nigérienne pour le Bien-Être Familial (ANBEF)	Plaidoyer pour la promotion de la composante SR au NIGER	Niger
20	Association de Prise en charge des Orphelins du SIDA (APECOS)	Amélioration de la qualité et le suivi des soins médicaux des orphelins et enfants vulnérables pour la promotion de leurs droits	Burundi
21	Actions de Programmes de développement en milieu Rural (APRODR)	Projet d'appui aux structures de prise en charge des personnes violées et les enfants orphelins vulnérables.	Congo
22	Aide à la Scolarisation des Enfants de Familles Démunies (ASEFD)	Projet de Lutte Contre Le VIH/SIDA et Sensibilisation sur la Santé de la Production	Burkina Faso

23	Association Senegalaise des Professionnels de la Sante Publique (ASPSP)	Etude sur les besoins en sante de la reproduction des femmes avec handicaps au Sénégal et mise en place de stratégies d'amélioration	Senegal
24	ASSIST RWANDA	Project Proposal for strengthening collaborative effort and continuation of engagement by ASSIST RWANDA and Umbrella Partners in the National Health Policy Formulation, Review and Implementation Process	Rwanda
25	Associacao jovem para jovem	Jovens Unidos na Saude da Comunidade	Mozambique
26	Association Gloire A Dieu	Prise en charge psychosociale et medicale des PVVIH et OEV dans la region de la Kara	Togo
27	Association Togolaise pour le Bien Etre Familial (ATBEF)	Lutte Pour les Droits en matiere de sante sexuelle et de la Reproduction	Togo
28	Association Togolaise Femmes et SIDA (ATFS)	Prevention du VIH/SIDA chez les femmes enceintes dans le district d'Agoo-Lome (Togo)	Togo
29	Benelux Afro Centre	Participation de la société civile au renforcement du système de santé en RDC au travers de la consolidation des coordinations nationale et provinciales du Conseil National des ONG de Santé, en sigle « CNOS	Democratic Republic of Congo
30	Benin Center for Development Initiatives (CBDIBA-NGO)	Projet d'appui à la mise en œuvre des initiatives et politiques en matière de santé maternelle et infantile au Bénin	Benin
31	BP Memorial Health Foundation	Making sexual and reproductive health treatment more equitable and accessible	Nepal
32	Catholic Health Commission of Kenya	Increasing Participation of the Faith Based Sector in Kenyan Health Policy development and Implementation	Kenya
33	Centre for Economic Governance and Aid in Africa (CEGAA)	Participatory Budget Monitoring and Expenditure Tracking	South Africa
34	Centre Jeune de PO	Formation des jeunes scolaires en prévention du VIH/SIDA en milieu jeune	Burkina Faso
35	Child Help Sierra Leone	Promoting Health through Partnership	Sierra Leone
36	Children-Women In Social Service and Human Rights (CWISH)	School Health Promotion Program	Nepal
37	Civic Coalition on Population and Development (CCPD)	"Be Heard" - Building Evidence for Health Advocacy in Development.	Uganda
38	Civil Society Health Network (CISHNET) and AMREF Uganda	Civil Society Health Network (CISHNET) Advocacy Initiative	Uganda

39	Club d'enfants	Lutte contre le paludisme par les clubs d'enfants des programmes CCFC/AD	Burkina Faso
40	Coalition des Alternatives Africaines Dette et Developpement (CAD - Mali)	Renforcement de l'implication des OSC du Mali dans l'élaboration, la mise et le suivi-évaluation des politiques nationales de santé en vue d'un meilleur accès des populations vulnérables à des services de santé de qualité	Mali
41	Coalition of African Lesbians	Engaging Policy Makers for the inclusion, acknowledgement and Recognition of Lesbians, Bi-sexuals and Trans-diverse people in policy-making processes and access to health services.	South Africa
42	Coalition of NGOs and associations of the Niger health Sector	Establishment of a capacity IEC / BCC with a Technical Support Unit in the context of implementation of the PDS, and PRRS MDGs in Niger	Niger
44	Comissao Diocesana de Saúde de Lichinga (CDS-Lichinga)	Apoio para o engajamento comunitario na melhoria da saude no niassa	Mozambique
45	Comite d'Echange et D'information sur la Femme et pour le Developpement (CEIFD/SUD-KIVU)	Projet de prise en charge médicale, psychosociale, ainsi que des activités de plaidoyer et sensibilisation en vue de prévenir et réduire le phénomène des violences sexuelles dans le territoire de Fizi dans la Province du Sud Kivu en République Democratic	Democratic Republic of Congo
46	Communaute Evangelique au Centre de l'Afrique (CECA20)	Projet d'amélioration de la performance des personnels de santé dans les structures sanitaires de la CECA 20 durant une année.	Democratic Republic of Congo
47	Community Development Foundation (CODEF)	Improving Community Health Through Providing Rural Community-Based Health Workers Access to Use of ICT Tools	Rwanda
48	Congo Network of Religious Leaders Living with and/or Personally Affected by HIV and/or AIDS (CONERELA+)	Formation des formateurs en Parcours Participatif: « Méthode joignez vous au cercle »	Congo
49	Consortium of Christian Relief & Development Association (CCRDA)	Strengthening Civil Societies on Health & IHP+ engagement in Ethiopia	Ethiopia
50	Developpement Agropastorale et Sanitaire (DAGROPASS)	Projet d'appui a la lutte contre la mortalite infantile et promotion de la sante maternelle a Zina/Bubanza	Burundi
51	Espoir Vie Vue	Renforcement de la prise en charge médicale et psychosociale des personnes vivant avec le VIH	Togo

52	Fédération Nationale des Associations de Santé Communautaire	Plaidoyer de la société civile auprès des autorités pour son implication dans l'atteinte des OMD à travers l'élaboration des politiques nationale	Mali
53	Fonds Chretien pour l'enfance Canada eglise des assemblees de Dieu du Burkina	Lutte contre le paludisme par les clubs d'enfants des programmes CCFC/AD	Burkina Faso
54	Foundation for health and social economic development Africa	Improving access to services for men and women at risk of HIV or living with HIV on North East Ugenya location, Ugenya district of Kenya	Kenya
55	Friends of the Global Fund Africa	Health Financing- The role of Policy and implementation in achieving health goals in Nigeria	Nigeria
56	Global Health Council	Research to Inform Policy in Kenya and Uganda	Kenya
57	Good Governance Practice (GOGOP)	Inducing Women to Seek Professional Health Services and Boosting Welfare of Health Workers	Uganda
58	Good will Consult	Towards training and capacity building of village health teams, health centre 2 and three and advocacy in Apac district	Uganda
59	Grandmothers Against Malaria Initiative (GAMI)	To Scale up Information, Education and Communication to Encourage Increased Uptake of Malaria Control and Management Interventions in the Malaria Endemic Districts.	Kenya
60	Health Action International Africa (HAI Africa)	Stop Stock-Outs!	Kenya
61	Himalayan Association Against STI-AIDS (HASTI - AIDS)	Electronic Hotline Intervention on Capacity-building for Health-professionals (EHICH)	Nepal
63	International Human Rights and Anti-Corruption Society	Fighting the menace of stigma, discrimination and human rights violation for promoting national and international health policy in Nigeria	Nigeria
64	Jamaa Home and Misison Hospital	Enhancing the productivity and quality of health of rural women through reconstructive surgery of obstetric fistula	Kenya
65	Joy For Children	Malaria Prevention Awareness and Education Campaign in Kyenjojo District	Uganda
66	Kenya AIDS NGOs Consortium (KANCO)	Enhancing CSOs Partnership in National HIV and AIDS Reponses Monitoring and Accountability in Kenya	Kenya
67	Kenya Network of Religious Leaders Living with or Personally Affected by HIV	Building the capacity of religious leaders in 5 districts in Kenya through sensitization, training and implementation of the key HIV and AIDS policies	Kenya

68	La Province de l'Eglise Anglicane du Burundi	Améliorer l'état de santé de la population pour permettre la relance de l'économie et la diminution de la pauvreté en maintenant le capital humain en bonne santé	Burundi
69	L'union Daan Sono	Projet de lutte contre la paludisme au Nahouri/DAN SONO JULEJIGU CENTRE sud du Burkina Faso	Burkina Faso
70	Maison des Associations (MAS)	Projet de renforcement des activités de coordination et de gestion des données des associations membres de la MAS	Burkina Faso
71	Malaria and Childhood Illness NGO Secretariat (MACIS)	Strengthening Capacity of Civil Society Organizations to Advocate for increased government commitment towards health sector financing and accountability	Uganda
72	Malaria Consortium	Strengthening Civil Society Organizations and Coalitions fighting against Malaria in Ethiopia	Ethiopia
73	Mozambican Network of AIDS services organizations (MONASO)	Communication for empowerment	Mozambique
74	National Association of the Deaf blind in Uganda (NADBU)	Deaf blind-led advocacy to immunise against Rubella in Uganda	Uganda
75	Nepal CRS company	Health as a right for Dalit women of Jajarkot	Nepal
76	Network For Community Development (NCD)	Strengthening Monitoring of National Drugs Project	Uganda
77	Network of Men Living with HIV AIDS In Kenya (NETMA+)	Universal Access through Policy Engagement Project	Kenya
78	New HIV Vaccine and Microbicides Advocacy Society (NHVMAS)	Developing a guideline for community engagement in clinical trials with the Food and Drug regulatory Agency (NAFDAC) in Nigeria	Nigeria
79	Network of People living with HIV AIDS In Kenya (NEPHAK)	Monitoring and Analysis of the Implementation of the Kenya PEPFAR Partnership Framework.	Kenya
80	Nigerien Organization for Development based on Human Potential (ONDPH-NIGER)	Campaign for social communication and advocacy on the interrelationships of "population, development, health and demography"	Niger
81	Nomad Recherche et Soutien International	The Fine Line – Accessing Good Health Among Remote Ethnic Minorities	Cambodia

82	Observatoire de la réponse au VIH SIDA Sénégal	Plaidoyer et Dialogue politique autour de la politique Nationale de Santé, de son financement, et de l'appui budgétaire: renforcer les capacités d'alerte et de proposition de la société civile au Sénégal	Senegal
83	Organisation Humanitaire de Recherche et d'Appui au Développement Local (OHRADEL)	Requete technique et financiere pour un seminaire de formation des pairs educateurs en IST/VIH-SIDA dans 10 villages des cantons d'anfoin et de Ganave	Togo
84	Partage et Action en Synergie pour le developpement (PASYD)	Participation des communautés à l'élaboration des politiques de santé: mise en place d'un réseau des acteurs locaux de la Santé au Togo	Togo
85	Positive Action for Treatment Access (PATA)	Campaign to win activist demands in PEPFAR Partnership Frameworks and cause a Nigeria CCM Reform	Nigeria
86	Partners in HIV Prevention Organization (PHIPO)	Social Mobilization	Kenya
87	Planned Parenthood Association of Zambia (PPAZ)	Advocacy Sessions with Members of the Parliament	Zambia
88	PLeROC ( The Religious Leaders and Faith-based organizations Platform)	Appui au programme de lutte contre la tuberculose	Madagascar
89	Rara Human & Environmental Resource development Initiative (RHERI)	Support to Diarrhoeal Diseases Mitigation in Jajarkot of Mid-West Hilly Region of Nepal	Nepal
90	Regroupement des ONG et Associations du Secteur de la Santé du Niger (ROASSN)	Mise en place d'une Capacité en IEC/CCC doté d'une cellule d'appui Technique dans un contexte de mise en oeuvre du PDS, OMD et SDRP au Niger	Niger
91	Renaissance Du Despere (RD)	Mesures pour la reduction de l'impact du SIDA chez les femmes veuves/vivant avec le VIH/SIDA	Togo
92	Reseau Acces aux Medicaments Essentiels (RAME)	Projet de renforcement de la participation de la société civile dans la gouvernance du système de santé au Burkina Faso	Burkina Faso
93	Reseau Accès aux Médicaments Essentiels (RAME)	Plaidoyer pour l'Ethique et équité pour l'accès aux soins par la recherche au Burkina Faso	Burkina Faso
94	Reseau des Associations et Organisations Stop SIDA a L'ecole (RAOSEC)	Les jeunes à l'école du VIH/SIDA	Togo

95	Resource Centre for Primary Health Care (RECPHEC)	Civil Society Initiative to facilitate International Health Partnership and related initiative (IHP+) in realizing Peoples Right to Health	Nepal
96	Safe Motherhood Network Federation Nepal	Advocacy and Policy Action Initiative for Strengthening Safe Motherhood Rights in Nepal	Nepal
97	Shepherd's Hospice Sierra Leone	Health Alliance: Building Civil Society engagement with state- actors on people's centered health policy	Sierra Leone
98	Sikika	Health Governance and Policy Advocacy in Tanzania	Tanzania
99	Social Watch Bénin	Projet de Contrôle Citoyen du secteur de la Santé au Bénin (PCCSB)	Benin
100	Society for Development and Community Empowerment (SDCE)	Increasing the efficiency o political and financial commitment to SRHR for young people in Nigeria	Nigeria
101	Society for New Hope For Women	Improvement of Health benefit policies for vulnerable populations across Nigeria	Nigeria
102	Solidarite Humanitaire Pour La Prise En Charge Integree des Enfants (SOHUPIE)	Projet sur la reforme du Systeme de Sante dans la zone de sante d'Uvira et l'assistance aux vulnerables	Congo
103	Swat Youth Front	Sports for culture of peace	Pakistan
104	TB Action Group	Enhancing National TB Policy Dialogue through engagement of stakeholders in Kenya	Kenya
105	The Good Samaritans International	Intervention to Reduce Ignorance of HIV/AIDS among People with Disabilities in Ondo State, Nigeria	Nigeria
106	Togo Council of AIDS and Health Service Organisations (TOCAHSO)	Programme Integre de plaidoyer des reseaux communautaires pour l'acceleration de la mise en oeuvres des politiques de sante au Togo	Togo
107	Treatment Advocacy and Literacy Campaign (TALC)	Strengthening delivery of the health service system in Zambia through participation of civil society organizations and local communities	Zambia
108	Uganda Network of AIDS Service Organisations (UNASO)	Promotion of universal access anti-retroviral treatment (ART) in Uganda through effective CSO engagement of national duty bearers.	Uganda
109	Uganda Network of religious leaders living with and or personally affected by HIV and AIDS (Unerela)	Advocacy for the rights of rural Persons Living with HIV and AIDS to access relevant ART services	Uganda
110	Umoyo Wathu AIDS project	Intensifying Behaviour Change Communication	Zambia

111	Union of NGOs in Togo (UONGTO)	Renforcement de la participation des Organisations de la Société Civile (OSC) togolaise aux services de vaccination et autres services de santé liés	Togo
112	Urban Poor Women Development	Empowering HIV positive women to promote care and support strategies to mitigate the impact of HIV/AIDS in Phnom Penh slum communities	Cambodia
113	Vietnam Nurses Association	Impact public policy on initiating a National Nursing workforce from 2010 – 2015 and vision 2020	Vietnam
114	Women Advocates Research and Documentation Center (WARDC)	Alliance Building on maternal mortality reduction in Nigeria	Nigeria

## **Annex 2: List of PTC Members**

### **Omokhudu Idogho**

Programme Director  
Enhancing Nigeria Response to HIV&AIDS Programme,  
Abuja, Nigeria

### **Semu Ketema Teffera**

National Coordinator, HIV/AIDS & Health Forum of NGOs-Ethiopia  
Consortium of Christian Relief and Development Association (CRDA)-  
CSOs/NGOSs Umbrella organization –Ethiopia

### **Susan Chandler**

Policy Analyst  
Health Services Team, DFID

### **Esther Tallah**

Paediatrician  
Manager, Cameroon Coalition Against Malaria

### **Paul Davis**

Health GAP's Global Access Project  
Director of Global Campaigns

### **Avinash Kumar**

Essential Services Lead Specialist  
Oxfam India

### **Dr. Ajay Kumar Khare**

Jan Swasthya Abhiyan Secretariat (PHM India)  
Bhopal, India

### **Wasai Jacob Nanjakululu**

Director, Global HIV and AIDS Programme  
Oxfam GB Global Centre of Learning on HIV and AIDS

### **Tobias Luppe**

Project Manager IHP+ Civil Society Health Policy Action Fund  
Global Health Advocacy Adviser  
Oxfam Germany

### **Cheryl Jacob**

Grant Manager  
IHP+ Civil Society Health Policy Action Fund  
Oxfam GB

### Annex 3: Financial Summary of PTC Meeting

**IHP PROPOSAL ASSESSMENT AND SELECTION MEETING  
NAIROBI KENYA  
PRELIMINARY ANALYSIS OF MEETING EXPENSES  
ALL COSTS IN US\$**

Name	From	Flight Cost (US\$)	Visa	Airport Transfers	Local Taxi	Office-Guest Hse Transfers	Accommodation	Vaccines	Meals	Totals
Omokhudu Idogho	Nigeria(Local)	229	0	0	0	26	0	0		255
Tobias Luppe	Germany	0	0	46	0	29	178	0		253
Semu Ketema Teffera	Ethiopia	398	0	46	56	29	178	0		707
Avinash Kumar	India	735	25	46	0	29	178	0		1.013
Ajay Kumar Khare	India	830	25	46	16	22	118	35	12	1.104
Cheryl Jacob	South Africa	615	0	42	0	29	201	0		888
Susan Chandler	England	0	0	42	0	22	130	0		194
Team Lunch & Teas									379	379
Team Dinner									132	132
Team Stationery									13	13
<b>Total Expenses</b>		<b>2.807</b>	<b>50</b>	<b>268</b>	<b>72</b>	<b>188</b>	<b>983</b>	<b>35</b>	<b>535</b>	<b>4.938</b>

## Annex 4: Agenda of the PTC meeting

<b>CSHPAF PTC Assessment Meeting, Day 1 Wednesday May 12 2010</b>			
<b>Time</b>	<b>Session Plans</b>	<b>Faciliator/resource- persons</b>	<b>Materials</b>
08.30	<u>Session 1: Welcome and Introductions</u> By the end of this session, we will have: <ul style="list-style-type: none"> <li>• Introduced ourselves and the role we play in the project</li> <li>• Understood the purpose and received an update of the project</li> <li>• Shared meeting expectations and agreed on objectives for this meeting</li> </ul>	Moderator: Jacob Wasai Presenter: Tobias Luppe Presenter: Joy Munyiri (on behalf of Irungu Houghton)	Agenda
09.00	<u>Session 2: Insights into the selection process and timeline</u> By the end of this session, we will have: <ul style="list-style-type: none"> <li>• Shared and drawn lessons (challenges, successes) on the assessment process so far</li> </ul>	Tobias Luppe	
10.30	<i>Break</i>		
11.00	<u>Session 3: Proposal Assessment</u> By the end of this session, we will have: <ul style="list-style-type: none"> <li>• Ranked potential proposals to be funded based on a detailed analysis</li> </ul>	Tobias Luppe Group Work	PC, Shortlist of proposals
13.00	Lunch		
14.00	<u>Session 3: Proposal Assessment (cont.)</u>	Group Work	PC, Shortlist of proposals
16:00	<i>Break</i>		
16.30	<u>Session 3: Proposal Assessment (cont.)</u>	Group Work	PC, Shortlist of proposals
18.30	Wrap up of day 1	Tobias Luppe	
19.00	Leave for Group dinner		

<b>CSHPAF PTC meeting Day 2, Thursday May 13 2010</b>			
09.00	Recap of day 1	Tobias Luppe	
09.30	<u>Session 3: Proposal Assessment (cont.)</u>	Group Work	PC, Shortlist of proposals
10.30	Break		
11.00	<u>Session 4: Proposal Selection</u> By the end of this session, we will have: <ul style="list-style-type: none"> <li>• Agreement on the approximately 10 proposals that will receive funding (subject to checking of</li> </ul>	Cheryl Jacobs	Flipchart

	references)		
13.00	<i>Lunch</i>		
14.00	<u>Session 5: Understanding Oxfam's grantee management system</u> By the end of this session, we will have: <ul style="list-style-type: none"> <li>• Learned how Oxfam works with partners</li> <li>• An idea what Crimson is and how it works</li> </ul>	Cheryl Jacobs	PC, Projector Flipchart
14.30	<u>Session 6: Action-planning around possible risks and opportunities</u> By the end of this session, we will have: <ul style="list-style-type: none"> <li>• Identified risks and opportunities in the grant management of the CSHPAF</li> <li>• Developed actions, risk mitigation and opportunity enhancing strategies for the grant</li> </ul>	Tobias Luppe	Flipchart
15.30	<i>Break</i>		
16.00	Session 7: Marketing the CSHPAF By the end of this session we will have: <ul style="list-style-type: none"> <li>• Developed ideas how to make the CSHPAF an interactive and visible fund</li> </ul>	<i>Jacob Wasai</i>	<i>Flipchart</i>
16.30	Session 8: Workshop evaluation, summary of action-points and close	Tobias Luppe	Evaluation Forms

## Annex 5: List of Top 31 Proposals

<b>Name of Organization</b>	<b>Title of Project</b>	<b>Country</b>
Reseau Accès aux Médicaments Essentiels (RAME)	Plaidoyer pour l'Ethique et équité pour l'accès aux soins par la recherche au Burkina Faso	Burkina Faso
Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda	Improving health outcomes in Uganda through building the capacity of Civil Society Organisations to constructively engage in health policy processes	Uganda
Positive Action for Treatment Access (PATA)	Campaign to win activist demands in PEPFAR Partnership Frameworks and cause a Nigeria CCM Reform	Nigeria
BP Memorial Health Foundation	Making sexual and reproductive health treatment more equitable and accessible	Nepal
Uganda Network of AIDS Service Organisations (UNASO)	Promotion of universal access anti-retroviral treatment (ART) in Uganda through effective CSO engagement of national duty bearers	Uganda
Kenya AIDS NGOs Consortium (KANCO)	Enhancing CSOs Partnership in National HIV and AIDS Reponses Monitoring and Accountability in Kenya	Kenya
Association Burkinabe de Sante Publique (ABSP)	Supporting the appropriation process management programs and health services by municipalities in connection with public health	Burkina Faso
Association of International NGOs (AIN)	Strengthening the Non State Actor's role in health sector in Nepal	Nepal
Association Nigérienne pour le Bien-Être Familial (ANBEF)	Plaidoyer pour la promotion de la composante SR au NIGER	Niger
Global Health Council	Research to Inform Policy in Kenya and Uganda	Kenya
Planned Parenthood Association of Zambia (PPAZ)	Advocacy Sessions with Members of the Parliament	Zambia
Resource Centre for	Civil Society Initiative to facilitate International Health Partnership and	Nepal

Primary Health Care (RECPHEC)	related initiative (IHP+) in realizing Peoples Right to Health	
Centre for Economic Governance and AIDS in Africa	Participatory Budget Monitoring and Expenditure Tracking	Nigeria
Women Advocates Research and Documentation Center (WARDC)	Alliance Building on Maternal Mortality Reduction in Nigeria	Nigeria
Friends of the Global Fund Africa	Health Financing- The Role of Policy and Implementation in Achieving Health Goals in Nigeria	Nigeria
Action Aid Nepal	Strengthening Basic Free Health Care Services at Local Level	Nepal
Treatment Advocacy and Literacy Campaign (TALC)	Strengthening delivery of the health service system in Zambia through participation of civil society organizations and local communities	Zambia
Civic Coalition on Population and Development (CCPD)	"Be Heard" - Building Evidence for Health Advocacy in Development.	Uganda
Fédération Nationale des Associations de Santé Communautaire	Plaidoyer de la société civile auprès des autorités pour son implication dans l'atteinte des OMD à travers l'élaboration des politiques nationale	Mali
National Association of the Deaf blind in Uganda (NADBU)	Deafblind-Led advocacy to Immunise against Rubella in Uganda.	Uganda
Union of NGOs in Togo (UONGTO)	Renforcement de la participation des Organisations de la Société Civile (OSC) togolaise aux services de vaccination et autres services de santé liés	Togo
Social Watch Bénin	Projet de Contrôle Citoyen du secteur de la Santé au Bénin (PCCSB)	Benin
Agence de Formation, de Recherche et d'Expertise en Santé pour l'Afrique (AFRIC Santé)	Projet de diffusion des résultats de Kesho-Bora	Burkina Faso
Child Help	Promoting Health through	Sierra Leone

Sierra Leone	Partnership	
Malaria and Childhood Illness NGO Secretariat (MACIS)	Strengthening Capacity of Civil Society Organizations to Advocate for increased government commitment towards health sector financing and accountability	Uganda
Network For Community Development (NCD)	Strengthening Monitoring of National Drugs Project	Uganda
Shepherd's Hospice Sierra Leone	Health Alliance: Building Civil Society engagement with state-actors on people's centred health policy	Sierra Leone
Urban Poor Women Development	Empowering HIV positive women to promote care and support strategies to mitigate the impact of HIV/AIDS in Phnom Penh slum communities	Cambodia
Nepal CRS company	Health as a right for Dalit women of Jajarkot	Nepal
ASSIST RWANDA	Project Proposal for strengthening collaborative effort and continuation of engagement by ASSIST RWANDA and Umbrella partners in the National Health	Rwanda
Network of People living with HIV AIDS In Kenya (NEPHAK)	Monitoring and Analysis of the Implementation of the Kenya PEPFAR Partnership	Kenya

## Annex 6: Grantees Selected

Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda	Improving health outcomes in Uganda through building the capacity of Civil Society Organisations to constructively engage in health policy processes	Uganda
Positive Action for Treatment Access (PATA)	Campaign to win activist demands in PEPFAR Partnership Frameworks and cause a Nigeria CCM Reform	Nigeria
Uganda Network of AIDS Service Organisations	Promotion of universal access anti-retroviral treatment (ART) in Uganda through effective CSO engagement of national duty bearers.	Uganda
Treatment Advocacy and Literacy Campaign (TALC)	Strengthening delivery of the health service system in Zambia through participation of civil society organizations and local communities	Zambia
Resource Centre for Primary Health Care(RECPHEC)	Civil Society Initiative to facilitate International Health Partnership and related initiative (IHP+) in realizing Peoples Right to Health	Nepal
ActionAid Nepal	Strengthening Basic Free Health Care Services at Local Level	Nepal
The National Empowerment Network of People Living with HIV/AIDS in Kenya	Monitoring and Analysis of the Implementation of the Kenya PEPFAR Partnership	Kenya
Kenya AIDS NGOs Consortium	Enhancing CSOs Partnership in National HIV and AIDS Responses Monitoring and Accountability in Kenya	Kenya
Agence de Formation, de Recherche et d'Expertise en Santé pour l'Afrique (AfricSante)	Projet de diffusion des résultats de Kesho-Bora	Burkina Faso
Social Watch Benin	Projet de Contrôle Citoyen du secteur de la Santé au Bénin (PCCSB)	Benin
The Shepherd's Hospice Sierra Leone	27 Health Alliance: Building Civil Society engagement with state- actors on people's centred health policy	Sierra Leone
BP Memorial Health Foundation	Making sexual and reproductive health treatment more equitable and accessible	Nepal

ANBEF	Plaidoyer pour la promotion de la composante SR au NIGER	Niger
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## Annex 7: Oxfam Partnership Policy

### Oxfam GB Partnership Policy

We aspire to build partnerships that are inclusive, accountable and empowering and based on relationships of openness and trust. Our approach to partnership reflects our values, is central to what we believe as an organisation and how we think change will happen. Our partnerships reflect our efforts to address the inequality of power, not just in society at large but in our own working relations with others.

#### Policy Statement

Oxfam works with and through others to take action to achieve common goals for overcoming poverty and injustice, based on complementarity and respect for the contribution that each party brings. Oxfam GB's partner relations will be informed by and managed to a set of clear principles. These five principles underpin our programme and partnership decisions in development, humanitarian and campaigns work at every level of activity.

We hold ourselves accountable to these principles and seek to be held accountable by partners, communities and other stakeholders with whom we and partners work:

- Complementary purpose and added value
- Mutual respect for values and beliefs
- Clarity of roles, responsibilities and decision-making
- Transparency and accountability
- Commitment and flexibility

#### Why do we work with partners?

Oxfam works with others to build a global movement for change to support the actions of poor and marginalised people and communities to overcome poverty and suffering more effectively. We believe that this is more likely to ensure lasting, locally owned development and relevant and accountable campaigns and humanitarian interventions.

We believe that local communities and other civil society partners can better understand, represent and address the rights, needs and aspirations of poor people. All partners, including government and the private sector are key actors in creating the conditions and structural changes necessary for effective people-centred, sustainable change and development. The programmes we implement together can encourage and enable the real participation of people living in poverty, be more sustainable and have greater impact. The knowledge, skills, reach and experience that we offer each other mean that, together, we can make more of a difference than if we worked apart.

#### Who do we work with as partners?

Oxfam's work with others builds on an ever-increasing diversity of relationships. As the range of actors engaged in social change widens – from local communities to the private sector – Oxfam aims to establish effective and diverse partnerships to bring about change.

Within this context of increasing diversity, Oxfam partner relations fall into three broad groupings. These are not always clear-cut categories, and relationships may well fit into more than one category at the same or different times:

- **Project partnerships** for a specific project with mutually agreed aims and objectives
- **Strategic partnerships** working together over time with sufficient alignment of goals and objectives towards achieving a lasting impact on poverty.
- **Alliances** with individual or groups of organisations working together towards a specific goal even though organisational/institutional mandates and long-term purpose may be quite different.

The Policy governs all our work with local communities and other civil society organisations in both funding and non-funding relations. The distinctive nature of humanitarian and advocacy/campaigning contexts may present additional factors influencing how we work with others. While differences in context may require different approaches, we believe that the same principles apply to all activities across our one-programme partner relations.

As Oxfam develops its ongoing work with the private sector, a wider range of partner-type relationships will arise. In these cases, the emphasis will be on identifying the common goal towards which we are working, looking to build on the distinctive contribution of all actors and ensuring that our combined efforts bring change.

### **Principles of partnership**

#### 1. Complementary purpose and added value

Any partnership between Oxfam and other organisations is based on shared objectives to empower and/or otherwise benefit poor, suffering and marginalised people. The added value of working together is clear and recognised by all partners. Each partner brings different capacities and resources to an interdependent relationship and the diversity and value of all contributions is acknowledged. Each partner is clear about what each brings to the partnership as well as being open about limitations.

Oxfam adds value in partnership through the provision of financial and non-financial development, campaigning and humanitarian support and expertise. Increasingly we act as a catalyst for multi-faceted relationships involving alliances of civil society, including local communities, and other varied actors seeking to bring about change. We do not replace civil society in the countries where we work, but support its development and links with other global actors and movements.

Oxfam respects the right of partners to determine their own direction and priorities. We are open, within the limits of our mandate and mission, to being influenced as to where, how and with whom we work, and on the messages we convey through our campaigns. This includes being open to learning from different experiences of, and approaches to, development, campaigning and humanitarian work which may challenge us to question our own assumptions about effective practice.

We develop our analysis of the causes of poverty and suffering in any given context together with our partners, and we define joint goals and strategies based on this analysis. When our perception of priorities changes, we share our rationale for this, and are transparent in exploring what this means for the relationships we have.

#### 2. Mutual respect for values and beliefs

Whilst recognising and respecting differences, sufficient common ground in terms of shared values and beliefs must be found for our partnership with others to be viable. We must share a desire to work towards a common position on important issues, including a commitment to gender equality and respect for diverse identities, a belief that people living in poverty should enjoy their fundamental rights, and that poor and marginalised people are agents of their own development.

#### 3. Clarity about roles, responsibilities and decision-making

Credibility and trust in partner relationships comes from good communication, competence, reliability and delivery. When we negotiate the rights and obligations of each partner, the expectation of the contribution each party makes, including Oxfam, is clearly stated. All partners are able to do what they say they will do, or describe the process and time frame needed to develop the required capacity. How major decisions are taken and who is involved is also stated and agreed. While the aim is to work towards shared decision-making as the work and relationship progress, this will not always be possible nor desirable. As we each take responsibility for fulfilling our agreed roles, so we take an equal share in celebrating success and learning together from failure.

Every effort is made to build mutual respect within the partnership, as characterised by open dialogue and a willingness to give and receive constructive criticism. Problems and disagreements are dealt with openly and transparently through agreed procedures, including Oxfam's formal complaint mechanism, to ensure that complaints against Oxfam staff are heard and properly dealt with.

#### 4. Transparency and accountability

Our partnerships recognise the need for all parties to be accountable to people experiencing poverty or affected by disaster, and to other stakeholders including donors and governments. As part of the process of developing partnerships, we explicitly discuss how Oxfam is accountable to partners, and how we and our partners are accountable to people and communities with and for whom we work.

Oxfam and partners are serious about the importance of good financial management, as we hold in trust money which others have given in good faith, and for which we are jointly responsible. Genuine mutual accountability is rooted in a real understanding and recognition of the diversity of resources brought to the relationship. The power imbalance created by the financial and material resources which Oxfam makes available, and the implications of this, are openly discussed and handled with sensitivity.

The diverse knowledge, experience and skills which other organisations and local communities bring to the relationship are valued and acknowledged as equally essential to ensuring the success and sustainability of our joint interventions. Working together is as much about an attitude and choice as about a balance of material resources.

We agree how we learn from our work together with the aim of incorporating learning, communications and the sharing of knowledge into the design and delivery of projects and partnerships. We have a specific responsibility to encourage the active sharing of knowledge with and amongst partners.

5. Commitment and flexibility

Whilst short-term interventions can be appropriate, our humanitarian, development and campaigns work is more sustainable and effective if programme approaches are based on long-term partnerships. Where Oxfam is in a donor role we are open about our plans to fund or to stop funding and our reasons for doing so, and build capacity for fundraising and link partners to alternative sources of funding where possible.

We recognise the need of our partners to balance project funding with core funding and, within the limits of funding constraints, aim to increase the proportion of multi-year funding agreements with strategic partners. We recognise that for partners Oxfam is often one piece in a complex and time-consuming jigsaw of funding and reporting requirements, and we coordinate financing and reporting requirements with other donor agencies, including other Oxfam International affiliates.

The principles and values contained within this partnership policy serve as the framework for ensuring clear and transparent working relationships with others based on openness, trust, respect and mutual accountability – enabling all of us to be more effective in the global struggle against poverty, suffering and injustice.

18 July 2007