

Health Policy Action Fund (HPAF)

Round III



Final Report

November 2014 – September 2016

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I. Introduction

The International Health Partnership and related initiatives (IHP+) launched IHP+ Civil Society Grants in late 2009. Appointed in a competitive tender, Oxfam has managed The Health Policy Action Fund (HPAF) since its inception in March 2010. The HPAF aims to support southern civil society health networks and coalitions to become more effectively engaged in national health policy processes, contribute to the effectiveness of development cooperation and hold partners accountable for their commitments.

From November 2014 to September 2016 HPAF Round III was implemented and managed by Oxfam Germany. Nine civil society networks from nine IHP+ countries in Africa and Asia received support by this small grants scheme and successfully implemented projects aiming on improving aid effectiveness and health policies in their countries.

This report describes the whole project implementation process with its different steps and components from the call for proposals to the completion of the supported projects in September 2016. It takes stock of the projects impact with a special focus on the achievement of the grantees projects and the capacity building provided and highlights best practices, lessons learned as well as challenges. It summarizes main conclusions and gives recommendations for an eventual future civil society support mechanism similar to the HPAF.

The first chapter describes the “grant management” namely ways of working and cooperation of the different stakeholders as HPAF project team, Project Technical Committee and IHP+ Core Team.

The second chapter on “Grantee support” comprises the description of the grant selection process, as well as of the 9 grantees, their projects and outcome and the support provided to them through learning and sharing opportunities and capacity building.

Chapter three highlights the main impact the HPAF and the different components (mainly capacity building and the grantees’ projects have achieved) and compares its outcomes with the objectives set in the project proposal.

The fourth chapter consists of different learnings such as best practices, lessons learned challenges encountered and gives recommendations.

The last chapter summarizes the main conclusions and gives an outlook.

In the annex you will find all relevant supporting documents such as project and training reports, Case Studies, grantees advocacy tools developed within the project, publications and training material.

II. Grant Management

HPAF Project Team

The HPAF project team consisted of Barbara Kühlen as Project Manager, working for Oxfam Germany as Global Health Policy Adviser, replacing Heino Güllemann who resigned in November 2014, Cheryl Jacob as Grant Coordinator, former employee of Oxfam Great Britain in South Africa, involved in HPAF Round I and II and contracted by Oxfam Germany, and Jessica Hamer working for Oxfam Great Britain, as the Southern Policy and Campaigns Officer who took over the role from Monica Mutesa, who returned to her home country Zambia in June 2015.

The distribution of the tasks was mainly the following:

The **Project Manager's** role was to provide the overall project oversight, manage the selection and grant making process, coordination of the HPAF project team and maintain the external communications with WHO including the submission of reports. The Project Manager was in charge of the reviewing and analyzing grantees reports and other documents/products and providing advice.

The **Grant Coordinator** oversaw the day to day implementation of the activities towards the delivery of the project by supporting and monitoring the implementation of the grantee projects and providing continuous advice to grantees and guiding them in the development of products such as the case studies.

The **Southern Policy and Campaigns Officer's** role was to provide technical advocacy advisory support by providing grantees with capacity building training in advocacy and campaigns skills, as well as monitoring and evaluation for advocacy programmes and providing advice to grantees to strengthen their advocacy and campaign work.

In order to coordinate and plan their activities the HPAF project team met on several occasions: In January 2015 a first meeting of the team took place in Berlin where roles and responsibilities were defined and a team work plan for the coming months was drafted. Additionally, Stage I of the grant selection took place and the HPAF project team together selected 36 out of the total of 104 proposals received as qualified for election stage number 2.

In February 2015 the team met again in Pretoria, South Africa where the Project Technical Committee (PTC) and the HPAF team discussed the remaining project proposals from stage number 2, selected the grantees to be supported and defined PTC members for twinning.

In October 2015 the team jointly held the Learning and Sharing meeting in Berlin which was combined with a two days Capacity Workshop and the participation of the grantees at the World Health Summit (WHS)¹.

In November 2015 the Grant Coordinator and the Project Manager went together on a joint monitoring

visit to Cambodia in order to agree upon a grantee monitoring strategy for HPAF Round III and enhance joint learning and understanding.

In December the Grant Coordinator and Southern Policy and Campaigns Officer went together to train the grantee NAIMA+ in Mozambique in developing a proper advocacy strategy and monitor the project implementation.

In April 2016 an eight days capacity training workshop, organised by the Southern Policy and Campaigns Officer, took place in Oxford where also the Project Manager participated for two days and led the introductory sessions on learning and sharing.

On April 26th an internal HPAF midterm review took place at the Oxfam Germany Office in Berlin with the purpose of an assessment of both the HPAF project implementation and progress, as well as the management of the grant by the HPAF project team. Apart from the HPAF project team, also Sonja Niekel (in charge of Finances) and Jörn Kalinski, Head of Advocacy and Campaigns from Oxfam Germany participated.

The overall project progress and the ways of working were assessed positively. One of the main challenges identified was the limited time resources allocated to the project with all HPAF team members also covering other posts within their organizations.

The team – in particular the Grant Coordinator and the Project Manager – had been in a continuous exchange via different channels (phone, Skype, e-mail, WhatsApp), enabling ad hoc contact and advise and resolution of any sudden challenge or decision to be made.

The Project Technical Committee (PTC)

The Project Technical Committee (PTC) is a group of health experts with various roles and expertise within the global health sector who supported the project voluntarily. The tasks of the PTC were the following:

- Supporting the review of proposals (in English and French), and giving input to the grantee selection process during a face to face grantee selection meeting to be held in December 2014.
- Reviewing the Mid-term Project Implementation reports by grantees, and the HPAF Mid-term report to WHO.
- Reviewing the End of Project report by grantees and HPAF final report to WHO.
- Providing guidance, advice and support to the Project Manager and the Grant Coordinator on the effective implementation of the project.
- Providing support, capacity building and networking opportunities for the grantees by “twinning” one grantee each: this means that the PTC member should work as a tutor for the grantees, providing continuous advise on the project implementation, the development of advocacy

strategies, the elaboration of reports and other documents and – where possible – enable networking and training opportunities for the grantees in their countries.²

The PTC of the HPAF Round III was initially made up of eight individuals³ with background from various roles and expertise within the global health sector, e.g. working for an international NGO or being a representative of the IHP+ Civil Society Consultative Group (CSCG). Three PTC members who supported in HPAF Round III also served in Round II to guarantee continuity and for the important value they add to the process.

The PTC members supported the selection process of the grants by assessing proposals virtually and then joined the face to face meeting in Pretoria. Only the CSCG representatives (Rozina Mistry and Bruno Rivalan) were unable to attend the face to face meeting due to other commitments, but were able to send delegates from the CSCG to represent them. Twinning agreements and contacts were shared between PTC members and grantees.

Compared to the previous HPAF rounds, in addition to the PTC, the inclusion of WHO IHP+ Country representatives was proposed. In order to keep the assessment of the proposals unbiased and transparent, it was decided that they should only join the PTC after the completion of the selection process in Pretoria in February 2015. They were to be chosen once the grantees were selected to ensure the IHP+ country representative was located in the same country as a grantee. Additionally a member of the IHP+ Results team was envisaged to join the PTC, which at the end unfortunately did not happen, as the identified person worked as a consultant for IHP+ Results, was not able to provide voluntary support to the project.

Several calls were scheduled with the PTC in order to update members about the project progress, seek their advice and motivate them for further engagement. Information on the project was made available at any time and also shared via the HPAF website (www.healthpolicyactionfund.com).

Unfortunately the involvement of the PTC in the project varied a lot from member to member and turned out to be less than expected and agreed in the ToR. Due to a wide range of other commitments, the majority of the PTC members were not able to provide as much input as agreed and as they would have wished and communication remained a challenge. One PTC member had to resign from the PTC due to other commitments (Yoram Siame) and members promised to “twin” additional grantees which did not happen due to time constraints.

Nonetheless some members managed to support the project by providing valuable feedback to grantees’ reports and Case Studies and one PTC member – Ini Huijts – visited a grantee (SPONG in Burkina Faso) twice, monitoring the project implementation, providing advice, support and visiting relevant stakeholders and partners.

² Kindly refer to the ToR for the PTC, outlining their involvement and contribution to the HPAF (Annex 1)

³ Attached is the list of PTC Members (Annex 2)

Overall the approach of having the support of an expert group such as the PTC is great, but depends on the individuals' level of involvement according to other commitments which are often unpredictable.

The IHP+ Core Team at WHO headquarter

There was a good cooperation and regular communication with the IHP+ Core Team at the beginning of the project. Especially during the preparation of the "Call for proposals" and the process of the selection of grants, there was a regular communication with the IHP+ Core Team which followed up the process very closely, supported the HPAF project team in completing documents and gave advice in terms of the selected grantees. In April 2015, Stefanie Möller, Head of Institutional Fundraising (now: Institutional Partnerships) at Oxfam Germany, and Barbara Kühlen, HPAF Project Manager visited the IHP+ Core Team (Carmen Dolea, Veronica Walford, Victoria Reyes Pascuales) in Geneva in order to discuss project implementation, necessary adjustments regarding the work plan and the overall cooperation.

Veronica Walford and later Carmen Dolea left the IHP+ team by October 2015, both of them not being replaced until spring 2016 which resulted in a gap in terms of communication with the IHP+ Core Team. Finn Schleimann, the Head of the IHP+ team at the WHO, was the only person in charge.

It was unfortunate that no one from the IHP+ Core Team was able to participate at the Learning and Sharing meeting in Berlin in October 2015, but during the training in Oxford, a Skype Session was arranged with Finn Schleimann, Bruno Rivalan (as Northern Civil Society Representative of the IHP+ CSCG) and the grantees. This exchange of experiences was highly appreciated by the grantees who on several occasions have requested for an interaction with IHP+.

Communication increased when Marjolaine Nicod took over in spring 2016 and regular exchange on the project was established again via calls and e-mails.

Currently the HPAF project team and the IHP+ Core Team with support of the consultant Allison Dunn are evaluating possibilities for a publication on HPAF Round III with a focus on Case Studies and sharing Lessons Learned and Best Practices.

IHP+ Country Representatives

WHO informed Oxfam that the IHP+ Country Representatives could not join the PTC as planned originally but in June 2015 the country reps were informed by the IHP+ Core Team about the grantee and projects in their respective country and their support was requested in whatever way they could provide it. Some of them replied offering support or interest for cooperation, but in practice this turned out to be difficult with little to no direct support offered. Some grantees were already in contact with IHP+ country representatives (even before the grant started), and during monitoring visits the Grant Coordinator or the Project Manager organized a meeting with the IHP+ country rep (sometimes being the first contact with IHP+ for the grantees), in some countries a meeting during a monitoring visit did not turn out to be possible for various reasons. Overall, the involvement of the IHP+ Country Representatives was much less than expected but would have been useful for the grantees.

III. Grantee Support

Signing contract with WHO and grants selection process

Oxfam Deutschland signed the contractual agreement with WHO on November 7, 2014. Based on Oxfam's experience implementing the previous HPAF rounds as well as the input submitted in Oxfam's proposal to WHO including the recommendations from the Dalberg report, the Call for Proposals for Round III, the supporting documentation, and the assessment forms were reviewed. Valuable inputs to these were provided by WHO/IHP+ Core Team, and various Oxfam staff as well as the IHP+ Civil Society Consultative Group (CSCG). Some critical issues that were raised and affected changes in the Call for Proposals included:

- a deliberate focus on funding coalitions and networks
- a strong focus on applications with a systemic approach
- an even clearer indication in the advertising that the HPAF is about health policy engagement, not about service delivery
- a focus on aid effectiveness and accountability

The documents were translated into French and reviewed by a French speaking person working in the Health Policy Sector as requested by the IHP+ Core Team. With support from the CSCG, the documents were finalized for advertisement. The translation and review process led to a slight delay in the timeline in advertising the call. Thus the HPAF Management Team and the IHP+ Core Team decided to advertise the English Call for Proposals and the respective application forms – and the French version of the call for proposals at first without the guidelines and application forms. Those were advertised two days after the English version, immediately after the French revision and translation were finalized.

The Call for Proposals was launched on December 17, 2014 and closed on January 16, 2015. The Call was advertised through various list serves, the HPAF website and database, country offices of Oxfam, and included the support of the IHP+ Core Team and the PTC members using their own channels as well as the IHP+ CSCG members.

By the deadline of January 16, 2015 a total of 104 proposals were received from 31 countries, 27 of them IHP+ countries. Proposals coming in after the deadline were not assessed.

The proposal assessment was done in three stages, consecutively reducing the number of proposals with every step. All final decisions were taken in consensus within the PTC at a face to face meeting held in Pretoria, South Africa from the 2nd to the 4th of February 2015. At the different stages, different tools were used, and their results are described in the table below:

Stage	Assessed by	Tool and Process	Result
0	Barbara Kühlen, Cheryl Jacob and Monica Mutesa	<ul style="list-style-type: none">• Stage 0 – Eligibility Form• Scoring 8 questions, using scores from 0-4• Assessing eligibility, completeness, relevance etc.	No. of Proposals: 104

1	PTC Members, including Barbara, Cheryl and Monica (while at their various country offices)	<ul style="list-style-type: none"> • Stage 1 – Evaluation Form • Scoring 13 questions, using scores from 0-4 • Assessing different aspects of the narrative proposal, Logical Framework and budget 	No. of Proposals: 36 English: 24 French: 12
2	PTC members, including Barbara, Cheryl and Monica (at face to face meeting in Pretoria)	<ul style="list-style-type: none"> • Criteria from the previous round were discussed, amended and adopted by the PTC during PTC meeting • The agreed criteria were used to identify the Top 18 proposals • Individual assessment of proposals by PTC members (2-3 each) 	No. of Proposals: 18 English:10 French: 8
3	PTC members, including Barbara, Cheryl and Monica (at face to face meeting in Pretoria)	<ul style="list-style-type: none"> • Round table discussion on the 18 proposals • Selection of 8 grantees and 1 reserve taking into account: previous experiences of grantees, their health policy approach, the linkage of the action from grassroots to national health policy level and vice versa and sustainability of the action 	No. of Proposals: 8 English:6 French:2

The eight preliminary grantee organizations were selected at the meeting in Pretoria. Six PTC members⁴ were twinned with the organization that they are able to support best due to their working experience and country knowledge. The PTC members were also tasked to verify those grantees which they were twinned with. As mentioned previously, the intention was to twin the WHO IHP+ Country representatives with the grantees from the remaining countries which eventually was not possible.

During the proposal revision process, one of the eight selected grantees – *White Ribbon Alliance* from Nigeria – did not perform reliably. Thus, after having consulted the IHP+ Core Team, it was decided not to sign a contract with this network, but to start negotiations with the selected reserve grantee *Plataforma das ONGs de Cabo Verde* (PLATONGS).

The IHP+ Core Team communicated that there might be a possibility of funding two additional grantees, thus the PTC selected two potential candidates: *For Impact in Social Health* (FIS) from Cameroon and *Asociación de Promotores Comunes Salvadoreños* (APROCSAL) from El Salvador. With APROCSAL negotiations had to cease due to the apparent lack of willingness to adjust the proposal according to the HPAF project teams' recommendations and delayed communication. As we had already informed the IHP+ Core Team on various occasions, the grant making process took much longer than expected, as we saw the need to give comprehensive input and advice for the revision and adjustment of the majority of the proposals, including the addition of some activities, in order to align them more with the HPAF objective. The last contract was signed on May 15th, 2015.

In July 2015, WHO approved an additional grant of 60,000 US\$, thus increasing the total budget of the project to 538,535 US\$ in order to fund an additional grantee (the ninth, FIS, mentioned above) and increase grantees' capacity building and supervision and support.

⁴ Please refer to Annex 2 - List of PTC members

The HPAF funded projects

In providing grants to identified civil society organisations, one of Oxfam's roles was to "monitor and support the improved implementation of grantee projects". This role was mainly carried out by the Grant Coordinator who was responsible to monitor and support the grantees to successfully implement their projects within the timeframe of the HPAF.

Our grantee monitoring and support was provided in three fold; monthly calls with the grantees, grantee reporting and grantee monitoring visits.

Initially calls with each grantee took place bi-weekly. The outline of the calls was to receive an update on the implementation of activities, discuss the progress against the work plans, discussion of challenges faced, find ways to address them, as well as provide support for planning for events or training etc. In countries where the internet connectivity was stable, skype calls worked well, although in some countries various other methods had to be explored, including WhatsApp calling, Facebook Messenger calling, IMO etc. It was also agreed at the Learning and Sharing meeting that the bi-weekly calls be changed to monthly calls rather, as the bi-weekly calls were too close together to report on activities implemented.

The grantees were required to provide us with the following reports: Snap shot report, a midterm report and a final report. The snap shot reports were prepared every four months and were short reports giving a general overview of the activities completed in the quarter, together with a financial update, a list of challenges and solutions, and a mapping out of follow up activities. The midterm report was a detailed report from the inception of the projects until midway, and the final reports were detailed reports of the entire project period. The grantees were provided with detailed templates with guidance notes for reporting, and every report was reviewed by the HPAF Project Manager and Grant Coordinator. Both commented on the reports, shared their questions and comments with the grantees, and allowed the grantees a specified time to respond to questions, and updated their reports. The assessment of the midterm and final reports were also used as indicators for the transfer of disbursements to grantees. All final reports from the grantees are available on the HPAF website and upon request.

The final monitoring tool were monitoring visits to each grantee. These visits were planned close to mid-way of the projects as much as possible, to ensure that enough activities were completed to assess the projects and give support. The outline of the visit included; discussing the project work plan, challenges and successes with the project team, meeting with project partners (including coalition members), an assessment of the financial system and record keeping, training on the development of Case Studies and other relevant training requested by the grantee, and a visit to the IHP Country representative and Ministry of Health (where possible or confirmed). Grantee Monitoring reports are available for each visit undertaken.

The aim of the close contact with the grantees was to ensure that our expected outcome, "Grantees impact on policy processes increases, and their research findings and input are considered and adopted into relevant national policies" was met.

The table below outlines each of the nine grantees objectives and their outcomes of their project. Almost all grantees conducted research, and translated their findings into advocacy material, which they used to engage policy makers. The grantee final reports are available, which fully detail the project activities, outcome and impact.

Benin – Réseau des ONG Béninoises de Santé (ROBS)

Advocate for the strengthened accountability, transparency and participation of civil society in the process of strategic planning in the health sector in Benin.

Goal: Help strengthen accountability, transparency and the involvement of civil society in the strategic planning in health in Benin.

Objective 1: Participatory diagnosis of the practice of accountability and participation of civil society in the development, implementation and monitoring of health policies in Benin

Outcome: The review highlighted the major gaps in civil society participation in Benin, and made recommendations, which the project took forward. In presenting the recommendations of the report to the Ministry of Health, ROBS has developed a strategic relationship with the Director of Public Private Partnership. The Director and his deputy together with ROBS have drafted a list of 14 recommendations for the Minister of Health to consider. This strategic relationship now allows civil society to have an audience with the Minister, who has mentioned that he can see the value of civil society as well as their important network throughout the country.

Objective 2: Strengthening capacity of authorities and local community leaders on community mobilization, citizen engagement and accountability.

Outcome: Building the capacity of elected officials at community level on accountability and transparency. ROBS noted within the project period that Mayors at the community level were holding community meetings to discuss health budgets and health service provisions with their constituencies.

Burkina Faso – Secrétariat permanent des Organisations Non Gouvernementales (SPONG)

Civil society observatory for monitoring development effectiveness in the health sector: the case of the application of a subsidy to 80% of obstetrical care neonatal emergency by the government (in Eastern and Central-North regions)

Goal: An overall goal of improving health outcomes in 2015/2016 by strengthening organizations and the capabilities of the civil society to engage constructively in the implementation of health policy process

Objective 1: To strengthen the institutional functioning of the SPONG platform for monitoring the effectiveness of development in the health sector,

Outcome: This project helped to achieve this in two ways: At the inception of the project the Ministry of Health was invited to launch the project, and by doing this the ministry was able to buy

into the project and to fully understand what the project entailed and what the outcome envisaged would be.

Objective 2: Strengthen the capacity of the civil society organizations active on health to monitor the effectiveness of development in the health sector.

Outcome: The training provided equipped the attending platform members not only to collect data for the shadow report but allowed them to learn the methodology of collecting, analysing and packaging data, also for advocacy across other policy areas.

Objective 3: To facilitate greater involvement of civil society organizations in health policy implementation processes based on evidence of monitoring the implementation of the subsidy of obstetric care neonatal emergencies in 2015/2016 in Eastern and Central-North regions of Burkina Faso; and to disseminate the results of the alternative report.

Outcome: The platform organisations had to verify the data and also present it in their regions. Tools were developed to deal with the gaps, and these would be used to monitor on an ongoing basis, which is the responsibility of platform members. This encourages accountability and transparency at the different levels of government. Through the project a framework for dialogue was developed for municipalities to engage on specific issues with civil society and the public.

Objective 4: To monitor and evaluate the implementation of the grant to 80% of neonatal emergency obstetric care (EmOC) in 2015/2016 in two regions of Burkina Faso: Eastern and Central-North

Outcome: The produced shadow report was presented both to the public and to the Ministry of Health, and the recommendations were presented. The findings from the shadow report highlighted huge gaps for the Ministry especially that every health facility where data was collect reported arrears from the state. In meeting the relevant officials the discussion was on finding solutions to the reimbursement of health facilities which would ensure access to health for all.

Cambodia – MEDICAM

Engagement of Health NGOs in the Development of Health Strategic Plan Phase 3 (2016 to 2020), its implementation and in Cambodia's Health Sector Processes

Goal: To ensure regular and meaningful representation and active engagement with Cambodia's Health Sector Processes in the promotion of coordination, harmonization, and alignment with HSP3 implementation and Health System Strengthening, (2) to promote CSOs/NGOs' inputs into the development of HSP3 for 2016-2020.

Objective 1: To ensure regular and meaningful representation and active engagement with Cambodia's Health Sector Processes in the promotion of development effectiveness, coordination,

harmonization, and alignment with HSP3 implementation and Health System Strengthening

Outcome: MEDiCAM has been a well established network in Cambodia, and was able to ensure that representatives from MEDiCAM served on various Technical Task Teams in the process of developing of the Health Strategic Plan 3 for Cambodia. The representatives were also well positioned within the various task teams, as they were chosen as technical leads, and were able to use the research or studies carried out by civil society to influence the development of the HSP3. Regular feedback at the Network meetings, and soliciting input worked well as well to ensure that representatives were ensuring civil society's participation.

Objective 2: To promote CSOs/NGOs' inputs into the development of HSP3 for 2016-2020

Outcome: MEDiCAM achieved this through two National Consultation meetings. In attendance were civil society, donor community and officials from the Ministry. The HSP3 was represented, and key elements discussed in groups with recommendations presented to the Ministry representatives at the meeting for inclusion or adaption in the HSP3.

Cameroon – For Impacts in Social Health (FIS)

Consolidation of community watchdog system in monitoring the performance, accountability and efficiency of the funding of the Global Fund in Cameroon

Goal: To improve the performance, accountability and effectiveness of aid from the Global Fund in Cameroon through the consolidation of the commitment of community watchdog and partnership.

Objective 1: Strengthen the community watchdog system for efficiency in monitoring the Global Fund financing.

Outcome: 20 CSO leaders and 10 media representatives were trained on GF, strategic monitoring, advocacy, data collection and analysis as well as the methodology to develop shadow reports.

After producing each of the three 'shadow reports' on Tuberculosis, Malaria and HIV/Aids FIS conducted advocacy meetings with the PR to help address the identified gaps. For example, around the TB grants, the PR supports the recommendations of the shadow report on the low community engagement in TB care and support. This permitted FIS to gain credibility from different stakeholders as well as getting two new grants, one from STOP TB Partnership and another from Back Up GIZ, for the sustainability of their work.

Objective 2: Promote accountability of key stakeholders (CCM, PR, SR, PBT, STCCM) of the implementation of Global Fund programs

Outcome: In order to achieve this FIS organised four quarterly meetings with the CCM Monitoring committee, as well as four other meetings with the GF stakeholders (CCM, PR, SR and the Ministry) and ensured the participation of civil society representatives in these meetings. This committee didn't have the capacity and resources to collect information in the field, they used FIS' information to monitor grants progress as part of their mandate as strategic monitoring committee of CCM.

Objective 3: Encourage a national debate on the progress and challenges of implementing the funding of the GF in Cameroon through working with the media.

Outcome: The aim of the media involvement in the process of monitoring the implementation of GF grant was to increase awareness on the issue and generate debate.

More than 50 articles/radio and TV programs were produced during this project. FIS launched a media award for media houses that would produce the most engaging content after they provided training to the media houses. This not only saved FIS on funding for press, but also found a new way to engage the media on health provisions for the citizens of Cameroon. Key stakeholders including the Ministry appeared on many of the radio shows as well as on TV shows, especially those which presented the findings of the shadow reports on TB and Malaria.

Cape Verde – Plataforma das ONGs de Cabo Verde

Strengthening the participation of non-governmental stakeholders in the strategic monitoring of public policies in the health sector

Goal : Strengthen the participation of Civil Society Organisations (CSOs) in the definition, implementation and monitoring/evaluation of public policies in the health sector and sensitize decision makers and development partners on improving their engagement for the accomplishment of the objectives and results foreseen in the National Health Plan

Objective 1: Civil Society Organisations working in the health sector are better prepared to participate in the definition, monitoring and evaluation of the implementation of public policies in the health sector

Outcome: At the beginning of the project PLATONGS conducted a study on the role and needs of CSOs working in the health sector which helped to have a better understanding of the potential and the weaknesses of CSOs working in the health sector, as well as of the public policy in this area. The study showed the weak capacity of CSOs in participating in the definition, implementation, monitoring and evaluation of public health policies.

Over 150 CSOs from eight Cape Verde islands working on health, community associations and staff at local level responsible on health participated in workshops which shared the results and recommendations of this study and sensitized them on the role of CSOs in shaping health policy and the need of an improved cooperation among the different stakeholders in the health sector – CSOs in particular. During these workshops also information on Cape Verde health policy was provided. A brochure on public health policies was developed and distributed among all relevant stakeholders in the health sector.

Objective 2: Coalition of NGOs working in the health sector is strengthened

Outcome: Workshops for leaders of CSOs working on health on a) monitoring and strategic analysis of public health policies and on b) working in coalitions and c) project planning, proposal writing and resource mobilisation were realized and participants confirmed that they were very useful and relevant for their work.

The workshop on coalitions in the health sector had a special focus on the NGOs which are members of the PLATONGS Health Working Group, but also other potential candidates were invited in order to sensitize them for the importance of working in coalitions, and introducing to them requirements, strategies and benefits.

A data base of NGOs working in health was created, as well as a data base on national and international donors in order to have a broad picture of relevant stakeholders in the health sector, facilitate the creation of coalitions and identify potential sources of funding.

Objective 3: Decision makers and representatives of the international development partners ensure the necessary financial means to implement the National Health Plan and the accomplishment of the expected results

Outcome: When the project started, the PLATONGS Health Working Group had just been established and was not properly working for several reasons. This led to a number of delays and hindered the achievement of some of the project's objectives, namely the verifiable impact of foreseen advocacy activities – such as the monitoring of National Health Plan and the allocation of sufficient means.

Nonetheless the project strongly supported the establishment of the health working group and helped to make it functional as an organisational entity and created the necessary frame conditions. The project supported the strengthening of the health working group both by training their members as described above but also by formalizing its functioning. In this regard a monitoring visit of the HPAF Project Manager including discussions with the group's members and recommendations for PLATONGS and the group was very supportive. On this occasion the members of the health working group also benefited from a specific advocacy training, sharing suggestions on advocacy tools and opportunities in the national context.

A workshop on the importance of the dialogue between health stakeholders (described below) further helped to strengthen the awareness of working in coalitions and on how to develop appropriate advocacy strategies.

The support to the Health Working Group culminated in the General Assembly which approved the internal rules of the group, its governance structures and mechanisms, guiding principles for an advocacy strategy and the development of a workplan for 2016.

The meeting of the General Assembly created great interest and was broadcast by the Cabo Verdean television and thus contributed to an increased knowledge of the Health Working Group.

Taking into account all these factors, it is likely that the foreseen advocacy activities on the National Health Plan will take place in the next months.

Objective 4: Political decision makers and representatives of the international community are sensitized on the importance and the pertinence of an effective participation of non-state actors in the elaboration, implementation and monitoring and evaluation of the national health plan.

Outcome: A workshop on the importance of continuous dialogue between political decision makers, representatives of the international cooperation and donor community and civil society on public health policies took place. The participants analysed mechanisms and strategies to be adopted for an effective dialogue and cooperation among the different stakeholders.

During a meeting of PLATONGS with the Health Minister he expressed his interest in signing a cooperation agreement between the Health Working Group and the Ministry, so it is likely that this

agreement will be signed before the end of this year.

Meetings of the PLATONGS Health Working Group with representatives of WHO, UNDP and the National AIDS Committee (CCS-Sida) to discuss ways of cooperation already took place and meeting with further stakeholders are foreseen the group's workplan.

The Gambia – The Association of Non-Governmental Organizations (TANGO)

Increasing TANGO's capabilities and engagement in national health policy negotiations, monitoring effectiveness of development aid and advocacy for accountability

Goal: Increased TANGO's capabilities and engagement in national health policy negotiations, monitoring effectiveness of development aid and advocacy for accountability

Objective 1: Baseline data on the level of achievement of the basic health care package (BHCP) security and protection for communities countrywide available to TANGO's Health Watch Group

Outcome: TANGO managed to collect the baseline data on the level of achievement of the BHCP for each region in The Gambia. A community scorecard was developed to monitor the level of performance of the BHCP for communities by region. TANGO set up a Health Watch Group but engagement with Government and partners has not started yet. The first monitoring visit of by TANGO is planned for December 2016.

Objective 2: National and regional health duty bearers and health development partners engaged by TANGO on the protection of the basic health care package of communities especially those of women and children

Outcome: TANGO held 2 meetings, one at the regional level and one at the national level in August 2016 which over 100 participants attended. The outcome of the meetings highlighted health priority concerns of communities for TANGO's engagement with the government.

Objective 3: TANGO's Health Watch Information System providing reliable, timely and accurate information on basic health care package security and protection for every community in The Gambia

Outcome: The Health Watch Information System has not yet been commissioned due to delays in the project implementation. However the anticipated outcome is to start the first monitoring of the BHCP using the community scorecards and share the findings in a quarterly newsletter with health duty bearers and health development partners. The first monitoring visit is planned for December 2016.

Mozambique – NAIMA

Strengthening the contribution of civil society to improve the health of the population in Mozambique

Goal: To improve the national response to health and HIV through strengthening civil society

participation in the effective provision and monitoring of services for vulnerable groups.

Objective 1: To improve coordination, collaboration and learning between INGOs, CSOs and other partners

Outcome: One of the biggest challenges NAIMA+ faces in Mozambique are the distinct silos that International civil society organisations and national civil society operate within. Being the platform that represents both, NAIMA+ improved the coordination and collaboration between the two networks by strengthening the national platform (PLASOC). This included formalising the organisation, electing and capacitating the secretariat, providing resources where possible, and ensuring that the secretariat was invited to key national meetings, where NAIMA+ introduced the platform and its role. By the end of the project both NAIMA+ and PLASOC were both acknowledged by the NAC and Ministry of Health to input into the National Strategic Plan against HIV-AIDS for 2015-2019.

Objective 2: To increase joint advocacy by national and international CSOs for improved, expanded and equitable access to services for vulnerable groups in a context of a dramatic reduction of external aid.

Outcome: NAIMA+ together with PLASOC drafted press releases to be presented to the Ministry of Health and partners with a specific focus on the Abuja Declaration.

NAIMA+ also trained journalists and media activists in partnership with IREX and PATHFINDER on the health provisions with a special focus on TB, Malaria and HIV. The media in Mozambique previously only featured articles that were related to health events rather than focussed articles used to raise awareness and educate the public. The value of the training highlighted by the journalists impressed upon NAIMA+ to replicate the training in Nampula province.

NAIMA+ and PLASOC organized a consultation of civil society organizations in order to contribute to the elaboration of the political declaration of the UN high-level meeting on AIDS to be held in New York, and NAIMA+ through the HPAF project supported the participation of 6 delegates at the meeting to present Mozambique's position.

Nigeria – Health Reform Foundation of Nigeria (HERFON)

Advocacy and Public Enlightenment for the Implementation of the 2014 National Health Act

Goal: The overall goal of the project is to facilitate and fast-track the implementation of the key provisions of the 2014 National Health Act (NHA) through sustained advocacy, awareness creation and the active participation of key stakeholders in the health sector including CSOs and the general public.

Objective 1: Increased awareness of key stakeholders on the key provisions of the 2014 National Health Act.

Outcome: There has been increased media coverage of the NHAct, and the Health Sector Reform Coalition through the leadership of HERFON, who held public awareness and sensitization programmes using different media platforms. Stakeholder specific IEC materials were translated and

distributed to key stakeholders (health workers, policy makers and the general public) through HERFON state chapters.

Objective 2: Increased buy-in and ownership of the NHA pre-implementation process by the key stakeholders (public, private and non-state actors).

Outcome: The increased buy-in has led to high level advocacy to the legislators at the National Assembly and to policy makers at the Federal Ministry of Health, Ministry of Budget and National Planning by key stakeholders.

Key stakeholders participated in the development of the new 2016 National Health Policy which is premised on the key provisions of the 2014 National Health Act, and the 2016-2020 National Strategic Health Development Plan is being developed.

Objective 2: NHA Implementation framework and roll-out plan developed and adopted by stakeholders

Outcome: Key stakeholders adopted the NHA implementation framework and roll-out plan earlier in 2015. Despite some challenges such as financial constraints owing to the economic recession in Nigeria, the Federal Ministry of Health has been able to push-on with the implementation of the NHA. The National Council on Health (the highest-level policy making body for health in Nigeria as prescribed in the NHA) in September 2016 adopted and approved the Guidelines for the Management of the Basic Health Care Provision Fund (BHCPF), as well as the Basic Minimum Package of Health Care Services (BMPHS) For All Nigerians, which guarantees free access to basic health services to all Nigerians. Efforts are being made to ensure the inclusion of the BHCPF in the 2017 fiscal year budget by the Government of Nigeria. Guidelines for the implementation/operationalization of other key provisions of the NHA are being developed.

Objective 4: NHA Implementation process monitored and tracked

Outcome: Based on the roll-out plan, key milestones and activities have been achieved/tracked:

- Official Gazette of NHA printed and released by the National Assembly in collaboration with HERFON and Federal Ministry of Health
- Development and distribution of IEC materials and media appearances
- A new 2016 National Health Policy which aligns with the key provisions of the 2014 National Health Act was developed and adopted by the National Council on Health
- Guidelines for the Management of the Basic Health Care Provision Fund developed and approved by the National Council on Health
- Basic Minimum Package of Health Services has been developed and adopted by the National Council on Health

Uganda – Coalition for Health Promotion and Social Development (HEPS Uganda)

To advocate for a legal framework that recognizes and mandates Health Unit Management

Committees (HUMCs) in Uganda

Goal: To advocate for a legal framework that recognizes and mandates Health Unit Management Committees (HUMCs) in Uganda.

Objective1: Review the National policies, laws and guidelines related to functioning of Health Unit Management Committees in Uganda and develop a policy brief.

Outcome: The review of the policies, laws and guidelines highlighted the issues affecting the functionality of the HUMCs.

One of the most enlightening and problematic issue was the political election of HUMC representatives and the qualification of them, with no community participation in the process. This led to governance and accountability issues, directly affecting the functionality of the HUMCS.

The report was translated into a policy brief which was used to demonstrate the policy gaps to the MoH and Parliament. This resulted in the MoH called for a workshop to review the HUMCs guidelines. The report was also used to engage legislators; the legislators adopted the HUMCs as part of their agenda for the 10th parliament.

Objective 2: Create a CSOs mass to advocate for a Health Unit Management Committees Policy

Outcome: HEPS was able to do a country wide review of all the civil society organisations working on HUMCs, and was able to form a strong civil society coalition on HUMCs.

The additional research work by the coalition complemented well the policy analysis done by the project which strengthened and gave more credibility to CSOs' positions.

HEPS built the capacity of 34 members of CSO members and equipped them with advocacy issues around policy gaps in HUMCs policies.

Objective 3: To lobby policy makers for a policy commitment on HUMCs to ensure Community participation in health.

Outcome: HEPS was able to hold a number of meetings with officials from the Ministry, as well as MPs.

One of the MPs noted that Civil society shares one of the roles of parliament, which is over sight, she further said that Civil society does research and their advocacy is evidence based which helps MPs in decision making during legislation.

The MPs adopted HUMCs functionality as an activity for the Parliamentary Subcommittee and civil society to work on during the 10th Parliament term of office.

During a consultative dialogue between CSOs and the Ministry of Health, it was resolved that the Ministry of Health in partnership with CSOs organizes a workshop to review the guidelines. It was also agreed that a joint plan to functionalize HUMCs between MoH and CSOs should be developed.

Learning and Sharing

Learning and sharing took place a few times over the period of the grant. Our aim was to encourage learning and sharing at every opportunity we had. This included organizing the official learning and sharing meeting to coincide with the World Health Summit, and added a capacity building training as well. During the Capacity Building training in Oxford, we added learning and sharing sessions into day one, and we focused two days of internal learning and sharing for the HPAF Team as well. Further to this we created different avenues for the grantees to collaborate and learn from each other, which included linking up grantees when they visited a country of a grantee, or attended the same external conferences, created a Google platform for sharing documents, and webinars. These different learning opportunities are detailed below and under the “capacity building” section of this report.

Learning and Sharing Meeting, Berlin October 6th – 7th

The Learning and Sharing Meeting took place in Berlin, and was organised such that grantees were also able to participate in the “World Health Summit”, an annual international health conference. Seven of the nine grantees were able to participate in the meeting. The grantee from HERFON, Nigeria and TANGO, in The Gambia could not attend the meeting, as they were not able to secure their visas to Germany in time for various reasons.

The objectives of the learning and sharing meeting were:

- Grantees to share their projects and contexts, as well as give an update on work over the past months of project implementation
- To share their successes, challenges, main achievements, key learnings and best practices and;
- To network and develop key relationships across countries and networks

Marion Lieser, Executive Director of Oxfam Germany and Jörn Kalinski, Director of Advocacy and Campaigns gave an overview of Oxfam Germany’s work and introduced the participants to campaign and advocacy priorities, sharing experience and strategies. The HPAF team provided a brief overview of the IHP+ and gave background information on the HPAF, its previous work, objectives and ways of working. The roles of each HPAF team member and their interaction with the grantees were clarified, previous ways of working and communication between the grantees and the HPAF team were discussed, and agreements to improve communication were made.

The grantees had been asked to prepare a presentation of their project, including achievements, outcomes, challenges and recommendations, based on a template which was developed by the HPAF team and shared prior to the meeting. All presentations are available on the HPAF website. After every presentation made there was a discussion and feedback round with questions, observations and suggestions from the other grantees for each project, highlighting impact, recommendations and identified challenges.

Two grantees were chosen to share their experiences about their projects and health advocacy in their respective countries with Oxfam Germany staff members at a “Brown Bag Lunch” session: Dr. Sin Somuny from MEDICAM in Cambodia and Kenneth Mwehonge from HEPS in Uganda gave brief presentations on their advocacy work in their countries and the impact, which was followed by an

interesting discussion and exchange of experience with Oxfam staff. Grantees expressed that this discussion was very enriching for them as it provided information from another perspective by also showing how advocacy is done in Germany and the North as opposed to how advocacy is done in the South.

A two-day-capacity building workshop was arranged directly after the learning and sharing meeting to ensure that we maximized the time and input with the grantees. This training included sessions from Oxfam Germany's Social Media, Fundraising and the Planning, Monitoring, Evaluation and Learning (PMEL) departments. For further information on this view the "Capacity Building" section in this report.

As mentioned above the grantees had the opportunity to participate in the World Health Summit in Berlin from October 11th to 13th and related side events which was very interesting for them to follow current global health discussions and new technologies and approaches and provided them with excellent networking opportunities. One of the grantees, Kenneth Mwehonge from HEPS, Uganda, shared his working experiences and outcome of the HPAF project in a Workshop on "Civil Society participation in health policy processes", organized by Oxfam Germany and Brot für die Welt.

Outcome and key learnings from the Learning and Sharing meeting:

The grantees evaluated the learning and sharing meeting as a great opportunity to exchange experiences and learning from each other, based on different working contexts, approaches and thus different challenges.

Both, the HPAF team, and the grantees expressed that the learning and sharing meeting helped us improve our understanding of the grantee's projects, objectives, contexts and challenges. It was a good opportunity for the HPAF Team to meet the grantees in person and thus create a better relationship for the remaining time on the projects. From our survey of the meeting, the discussions, learning and experiences in other countries were assessed as enriching and inspiring.

Grantees also identified similarities between the working environments of networks in their countries. It was pointed out that an advocacy strategy is very much dependant on the projects and country contexts and had to be adapted to that. For instance some contexts require dialogue and in other instances confrontation. In this sense the grantees expressed that it was very interesting for them to learn about Oxfam Germany's advocacy strategies. Challenges faced in the civil society space were discussed as well as addressing accountability in this context. Civil Society responsibility to monitor and improve health policies was considered as crucial.

Shadow reporting was a new advocacy tool for some organisations, but all grantees evaluated it as a very important and effective tool in the strategic monitoring of politics and for improving service delivery. All grantees were interested to further learn about occasion reporting and improving their organisations skills in this area.

The importance of a well prepared and defined **strategy and methodology** before the beginning of the implementation of a project was emphasised.

The learning and sharing meeting itself was considered as a proof of an effective and productive way of organising a workshop in terms of logistics and methodology and thus a practical example.

Monitoring and measuring the impact of advocacy was considered as highly significant, but also technically challenging. Developing appropriate project and context sensitive strategies and tools to monitor health policies is essential especially considering short time frames, and claiming attribution for specified activities.

The grantees recognized the importance of an effective umbrella organisation (in health) that coordinates CSOs' activities for an effective advocacy.

It was clear that understanding of **aid effectiveness** is crucial for the grantees' project, but at the same time, that there was no universal understanding and definition among the grantees, but that the perception was different from organisation to organisation and country to country. It was agreed that further training on this topic should be provided.

The grantees regretted the absence of **IHP+ representatives** in the meeting and suggested to have a closer/more direct contact with the IHP+ Core Team, e.g. in form of consultation calls. They also suggested furthering the use of IHP+ country meetings to raise concerns and participate in policy discussions.

In terms of cooperation among the grantees and the HPAF project team, the grantees expressed that **ways of working**, communication and reporting were much clearer now which was considered as extremely supportive and helped to clarify questions they had (a report of the Learning and Sharing Meeting is available).

Learning and Sharing Session during Advocacy training in Oxford

The HPAF Training event on "Health sector performance, development effectiveness and advocacy and campaign skills" which took place from April 4th to 8th in Oxford was also used for a Learning and Sharing for the grantees.

In order to prepare for the first session and have a focused exchange of experiences, the grantees were asked prior to attending the training, to develop a "Road Journey" with their team – a participatory tool used for project monitoring and team reflection – and share it with the fellow grantees for the purpose of exchange of experiences. This tool was used especially because it gave the opportunity to the grantees project teams and colleagues of their organizations to feed in, due to financial limitations only one participant /representative per organization was able to attend.

Almost all grantees presented their "Road Journey" and shared key learnings and challenges during their project implementation with their fellow grantees.

The second session on "Learning and Sharing" looked at the specific recommendations for the projects that emanated from the Learning and Sharing meeting in Berlin and followed-up on the implementation of those results.

The grantee confirmed this session as having been useful – although it was too short and the exercises had not been prepared properly by all grantees. Overall, the whole week in Oxford was a learning and sharing opportunity for the grantees, both among them, but also with Oxfam staff and partners from Southern Oxfam offices who partly participated in the trainings.

Kommentar [c1]: I am not sure why Barbara highlighted this. The only reason I can think is to explain why Oxford was chosen. But then again, I don't think its necessary to highlight it. If we are asked to explain we can, but leaving sleeping dogs to lie is also a good strategy.

Midterm Review of the HPAF project team in Berlin

The main outcome of the midterm review was for the HPAF project team to reflect on what worked well, not worked so well, and map a way forward which would help the team use the remaining months on the project to gain as much out of it as possible and ensure that our commitments would be met. Some of the highlights were discussions on how to best support grantees with their implementation beyond the skype calls, organizing webinars in addition to the other capacity building initiatives, how to better use the website to serve the grantees and a wider audience. The review also provided Oxfam an opportunity to assess its own grant making/ partnership support mechanism and how this has provided the organization a different way of working with partners in the South, and how we can better integrate the work for the future.

Participation of HPAF grantee in International Health Conference and Health Workshops

On September 28th 2016 VENRO, the Association of German Development and Humanitarian Aid NGOs, organized an international conference on “Leaving no one behind in global health – What should Germany’s contribution be?”, Oxfam was the co-lead in the organization team.

The objective of the conference was to build on the political momentum of the 2030 Agenda for Sustainable Development and to analyze and provide recommendations on challenges and opportunities for the German Government’s and international actors’ engagement in global health. The contribution of civil society actors to global health processes, financing and policies as well as governance, accountability and monitoring mechanisms for the Sustainable Development Goals (SDGs) related to health and other global health initiatives, were overarching topics of the conference.

Bertrand Kampoer, Executive Director of the NGO network For Impacts in Social Health from Cameroon, supported by the Health Policy Action Fund, was invited to participate in a panel discussion on “Global health actors at the negotiating table: same rights, same space, same responsibility?” and to share experiences on civil society participation.

In the context of the conference, he was able to network with international NGOs, government and WHO representatives and share working experiences, including the impact and outcome of the HPAF funded project.

Additionally Bertrand Kampoer participated in a NGO Pre-Meeting on September 27th on ‘Health System Strengthening and Universal Health Coverage – What are we aiming at, can we agree?’ and shared experience from his work on achieving UHC and gave an input on: ‘Communities Engagement, Vulnerable & Key Affected Populations and UHC: Global Fund perspectives’.

This Pre-Meeting was meant to be a platform for Civil Society Organisation participating in the VENRO conference to exchange on their concepts and approaches on Universal Health Coverage and Health System Strengthening – and ways of financing both.

On September 29th Bertrand Kampoer participated in a Workshop of the international health network Medicus Mundi International on “Health beyond aid” where he was also able to share his experiences.

His visit was also used to share experience of his work with the Oxfam Germany team and to jointly discuss and assess with the HPAF Project Manager the outcomes and impact of the project supported by the HPAF.

Capacity Building

Capacity Building Concept

Round III of the Health Policy Action Fund built in an explicit focus on the capacity-building of grantees, and committed 25% of one staff member's time to deliver this work (Southern Policy and Campaigns Officer at Oxfam GB). The planned capacity building aimed to strengthen grantees' capacity for effective advocacy on health policy, planning, resource tracking, and development effectiveness, for effective health sector performance monitoring, and for effective monitoring of all development partners' contributions to the health sector. It also aimed to support networking at the national level and a 'twinning' initiative with the Project Technical Committee of HPAF (PTC) as mentioned in chapter III "Grant Management".

Capacity Building Needs Assessments

Initially, full needs assessments was conducted in order to assess all training and mentoring which grantees would potentially benefit from to strengthen their delivery of health advocacy projects. A summary of the capacity building needs of each grantee was identified through this process.

Grantee	Grant name	Capacity building needs
FIS (Cameroon)	Consolidation of the community watchdog system following the performance, accountability and efficacy of the financing of the Global Fund (GF) in Cameroon	<ul style="list-style-type: none"> - Training to support the establishment of strong data verification systems, to ensure quality data is produced by the watchdog, and overall strengthening of the watchdog - Advocacy strategy training, including looking at translating technical data into products which can be used in influencing - Monitoring and evaluation training
HEPS (Uganda)	To advocate for a legal framework that recognizes and mandates Health Unit Management Committees (HUMCs) in Uganda	<ul style="list-style-type: none"> - Legal training or establishment of legal mentoring relationship - Monitoring and evaluation training - Establishing linkages with Africa UHC platform on advocating for the functionality of HUMCs

HERFON (Nigeria)	Advocacy and Public Enlightenment for the Implementation of the 2014 National Health Act	<ul style="list-style-type: none"> - Monitoring and evaluation training - Mentoring and support on campaign development in similar contexts - Social media training - Establishing linkages with organizations with experience of documenting the implementation of national health policy
MEDiCAM (Cambodia)	Engagement of Health NGOs in the Development of Health Strategic Plan Phase 3 (2016 to 2020), its implementation and in Cambodia's Health Sector Process	<ul style="list-style-type: none"> - Advocacy training workshop to 'train the trainers', to be replicated across MEDiCAM's membership - Resource mobilization for advocacy training - Mentoring support on building strong NGOs networks
NAIMA+ (Mozambique)	Strengthening the contribution of civil society to improve the health of the population in Mozambique	<ul style="list-style-type: none"> - Advocacy strategy training and ongoing mentoring support to walk through all steps of preparing an advocacy strategy - Additional training on effective coalition working, building strong networks
PLATONGS (Cape Verde)	Strengthening the participation of non-governmental actors in the strategic monitoring of public policy for the health sector	<ul style="list-style-type: none"> - Focused training on developing an advocacy strategy and operational plan, and building functional NGOs network - Resource mobilization training
ROBS (Benin)	Advocacy for strengthening accountability, transparency and civil society participation in the strategic planning processes in health in Benin	<ul style="list-style-type: none"> - Establish linkages between ROBS and a previous grantee which had historic success in preparing an effective shadow report (AGHA in Uganda), and current grantee successfully taking this approach (FIS), to share learning and tools - Resource mobilization training
SPONG (Burkina Faso)	Civil society observatory for monitoring development effectiveness in the health sector: the case of the application of a	<ul style="list-style-type: none"> - Monitoring and evaluation for advocacy training - Social media training - Training on aid effectiveness in health

	subsidy to 80% of obstetrical care neonatal emergency by the government (in East and Central-North regions)	
TANGO (Gambia)	Increasing TANGO's capabilities and engagement in national health policy negotiations, monitoring effectiveness of development aid and advocacy for accountability	<ul style="list-style-type: none"> - Southern Campaign and Policy Officer to link TANGO with FISS on strengthening watchdog system. - Advocacy strategy training - Aid effectiveness training

Capacity Building Activities

The following capacity building activities were undertaken during round III of HPAF:

8-9 OCTOBER 2015, TRAINING EVENT FOR ALL GRANTEES (BERLIN, GERMANY)

- Two-day training was conducted in October 2015. The objectives of this training were to:
 - increase knowledge and understanding of advocacy strategy development
 - increase knowledge and understanding of effective use of tools and tactics
 - enhance understanding of monitoring and evaluation for advocacy
 - increase knowledge of aid effectiveness principles and overcoming challenges to aid effectiveness in national contexts
 - ensure grantee understanding of key principles for effective fundraising and use of social media

The training on advocacy strategies walked through the different steps of preparing an advocacy strategy, sharing Oxfam's tools and resources. Similarly, the fundraising and monitoring and evaluation trainings shared Oxfam's learning and preferred methods, while the social media training walked through more general instructions on the use of twitter. All training was interactive, incorporating discussions and group exercises throughout. The training on aid effectiveness in particular focused on group discussions on addressing challenges in aid effectiveness at the national level, and strengthening this dimension of the grants.

Participants reported that the trainings on monitoring and evaluation and social media were especially useful for them, and the aid effectiveness element of the workshop was especially interesting. The main limitation of the training participants identified was that it was too short to go into sufficient detail on any of the topics covered. Overall, participants rated the training as good, with new

information shared. The training was also particularly useful in identifying participants' future training needs in detail.

8-9 AND 17-18 DECEMBER 2015, ADVOCACY STRATEGY WORKSHOP FOR NAIMA (MAPUTO, MOZAMBIQUE), AND SUBSEQUENT WEBINARS

One and a half days training was delivered in December 2015 with the members and secretariat staff of NAIMA. The objective of this training was to facilitate the development of an advocacy strategy for NAIMA, particularly focusing on areas relevant to health/development effectiveness.

The training walked through the step-by-step process to develop an advocacy strategy as mentioned above, consulting with members and secretariat staff present through group exercises to build consensus at each stage.

The training was able to broker agreement on the priority areas for NAIMA's advocacy with this group, and also agreed NAIMA's main advocacy goal and objectives for the period 2016-2020.

The training also took NAIMA staff and members through a power mapping exercise and an exercise to strategically select tools and tactics, through the two webinars. Subsequently a draft advocacy strategy for NAIMA to finalise with its membership was prepared.

In addition, ad hoc support was given to strengthen the effectiveness of NAIMA's coalition work during this training visit. This was then built upon through the subsequent webinar for all grantees (see below).

28-30 MARCH 2016, AIDSPAN TRAINING HOSTED BY FIS, 'STRENGTHENING THE QUALITY OF DATA COLLECTION AND ANALYSIS IN HEALTH' (YAOUNDÉ, CAMEROON)

A three-day training event was delivered to five staff members from the grantee FIS, four additional HPAF grantee representatives, 10 partners of FIS ('watchdogs' carrying out data collection and analysis within Cameroon) and one Ministry of Health representative.

The objectives of this training were to:

- improve the quality and the reliability of data collected on health issues in general and especially on Global Fund projects
- strengthen participants' capacity in developing community health monitoring/Global Fund data tools
- strengthen participants' capacity in health data analysis
- improve the reliability of FIS' shadow report on Global Fund activities

The training delivered against these objectives by walking participants through the essentials of data collection (including avoiding sample bias), steps to verify data gathered, how to effectively analyse data, and how to publish an impactful report. The training also gave an opportunity for participants to share their experiences in addressing challenges working with data.

The event was hosted by the grantee FIS, and partially financed by HPAF. The HPAF Project Manager facilitated logistics arrangements for the additional HPAF grantees attending.

4-8 APRIL 2016, HPAF TRAINING EVENT (OXFORD, UK)

A five-day training event covering a range of training sessions was delivered to eight HPAF grantees in Oxford in April. An additional six Oxfam colleagues working on health issues across Africa and Asia joined certain sessions facilitating further knowledge exchange.

The objectives of the training were for grantees to:

- develop a shared understanding of health sector performance monitoring approaches, and specifically budget tracking tools
- deepen their knowledge of Universal Health Coverage and health financing
- enhance their understanding of monitoring and evaluation for advocacy, and understand a step-by-step process to developing MEL plans
- hear more about Oxfam's experience in social media use, use of the law, and writing for policy/campaigns
- share their experiences, knowledge and learning on health sector issues

The week included the following sessions:

- an updated learning and sharing exchange on project implementation between HPAF grantees, using a 'road journey' approach among others
- a session on health sector performance monitoring, examining tools to measure performance, and the role of the private sector in delivering healthcare
- a session on the use of the law in advocacy and campaigns
- a session on effectively using social media
- a comprehensive monitoring, evaluation and learning (MEL) training, specific to advocacy and campaigns work. This included a step-by-step guide on how to develop a MEL plan for an advocacy project
- a session on Universal Health Coverage (UHC), health financing mechanisms, and the role of civil society in advocating for UHC, facilitated by Rob Yates, Chatham House
- a 1.5 day training on budget monitoring in the health sector, including a step-by step guide to conducting budget analysis and a focus on the role of civil society, facilitated by Matthew Martin and Jo Walker of Government Spending Watch
- sessions on writing effective case studies, and writing effectively for policy and campaigns

NB. Where no trainer is named, relevant experts within Oxfam facilitated the session.

The agenda was carefully designed based on feedback from grantees following the Berlin Learning and Sharing event, and through a survey.

Grantees were subsequently encouraged and supported to replicate the training sessions with colleagues and partners, and all materials were shared to facilitate this. Grantees rated the likelihood of replicating sections of the training with their colleagues and partners in-country at an average score of 9 (where 1 is highly unlikely to replicate, and 10 is highly likely to replicate). For more information on how grantees have replicated training, please see below.

Grantees were given further opportunities to network through evening and weekend events throughout the training week.

APRIL 2016, ADVOCACY STRATEGY SUPPORT PROVIDED TO PLATONGS (CAPE VERDE)

In April 2016, Sandra Lhote-Fernandes, Health Advocacy Officer at Oxfam France accompanied Barbara Kühlen the HPAF Project Manager on a monitoring visit to PLATONGS in Cape Verde in order to provide advocacy training and mentoring support to PLATONGS in the local language creole in order to reach a broad group of partners.

As PLATONGS and namely their health working group needed to deepen their health advocacy knowledge, Sandra facilitated a training on advocacy strategy development and tools, sharing the comprehensive experiences from Oxfam and giving practical examples.

Barbara and Sandra gave advice to the health working group on how to strengthen their structure and governance, improve their cooperation and define clear objectives and suggested tools and adequate advocacy opportunities

Barbara reviewed and discussed the implemented and planned activities with the project team and advised on how this could be more impact focused in terms of advocacy.

SEPTEMBER 2016, WEBINARS (2 X 2 HOURS) ON DEVELOPMENT EFFECTIVENESS AND EFFECTIVE COALITION WORKING

Two webinars were run in September 2016. Both were run once in French and once in English.

The first webinar on development effectiveness gave grantees a chance to recap on development effectiveness principles, share reflections and learning from their projects from a development effectiveness perspective, and hear about and discuss opportunities and threats to development effectiveness at the global level.

The second webinar on effective coalition working gave grantees an opportunity to share challenges and learning about how to work effectively as a coalition, and hear from Oxfam on 'rules' for effective coalition working, and tools and techniques for coalition governance, accountability, and for building consensus.

In addition: Significant **ad hoc and mentoring capacity building activities** have been conducted throughout HPAF Round III, including for example review of one organization's monitoring, evaluation and learning (MEL) by Oxfam GB's MEL expert and email advice on legal work around campaigns provided to one grantee by Oxfam GB's legal expert. The Southern Policy and Campaigns Officer has also maintained regular contact with the grantees on their capacity building needs, revising planned trainings as necessary, and providing ongoing support e.g. with NAIMA+'s advocacy strategy development.

To date, five grantees have also **replicated elements of the training events they have attended with colleagues/partners**, including repeating the monitoring and evaluation sessions and session on UHC from the Oxford training event (FIS, HEPS, ROBS), and sharing learning from the Aidsplan data analysis and community monitoring training (TANGO). One grantee (HEPS) shared the budget analysis training tools learned at the Oxford event with their national civil society group on budget advocacy, which was deemed very useful. A sixth grantee – NAIMA+, a beneficiary of more focused support on advocacy strategy development – is planning to replicate the advocacy strategy training received with a national civil society coalition in the coming months, as well as the training on effective coalition working. A further grantee plans to run a feedback session from trainings attended early in 2017. All grantees who

had not yet replicated any training with colleagues and partners stated they were informally sharing and incorporating their learning to project work.

To **conclude HPAF Round III capacity building activities**, all training resources were shared again (having been shared after each training event) and a GoogleGroup was established to facilitate an ongoing exchange of learning between grantees.

IV. Impact of HPAF Round III

Projects

Working in collaboration (Coalition, Platforms and Networks)

The focus of Round III was to ensure that every contract signed ensured that the organisation was either representative of a network or a platform, or had a clear plan to work in coalition. Every grantee in this round worked in collaboration and was able to achieve more impact having a bigger team with varied expertise. As most organizations carried out research in some form, working in coalition, meant tapping into the various organizational structures within the country allowing for a wider reach and a better sample of the population. For TANGO from The Gambia, this was the first time that health organizations had to work in coalition, and reported that it was an excellent learning experience which impacted their project and network positively. TANGO will encourage this working relationship with other thematic areas (education, agriculture) as well. FIS in Cameroon worked with specialist health organizations whom were either principal recipients or sub-recipients to the Global Fund (GF) which gave them and their shadow reports the much needed credibility with the GF CCM.

As the HPAF team, our impact was more far reaching, as we were able to add value in terms of support and guidance not only to the contracting grantee, but their coalition members, or extended team members as well. This also meant that when training was provided, the members could invite or share the training with a broader group.

National Level Policy Engagement

As mentioned previously, the HPAF project team reviewed every proposal with the grantee to ensure that national level policy engagement was clearly articulated in their projects with achievable activities. Every grantee was able to engage a specific policy issue in their respective country, and seven of the nine grantees, were able to have either meetings, dialogues or debates at the national level with policy makers. In addition to this the grantee research and/or evidence collected gave them credibility and the platform to engage in a way that adds value. In the case of HEPS and HERFON, the Ministry of Health became dependant on the grantees to provide them with technical support and steer, and FIS was able to fill a glaring gap with the Global Fund CCM in Cameroon with access to data for GF provisions.

Sustainability and Continuity of Advocacy work

Considering that the HPAF grant allocation per grantee is a maximum of USD 30,000 the HPAF team helped the grantees to focus on implementing a piece of work that allows them to scale up their activities in the future or replicate the same project with a focus on a different policy gap. Many of the grantees were able to build on their work, for example FIS in Cameroon was able to secure more funding from the STOP TB Campaign after producing their shadow report on TB. HEPS in Uganda has been asked by the Ministry of Health to coordinate the Task Team responsible to reviewing and updating the guidelines on HUMCs. ROBS in Benin, have been requested by the Ministry of Health to support in data collection for the review of the National Health Plan indicators.

From the Dalberg Review Report, it was clear that there aren't many donors who are funding civil society to engage in advocacy work in the health sector, which is what makes the HPAF so unique and so valuable to health civil society organizations. Their ability to access this small pot of funding to pilot a project or to test a methodology is crucial to their ability to grow their research and advocacy skills, credibility and their funding bases.

Development of Case Studies

All the grantees were supported to develop two case studies each. These case studies were an opportunity for the grantees to look reflectively at their project and pick out a methodology, innovation or a way of working that is unique to their organisation. The grantees all received training, either face to face during a monitoring visit, via skype and as well at the Oxford capacity building training. All grantees, except the grantee from Cambodia developed two case studies, and most reported that the process of reflection for learning and documentation was new, yet very valuable. The grantees could see how case studies can be used beyond demonstrating impact, but also as a tool to help advertise their work and attract new funding sources.

Capacity Building

Completion of comprehensive needs assessments for each grantee, and development of individual capacity building plans. This process resulted in a full work plan for capacity building activities for the Southern Policy and Campaign Officer, which effectively addressed most of the grantees' identified needs.

Delivery of two days of training at the October 2015 Learning and Sharing event, as outlined above. The training provided grantees with a number of new tools for advocacy work, strengthened knowledge of monitoring and evaluation for advocacy and use of social media, provided ideas for future fundraising opportunities, and facilitated further knowledge exchange between grantees, particularly around aid effectiveness challenges. Engagement with grantees during the training also resulted in improvements to grantees' capacity building plans which were amended following consultation with grantees.

Participants reported that the sessions in Berlin on monitoring and evaluation and social media were especially useful for them, and the aid effectiveness element of the workshop was especially interesting. The advocacy strategy training was seen as the most useful training attended across the entire project period by one grantee (PLATONGS), because *'advocacy is very important in the context of Cape Verde and to the platform in particular'*. This session ensured all grantees had been trained on the key steps in developing an advocacy strategy, and had materials they could share on this with colleagues and partners. A second grantee (ROBS) highlighted they are now *'more equipped in matters of advocacy'* and incorporated their learning into an advocacy project on immunization financing. The main limitation of the training participants identified was that it was too short to go into sufficient detail on any of the topics covered. Overall, participants rated the training as good, with new information shared. NB. As the trainings in Berlin on monitoring and evaluation and social media were quite introductory, further and more in-depth training on these subjects was provided in Oxford.

Delivery of advocacy strategy training to NAIMA+ secretariat staff and members (via workshop and subsequent webinars), brokering agreement on NAIMA+'s advocacy goals and objectives for the period 2016-2020. The training developed an advocacy strategy draft for NAIMA+, defined where members felt NAIMA+ added value in the health sector in Mozambique, and helped NAIMA+ to strategically select advocacy activities.

Giving feedback on this training, NAIMA+ staff said: *'I think the capacity building visit by HPAF staff member was super because we were working on something very concrete and we got the results. It was a process where I learnt by doing. Furthermore, the capacity/skills I acquired are still useful in different advocacy platforms in which I'm involved. For example, I used to talk a lot about advocacy strategy but I did not have a solid background [in this]. Now that I was trained I know exactly what I'm talking about and I can input confidently when the CSOs tackle this topic. The training enabled me to continue the work [on NAIMA+'s advocacy strategy] without assistance...it's become a strong tool in my work and interaction with other partners.'* A second staff member explained the steps taken following this workshop: *'The sessions on the elaboration of policy advocacy were followed by a professional group [within NAIMA+] in this area. After the departure of Jessica we maintained a series of meetings to update the document which is to be updated in 2017 following the finalizing of NAIMA+'s Strategic Plan.'*

Design, organisation and delivery of April training event in Oxford, meeting the majority of unmet needs identified in grantees' capacity building needs assessments through a week of comprehensive training sessions. The training was extremely well-received by grantees who reported it increased their knowledge, allowed them to benefit from expert tuition and facilitated cross-learning and relationship-building with Oxfam colleagues. This latter element has led to collaboration between one grantee and Oxfam's health team on the impact of user fees, with joint preparation of human impact stories and advocacy planned for November 2016 as part of a campaign on Universal Health Coverage and health financing, at both global (for Oxfam) and national levels (for FIS).

Grantees gave very positive feedback on the week of training, with one describing it as *'a very good event, rich in sharing of experiences and learning of tools'*. Overall, all grantees scored the week's training as either 8 or 9 out of 10 (where 1 is poor, and 10 is excellent). Moreover, when asked to rank the training on a scale of 1-10 based on the extent it had improved their existing knowledge (where 1 is

very limited improvement and 10 is extensive improvement of knowledge), all grantees again scored the training at 8 or 9. The following quotes from grantees' training evaluations illustrate how well the event was received: *'The training objectives are achieved because all the themes were developed and deepened and/or improved my knowledge'; 'The training was full of learning'; 'There were wonderful sessions which makes it difficult to select the favourite.'*

In addition, grantees gave positive feedback on **how their learning from the training event will be incorporated into their work**. For example, on the **budget monitoring training**, grantees fed back: *'This theme [budget monitoring for health advocacy] responds very well to the advocacy project that we are now about to perform in Benin with the support of HPAF', 'The budget analysis helped inform our budget advocacy work and we used the information in the budget advocacy at country level' and '[We have] been deliberating on how to include Family Planning, implementation of the National Health Act (NHAAct) and PHC reform as budget lines in the 2017 State and National Appropriation Bill; lessons from one of the sessions of the Oxford training (Government Spending Watch) has been of tremendous assistance. I was able to showcase global practices as demonstrated at the Oxford training'; on the UHC training: 'This topic is very key for our advocacy work and will enable us to give statistics of the various success stories and help us to develop our advocacy strategies'; on the use of the law/social media sessions: 'I did not know about Twitter before but in the training I acquired information and I use Twitter now. I am now about to develop an advocacy project and I started the desk review to learn about the laws that I can use to argue my project.' and 'I personally make better use of communication via social media today thanks to the training conducted in Oxford'; and on a few different sessions: 'I will share lessons learnt from MEL training with my organisation and ensure that it is captured in our strategic plan. I am also involved in UHC advocacy in my country and I will definitely use the knowledge gained from the training. My organisation is also involved in advocacy through litigation and I will therefore apply the tips that were shared.'*

Finally, two grantee organizations (HEPS and HERFON) reported expanding their monitoring and evaluation activities to include a learning dimension following the Oxford training event, while a third (FIS) has now made Universal Health Coverage a strategic priority for the organization. **Support to Aidsan training on data collection and analysis in the monitoring or health projects.** This strengthened one grantees' (FIS') network of community watchdogs – and numerous additional HPAF grantees – ability to collect, verify and analyse healthcare data. FIS' shadow report highlighting the data they have gathered on Global Fund projects' impact illustrates their strong capacity in this area. As they stated, as a result of the training they *'have improved the quality of data analysis for our Shadow Report'*. The training was highly beneficial to other HPAF grantees who attended, as one fed back: *'The training benefited me as I was able to guide and support the data analysis process as part of our HPAF project. During this project implementation community consultations were conducted country-wide and data was collected, analyzed and will be used to develop an advocacy strategy.'*

In Cape Verde political advocacy of CSOs is not very common yet, there is no long 'tradition' of NGOs in engaging in a political dialogue with decision makers in a focused way. Although first attempts in terms of advocacy have been made by NGOs recently, there is still little practice on reaching change via advocacy work, and knowledge on instruments and strategies is limited. NGOs working on health are mainly working on 'service delivery' and are more focussed on the solution of concrete, specific

problems related to the objectives of their organisation. There is almost no policy analysis, neither a positioning. If health NGOs do advocacy related activities it's more on the level of their proper organisation and (disease or health problem specific), but not in a coordinated manner.

Thus the advocacy training for the PLATONGS' Health Working Group provided by Sandra Lhote-Fernandes from Oxfam France in Praia was very useful for the members of the group. It increased their understanding on advocacy in health, the added value of coordinated activities and set the ground for the development of a proper advocacy strategy for the group, tailored to the specific Cape Verde context, as it provided suggestions on advocacy tools, strategies, activities and adequate moments.

The webinars on development effectiveness and effective coalition working saw lively discussions between grantees and facilitators, with grantees particularly appreciating the chance for a final learning exchange on their projects. For the effective coalition working webinar, a problem-solving session on challenges faced in working as a coalition was especially useful for one grantee. One grantee (FIS) highlighted, a webinar strengthened their knowledge of aid effectiveness principles. Another (NAIMA+) said *'As a result of the effective coalition working training I have turned my attention to sensitize the members of the network on the need and importance of working as a united group. I can show with evidence why we should work in a coalition. It's been really helpful'* while a third (HEPS) added, *'We used the training and information on coalitions to strengthen our coalition building guides. As an organisation that works in coalitions, we will continue to use the training from coalition building to strengthen our existing coalitions and also start up other coalitions in the different regions in Uganda'*.

Replication of numerous training sessions by HPAF grantees with colleagues/partners at the national level. As mentioned above, five grantees have formally replicated some elements of HPAF training, with a further two grantees planning this in the coming months.

Grantees overall feedback on the capacity building provided as part of HPAF Round III was strongly positive. When asked to rank the overall quality and usefulness of the training received on a scale of 1-10 (where 1 was very poor/not useful and 10 was excellent/very useful) the average score given by all training attendees was 8. Similarly, 8 was the average score given for how much grantees felt their knowledge and skills had improved as a result of the HPAF capacity building (where 1 was no improvement and 10 a very significant improvement). Finally, on average grantees said they were 90% likely to be incorporating learning from the HPAF training events into their work in the next 2-3 years.

To conclude with two final grantee quotes: *'OXFAM coaching was very professional and I have learned so much with exchanges with other NGOs with the support of the HPAF team.'*

'I am immensely grateful to the HPAF project for the opportunity I have to be trained, thereby adding to my skills. I am no doubt better than I was. I look forward to more of such assistance. For some of us, 'gains' from the implementation of the HPAF project have just begun to unfold...'

V. Learnings: Best practices, lessons learned and recommendations

Best practices

Working in coalition: Organizations like HEPS, FIS, TANGO, HERFON who worked in coalitions, made really good gains on their projects. Their ability to work with other organizations, to leverage support, and resources proved that working together on a focused project helps the project not only to achieve the desired impact, but also ensures that the project is able to achieve more than they planned in most instances. HEPS was able to optimize on the different pieces of research done by the organizations of the coalition, which made their presentation to the Ministry of Health on the gaps in the HUMCs so much stronger and more credible. FIS was able to train their coalition members on watchdogging and was able to use the different organizations networks to be able to collect data which fed into their data analysis for their shadow reports, thereby increasing their reach as opposed to working alone, the same applied to TANGO. Each organisation has its own strength or unique niche, and working in coalition allows this to be optimised and maximized to benefit the project.

Evidence based advocacy: Organizations that could present a policy brief or recommendations from evidence which they collected, where more easily given an ear by the Ministry of Health. Being able to well package evidence into an advocacy message is more easily accepted by policy makers, especially when civil society is viewed as an ally and a valuable stakeholder. ROBS' research and recommendations highlighted their ability to collect data at all the levels within Benin, and was asked by the Ministry of Health to support them in collecting data for other indicators as well. HEPS was approached by the Ministry to coordinate the review of HUMC policies and help draft guidelines and the CCM in Cameroon relied on FIS' data to influence their monitoring processes.

Shadow reporting: Some organizations called this an Alternate Report, but the objective is the same. It is a process of collecting data against the same indicators which the Ministry of Health or the Global Fund is using, and producing a report with data collected by civil society. This report is then packaged to present the gaps, as well as to highlight where the Ministry or the Global Fund is doing well. The recommendations are packaged into advocacy messaging which was shared with the relevant stakeholders, and feeds into civil society campaigns for better health outcomes. FIS produced three shadow reports, all of which were happily accepted throughout the country, and advertised widely by the media.

Working with the Media: The media is a critical partner for civil society, but are overlooked in many instances. The grantees in this round were able to engage the media, and due to cost constraints found innovative ways to involve the media in their projects. NAIMA+ found that the media did not engage the public as much as they should in Mozambique, and did not raise awareness or educate the public on what are health rights and provisions. They partnered up with other organizations and were able to train journalists on how to write and understand health issues affecting the citizens. The training was so much appreciated and valued; the journalists trained were able to convince NAIMA+ to replicate the

training in another province. FIS ran a media award for the media house which published the most number of stories, ran talk shows, or hosted debates on the shadow reports and other Global Fund related stories. In this way FIS did not need to pay for any media publications, and the media were excited by the prospect of winning an award. HERFON was also able to use social media more than any other organization to engage the public as well as civil society working on the National Health Act in Nigeria. All grantees have received training from Oxfam on how to use social media as an advocacy tool as well.

Monitoring and support to grantees: The close contact with the HPAF project team, providing capacity building, advise and support, as well as the close monitoring of the grants via regular Skype calls and monitoring visits was very much appreciated by the grantees who confirmed that it was very helpful. This feedback is very positive, but it has to be considered that this also requires more time.

Lessons learned

Funding NGOs versus networks: In Round III, there was a strong emphasis on funding Health Networks, and our lesson learnt in respect to funding networks, is that although they are a coordinating body and can be well positioned to represent civil society organizations, they are not always the best positioned to implement activities. When networks start to implement activities which the organizations are supposed to be implementing as well, it starts to create some conflict, and also takes away from the mandate of the Networks. From our experience it is better to fund organizations which are part of a network, and are able to work in coalition. This means that a lead organization submits a proposal to the HPAF, with an agreement with other organizations to work in coalition around the project they will jointly implement. This has proven to be the best mechanism for organizations, as they are able to work with the strength of each organization to leverage the best outcome, as well as pool resources and divide tasks.

Time resources: Although the management of the fund by a team with different experiences and networks and contexts has overall being enriching for the project due to the different perspectives, the coordination of a cross-national team with the members having also other tasks and only limited time resources allocated to the project has proved to be challenging. More time resources should be provided for the management of the grant and the different tasks and eventually be concentrated in one person who would then seek for support from experts for the respective tasks.

Recommendations

A longer grant period and more funds: the impact of advocacy activities is difficult to measure in a short period of time – especially given the fact that the ground for advocacy in many partner countries is not as well “prepared” as in European countries and thus needs further efforts and preparation. An impact on policy level as intended by the HPAF needs more time, a follow-up of the projects in terms of sustainability should be provided.

HPAF publication for advocacy at international level: Although the HPAF grantees have developed advocacy tools and strategies and publication on several topics and for various purposes which has

increased their visibility and image at country level, they do not have any platform which could be used at international level to share their working experiences and show the impact of their project. The next round should consider having a specified budget line which can ensure that wider publication of civil society's work can be undertaken and encouraged.

Funding networks: The focus in Round III was to fund health networks and platforms, yet from implementing the round, we have noted that this is not always the best way to encourage civil society to work together, as the secretariats of the networks and platforms do not always implement activities, and it is not their mandate to do so. Therefore funding national level civil society organizations, who are part of a health network and are working in coalition with other national level civil society organizations, and in collaboration with their respective network, would yield much better results and have a bigger impact.

HPAF website: The HPAF website has always been a separate website unlinked to Oxfam or WHO, and has been hosted by different companies and has been maintained by HPAF project staff. Although it served some purpose, the website has never been fully optimized, as the time for a media and communications staff was never budgeted and the focus of the project staff has never been digital media. In future rounds incorporating the HPAF website into the IHP+ website might be a sustainable option, with the HPAF project team providing relevant material, information and updates. The website if redesigned to meet the needs of the grantees will become a repository for downloadable information, research, best practices, and a platform for civil society to engage with each other working on the same policy issues etc.

IHP+ Country Representatives: In the case of Cambodia, we were able to see how the involvement of the IHP+ country rep together with the grantee added value, leveraged opportunities, and gave the grantees work credibility and opened certain doors, and access to meetings, that would otherwise not have been possible. The IHP+ country reps have the ability to propel the work of the grantees in country, and support the policy and advocacy work, yet in most countries this relationship was nonexistent. Most IHP+ country reps were unaware of the work of the grantees let alone knew that the HPAF existed and how the mechanism was working in their respective countries. For the future rounds, the IHP+ Core Team should support the HPAF in making the linkage, raise the awareness and expectation of the IHP+ country reps and their role with supporting civil society and not only the Ministries of Health.

Length and extent of the grants: Considering that the IHP+ is in a process of transitioning, it would be a good time for the HPAF model to be assessed according to what might be the best model that will meet the needs of the HPAF, the IHP+ as well as the grantees being funded. The duration of grants have always been a discussion, as advocacy work and impact is best measured over longer periods of time, and the 18 month time frame has never really been able to demonstrate impact of the HPAF projects funded so far. It is for this reason that we strongly suggest that as the HPAF Round III ends and discussions are being held for the future grant making mechanism that 'Model D: Scaling the approach' from the Dalberg Report, 'Review of Civil Society Engagement in National Health Policy Processes

supported through the Health Policy Action Fund Small Grants Program⁵ be considered: Model D focuses on taking a demonstrated proof of concept and taking it to scale. This means more grantees, in more countries, being supported for longer time periods, with deeper capacity building support and overall a much larger financial commitment. For this to be possible the HPAF would need to move away from the direct remit of the IHP+ Core Team and either become a broader IHP+ institutional tool with financing, support and oversight provided by one or more IHP+ partners, or be de-linked entirely from IHP+. This would remove some of the constraints the IHP+ Core Team currently faces in terms of its two-year budgeting cycle and limited staffing resources, and also provide more long-term sustainability post-IHP+.

National networking: While grantee-to-grantee networking was a major success of HPAF Round III, with many grantees highlighting the benefits of this in their final evaluation of the capacity building support, twinning and networking outside of HPAF was significantly less successful. Fostering twinning relationships between grantees and Project Technical Committee (PTC) members proved challenging due to the voluntary gift of time to the HPAF and demanding schedules. Without in country support to identify national capacity-building initiatives for grantees meant the element of national networking and access to national trainings was also limited. For the future rounds finding the most appropriate way to solicit in country trainings, meetings and opportunities needs to be investigated, so that the HPAF project team can incorporate it into their deliberate activities in support of the grantees capacity building initiatives.

Involvement of the PTC: The PTC provided invaluable support during the assessment of proposals, which is much needed as the process of assessing proposals needs the different perspectives of health experts. Although the lesson learnt for this round of the HPAF is that the volunteering of the PTC for an ongoing period of the round is not feasible or functional. Providing the ongoing support needed is not high on the priority list of the PTC and therefore getting them to commit to build the capacity to provide mentorship and support to the grantees has not worked out as envisaged. Following up the PTC became a task in itself for the Project Team, and in some instances also slowed down certain activities. The PTC in many instances was also divided in their thinking and understanding of their roles, and therefore did not provide us with much needed support at the most critical times. This makes us to question the need for the PTC beyond the initial stage of proposal assessments, and can be a discussion to be taken forward with the PTC and WHO in a reflective process.

⁵ Dalberg Report attached as Annex 3

VI. Conclusions and Outlook

The HPAF is clearly a valuable mechanism for civil society organizations working in the south. With little to no access to funding for advocacy work, civil society organizations not only struggle to implement projects that advocate for policy change, but also force them to have strategic plans which encompass a mixture of service delivery and advocacy. The case for continuing the HPAF was made by the Dalberg review in 2013, and the points raised are still valid, including that there are very few donors funding health advocacy work. From the projects implemented by the grantees it is clear that they have all had an impact in different ways and on different levels depending on what the context is in the their respective countries. All of the grantees have expressed their wish to continue to work with the HPAF in some form, and stay connected both to accessing funding as well as receiving training in whichever way possible. This was further expressed by the grantees, by their need to meet with the IHP+ country reps and the IHP+ Core Team to get clarity on the process post the HPAF Round III.

As we are aware that discussions are underway regarding civil society's role in the UHC2030, we would strongly suggest that the grantees from all rounds of the HPAF be consulted as well as the HPAF project team, having direct access to the grantees and having firsthand experience working closely with grantees across the south.

We believe that the mechanism chosen, and the next round will certainly yield the result of ensuring that civil society is well supported and capacitated to advocate for better health policies around the world.

List of Annexes:

Annex 1:	Project Technical Committee: Terms of Reference and Declaration of Interest
Annex 2:	Project Technical Committee List of Members
Annex 3:	Dalberg Report, "Review of Civil Society Engagement in National Health Policy Processes supported through the Health Policy Action Fund Small Grants Program
Annex 4:	Grantee Case Studies
Annex 5:	Grantee Shadow Reports
Annex 6:	HPAF Interim Financial Report