Data collection from Civil Society

1 Introduction

This is the fifth round of IHP+ monitoring of effectiveness of health sector development cooperation. Governments, Development Partners (DPs), Civil Society Organisations and other health stakeholders, including the private sector, are invited to participate in the process.

The IHP+ Results Consortium (known as **IHP+R**) is managing the monitoring process.

2 Indicator

For the civil society, information will be collected in order to assess the following indicator:

Extent to which Civil Society Organisations operate within an environment that maximises its engagement in and contribution to health sector development.

This will be measured by seeking answers on the following questions:

1. What space does the Government provide for CSOs to effectively participate in health sector policy, planning and monitoring?
2. How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?
3. How effectively is the participation of CSOs in national health policy processes supported by international development partners?
4. How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

3 Civil Society Organisations

Included under this category are:

- National non-governmental and faith-based organisations that deliver health services or that are involved in health sector advocacy or in monitoring national health policies and programmes. These include national membership organisations, civil society watchdog groups and chapters of regional and international civil society organisations (e.g. MSF, Oxfam, etc.) or federations that are constituted in the country as independent legal entities with a national governance structure.
- National federations or network organisations representing community-based organisations or NGOs working in health, including umbrella organisations for groups with special health service needs.
- National academic institutions that operate as policy think-tanks, as independent research organisations, or as providers of services in the health sector.

4 Sampling

Sampling is purposive, opportunistic and adapted to local context. The objective is to obtain as broad a sample of organised civil society voices as possible and feasible. In order to reach this objective, the national expert, in cooperation with national institutions (Ministry of Health, other Government sources, NGO networks, etc.) will prepare an inventory of organisations that meet the definitions listed in the above that have a significant presence in the country's health sector. These

organisations will be targeted for a questionnaire survey; a minimum of 15 organisations will be expected to participate in the online survey in each country.

In parallel to the survey, the national expert, in consultation with national partners, regional civil society platforms, and the international senior expert will propose an approach to implement an in-depth consultation with the identified CSOs. This may take different forms depending on country context. Consultations may be conducted in a national CSO round table discussion with participation of a sample of all relevant groups; they may be conducted in a series of two to four smaller groups, each representing a different constituency (eg. as per 3 categories of CSOs presented above); they may also include an on-line discussion; or they may be achieved through different combinations of the above.

For reasons of budgetary constraints, the CSO consultations should be organised through already existing mechanisms in one (maximum two) locations in the country. This will generate a bias towards organisations that are represented in the capital city. However, in almost all instances, such a representation is necessary for organisations that have an interest in participating in national health policy processes. Exceptional situations may exist in some highly decentralised countries (such as Pakistan) in which case more than one location may have to be considered within budgetary limits.

5   Data collection and data path

5.1   Online survey

The on-line survey of national CSOs will be launched by IHP+R and the national expert will invite the relevant CSO organisations to participate, in collaboration with a national CSO network if it exists. The survey will be launched on a common survey platform (such as Survey Monkey). Survey questions will follow the online survey tool (see annex 1) but be translated and adapted as much as possible to the national context.

Survey results will be collected by IHP+R and shared with the national expert for analysis with assistance of the international expert. The results will be communicated by the national consultant to the Ministry of Health IHP+ Focal Point and to the CSOs that participated in the survey. At the same time, the results of all country surveys will be aggregated by the IHP+ helpdesk for a global analysis of CSO responses in participating countries.

The results for the online survey will inform the CSO consultations (see below) and should therefore be completed by **30th April 2016.**

5.2   CSO consultations

The data collected through the survey will be contextualised in consultations with CSOs (see annex 2). The form of the consultation(s) will vary from country to country. The agendas of the consultations will, however, follow a common sequence of themes which will serve as headings in a common report template. This will allow a cross-sectional content analysis of issues raised by CSOs on specific themes across all participating countries.

The report(s) of the consultations (national round table, multiple focus groups, online discussion forum) will be prepared by the national expert and validated by the participants. They will then be

submitted to the national IHP+ focal point at the Ministry of Health, and to the IHP+R helpdesk for aggregation of information and regional or global analyses. Whether or not the reported CSO voices will be anonymised in the report will depend on a consensus position of the consultation participants. This should be established at the outset of the consultations.
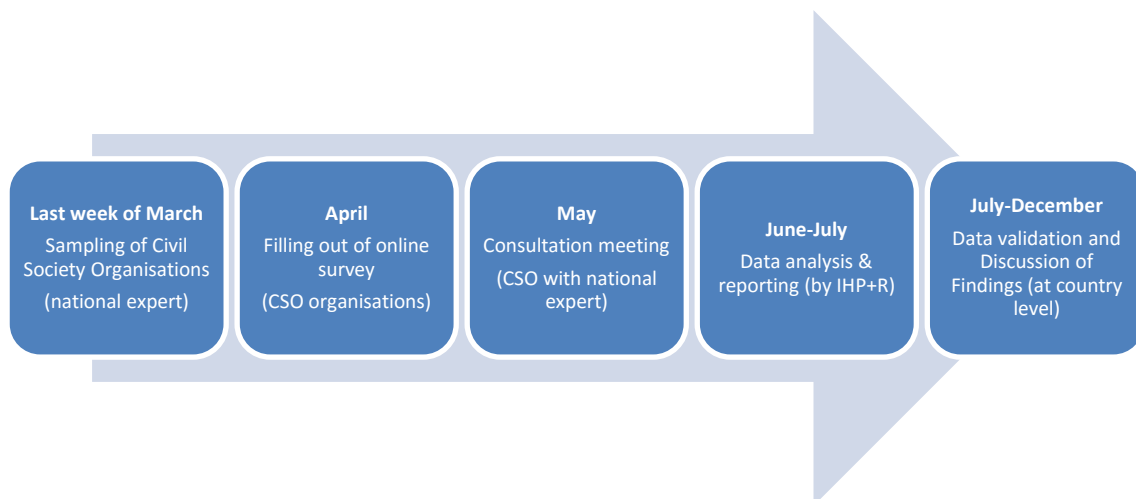
The report of the consultation meeting should be submitted to the Ministry of Health and IHP+R helpdesk **before 31st May 2016**.

6   National discussion of finding

The information collected through the CSO consultations (questionnaire and group discussions) will be synthesised and presented by the national expert (or a delegated person) to a final stakeholder conference of health partners where all study findings, including for Government, Development Partners, CSO and Private Sector will be discussed. CSO participation in this meeting will be decided by the organisers. These may differ from country to country.

7   Timeline

Figure 1: Timeline for 2016 IHP+ Monitoring

Last week of March	**April**	**May**	**June-July**	**July-December**
Sampling of Civil Society Organisations (national expert)	Filling out of online survey (CSO organisations)	Consultation meeting (CSO with national expert)	Data analysis & reporting (by IHP+R)	Data validation and Discussion of Findings (at country level)

Annex 1: Online questionnaire

The questionnaire is deliberately kept short (12 questions) in order to achieve high response rates. It will be translated and administered in the main official language(s) of the country. Questions may be modified to adapt them to local context. However the substance and the sequence of the questions should not be changed to allow aggregation of responses and aggregated cross-country analyses.

Introduction

This survey is being conducted by IHP+R in collaboration with ………… (name of national expert or national institution) in order to assess the extent to which Civil Society Organisations in your country operate in an enabling environment that allows them to contribute effectively to the development and implementation of effective, efficient and equitable health policies.

The questionnaire was sent to non-governmental, faith-based, community-based and independent academic institutions in the country that are stakeholders in national health policy and health service delivery. It is one part of a deeper consultation process on civil society involvement in health policy.

The survey is implemented on behalf of the Ministry of Health by the international team managing the fifth round of performance reviews of the International Health Partnership (IHP+) in 31 countries, with support of ….. (*insert name of national institution*).

The survey should be completed by a senior management staff of your organisation. Multiple submissions from the same organisations will be accepted however they will be grouped together in the analysis in order to give equal weight to each participating organisation.

All identifications (name of organisation and name of respondent) will be removed in the analysis. The results of the survey will be communicated to the Ministry of Health and to all CSOs who received an invitation to participate. **The respondents and their organisations will remain fully anonymous**.

The survey will close on **April 30th 2016**. Please respond as soon as possible.

Identification
Basic information such as

- Name of the organisation, institution or network
- Type of organisation (drop down menu: non-governmental, faith-based, community-based and independent academic institutions)
- Main focus of health sector activities: health services delivery, patient rights, research, other (please specify).
- Active in the health sector since (*provide year*)
- Name of respondent
- Position of respondent

Component 1: What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring?
Question 1: Are CSOs consulted by government in the design, implementation or monitoring of national health policies or major national health programmes?
- 5-point Likert scale ranging from "not at all" to "a great deal"

Question 2: Do CSOs have timely access to government information about major national health policy initiatives?

- One 5-point scale for access to information (ranging from "no access" to "full and easy access", and one 3-point scale for timeliness (ranging from "usually early during planning" to "usually too late when most decisions have already been made" plus one field for "not applicable")

Question 3: Does the government provide resources (financial support, training, technical assistance) to facilitate CSO participation in multi-partner health policy fora or processes?

- One scale for government support (ranging from "never" to "frequently") and one multiple choice for financial support, training opportunities, technical assistance, other (specify), or not applicable.

Component 2: How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?

Question 4: Is your organisation participating in any CSO-managed process or institution in the country that serves to make CSO health sector activities more transparent and accountable? How effective is it?

- One field for "yes", "no", "don't know" and "specify the process or institution"; second field with scale for effectiveness ranging from "not effective" to "very effective" (plus "not applicable")

Question 5: Does your organisation participate in a CSO-initiated coordination process, mechanism, or network organisation that facilitates inclusive CSO representation in the national health policy dialogue? How effective is it?

- One field for "yes", "no", "don't know" and "specify the process, mechanism or network"; second field with scale for effectiveness ranging from "not effective" to "very effective" (plus "not applicable")

Question 6: Does your organisation report to the Ministry of Health or to another government department on main activities, finances and geographic areas of involvement? How often?

- One field "yes", "no", "don't know"; second field select "Ministry of Health" or "other (specify)" One field "monthly", "6-monthly", "annually", "other (specify)

Question 7: How is your organisations capacity within your area of interest/mandate to: a) engage in policy dialogue; b) do advocacy; and c) administratively manage the organisation?
- One scale from 1-5, being no capacity to full capacity, for each of the 3 mandates

Component 3: How effectively is the participation of CSOs in national health policy processes supported by international development partners?

Question 8: To what extent have international agencies that finance health sector development activities in the country consulted your organisation when developing their cooperation programmes?

- Three options: "no agency", "few agencies" and "many agencies".
- A second answer field asking for identification of top 3 agencies that involve CSOs in programming decisions

Question 9. Do international agencies that finance health sector activities provide your organisation resources (financial support, training, technical assistance) to facilitate participation in multi-partner health policy fora or processes?

- One scale for international agency support (ranging from "never" to "frequently")
- One multiple choice for financial support, training opportunities, technical assistance, other (specify), or not applicable.

- A third answer field asking for identification of top 3 agencies that provide support to CSOs for participation in multi-partner health policy for a or processes

Component 4: How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?

Question 10: Is there a recognition of and respect for CSO freedom (association, assembly and expression), in the Constitution and more broadly in policy, law and regulation?

- Three options: "yes and very effective", "yes but only partially effective", and "no"

Question 11: Is the legal and regulatory environment enabling for your organisation formation, registration and operation?

- Three options: "yes and very effective", "yes but only partially effective", and "no"

Question 12: Does the legal and regulatory environment facilitate access to resources for your organisation?

- Three options: "yes, without restriction", "yes, but with some restrictions", and "no, resource mobilisation by CSOs is highly regulated and restricted "

Question 13: Does the legal and regulatory environment prevent certain groups from participating in health policy processes (based on gender, ethnicity, religion, sexual orientation, etc.)?

- "no" or "yes" (if the answer is yes, provide examples)

Annex 2: Themes for consultation meetings

Consultation meetings should be organised in the format most appropriate to country context.

The purpose of the meetings is to gain a deeper understanding of how Civil Society Organisations view the national environment in terms of the extent to which it enables CSO participation in health policy processes.

The consultation meetings are one part of the national CSO consultation for the 2016 performance review of the International Health Partnership (IHP+). The other part is an on-line survey of CSOs.

The consultation meetings are organised by the international consortium managing the IHP+ performance review in cooperation with ………….. (*insert name of national institution or national expert*) , on behalf of the national Ministry of Health.

Reports of the consultations will be prepared by a national expert contracted by the consortium, validated by participants and the Ministry of Health. A report template will be available from IHP+R. On request, the names of individuals or organisations participating in the consultations will be removed prior to the validation process. The validated report will become part of a summary CSO report (including data from the on-line survey and other consultation meetings) which will be presented in a national discussion of findings organised by the Ministry of Health, and it will be used as information for the global 2016 IHP+ performance report.

The following is a list of six themes for the agenda of consultation meetings. The number of themes to be discussed during the meeting (or on-line forum) will depend on national context and the format of the consultation. Nevertheless, each consultation should result in a summary report prepared on a template that includes headings for each theme. (Six themes may be too much for some consultations. In that case an attempt should be made to distribute the themes over several types of meetings. If in one of the meetings a theme was not discussed, the space in the report template should be used to explain why).

The bullet points under each theme are suggestions for discussion topics. The bullet list should not be treated like a questionnaire.

Theme 1: Does government include CSOs in health policy processes?
- Are there health partnership processes or mechanisms in which CSOs are always invited to participate. Which ones (technical working groups, periodic stakeholder meetings, joint assessment of health strategies, joint annual health sector reviews, preparation of major funding proposals, preparation of the health strategic plan, etc.) ?
- Do these processes take place at national and/or local levels?
- Does the Ministry of Health provide sufficient and timely information to CSOs to facilitate their constructive and coordinated input into health policy processes?
- Are there feedback mechanisms demonstrating how different stakeholders' inputs have been taken into account?
- Do these processes allow for equal and active participation, including, where relevant, of CSOs representing groups that are socially marginalised?
- What, if anything, can be done to improve CSO inclusion in health policy partnership processes?

Theme 2: Does government provide resources for CSOs to facilitate their participation in health policy processes?

- If yes, what type of resources? (financial, training, technical assistance)
- Are they sufficient? Is access to the resources transparent and equitable?
- If no, what resources should government provide to support CSO participation?

Theme 3: Are there CSO-managed processes or institutions for coordination, transparency and accountability of CSO health sector activities, and how well do they work?
- Do these processes and institutions exist at national or at local levels, or both?
- How inclusive are they? Who participates and who does not?
- If these mechanisms address accountability, then accountability to whom? (to government, to donors, to constituencies?)
- To what extent are health programmes supported by CSOs aligned with national priorities?
- What, if anything, should be done to increase the coordination, transparency and accountability of CSOs working in health?

Theme 4: Do international partners consult CSOs on their health sector programme?
- Are there institutionalised mechanisms established by international partners to involve CSOs in programme development and oversight?
- Which are these mechanisms? Do they exist at national or sub-national level?
- How inclusive are they?
- When CSOs participate in consultations on international support to the health sector, do they usually receive feedback that shows the extent to which their inputs were taken into account?
- What, if anything, should be done to increase the participation of CSOs in the development and oversight of internationally funded health sector initiatives?

Theme 5: Do international partners support CSO participation in health policy processes?
- Do CSOs working in health receive international support for activities other than training and health service delivery? (e.g. for advocacy, for participation in technical fora and health coordination committees, for capacity building in health system analysis, for watchdog activities such as preparing and publishing budget analyses or reports on fraud or corruption)
- Which international agencies provide such type of support?
- Do international agencies invest sufficiently in this type of support of CSOs?
- What, if anything, should be done to increase international support for CSO participation in health policy processes?

Theme 6: How free are CSOs to organise themselves, and to develop, implement and resource their work in the health sector?
- Are CSOs free to organise themselves and get registered? (if there are barriers to formation and registration, what are they?)
- Is this different by type of CSO (refer to 3 groups of CSO under section 3)? If so, how is it different?
- Are CSOs by law and in practice able to pursue a broad-range of self-defined objectives, including human rights and good governance?
- Are there any legal, regulatory, policy or political barriers that limit the possibility of individuals to participate in, join, and operate CSOs based on gender, ethnicity, religion or sexual orientation?
- Are there legal, regulatory, policy, or practical barriers for CSOs to seek, secure, and use resources (financial, material, and human), including foreign resources?