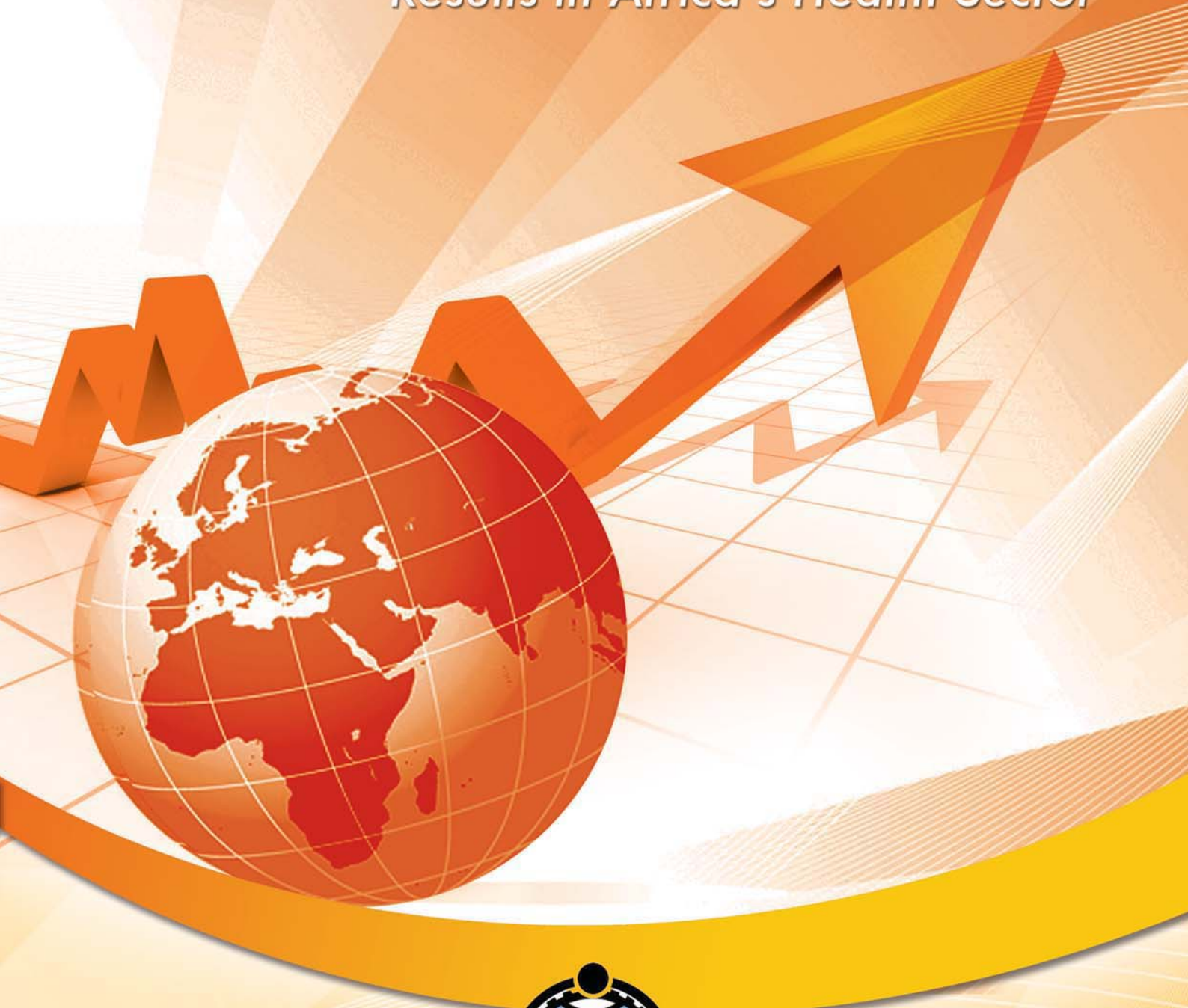


Informing Strategies → **Improving Results**

*The Role of Civil Society
Organisations in Managing for
Results in Africa's Health Sector*



Sciences for Prosperity

Table of Contents

Background	1
Civil society organisations	1
Aid effectiveness	1
Managing for results	2
Donor emphasis on managing for results	2
Engaging civil society	4
CSO involvement in strengthening decision-making	4
Partnering governments with CSOs	5
The role of African science academies in aid effectiveness	5
The Study: The Role of Civil Society Organisations in Managing for Results	6
Methodology	6
Committee formation, make-up, and balance	6
Questionnaires	7
Data collection	7
Results	7
Strategic plans	9
Performance assessment frameworks	9
Evaluations	9
Using evaluation feedback	9
Dissemination of findings	10
Discussion	10
Strategic plans	11
Performance assessment frameworks	12
Evaluation protocols	12
Using evaluation feedback	13
Role of CSOs in management for results	13
Data quality	13
Donor and government perspectives	14
Findings	14
The Way Forward	14
Annex 1	17
List of Tables, Figures and Boxes	
TABLES	
1. How AfDB contributes to Africa's development in health	4
2. Health issues addressed by the CSOs	8
3. Summary of findings from CSO questionnaire	8
FIGURES	
1a: GAVI indicator target for under 5 mortality	3
1b: GAVI indicator target for number of deaths averted	3
1c: GAVI indicator target for number of children immunised	3
BOXES	
1: Five Principles of the Paris Declaration	2
2: An Interesting Observation about HIV Resource Utilisation in Uganda	11



Statement from the African Science Academies

Africa will not reach the Millennium Development Goals (MDG) unless the foreign aid and other locally derived investments in development are proven effective. In light of that reality, what are science academies here for, if not to tackle the most difficult issues of our time—such as achieving the MDGs—and to inform policy making at the very highest levels of our society through rigorous and evidence-based approaches? As a subject of much discourse and confusion in international development, aid effectiveness poses difficult questions that academies in Africa are well placed to address.

Academies add value to this dialogue because the effectiveness of aid can be assessed and improved using evidence-based approaches like evaluation science; and because there is a need to look at these issues using knowledge from many disciplines. Academies' multidisciplinary approach allows them to tackle difficult questions such as: Is the aid targeted to match the burden of disease and associated risk factors? Are aid programs being implemented in a way that is scientifically sound? Do the programs have effective monitoring and evaluation programs to determine to what extent they meet their stated goals?

Moreover, science has everything to do with tracking the effectiveness of development programs, regardless of the source of funding. Even if Africa was not presently a major recipient of foreign aid, it should still be using science to determine the effectiveness of investments in those sectors key to development. Donors and recipients alike will require more effective programs going forward. There will be more demand for evidence-based approaches and best practices, with the goal of getting better results and improving accountability at all levels. Much of the work needed to get to that stage depends on whether investments to date are documented as effective because they have demonstrated impacts on the communities that receive them.



Sciences for Prosperity



Background

This report and the activities leading up to it represent the first steps taken by science academies in Africa to explore the role of civil society organizations (CSOs) in addressing aid effectiveness in Africa's health sector. The study contained within this report looks at CSOs' capacity to collect, analyse, use and share data, and the willingness of donors and governments to receive this information. However, before these topics can be analysed, there needs to be a basic understanding of what civil society organisations are; what aid effectiveness is; how managing for results is incorporated into organisations' work; and how national academies factor into the aid effectiveness agenda. The following sections review these concepts.

Civil society organisations

There is no universally accepted definition of what constitutes a civil society organisation (WHO, 2001). Generally, these organisations are considered the link between government and the average citizen or the "civil society." They can also be the connection between the private sector and citizens. In this way, CSOs are organised groups of people from the community or other places like a worksite or neighbourhood who band together to influence state or market decisions. Often a CSO focuses on a specific area. For example, the Uganda Action for Nutrition Society (UGAN) was established by professionals interested in advancing and lobbying for better nutrition for sustainable national development through capacity building, technical support, networking, information dissemination and operations research (UGAN, 2008). Other examples include Africaid—a community based organisation in Zimbabwe that integrates health services, community outreach, advocacy and psychosocial support for children and adolescents living with HIV (Africaid, 2011); and PATH—an international not-for-profit organisation whose mission is to *improve the health of people around the world by advancing technologies, strengthening systems, and encouraging healthy behaviors* (PATH, 2011).

These three examples represent different types of CSOs. Broadly speaking, CSOs are believed to be non-state, not-for-profit, voluntary organisations; however, lines of separation are not always clear since a number of CSOs have been established by and are being supported by government and private, for-profit companies. Such relationships can create difficulties for CSOs. Although their primary motivation may still be to influence state or market decisions, financial interests may also drive the work they do. That said, CSOs do contribute greatly to improving the health and welfare of civil society. Some of the ways CSOs work within the area of health include:

- service delivery;
- health promotion and information exchange;
- advocacy;
- resource mobilisation and allocation;
- assessment of quality of care ; and
- monitoring impact of funding (domestic and external) to the health sector.

Aid effectiveness

According to Stern et al. (2008) aid effectiveness is viewed as "arrangements for the planning, management and deployment of aid that is efficient, reduces transaction costs and is targeted towards development outcomes including poverty reduction." It is believed that reducing poverty will make it possible to achieve the Millennium Development Goals (MDGs). To this end, four High Level Forums (HLFs) on Aid Effectiveness have so far been organised by the Organisation for Economic Co-operation and Development (OECD). The first was in Rome in 2003. It brought together heads of multilateral and bilateral development institutions and aid recipient countries, and culminated in commitments by donor agencies to harmonise their operational policies, procedures and practices (OECD, 2003). The second, in Paris in 2005, established five principles on how to make aid more effective. Known as the Paris Principles, these guidelines were developed with the intent of influencing the behaviour of governments, donors and civil society organizations (OECD, 2005).



The five principles—ownership, alignment, harmonisation, managing for results, and mutual accountability—are outlined in Box 1. Although important ideas, it was not until the Third HLF was held in Accra in 2008 that real action plans on how to eradicate poverty by making development more effective were discussed. The fourth HLF will be held in Busan, South Korea at the end of 2011.

Box 1

Five Principles of the Paris Declaration

- **Ownership:** Countries should play a leading role in developing national development strategies. A strong national strategy with clear priorities, involving meaningful collaboration with non-state actors such as civil society, provides a foundation for achieving results.
- **Alignment:** It is paramount that development efforts are based on and support the partners' development strategies. This inevitably calls for strengthened country systems so as to realise maximum benefit.
- **Harmonisation:** Development efforts among different agencies should be coordinated. The Paris Declaration advocated for joint donor efforts in partner states. This is to avoid duplication of efforts, with the key aim of reducing transaction costs from dealing with different donors and donor procedures.
- **Managing for results:** This refers to the need to incorporate information on impacts into decision making, which will help ensure that development efforts are geared to achieving maximum results.
- **Mutual accountability:** Donors and partners need to be accountable, not only to the public but also among themselves. A partnership is needed to monitor efforts and to ensure aid effectiveness.

Managing for results

According to the Paris Declaration, managing for results means “managing and implementing aid in a way that focuses on the desired results and uses information to improve decision-making” (OECD, 2005). Such an approach involves defining and measuring results that can inform and improve performance and the allocation of resources. Inherent in this results-based approach are questions about what to measure, who is responsible for collecting the information, and how groups might gain access to or share data. The goal is to improve the effectiveness of public resources in achievement of the MDGs. By providing governments with the tools and approaches for results-driven management, it is hoped that performance and accountability will continuously improve and successes will be sustained. As implementers of many government programs and strong advocates for civil society, CSOs are well-positioned to assist in information gathering and monitoring of progress of how effectively public resources are being used to achieve the MDGs.

Donor emphasis on managing for results

GAVI Alliance: At GAVI, three goals were identified in conjunction with specific targets that measure progress against their 2011-2015 strategy, which aims to “save children’s lives and protect people’s health by increasing access to immunisation in poor countries” (GAVI Alliance, 2011a). Their three indicators of success include: (1) under 5 mortality rate; (2) number of future deaths averted; and (3) number of additional children fully immunised as a result of GAVI support. Each has an identified data source and target as indicated in Figures 1a-c.



Figure 1a. GAVI indicator target for under 5 mortality

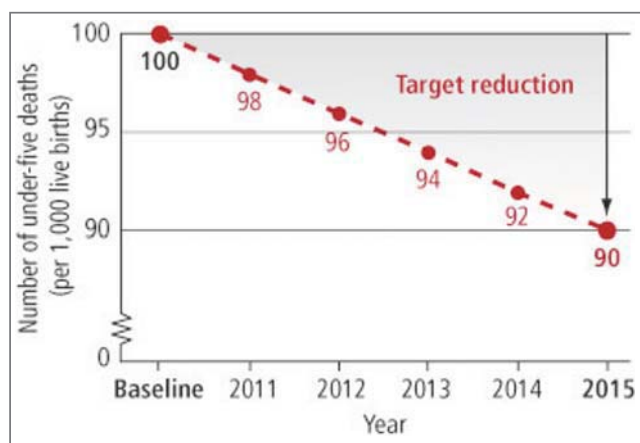


Figure 1b. GAVI indicator target for number of deaths averted

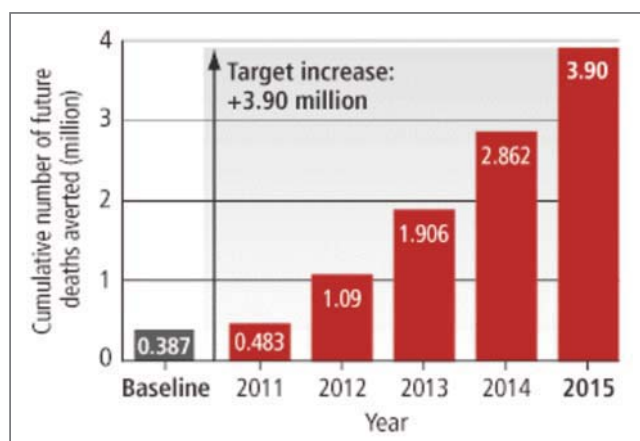
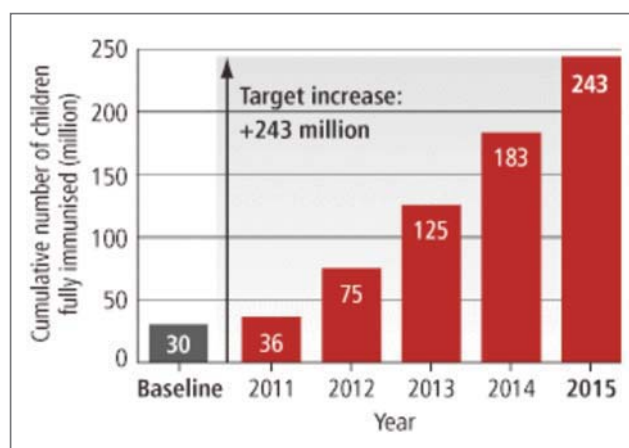


Figure 1c. GAVI indicator target for number of children immunised



Source: <http://www.gavialliance.org/results/goal-level-indicators/mission-indicators/>

The Global Fund to Fight AIDS, Tuberculosis and Malaria: The Global Fund focuses on managing for results throughout its entire grant making processes. Performance based funding requires all recipients to report results against agreed country specific targets, and funding decisions follow pending performance of the programs. According to the Global Fund, such performance-based funding mechanisms better ensure that funding decisions are based on a transparent assessment of results against time-bound targets <http://www.theglobal-fund.org/en/performancebasedfunding>.

The African Development Bank Group: The African Development Bank similarly has a culture of managing for results in working toward its overall objective of spurring sustainable economic development and social progress, and contributing to poverty reduction. The Bank explores how its operations have contributed to Africa's development results in its *Annual Development Effectiveness Review 2011* (African Development Bank Group, 2011).

In the area of health, the Bank works to strengthen weak elements of African health care systems and to leverage limited resources by investing in building and upgrading of healthcare infrastructure and training of health professionals. Currently the Bank measures its contributions by the indicators noted in Table 1.



Table 1. African Development Bank indicators in health

Indicator	Expected	2008 – 2010 Delivered	Percentage delivered	2011 – 2013 Expected
Primary, secondary and tertiary health centres constructed/ equipped (number)	1,813	1,932	107%	1,054
Health workers trained (number)	16,750	17,200	103%	39,377
Health training and education sessions (number)	19,961	19,348	97%	393
People with access to better health services (people)	13,274,000	16,365,000	123%	16,056,000

Adapted from African Development Bank Group, 2011 and accessed at:
[http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/ADER%20\(En\)%20-%20Websafe.pdf](http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-Operations/ADER%20(En)%20-%20Websafe.pdf)

Engaging civil society

Over the past few years, civil society has become increasingly involved in strategic planning and decision making. For example, a large number of CSOs—through membership in Health Sector Coordination Committees—are working alongside government and bilateral and multilateral agencies to coordinate and monitor their country's National Health Sector Plan (GAVI Alliance, 2011b).

Increased involvement is especially evident in HIV/AIDS. A recent analysis of UNGASS reporting found engagement of civil society occurred in the vast majority of countries (Peersman et al., 2009). Involvement in national HIV planning and strategic processes was strongest in countries with proactive civil society groups that took the initiative to organise themselves. However, researchers reported that lack of experience with national level processes presented impediments to more meaningful dialogues that indicated a need for greater access to funding and technical support.

CSO involvement in strengthening decision-making

Within the context of multi-stakeholder efforts toward increasing aid effectiveness, UNAIDS facilitated a Global Task Team (GTT) on improving coordination among multilateral institutions and international donors to further strengthen the AIDS response in countries. Comprising high-level representatives from the UN system, multilateral funding agencies, national AIDS programmes, donor countries and civil society networks, the Team was directed to develop recommendations on how to improve the institutional architecture of the response to HIV and AIDS. One of their recommendations called for *National AIDS coordinating authorities, multilateral institutions and international partners to increase the role of civil society and academic institutions as implementers of monitoring and evaluation, including the collection of information from marginalized communities and the critical analysis of national data* (GTT, 2005).

To this end, UNAIDS supported the development of Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses. A primary aim of these guidelines is to *increase and improve the active and meaningful involvement of the community sector in the development, implementation and monitoring of coordinated national AIDS responses* (ICASO et al., 2007).

The Task Team on Health as a Tracer Sector (TT HATS) is an informal international health forum supported by the OECD. Like GTT, TT HATS takes a multi-sector approach that includes civil society organisations. Its mandate is to track progress toward implementation of the Paris Declaration and Accra Agenda for Action in the health sector. In its final report before the Fourth High-Level Forum meeting on Aid Effectiveness, the team found evidence of increased civil society participation in country health policy and planning processes—although how meaningful the engagements are in influencing policies have been called into question (OECD, 2011).



One particular recommendation in their report is in agreement with the findings of Peerson et al. noted above. It calls for more intensified investment and technical assistance to strengthen national planning, budgeting and accountability processes that include CSOs. They also specifically called for *early investments in developing a common understanding and expectation of results and in regular, robust, independent monitoring and evaluation of aid effectiveness processes and impact.*

Partnering governments with CSOs

In the Accra Agenda for Action, ministers of developing and donor countries responsible for promoting development and heads of multilateral and bilateral development institutions endorsed a deepening engagement with civil society organisations. They specifically sought to: 1) improve co-ordination of CSO efforts with government programmes; 2) enhance CSO accountability for results; and 3) improve information on CSO activities in ways that maximise CSOs' contributions to development. Many civil society organisations are well positioned to provide qualitative information through their routine participatory information collecting techniques. These include direct observation, interviews and focus group discussions. The design of national household surveys and other state-run questionnaires that emphasise quantitative data could be improved with supplemental qualitative data that could be provided by CSOs.

Civil society organisations are also in a position to contribute to and strengthen decision making in the following ways (Advisory Group on Civil Society and Aid Effectiveness, 2007):

- facilitating enhanced access to information;
- analysing and disaggregating information;
- collecting and disseminating qualitative information regarding the quality of services;
- demonstrating their own performance, as well as that of other actors; and
- acting as alternative and independent sources of information.

The role of African science academies in aid effectiveness

Academies have a unique convening power that brings together the nation's and the world's greatest minds. Given the extensive networking of academies around the globe, the honorific status of their members, and their focus on evidence-based advising, academies are well-positioned to provide scientific expertise and a neutral platform on which to engage a broad range of actors on scientific aspects of aid effectiveness in sub-Saharan Africa. In the past, countries have turned to members of their academies to serve their nations. It is the members' in depth understanding of complex scientific issues and their willingness to use their diverse intellectual power to assist policymakers that gives science academies their distinctive position as the interface between science and policy. With a focus on "evidence," academies can provide the backdrop on which to discuss cross-cutting and sometimes contentious issues.

It is from that stance that In October 2010, representatives from the African science academies brought together international experts from three sectors—CSO, donor and government—to discuss and debate the role of civil society organisations in managing for results and how this work could potentially impact the realization of the MDGs in Africa. Following lengthy discussions, an agreement was made to reach out to each sector for baseline information through a questionnaire. This diverse committee (pictured below) established the framework from which the three questionnaires were developed. The following section is a description of the study that used these questionnaires to explore the role of CSOs in managing for results.



UNAS convened planning committee that met for a 3-day retreat at the Rockefeller Foundation Bellagio Center in Bellagio, Italy.



The Study: The Role of Civil Society Organisations in Managing for Results

Methodology

Analysis for this exploratory study is based on two sources of data: a field study of the CSO sector in Uganda, and a desk study involving the CSO sector in east, west, central and southern Africa. Additional outreach to government and donor representatives for responses to questionnaires supplemented the responses from the CSO community in both studies. The overall objective of the two studies was to investigate the role of CSOs in managing for results in Africa's health sector. Other aspects of aid effectiveness—accountability, ownership, alignment, and harmonization—were also investigated, but the primary focus was managing for results¹.

Committee formation, make-up, and balance

The international experts referred to previously formed the backbone of the UNAS Planning Committee for Aid Effectiveness and Managing for Results. Their primary task was to develop the framework for questions that address issues related to how CSOs could contribute alongside governments and the donor community to the aid effectiveness agenda. The committee had 20 members, three quarters of whom resided in Africa (a complete list of committee members and the organizations they represent can be found in the acknowledgments section of this report). The selection process for the members was gender-sensitive with a goal of reflecting a wide geographical spread that ultimately encompassed Africa, Europe and the United States.

¹ Even though the focus of this report is managing for results, both the field and desk studies contain quality information that can be used as the basis for other reports on the role of CSOs with respect to the other Paris Principles.



Questionnaires

The planning committee agreed to develop three separate questionnaires to target each of three actors the committee identified as key stakeholders in the aid effectiveness partnership—CSOs, governments and donors – to collect pertinent data on aid effectiveness and managing for results. The questionnaires sought to understand:

- who is engaged in data collection;
- whether data is made accessible;
- how data are being analysed and used; and
- what the major obstacles are in accessing and using data.

(See Annex 1 for a list of the subset of questions to CSOs used for this study.)

Data collection

In the Uganda field study, data for the questionnaires were collected by the Uganda Bureau of Statistics (UBOS) over 10 days through face-to-face interviews with the respondents categorised according to the level at which the organisations operated—national, district, sub-county, or parish. Overall, the district-level inquiry identified more than 4000 CSOs of which 2576 were dealing in health and formed the sampling population. The Simple Random Sampling technique was used to select a total of 314 CSOs, 267 of which formed the basis for the reported findings.

The Africa-wide desk study—also carried out by UBOS over a 3.5 month period—obtained data through emails and structured telephone interviews. A list of CSOs in the health sector was generated by a broad internet search. Starting with a total of 12,907 CSOs identified through the web search, 3033 constituted the sampling frame, after those that lacked active web addresses were discarded. The results presented for this study are based on 269 responding CSOs located in 47 countries that did not include Uganda.

Both studies used the same questionnaire although a number of questionnaires from each group had to be discarded due to incomplete responses.

Outreach to African governments and donors through questionnaires similar to those used for data collection in the CSO communities did not produce sufficient results to warrant a full analysis. However, they did provide some personal perspectives on the value and challenges in working with CSOs. These observations are mentioned in the discussion section of this study.

Results

The two surveys represent a self-assessment by CSOs. The additional information collected from donor and government representatives similarly represents their personal assessments.

Results presented from the Uganda study were drawn from a total of 267 CSOs. Responses of 47 CSOs were not used in this analysis due to incomplete responses to the questions of interest for this study. Of the 267 CSOs, the majority (57%) had existed for less than 10 years, while 13% had existed for more than 20 years. Most (72%) were operating at the sub-national level and focused on HIV/AIDS, as shown in Table 2. Because some CSOs focus on more than one health issue, the percentages total more than 100%. For the Africa-wide study, results were drawn from a total of 269 CSOs. Of these, the majority (67%) had existed for less than 10 years, while 10% had existed for more than 20 years. Because not all CSOs responded to all questions, some anomalies may exist in the presented data.



Table 2. Health issues addressed by the CSOs

HEALTH ISSUES	Field CSO		Desk Study CSO	
	Frequency Out of 267	Percent	Frequency Out of 269	Percent
Reproductive Health	111	41.6%	139	51.7%
HIV/AIDS	213	79.8%	238	88.5%
Nutrition	114	42.7%	132	49.1%
Other communicable Diseases	81	30.3%	85	31.6%
Public Health	126	47.2%	111	41.3%
Maternal Health	86	32.2%	100	37.2%
TB	54	20.2%	98	36.4%
STIs	75	28.1%	111	41.3%

Table 3 summarizes the number and percent of those respondents who replied affirmatively to specific questions in the questionnaire. Those questions that draw from a subset of the "yes" responses are noted in orange. Responses to some of the more detailed questions are outlined below.

Table 3. Summary of findings from CSO questionnaire

Question	Field (Uganda) study N=267		Desk (all-Africa) study N=269	
	Yes (#)	Yes (%)	Yes (#)	Yes (%)
Is the organisation registered?	263	98.5%	258	95.9%
Does the organisation have a strategic plan?	226	84.6%	227	84.4%
Of those with a strategic plan: Does organisation plan link with the national health sector plan?	192/226	85%	196/227	86.3%
Is a performance assessment framework (PAF) in place?	205	76.8%	191	71%
Of those with a PAF in place: Received support for implementation of the PAF?	139/205	67.8%	105/191	55%
Evaluation protocol in place?	210	78.7%	172	63.9%
Is there a regulatory body to review evaluations or to assess?	206	77.2%	169	62.8%
Conducted an evaluation in the past?	229	85.8%	217	80.7%
Of those who conducted evaluations: Involve other stakeholders in the evaluation process?	196/229	85.6%	157/217	72.4%
Of those who conducted evaluations: Do findings feedback changes into the implementation?	223/229	97.4%	199/217	91.7%
Of those whose evaluations feedback: Have there been major changes in the implementation?	190/223	85.2%	157/199	78.9%
Of those whose evaluations feedback: Were findings disseminated?	166/223	74.4%	110/199	55.3%

Strategic plans

In the Ugandan country study, the strategic plans of 85% of 226 CSOs were reportedly linked with the national health policy, which currently has four priorities: 1) health promotion, disease prevention and community health initiatives; 2) control of communicable diseases (including HIV/AIDS, leprosy, TB, malaria); 3) sexual and reproductive health; and 4) child health. Reasons given by 41 of 267 CSOs in the field study for not having a strategic plan in place included insufficient funds, the elaborate process required to develop one, and that there was no need for one. Similar reasons were given in the desk study by 40 of 269 CSOs that had no strategic plan.

Performance assessment frameworks

Concerning performance assessment, in both studies, the main reasons given by those organisations not having a performance assessment framework (PAF) in place included the elaborate process required in setting one up, inadequate funding, inadequate technical capacity, and inadequate human resources. On the question of components of PAFs, the main elements noted in the field study were monitoring and evaluation audits, results and targets, budgets, review meetings and feedback, and assessment reports by stakeholders. Similar components were cited in the desk study, with the main one being community involvement; however, there was a very low response (6%) to this question in the desk study.

Evaluations

Evaluation provides a way to note achievements and to fine-tune policy. When looking at the study results, 210 (79%) in the field study and 172 (64%) in the desk study had evaluation protocols in place. The main reason given in both studies by those not having an evaluation protocol was lack of funding; other reasons included lack of technical knowledge and expertise, and the elaborate process required to develop one.

To the question of what criteria CSOs used to assess achievement (respondents could respond to more than 1 criterion), the vast majority of those with evaluations in the field study cited effectiveness (51%) and review of objectives (39%). In the desk study, the most commonly acknowledged criteria were number of tasks completed and response from beneficiaries (43% for each). A total of 180 of the 210 CSOs in the field study that used evaluation protocols responded to this question, while in the desk study, only 66 of the 172 responded. The nonresponse by some of the CSOs may indicate that they did not fully understand the issue of evaluation. Nonresponse was also seen in the question as to why no evaluation had been carried out. In the desk study, only 9 of 52 who had not carried out an evaluation responded; in the field study, the 38 CSOs that had not conducted an evaluation gave the main reasons as lack of funds or that they were still a new organisation, as well as lack of technical knowledge.

In the field study, it was reported that evaluations were mainly carried out quarterly or annually, with a few (2.3%) saying they conduct evaluations weekly (which may actually reflect more of a monitoring than an evaluation activity); in the desk study evaluations were primarily done annually (38%).

Using evaluation feedback

To be effective, an evaluation process is expected to feedback into the implementation process. Following evaluation, 190 of 223 organisations in the field study had introduced major changes in the implementation; and in the desk study, 157 of 199 organisations had introduced major changes. In both studies, the main ways in which results had been fed back were through improved results and knowledge and revision of objectives, activities and strategies.

Many of the CSOs involved other stakeholders in their evaluations. In the field study, 196 of 229 (85.6%) involved other stakeholders in the evaluation process, mainly through participation in data collection, design of evaluation protocol, overseeing the evaluation, and providing training. In the desk study, 157 of 217 (72.4%) involved other stakeholders in the evaluation process, with the same types of involvement being mentioned.



Concerning constraints to the implementation of an evaluation protocol, in the field study, only 158 of 210 responded to this question, and in the desk study, only 89 of 172 responded. The main reason given was lack of funding although insufficient staffing, lack of expertise/training, and time were also listed as constraints.

Dissemination of findings

In the field study 166 of 223 (74.4%) CSOs disseminated the findings, and in the desk study 110 of 199 (55.3%) CSOs did so.



Discussion

Civil Society Organisations (CSOs) encompass a wide array of groups and interests. There are northern and southern CSOs that function in the development world as NGOs and those who provide funds similar to donor organisations. In addition, there is a wide range of CSOs in terms of size and budgets that may correlate with “managing for results”—possibly the larger the CSO, the more likely it would focus on results-based management.

Using the Paris Declaration definition of managing for results, key questions for CSOs are (1) whether they are implementing their plans in a way that focuses on the desired results; and (2) whether they are using information and evidence to guide and improve their decision-making.

This report and the exploratory study contained within are first attempts by the African academics to address the role of health-related CSOs in managing for results—a critical but often overlooked principle coming from the 2005 Paris Declaration. It is divided into two parts that appear fairly similar in their findings. The first is a desk study involving 269 CSO respondents from four regions of sub-Saharan Africa, and the second is a field study that included 267 CSO respondents located in Uganda. Although there were slight differences between the desk and field study respondents' answers, the vast majority were similar and thus it is believed that the face-to-face field study in Uganda is a fair representation of the views of the Africa-wide desk study. Not surprisingly, somewhat more qualitative data were extracted from the field study.

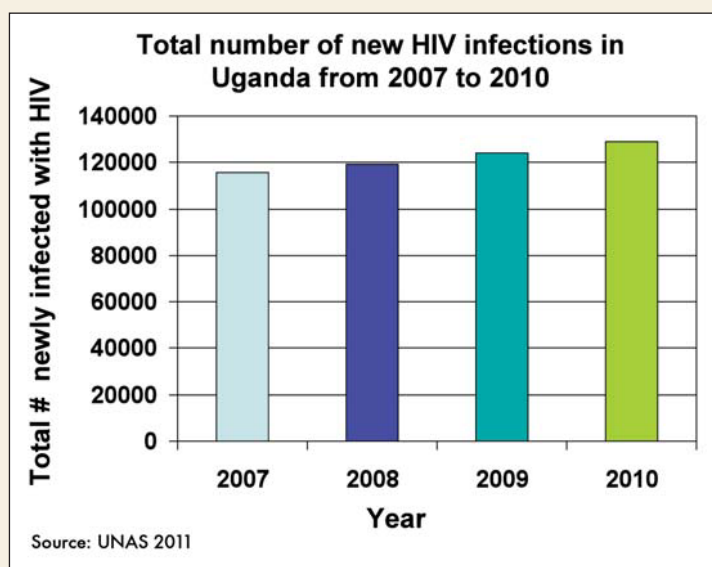
Looking at both the desk and field studies, it appears that the vast majority of CSOs that were included in the study are registered (96% and 99%, respectively). This, however, may be somewhat deceptive since CSOs that could not easily be found through a broad internet search were excluded from the study. It also seems as though the majority of CSOs have a strategic plan (84% and 85%, respectively) and work within the field of HIV, possibly along with other health-related areas. This brings up an interesting observation that CSOs working in HIV may be leveraging resources for work in other areas. Speculating on such a possibility, the question of leveraging funding is reflected upon in Box 2 using various data taken from Uganda as an example.



Box 2

An Interesting Observation about HIV Resource Utilisation in Uganda

Over the last 10 years, there has been an increase in the number of health-related CSOs in Uganda, based on the field study data that estimates 57% have been started within the last 10 years as well as other sources (Young and Court, 2005). This field study also shows that the vast majority of CSOs working on health matters in Uganda address some area of HIV/AIDS. Separate studies have shown that funding for HIV, particularly in Uganda has increased exponentially over the past 20 years (Lake and Mwijuka, 2006; Government of Uganda, 2010). Despite this influx of funding for HIV/AIDS care, treatment and prevention, the national rate of new infections (incidence rate) has not been decreased in the last 4 years that data are available (UNAS, 2011).



There are a variety of proposed explanations for this apparent phenomenon of greater resources being put toward HIV with little recent impact on the high incidence rate. First, the incidence data may not be an accurate reflection of the true rate due to sampling methods and assumptions in the modeling used to derive the data. If that is the case, better tools are needed to determine the actual impact of donor investments. A second possibility is that the incidence rate is basically correct, but the disease is being driven by hard-to-reach and marginalised populations. If this is the case then donor and government and CSO resources may not be accurately targeted as was discovered after a Ugandan study

revealed couples in mutually monogamous partnerships accounted for the greatest percentage of new HIV infections and thus required more resources to bring down the high rate (UAC, 2009). A third possibility is that the funds being sent to CSOs to work on HIV prevention are being leveraged for other uses. A fourth possibility is that the emphasis has been on treatment of AIDS patients, with less successful efforts on prevention. And a fifth possibility proposed by the Uganda National Academy of Sciences' expert committee in their report on HIV planning, is decreasing political commitment to HIV prevention by the leadership of Uganda (UNAS, 2011). Whatever the reason, it appears that donor support for HIV/AIDS is not currently demonstrating the hoped-for impact on the unacceptably high rate of new infections in Uganda.

Strategic plans

The Ugandan-based study found that most CSOs believed the impact of their strategic plans would be to improve the living situation of their beneficiaries. Interestingly, only 11/226 in the country-based study did not respond to the "impact" question, whereas no substantive responses were garnered in response to this question in the Africa-wide study. This could indicate that the sub-Saharan African study group had not considered the impact of their plans or more likely the question was poorly responded to in phone and internet interviews.

Of the group that did not have a strategic plan (41/267 in the field study and 42/269 in the desk study), insufficient time and money seemed to predominate among the reasons for not having one. Only 18 CSOs out of the combined two groups believed strategic plans were not necessary. However, around 85% of the CSOs did have strategic plans, and of these, roughly 85% of them linked to the national health plans. In this way, the CSOs are helping governments to manage for health results.



Performance assessment frameworks

The picture is a bit different for performance assessment framework (PAF)—*the main monitoring tool used by government and development partners within the Multi Donor Budget Support mechanism to jointly assess achievement of objectives* (Meja, 2011). A number of respondents in both the field and desk studies stated that they did not know what a PAF is. In the Africa-wide study, some organisations admitted to hearing about PAFs (and evaluation protocols) for the first time during the interview, and some of these were grateful to the data-collecting team for enlightening them on how to monitor the success of their programmes.

Other responses indicated that a few of the CSOs were unsure of exactly what the national health policy was about. It is possible that some CSOs were not aware of PAFs or the national health policy strategy because they were developed for governments and donors, not for the CSO community. Engaging more CSOs in the design phase of the frameworks and strategies would strengthen the understanding of these documents and likely bolster CSOs' motivation to participate in the monitoring and evaluation phase later in the process (Brewer et al, 2010).

Being unaware of national health strategies and assessment frameworks is of particular concern because increasingly aid is being funneled through government agencies and according to OECD (2011), the Funding Platform for Health Systems is looking to adopt country PAFs for monitoring and evaluation. This followed agreements at the Paris (2005) and Accra Declarations (2008) that aid could be improved by channeling financial resources through government. The result is a decline in direct support of CSOs by donors and more directed funding to those programs whose focus matches that of the country's national strategic plans. Strengthening partnerships between national health ministries and CSOs could lead to better understanding of the national health policies and strategies, improved alignment of CSOs and governments strategic health goals, and more rigorous monitoring and evaluation by the CSO sector.

Twenty three percent (Uganda field) and 29% (Africa desk) of respondents indicated that their organisations did not have a PAF. A large percentage (40%) of the desk study respondents did not answer this question; so looking at results from the field study, the reasons given for not having a PAF involved mostly a lack of resources (technical, financial, and human). Only 15 of the 109 who answered the question felt a PAF was not necessary for the work they are doing.

Half to two-thirds of those CSOs with PAFs receive support for their implementation but only twelve respondents out of the two studies responded to how their PAFs are being implemented. This is not surprising, as it has been previously stated that although there is some progress in the use of PAFs, most countries do not demonstrate how their resources are used to achieve results (OECD, 2011). However, that so many of the CSOs receive support for implementation of their PAFs indicates that they are engaging with others in supporting their managing for results.

Evaluation protocols

Unlike PAFs that assess whether objectives have been achieved, evaluation protocols look to how "research" should be conducted and whether procedures and standards are being followed—more a measure of accountability. According to the Royal Netherlands Academy of Arts and Sciences (KNAW) and others (KNAW, VSNU, NOW, 2009), a standard evaluation protocol has two main objectives: the first is to *improve the research quality based on external peer review, including scientific and societal relevance of research, research policy and research management; and the second is to ensure accountability to the board of the research organisation, and towards funding agencies, government and society at large*. For CSOs, these protocols can be linked to strategic plans and frameworks in order to facilitate more systematic planning, testing, documentation, and use of evidence-based strategies and practices (Office of Minority Health, 2010).

When looking at organisations that have evaluation protocols, it makes sense that it is roughly the same as those CSOs who have PAFs (210 vs. 205 in the field study and 172 vs. 191 in the desk study) since these documents can be linked. Of those in both studies who do not have protocols (154/536), the same technical, financial and human resource constraints that were mentioned previously with the PAF also apply here.



No respondent in either study indicated that an evaluation protocol was *not necessary*. However, given the confusion from a number of respondents about what constitutes a PAF, it is likely that many also did not understand the meaning of an evaluation protocol. This may be a good starting place for capacity building. CSOs might consider working together through south-to-south sharing that improves understanding of monitoring and evaluation; and donors may wish to restructure existing funds to target the knowledge gap. Disincentives for CSO collaboration will need to be addressed possibly through networks that emphasize communication and shared learning.

When it comes to actually doing an evaluation on a program activity, 14% of those in Uganda and 19% of those in sub-Saharan Africa stated that they have not conducted one. That leaves the vast majority of programs claiming to have conducted evaluations of their programs.

Using evaluation feedback

What is impressive is how often the evaluations are reportedly used to make changes in CSOs' implementation methods (field study: 97% and desk study: 91%). One note of caution is that these questionnaires represent a self-assessment of what a CSO believes it is doing—and may very well be doing or not doing if another's criteria are used. That said, more than half the time the changes were used to improve results and knowledge and roughly one-third of the time they were used to redirect objectives, activities and strategies. In Uganda, these findings were said to be disseminated to the general public about 75% of the time and in the Africa-wide study, 55% of the time according to the CSOs' reports.

This speaks to the understood need for programs to be flexible and responsive to their constituency. However a recent study analyzing the impact of civil society engagement on aid effectiveness lays doubt as to whether Ugandan CSOs are as accountable to their citizens as the country-based field study suggests (Brewer et al, 2010). One reason may be that open sharing of results exposes these CSOs to criticism. An evidence-based analysis may indicate a need for some CSOs to refocus priorities, merge programs, or even relinquish work and funding to other organisations that have a comparative advantage in that area. Results that are disseminated at the community level and appropriately evaluated for their impact carry the greatest potential for maximising aid effectiveness and holding program implementers accountable.

Answers to the questions about evaluations in general indicate that CSOs are engaging with others in their management for results. Of those who conducted evaluations (80%-85% in the two studies), 72%-85% involved other stakeholders in the process.

Role of CSOs in management for results

This report begins to show how CSOs manage for their own results but more than this, CSOs have a role to play in management for a country's development results. For example, as mentioned above, many CSOs link their strategic plans to national health plans, and so are helping governments to manage for health results.

The 2010 World Health Report states that 20%-40% of health spending is wasted because of inefficiencies (WHO, 2010). Medicines account for much of the inefficiency—some may be overpriced, some may be overused, and some may be poorly stored. Wastage is also caused by lack of careful planning for health workers, lack of motivation of health workers, hospital inefficiencies, and corruption. However, all countries can take steps to reduce such inefficiencies as these and CSOs can help governments address these issues.

Data quality

Although a good number of CSOs responded to the questionnaires, there are limitations to the data in these first studies described here. First, the discarding of all CSOs without proper web addresses may have skewed the results. Second, the statistically representative number of CSOs was not reached in either the field or the desk study. And third, perhaps the wrong person in an organisation answered a question.



Donor and government perspectives

Questions on the value of and challenges in working with CSOs drew a variety of responses from government officials (4) and donor representatives from multilateral and bilateral organisations (27). Both ministry and donor representatives felt CSOs are more effective than governments in reaching the grassroots and that they have a definite role in advocacy for better health services as well as some monitoring and evaluation implementation and capacity building. However, there was some degree of skepticism expressed over CSOs' true effectiveness in dissemination despite their claims of willingness to cooperate with government and their desire to coordinate with other CSOs. There was also concern over CSOs' ability to provide proof of effective use of funds. This may be linked to another challenge expressed by a donor relating to the long-term sustainability of CSOs, which he felt can sometimes make them difficult to partner with. Despite these criticisms, many of the donors still believed that CSOs offer networks that can deliver prevention, treatment and care beyond the reach of public health systems.

Findings

Rigorous Studies: These initial studies—analysed by the African academies and their partners in this report—signify an important step in understanding civil society's current and potential involvement in managing for results. From the data, it appears that civil society organizations in general are managing for results. Using more rigorous study designs that target governments and donors, academies could provide in depth assessments of how to strengthen partnerships among governments, donors and CSOs in the area of results-driven management.

Broader African CSO Cooperation: South-South and CSO-CSO cooperation in Africa possibly through networks and other information sharing mechanisms, could enhance the transference of lessons learned and best practices for an improved understanding of national frameworks and strategies as well as greater communication among CSOs that could lead to better results.

Investments in Systems: Focusing donor support on improving the skills and capacity of CSOs in monitoring and evaluation can better equip civil society to hold those who receive aid and implement programs accountable and results-oriented.

Greater African Government Participation: Civil society organisations are closer to the people and can provide valuable qualitative information that could validate national surveys and improve the quality of questionnaires. As such, African governments could benefit from a stronger partnership with CSOs. By responding to questions—such as those found in the questionnaire used for the study in this report—governments could demonstrate their willingness to address gaps and potential obstacles to partnerships with CSOs in managing for results.

Beyond Aid: In the current economic climate, donors are unlikely to be able to support countries' health systems in ways they had in the past. This means individual African governments will be called upon to shoulder more of their country's health care costs. To get the most of their investment dollars, Governments will need to invest more effectively in their health sector to maximise their investments. One area of investment could be to enhance partnerships with CSOs in managing for results.

The Way Forward

In many respects the two studies provide elements to think beyond the issue of aid effectiveness, toward the broader dimensions of development effectiveness and the role of CSOs in contributing to the creation of strong states that are capable of delivering results and accounting for them. CSOs and African Academies have a critical contribution to make, as repositories and producers of the knowledge necessary to craft context-specific, evidence-based national policies and strategies leading to prioritised investments in development activities that produce results. With democratic processes being enhanced throughout the continent, and after a decade of robust economic growth in Africa, domestic accountability is more important than ever, and the involvement of local citizen groups is one of the keys to its development.



References

- Advisory Group on Civil Society and Aid Effectiveness. 2007. Civil Society and Aid Effectiveness: Concept Paper. Accessed at: <http://siteresources.worldbank.org/ACCRAEXT/Resources/4700790-1208545462880/AG-CS-Concept-Paper.pdf>.
- Africaid. 2011. Africaid. Accessed at: <http://africaid.co.uk/>.
- African Development Bank Group. 2011. Annual Development Effectiveness Review 2011. African Development Bank Group: Tunisia.
- Brewer S, Cuerel Burbano V, Cui W, Fennessy C, Eulette S, Gillitzer C, Lah J, Samis S, Winters CJ, Wright C. 2010. Accountability, Ownership, and Development Policy: Analyzing the Impact of Civil Society Engagement on Aid Effectiveness. Woodrow Wilson School of Public and International Affairs: Princeton University.
- GAVI Alliance. 2011a. Mission Indicators. The GAVI Alliance Strategy and Business Plan 2011-2015. GAVI Alliance: Geneva, Switzerland.
- GAVI Alliance. 2011b. Glossary. Accessed at: <http://www.gavialliance.org/glossary/f-j/>.
- Global Fund. 2011a. A Strategy Framework for the Global Fund 2012-2016. Partnership Forum 2011 of the Global Fund to Fight HIV, TB and Malaria: Geneva, Switzerland.
- Global Fund. 2011b. Results Achieved. Accessed at: <http://www.theglobalfund.org/en/performance/grantportfolio/results/>.
- Government of Uganda. 2010. Uganda UNGASS Progress Report, Jan 2008-Dec 2009. UNGASS.
- GTT. 2005. Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors Final Report. Accessed at: http://data.unaids.org/publications/irc-pub06/jc1125-globaltaskteamreport_en.pdf.
- ICASO, AfriCASO, the Alliance (International Council of AIDS Service Organizations, the African Council of AIDS Service Organizations, and the International HIV/AIDS Alliance). 2007. UNAIDS: Geneva Switzerland. Accessed at: http://www.icaso.org/vaccines_toolkit/subpages/files/English/coordinating_with_communities_english_book_a.pdf.
- IHP. 2009. International Health Partnership. Accessed at: <http://www.internationalhealthpartnership.net/en/about>.
- KNAW, VSNU, NOW. 2009. Standard Evaluation Protocol (SEP) 2009-2015. Accessed at: www.knaw.nl/sep.
- Lake S and Mwijuka B. 2006. SECTOR BASED ASSESSMENT OF AIDS SPENDING: UGANDA. Framework contract EuropeAid: European Commission.
- Meja, V. 2011. Political Space of Civil Society Organisations in Africa: Civil Society, Aid Effectiveness and Enabling Environment - The Cases of Burkina Faso, Ghana and Zambia, Act Alliance/AACC/EED, Bonn.
- OECD. 2003. Rome Declaration on Harmonisation. Harmonising Donor Practices for Effective Aid Delivery. OECD: Paris, France.
- OECD. 2005. The Paris Declaration on Aid Effectiveness. OECD: Paris, France.
- OECD. 2011. Progress and challenges in aid effectiveness: What can we learn from the health sector? Final Report. Working Party on Aid Effectiveness Task Team on Health as a Tracer Sector. OECD: Paris, France.
- Office of Minority Health. 2010. An Evaluation Protocol for Systematically Evaluating Efforts to Improve Racial and Ethnic Minority Health, Reduce Health Disparities, and Effect Systems Approaches to Racial and Ethnic Minority Health Problems. DHHS: Rockville, MD.
- PATH. 2011. PATH. Accessed at: <http://www.path.org/index.php>.
- Peersman G, Ferguson L, Torres MA, Smith S, Gruskin S. 2009. Increasing Civil Society Participation in the National HIV Response: The Role of UNGASS Reporting. *J Acquir Immune Defic Syndr* 52:S97-S103.
- Stern ED, Altinger L, Feinstein O, Marahon M, Schultz NS, Steen Nielsen N. 2008. Thematic Study on the Paris Declaration, Aid Effectiveness and Development Effectiveness. Copenhagen: Ministry of Foreign Affairs, Denmark.
- UAC. 2009. Uganda HIV modes of transmission and prevention response analysis. Kampala, Uganda.
- UGAN. 2008. Uganda Action for Nutrition Society. Accessed at: <http://ugan.ug/>.
- UNAIDS. 2011. 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF). UNAIDS: Geneva, Switzerland.
- UNAS. 2011. A long-term strategy for HIV/AIDS in Uganda: A call to action. Uganda National Academy of Sciences: Uganda.
- WHO. 2001. Strategic alliances: The role of civil society in health. World Health Organisation: Geneva.
- WHO. 2010. The World Health Report: health systems financing: the path to universal coverage. Accessed at: <http://www.who.int/whr/2010/>.
- Young J and Court J. 2005. Bridging Research and Policy on HIV/AIDS in Developing Countries: Case Study – Uganda. Overseas Development Institute: London.



Acknowledgements

The African academies graciously acknowledge the following individuals and organizations for their invaluable assistance in the work that led to this report:

Research and data collection for the field and desk studies was done by the Uganda Bureau of Statistics (UBOS).

Editorial and Technical Team: Christian N Acemah, Patricia Cuff; and Franklin Nsubuga-Muyonjo.

The following individuals also made meaningful contributions to the report writing process and are hereby acknowledged: Patrick Kelley, Nina Mattock and Sara Frueh.

Wider working group: The work leading to this report was overseen by the Uganda National Academy of Sciences (UNAS)'s International Planning Committee that was constituted as follows: Prof Justin Epelu-Opio and Prof Edward K Kirumira of UNAS (Co-Chairs) with the following as members: Baba Goumbala, AIDS Alliance, Senegal; Allie Kibwika-Muyinda, ECSA, Tanzania; Ramesh Krishnamurthy, Health Metrics Network; Lola Dare, CHESTRAD-ACOSHED, Nigeria; Sabrina Bakeera-Kitaka, Makerere University; Innocent Laison, AfriCASO, Senegal; Scholastica Mnena Lan, Nigerian Academy of Science; David Mbah, Cameroon Academy of Sciences; Abdul Muwanika, Office of the Prime Minister, Uganda; James Muwonge, Uganda Bureau of Statistics; Susan A Perez, independent consultant; Bjorg Sandkjaer, GAVI Alliance; Agnes Soucat, African Development Bank; Nicole Klingen, World Bank; Sally K Stansfield, Health Metrics Network; Patricia Cuff, IOM, US National Academies; Christian N Acemah, IOM, US National Academies and Franklin Nsubuga-Muyonjo, UNAS.

Reviewers: This report was reviewed in draft form by independent reviewers chosen for their diverse perspectives and technical expertise in accordance with procedures approved by the Uganda National Academy of Sciences (UNAS). The following reviewers are acknowledged:

Callisto Madavo, Georgetown University; Michael Morfit, Georgetown University; Susan A Perez, independent consultant; Tobias Luppe, Oxfam Germany; Fabrice Sergent, African Development Bank; Sibylle Koenig, German Foundation for World Population (DSW); Samson Kironde, STAR-EC Uganda; Joshua Galjour et al, The Global Fund; Bjorg Sandkjaer, Norwegian Agency for International Development; Doyin Odubanjo, Nigerian Academy of Science; Farouk Jiwa Mato, GAVI Alliance; Musa Bullaleh, UNAIDS; Alan R. Hinman, Task Force for Global Health / GAVI Board Member for CSOs; Lara Brearley, Save the Children UK; Abdul Muwanika, OPM, Uganda; Timothy Lubanga, OPM, Uganda; Amy Dieterich, IFRC.

Suggested citation: Uganda National Academy of Sciences. 2011. Informing Strategies → Improving Results: the Role of Civil Society Organisations in Managing for Results in Africa's Health Sector. Kampala, Uganda. Report for the African Science Academies.

Design and Layout and Printing: Jackie Kraft, Pretoria, South Africa.

The African academies recognise with appreciation the support provided by the African Science Academy Development Initiative of the US National Academies.



Annex 1

CSO QUESTIONNAIRE

The following questions represent a subset of the entire CSO questionnaire administered to CSOs who participated in the Ugandan field study and the Africa-wide desk study. These questions formed the basis for the analysis used in the study contained in this report. Although the questions are as they appear in the questionnaire, the format and numbering has been altered for a clearer presentation in this Annex.

Description of Organisation

1. How long (in complete years) has your organization existed?

2. Is your organization legally registered?

- 1. Yes, Registered at National Level,
- 2. Yes, Registered at Regional Level
- 3. Yes, registered at District Level
- 4. Yes, Registered at Sub-county Level
- 5. No
- 6. Planning to get registered

3. What health issues does your organization cover? *Fill as many as may be appropriate*

- | | | |
|---|--|--|
| 1. Reproductive health: <input type="checkbox"/> | 2. HIV/AIDS: <input type="checkbox"/> | 3. Nutrition: <input type="checkbox"/> |
| 4. Communicable diseases: <input type="checkbox"/> | 5. Public health: <input type="checkbox"/> | 6. Maternal health: <input type="checkbox"/> |
| 7. TB: <input type="checkbox"/> | 8. STIs <input type="checkbox"/> | |
| 9. Other (please specify): <input type="checkbox"/> | | |
-

4. What is the focus of your work? *Fill as many as may be appropriate*

- | | | |
|--|---|--|
| 1. Research <input type="checkbox"/> | 2. Advocacy <input type="checkbox"/> | 3. Gov't budget tracking & monitoring <input type="checkbox"/> |
| 4. Education <input type="checkbox"/> | | |
| 5. Delivering services <input type="checkbox"/> | 6. Support group <input type="checkbox"/> | 7. Capacity and skills building <input type="checkbox"/> |
| 8. Others (please specify): <input type="checkbox"/> | | |
-

5. At what level does your organization operate?

- | | | |
|--------------------------------------|--------------------------------------|--|
| 1. National <input type="checkbox"/> | 2. District <input type="checkbox"/> | 3. Sub county <input type="checkbox"/> |
| 4. Parish <input type="checkbox"/> | | |



Strategic Plans

6. Does your organization have a strategic plan?

1. Yes

2. No

6a. If no, explain why not? _____

6b. If yes, what period does the strategic plan cover (in complete years)? _____

6c. If yes, what are the specific objectives in your strategic plan? _____

6d. If yes, what impact do you expect your plan to have? _____

6e. If yes, does your plan link with the national health sector strategic plan?

1. Yes

2. No

Performance Assessment Frameworks

7. Do you have any performance assessment frameworks in place?

1. Yes

2. No

7a. If no, explain why not. _____

7b. If yes, outline the major components of these performance assessment frameworks?

7c. If yes, how are these performance assessment frameworks implemented? _____

7d. If yes, have you received support in the implementation of your performance assessment frameworks?

1. Yes

2. No

Evaluation Protocol

8. Do you have any evaluation protocol in place?

1. Yes

2. No

8a. If no, explain why not. _____

8b. If yes, what are the criteria on which achievement of the service objectives can be assessed?



8c. If yes, is there any regulatory body to review and monitor the evaluations, or to assess their quality?

1. Yes

2. No

8d. If yes, what are the major constraints to the implementation of your evaluation protocol(s)?

Evaluations

9. Has your organisation conducted any program/activity evaluation in the past?

1. Yes

2. No

9a. If no, what has contributed to the failure to conduct a program/activity evaluation?

9b. If yes, how often have you carried out the evaluation?

1. Weekly

2. Quarterly

3. Monthly

4. Every six months

5. Annually

6. Other (please specify):

Evaluation Feedback

10. Did the findings from the evaluation feed back changes into the implementation of your activities?

1. Yes

2. No

10a. If no, explain why not. _____

10b. If yes, how did the findings feed back changes in the service? _____

10c. If yes, following the findings of the evaluation, have there been any major changes in the course of implementing of your programs; for example in aim, objectives, and activities?

1. Yes

2. No

10d. If yes, were the findings of the evaluation disseminated to the general public?

1. Yes

2. No



7th Annual Meeting of the African
Science Academies
14-16 November 2011

*"In a resource constrained environment, one thing that stands apart is **the importance of scientific evidence and a solid evidence base to guide decision-making;** that is, in ensuring aid and development are more effective instruments in improving peoples lives."*

– Seth Berkley, CEO of the GAVI Alliance

The development of this publication was supported by:



Sciences for Prosperity





Sciences for Prosperity

Uganda National Academy of Sciences (UNAS)

A4 Lincoln House
Makerere University
Kampala, Uganda
Tel: +256-414-53 30 44