

PITCH

End Term Evaluation Report



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World Map by Vemaps.com

Cover photo: "Regard me as a human being, not just a sex worker." Myanmar © Pan Nu/Frontline AIDS/PhotoVoice/2018

Back cover photo: Partners participate in a learning event in Vietnam, 2019

Message from Aidsfonds and Frontline AIDS

We are grateful to the Netherlands Ministry of Foreign Affairs for the opportunity presented to us to invest in community advocacy at the scale that we have seen since 2016. We believe that this report of the PITCH End Term Evaluation presents a useful and informative assessment of what the PITCH partnership has been able to achieve since its inception in 2016, and we are proud to present this report to the Ministry.

Christine Stegling

Frontline AIDS Executive Director

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Aidsfonds Executive Director

About the PITCH Programme

PITCH is a strategic partnership between Aidsfonds, Frontline AIDS, and the Dutch Ministry of Foreign Affairs (MoFA). It is part of the Dutch MoFA's Dialogue and Dissent: Strategic Partnerships for Lobbying and Advocacy policy framework. This report is the result of an external evaluation of the PITCH programme conducted in 2020 by ResultsinHealth.

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List of Abbreviations

AIDS	Acquired immune deficiency syndrome
AGYW	Adolescent girls and young women
CSOs	Civil society organisations
EECA	Eastern Europe and central Asia
FGD	Focus group discussion
GUSO	Get Up Speak Out
HIV	Human immunodeficiency Virus
INGO	International non-governmental organisation
KII	Key informant interview
KP	Key population
LGBT	Lesbian, gay, bisexual, transgender
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
M&E	Monitoring and evaluation
MSM	Men who have sex with men
OH	Outcome harvesting
PITCH	Partnership to Inspire, Transform and Connect the HIV response
PLHIV	People living with HIV
PMEL	Planning, monitoring, evaluation and learning
PWID	People who inject drugs
ReACT	Rights - Evidence - ACTion
RHRN	Right Here Right Now
SoC	Story of change
SOGIE	Sexual orientation, gender identity and expression
SRHR	Sexual and reproductive health and rights
STIs	Sexually transmitted infections
SW	Sex worker
ToR	Terms of reference
UHC	Universal health coverage
UN	United Nations
UPR	Universal Periodic Review
UNAIDS	United Nations Programme on HIV/AIDS

Executive summary

A close-up photograph of a person's open palm, facing upwards. The word "DISCRIMINATION" is written across the palm in black, hand-drawn capital letters. The background of the image is a solid red color, which is part of a larger graphic design featuring a green-to-red gradient.

DISCRIMINATION

The Partnership to Inspire, Transform and Connect the HIV response (PITCH) is a strategic partnership between Aidsfonds, Frontline AIDS, and the Dutch Ministry of Foreign Affairs (MoFA). It aimed to strengthen the advocacy skills and capacities of civil society organisations (CSOs) working with those most affected by HIV and AIDS in nine countries: Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe as well as in the southern Africa region, eastern Europe and central Asia, and at the global level. This evaluation, conducted by ResultsInHealth, is a critical analysis of the programme's contribution to evidence-based changes in relation to the PITCH theory of change. It covers the programme period from its inception in January 2016 through to July 2020. The findings presented are the result of a desk review and data collected through outcome harvesting, key informant interviews (KIIs) and focus group discussions (FGDs) in all countries, as well as with the regional programme and global policy partners. Additionally, nine stories of change (SoC) demonstrate the advocacy journeys PITCH partners have been engaged in and the lessons that have been learned.

Main outcomes

Following a series of reflection meetings with partners at national, regional and global level, 123 outcomes were identified as having been contributed to by PITCH partners at these different levels. The analysis showed that, overall, PITCH was **successful in contributing to significant advocacy outcomes** and, that by the end of the programme, it contributed to most of its medium and long-term outcomes. These include furthering HIV advocacy for key populations (KPs) and adolescent girls and young women (AGYW), increased access to HIV services and realisation of sexual and reproductive health and rights (SRHR) for all, and strengthening of CSOs as HIV advocates in all nine PITCH countries. PITCH contributed to all these outcomes with different intensity and mostly together with other actors; country partners focused more on changes at local and national level and less at global or regional level. The findings show that nearly a third of the outcomes were contributed to through lobbying and meeting with stakeholders (32%). However, depending on the country context and partners' capacity levels, a combination of strategies and approaches were applied by partners in order to achieve short-, medium- and long-term outcomes.

The evaluation documented 117 positive harvested outcomes which were all meaningful and significant, including **eight unexpected positive outcomes**. The 117 outcomes were in line with the themes in the PITCH Theory of change, the advocacy asks of partner organisations and contribute to the PITCH goals. The low number of unexpected outcomes indicates that PITCH did well in defining its intended outcomes broadly in the programme's theory of change, which allowed for their adaptation when planning advocacy activities, depending on needs and changing contexts. Rather than seeing specific learnings, these unexpected outcomes show flexibility and adaptive management by PITCH partners. Most of the unexpected outcomes deal with recognition of the rights of key populations and adolescent girls and young women, and not with access to HIV services. The evaluation also documented **six negative outcomes** that have obstructed progress towards the PITCH goals, and which have been directly or indirectly triggered but not controlled by PITCH. Examples include the condemnation of same sex marriage by the Kenyan president and the increase in the length of prison sentences in Ukraine for the possessions of small amounts of drugs. As marginalised communities increasingly spoke out and challenged power relations, negative outcomes are somewhat unavoidable and part of an ongoing struggle.

Partners were highly engaged in advocacy activities and used a combination of all four PITCH advocacy strategies to achieve their advocacy asks. The most effective methods were considered to be working with a strategic approach to advocacy; coordination and collaboration; generating and using robust evidence; mapping advocacy targets and stakeholders; engaging with media; engaging with legal professionals; training and specific technical knowledge; and informal advocacy and engaging the community.

Sustainability

Each outcome represents a change in behaviour of key stakeholders (mostly national and local governments, see annex 13 for more details) that has been contributed to by PITCH. The evaluation team is confident that having demonstrated a commitment to responding constructively to the advocacy carried out by PITCH partners, through a tangible change in behaviour, these stakeholders will continue to behave in a similar manner into the future, beyond PITCH. Important legislative changes (or the blocking of negative laws) will continue to make a difference beyond PITCH's lifetime in Mozambique, Vietnam and Nigeria, where three outcomes demonstrating the contribution of PITCH to changes in the law were harvested as part of this evaluation. Similarly, 32 policy and strategy decisions were achieved that will guide the behaviour mostly of governmental actors at local and national levels. In half of these cases, both change and the implementation of new policies had already been observed, for example government and Global Fund budgets have shifted in favour of key populations and adolescent girls and young women for at least a few years to come.

The 21 outcomes relating to changes in relationships also address the issue of sustainability. In Indonesia, Kyrgyzstan, Nigeria and Uganda, CSO coalitions were established that will continue to exist after PITCH, and relations between civil society and government

were formalised through several platforms. However, ongoing participation of CSOs including PITCH partners will depend on their financial sustainability, about which we have no information. Additionally, 16 changes in the practice of individuals who act as role models - such as religious and other community leaders, judges, key population-friendly health workers, journalists or policemen - do not constitute a structural change, but can be considered as contributing to sustainability. The outcomes that address public debate around HIV and key populations and adolescent girls and young women cannot be considered sustainable, however it is important to try to influence social norms. These include the acceptance of same sex relationships and a supportive attitude towards sex workers and people who use drugs, which are necessary to achieve long-lasting change.

PITCH invested significant resources in **strengthening CSOs' HIV and AIDS-related advocacy capacity** through training programmes, increased funding and the creation of common spaces for learning. Capacity building in advocacy was perceived by all partners as extremely beneficial. They reported that specific skills were strengthened and a new overall perspective gained on (global) advocacy, which is now planned and implemented in stages and takes into account the local, national and global dynamics. Results of this new vision included being able to generate and use proper evidence in advocacy in countries like Vietnam and Mozambique. The introduction of new technology to enhance data gathering and knowledge management (with tools such as Wanda, Ona and REAct) enabled more systematic tracking of advocacy activities. Thanks to the increased quality and quantity of the evidence produced and the mapping and tracing of stakeholders, engagement with advocacy targets increased. Organisational capacity strengthening was done through training in financial management and organisational security which improved partners' reputation and credibility. In some countries, specific gaps in language- or technical skills on human rights, SRHR, or sexual orientation, gender identity and expression (SOGIE) were

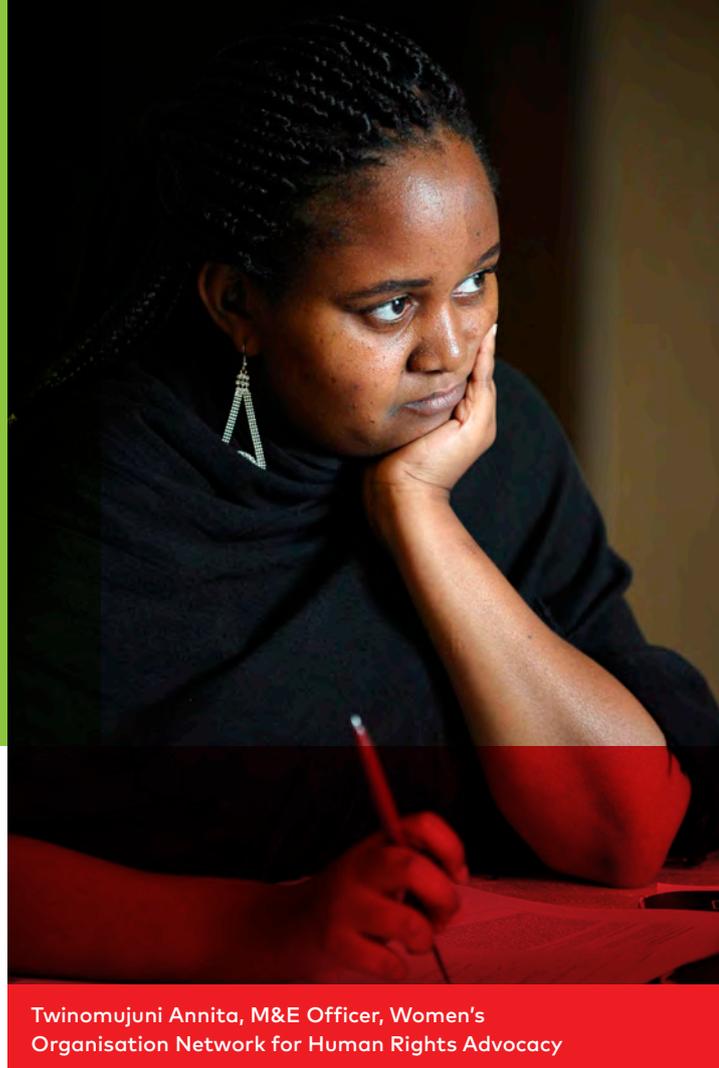
addressed to strengthen individual capacities. Being part of the PITCH programme increased linkages between partners in and across countries and regions, which led to cross-learning, improved collaboration, and stronger coalitions. Partners reported that, even if in some cases the unstable context could be challenging, most of the newly acquired skills and knowledge improved the sustainability of their advocacy.

Gender-based approaches

Considerable disparities exist among partners in their capacity and focus on **gender-sensitive and transformative approaches**, which were only focused on in the second half of the programme. Partners initially lacked adequate guidance, meaning that the implementation of such approaches depended largely on the individual interest and capacity of partners and country focal points. After the PITCH programme's gender task force changed to a gender working group in 2018, allocation of financial and human resources and subsequent guidance and training to partners resulted in an increase in the application of gender-sensitive, and to a lesser extent gender-transformative, approaches but with considerable differences between partners. An increase in partners' capacity was evident in their critical reflections on how gender norms, attitudes and beliefs shape interactions, workplaces and programme activities, and the subsequent changes made in their organisations and programming. This is an important and promising foundation for the development and implementation of action on these issues in the future. Although these critical reflections took place within organisations, addressing internalised harmful gender norms and discriminatory attitudes within the wider key population communities have not yet received similar attention from partners.

The increased capacity of partners in this area has also been demonstrated by various partner interventions which seek to remove gender barriers to services, and in advocacy initiatives

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Twinomujuni Annita, M&E Officer, Women's Organisation Network for Human Rights Advocacy

across all countries to change and reform laws, policies and resource allocations to achieve gender equality.

Despite the fact that many partners struggled with the concept of gender-sensitive and transformative approaches, and some still do, their practice often reflects a degree of sensitivity which increased in the second half of the programme. Examples are the empowerment of women who use drugs in various countries, the increase in focus on transgender and male sex workers among some of the sex worker organisations, as well as various efforts seeking to ensure that girls, women and transgender people all benefit equitably from interventions. However, the principles of gender transformation have not always been understood and have generally been less practiced than gender-sensitive approaches, and only by a smaller group of partners. As a lesson for future programmes, a greater focus on capacity strengthening would help facilitate partners to more confidently apply a gender transformative approach in their work .

Missed opportunities

None of the specific programmatic strategies failed. However, some programme features have been identified as challenging. PITCH experienced delays in fully starting its activities, affecting the level of clarity and guidance provided to partners. Instances of limited collaboration were due mainly to the lack of time made available early in the programme to set up the necessary processes, undermined further by issues of communication within the programme, as well as issues related to governance at the beginning of implementation. The complexity of the programme resulted in confusion for some partners. Different lines of coordination regarding who was responsible for what or ownership of processes were not always communicated adequately. The fact that PITCH intentionally set out to unify the different key populations is clearly a strength of the programme's approach, as it allowed partners to address issues of common concern. However this commitment to bringing together partners working with different key populations also brought challenges, given that partners often had different priorities. Some partners reported that these different priorities posed challenges when seeking to identify a common cause.

The programme timeframe of five years is considered too short in relation to its goals.

The findings indicate that only a limited connection between country and global policy partners was realised, mostly ad hoc and without a well-defined strategy. Two thirds of country partners reported not having had a direct connection with PITCH global policy partners. Global policy partners confirmed the disconnection between their work and the work of country partners. Despite the sense of disconnection, the evaluation found that more linkages between the work of the country partners and global policy partners were made in the second half of the programme. PITCH supported the connection between the country and global level mainly through provision of

funding, and to a smaller extent through technical support through the use of capacity strengthening.

Among the main benefits experienced were the support and creation of space for country partners to speak at global advocacy events by global policy partners, guidance (although fragmentary) provided to country partners during such engagement in global advocacy spaces and processes, and to a lesser extent the evidence provided by country partners to global partners. The engagement in international advocacy not only contributed to an increase in advocacy capacity of country partners and country focal points, but also helped to strengthen their relationship with their national governments. Missed opportunities have been identified mainly in respect of the involvement of country partners in the preparatory stage, and even more in the follow-up of international advocacy at country level. From the perspective of the regional partners, the International Federation of Red Cross and Red Crescent Societies (IFRC) benefited from collaborating with Aidsfonds through the provision of technical support and mentorship. EVA Russia benefited from collaboration with PITCH in strengthening its advocacy activity. Unfortunately, in terms of joint advocacy activities, no common advocacy agenda was developed, except some follow-up meetings.

PITCH partners formed or joined coalitions with other CSOs in all countries. Working more closely with organisations who have similar goals, issues, focus areas and/or targets helped to advance their advocacy, raise the profile of the experience of key populations and adolescent girls and young women and set the advocacy agenda. These partnerships and networks provided a safe space for collaboration and information sharing; the chance to unify multiple voices in pursuit of one goal; mechanisms to support collective advocacy efforts; and a strategy to ensure sustainability beyond the programme's lifetime.

In all countries, one or more PITCH partners collaborated with another MoFA-funded programme, with different levels of collaboration depending on the context. PITCH partners reported that they collaborated with Bridging the Gaps, Get Up Speak Out, Right Here Right Now, and READY. When this happened, it was effective and contributed to the achievement of some important outcomes such as the government of Kenya accepting recommendations regarding HIV, universal health coverage (UHC) and SOGIE made by UN member states during the Universal Periodic Review (UPR) process. However, it was ad hoc and no clear strategy was developed to strategically or systematically build links between programmes. In general, there was a good collaboration between the PITCH partners and the relevant Dutch embassies, although the strength of such collaboration differed from country to country. Dutch embassies generally played a key role in facilitating partner introductions to and meetings with relevant stakeholders such as the government and UN agencies. This kind of support helped partners to expand and strengthen their networks in country. Dutch embassies also engaged in networking or advocacy organised by PITCH country partners.

This evaluation presents recommendations of relevance to the set up, the implementation, the strategies, and the management of similar, future programmes. Given the limited donor funding available internationally for advocacy programming, this evaluation also recommends that the Dutch MoFA and other donors support similar programmes, as well as sustain the results achieved by PITCH.





Advocates and stakeholders participated in the launch of the #UHC4ALL campaign in Uganda

1 Introduction

1.1 PITCH programme

PITCH is a strategic partnership between Aidsfonds, Frontline AIDS, and the Dutch Ministry of Foreign Affairs (MoFA). It is part of the Dutch MoFA's *Dialogue and Dissent: Strategic Partnerships for Lobby and Advocacy* policy programme for international cooperation. PITCH supports community-based organisations to uphold the rights of populations most affected by HIV and engage in effective advocacy, generate robust evidence, and develop meaningful policy solutions. It focuses on strengthening the capacities of civil society organisations working with the following key populations: lesbian, gay, bisexual, transgender (LGBT) people, sex workers and people who use drugs, as well as with adolescent girls and young women.

PITCH works to enhance and facilitate dialogue between civic and political actors to tackle the structural causes of the HIV epidemic which disproportionately affect key populations, and to increase their access to justice and health services by contributing to sustainable policy change. Reducing inequalities – in economic, social, political, religious and ethnic domains as well as based on gender and sexual orientation – is a key aim of the Dutch policy agenda on foreign trade and development cooperation, and central to fulfilling the Sustainable Development Goals (SDGs).

PITCH was designed as a five-year (2016-2020) advocacy-based programme focused on building the capacity of local CSOs to advocate for equal rights and access to services for key populations

in nine countries that are highly affected by HIV. At the country level, the programme works with local partners in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. PITCH also aims to engage in HIV advocacy at the regional level in eastern Europe and central Asia (EECA) and in southern Africa. At the global policy level, PITCH advocates at the United Nations in Geneva and New York, at the European Union in Brussels, at the African Union in Addis Ababa, and with the U.S. government in Washington, D.C.

Over the programme's five years, partners have been working collaboratively towards ending the HIV and AIDS epidemic in regions and countries most affected by HIV. This has occurred through planned in-country, in-depth interventions to lobby and advocate around key HIV-related issues. The goals of PITCH are:

- **Goal 1: Equal access to HIV-related services**
- **Goal 2: Sexual and reproductive health and rights for those most affected**
- **Goal 3: Equal and full rights for key populations**
- **Goal 4: Strong civil society organisations are successful HIV advocates.**

A key priority for PITCH is to provide linkages between the global, regional, country and local levels to ensure coherent policy advocacy and knowledge sharing. Part of this includes linking country level work with global level advocacy, and vice versa. The global theory of change can be found in Annex 01.

Implementation was completed at the end of 2020. The programme's funder, MoFA, required an independent, external, end-term evaluation of all programmes funded through the Dialogue and Dissent Strategic Framework.

1.2 Purpose and scope of evaluation

The purpose of this evaluation was to provide a critical analysis of the programme's contribution to evidence-based changes in relation to the PITCH programmatic goals and advocacy strategies.

The scope was to review the programme period from its inception in January 2016 through to July 2020 when the evaluation process began.

1.3 Objectives and evaluation questions

The PITCH strategic partnership identified two objectives for the evaluation, as well as a series of evaluation questions designed to meet these objectives – see table 1 on the next page.



Olabukunola Williams, Executive Director of Education as a Vaccine, Nigeria



Khuất Thị Hải Oanh, Executive Director, Supporting Community Development Initiatives

▼ Objective 1

To assess the outcomes and impact of PITCH, as well as their sustainability, in the context of the programme's theory of change

- 1.1** To which significant advocacy outcomes has PITCH made a measurable contribution? To what extent does evidence exist to support these claims?
- 1.2** How has PITCH contributed to any positive or negative unexpected outcomes? What lessons have been learned, and how have these unexpected outcomes influenced partners' advocacy planning?
- 1.3** Which PITCH advocacy strategies have been most effective in allowing PITCH partners to achieve their advocacy asks¹? What lessons can be learned from this?
- 1.4** Reflecting on structural and legislative changes, how sustainable are the achievements of PITCH beyond the programme's lifetime, and in the absence of significant external funding?
- 1.5** To what extent has PITCH measurably and sustainably strengthened the advocacy capacity of PITCH partners, including the capacity to capture evidence to support their advocacy?²
- 1.6** To what extent has the capacity of PITCH partners to apply a gender-sensitive or transformative approach to their work been strengthened? How has this been achieved? What impact has this had on the outcome of PITCH country level advocacy activities?
- 1.7** What lessons can be learned about how gender informs advocacy carried out by and for key populations and adolescent girls and young women?
- 1.8** From the perspective of different PITCH stakeholders, including implementing partners, which programmatic strategies and approaches have partly or entirely failed? What lessons can we learn from this?

▼ Objective 2

To understand the extent to which internal and external PITCH stakeholders have benefited from collaborating with each other

- 2.1** To what extent have country partners and global policy partners benefited from/connected with each other's advocacy activities?
- 2.2** To what extent have country partners and regional programme partners benefited from/connected with each other's advocacy activities?
- 2.3** To what extent have regional programme and global policy partners benefited from/connected with each other's advocacy activities?
- 2.4** To what extent have PITCH partners formed or joined coalitions with other civil society organisations that have helped to advance their advocacy, raise the profile of the experiences of key populations and adolescent girls and young women, and set the advocacy agenda?
- 2.5** To what extent can examples of effective collaboration at the country level be demonstrated between PITCH and other Ministry of Foreign Affairs-funded programmes working to address HIV and AIDS?
- 2.6** To what extent have working relationships between PITCH and the Dutch embassies and permanent missions in the PITCH countries contributed to advocacy outcomes through strategic collaboration?

¹ An advocacy ask is a statement developed by PITCH partners that identifies the specific change they seek to contribute to through their planned advocacy work.

² The Evaluation team decided to jointly address EQ 1.3 (advocacy strategy) and EQ 1.5 together. This was done as, during the evaluation, it emerged that the most effective advocacy strategies that allowed partners to achieve their advocacy asks were closely related with the capacity strengthened by the PITCH programme.

Table 1 Evaluation objectives and questions

1.4 Target audience, users and uses

This evaluation was managed by the PITCH monitoring and evaluation (M&E) senior advisor. The primary audience for the final report is the PITCH M&E senior advisor and programme team, the MoFA, and the 80+ partners.

This final report provides clear analysis, conclusions and recommendations for the PITCH

strategic partners - Aidsfonds, Frontline AIDS and the MoFA - as well as for the programme's implementing partners at the country, regional, and global policy levels. It is anticipated that other organisations implementing advocacy programmes in the HIV, SRHR and human rights sector, and those working with marginalised and criminalised populations, will also benefit from the findings, helping to inform the design and implementation of future advocacy programmes nationally and internationally.



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Myanmar MSM Transgender Network changed its name and vision to reflect gender inclusivity.



2

The evaluation methodology

This section looks at the type of framework and principles used for the evaluation as well as the different methods of data collection, including outcome harvesting and key informant interviews. Quality assurance and the issue of safety and security are also covered in brief.

2.1 Evaluation framework

2.1.1 Realist evaluation

PITCH is a programme which was designed to be responsive to the complex and multi-layered nature of the HIV epidemic. As a result, it moves beyond one approach and aims to address the micro- and macro-level factors which exacerbate HIV stigma and discrimination, impacting the ability of key populations and adolescent girls and young women to fulfill their rights.

A realist evaluation framework is an approach which is able to respond to this complexity to not only answer the traditional evaluation question 'does the programme work?' but also to enable

Partners from Indonesia and Vietnam share learnings and insights

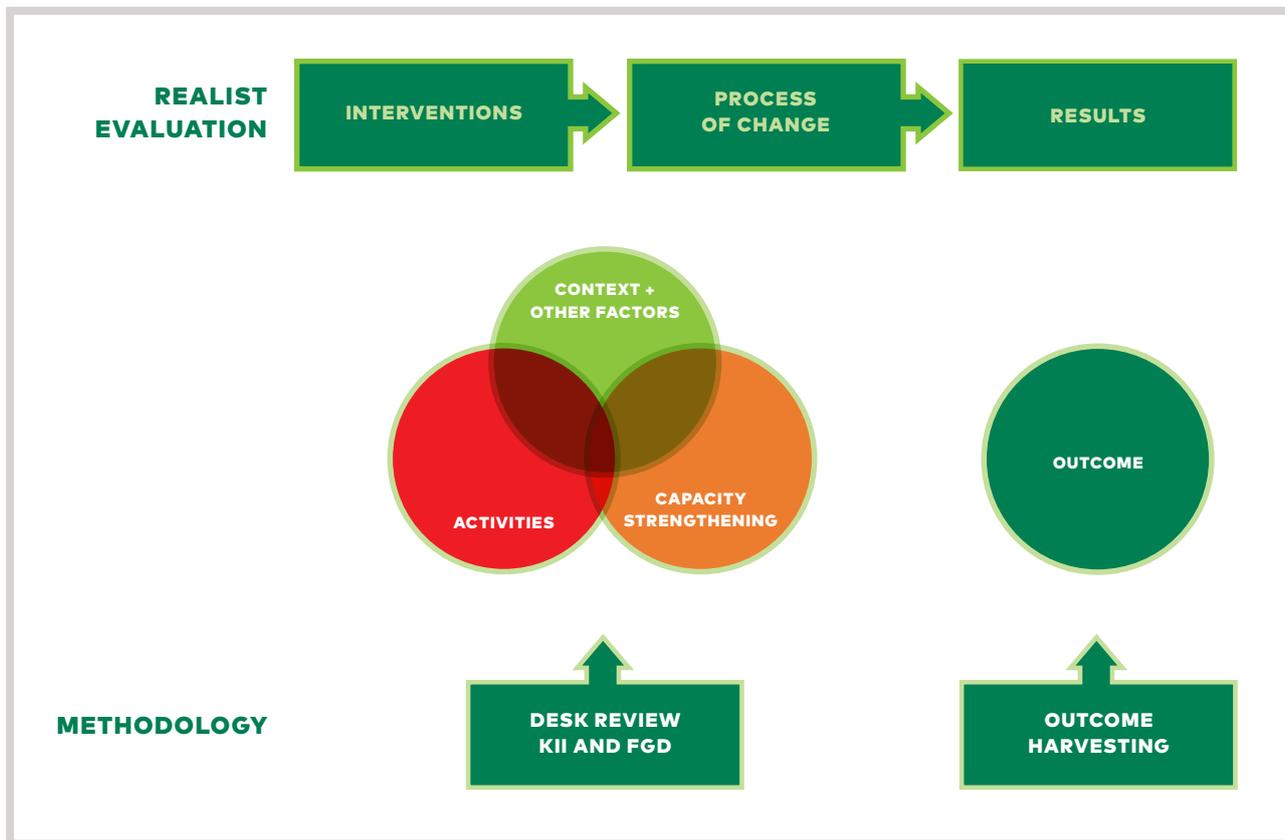


Figure 1 Realist approach in PITCH ETE

evaluators to understand and assess ‘what works for whom, in which contexts, and how?’

For this evaluation, we identified the results/ changes (outcomes) to which PITCH advocacy activities and strategies contributed. When reviewing these processes, we compared them to the anticipated outcomes as set out in the PITCH theory of change, included as Annex O1.

The ResultsinHealth evaluation team followed three of the principal steps of a realist evaluation approach (see Figure 1):

- a** Describing the PITCH programme including understanding the pathways of change as outlined in the theory of change
- b** Collecting data on activities, context and results to test the programme’s theory and its assumptions by applying various data collection methods including outcome harvesting, collection of stories of change, key informant interviews, focus group discussions, and desk review
- c** Analysing patterns in the data that lead to and/ or contribute to achieving PITCH goals.



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Patriciah Jeckonia, Senior Technical Advisor, LVCT Kenya

2.1.2 The Bond Evidence principles

For this evaluation, the Bond Evidence Principles³ guided the evaluators' ability to assess the quality of evidence, selection of key informants/sampling, data collection methods and data analysis – see Table 2 below.

Table 2 Bond principles in PITCH end-term evaluation

Bond principles	Method of application in PITCH evaluation	Implications
1 Voice and inclusion	For selection of key informant interviews and data collection methods.	The outcome harvesting, key informant interviews and the focus group discussions will provide the opportunity to include the perspectives of key populations and adolescent girls and young women; as well as the PITCH programme team and external stakeholders.
2 Appropriateness		
3 Triangulation	The cross-validity of the evidence to capture the numerous and nuanced dimensions of findings.	The evidence is generated using a mix of methods, data sources, and perspectives.
4 Contribution	Identifying the contribution of the intervention to the outcomes and the impact of other factors outside the intervention.	The use of outcome harvesting, focus group discussions and key informant interviews provides more detail on how the outcomes were generated, highlighting the role of PITCH interventions as well as the influence of other variables.
5 Transparency	Data transparency, analytic transparency and production transparency.	Disclosure on details of how data sources and methods are selected and used; how the results are achieved; and the limitations of this evaluation.

Additionally, a gender lens was used throughout the evaluation to inform the selection of key informants, development of questions/topics for the interviews and focus group discussions, as well as guiding the data analysis process. The evaluation particularly explored the use of gender-sensitive and gender-transformative approaches in the programme, and how they have informed advocacy by and for key populations and adolescent girls and young women to ultimately understand how this has influenced the advocacy outcomes.

³ <https://www.bond.org.uk/resources/evidence-principles>

2.2 Data collection methodology

2.2.1 Desk review

The purpose of the desk review was to gain a high-level understanding of the PITCH programme including identifying approaches and results across implementation levels and contexts to identify the the key issues to be addressed during the outcome harvesting, key informant interviews and focus group discussions. The documents reviewed included PITCH country, regional and

global policy reports; mid-year change reports; annual reports; and advocacy logs. A full list of documents reviewed is presented in Annex O2. For the desk review, the national consultants were asked to review the data for their respective country and complete a template which organised relevant data from the documents by evaluation question (see Annex O2a). Analysis that we have drawn from the desk review is not always referred to explicitly in this evaluation report. This is because our analysis of the relevant data that we identified as part of the desk review has been used and deepened as part of the outcome harvesting approach, and the use of key informant interviews and focus group discussions.

2.2.2 Outcome harvesting

Outcome harvesting was used to answer evaluation questions 1.1 on outcomes achieved, 1.2 on unintended outcomes and 1.4 on sustainability. The harvested outcomes were also used to answer questions 1.3 and 1.5 – 1.8 to complement the other data collection methods. Annex O3 provides further detail on the methodology and process.

In total, 123 outcomes were harvested with a subset of 39 harvested outcomes substantiated by people who were knowledgeable about but independent from the programme. None of the outcomes had to be rejected as a result of the substantiation process. This is an indication of the credibility of the full set although we deliberately did not set a benchmark. Details about the substantiation process can be found in Annex O4. The complete set of harvested outcomes can be found in Annex O5a Substantiated outcomes and Annex O5b Non-substantiated outcomes.

Individual outcomes are denoted by the use of # followed by the relevant number.

2.2.3 Key informant interviews and focus group discussions

Key informant interviews were mainly conducted remotely using online communication platforms (Zoom, BlueJeans, Skype) and telephone with a few conducted face-to-face or in group settings. They were used to collect information to answer evaluation questions 1.3, 1.4, 1.5 – 1.8 and 2.1 – 2.6; and to enable the development of stories of change.

Focus group discussions were carried out to obtain data on the programme's achievements in reaching its goals, implementation of (gender-informed) advocacy activities, collaboration and coordination, evidence generation and lessons learnt. Two were conducted per country and were facilitated by the national consultants and guided with a series of questions. The guidelines can be found in Annex O6 Key informant interviews and focus group discussion guidelines.

All the data has been documented using standardised reporting templates which can be found in Annex O7 Key informant interviews and focus group discussion reporting templates. The link between the evaluation questions and the data collection tools can be found in the evaluation matrix in Annex O8 Key informant interviews and focus group discussion questions per evaluation question.

2.3 Selection of countries

Outcome harvesting was used in all nine countries as well as at the regional and global policy levels according to the evaluation terms of reference. Originally, this evaluation was designed to collect data through key informant interviews and focus group discussions in just three countries. Due to COVID-19, the data collection method was revised and primarily conducted remotely, resulting in a budget underspend for the in-person reflection meeting. In the interest of giving more PITCH country-level stakeholders the opportunity to participate, the

key informant interviews and focus group discussions were expanded to include all nine countries.

2.4 Participants and key informants

Participants for the reflection meetings, and key informants for the interviews and focus group discussions, were selected in collaboration with the country focal points. A total of 89 and 120 informants participated in key informant interviews and focus group discussions respectively. At the country level, national consultants conducted interviews with a selection of implementing partners representing key populations and adolescent girls and young women; external stakeholders; and representatives from the Dutch embassies. They also conducted focus group discussions with LGBT people, sex workers, people who use drugs, and adolescent girls and young women. The global consultants carried out key informant interviews with the country focal points, global PITCH partners, programme team members, a representative from the Dutch MoFA, and the programme's gender lead. A total of 186 people participated in the outcome harvesting reflection meetings. A detailed list of consulted key informants for this evaluation can be found in Annex O9.

2.5 Data management and analysis

For this evaluation, a total of 123 outcomes were harvested and 84 key informant interview/focus group discussion reports were produced and used (66 from key informant interviews and 18 from focus group discussions). Data from these and the desk review was entered, organised, and analysed using NVivo⁴. For outcome harvesting data, Podio⁵ was used.

⁴ NVivo is a software programme used for qualitative and mixed methods research. Specifically, it is used for the analysis of unstructured text, audio, video, and image data, including (but not limited to) interviews, focus groups, surveys, social media, and journal articles.

Data generated through the different data collection techniques was analysed and interpreted using the realist evaluation approach and Bond Evidence Principles. Data was validated via triangulation (comparing and contrasting results from answers from the different groups of respondents), and the mixed methods approach (comparing and contrasting results from desk review and primary data).

2.6 Story of change

For this evaluation, the story of change methodology was used to demonstrate the journeys and processes that PITCH partners were engaged in as part of their work. Through this methodology, evaluators were also able to capture the key lessons learnt by partners with a total of nine stories of change developed.

The topics were selected by PITCH country partners. Whilst originally the aim was to have a balanced distribution of stories of change in line with the four different key populations and adolescent girls and young women, four out of the nine selected relate to people who use drugs as they were represented in a large number of outcomes. The resulting selection of stories is presented in Table 3 on the next page.⁶

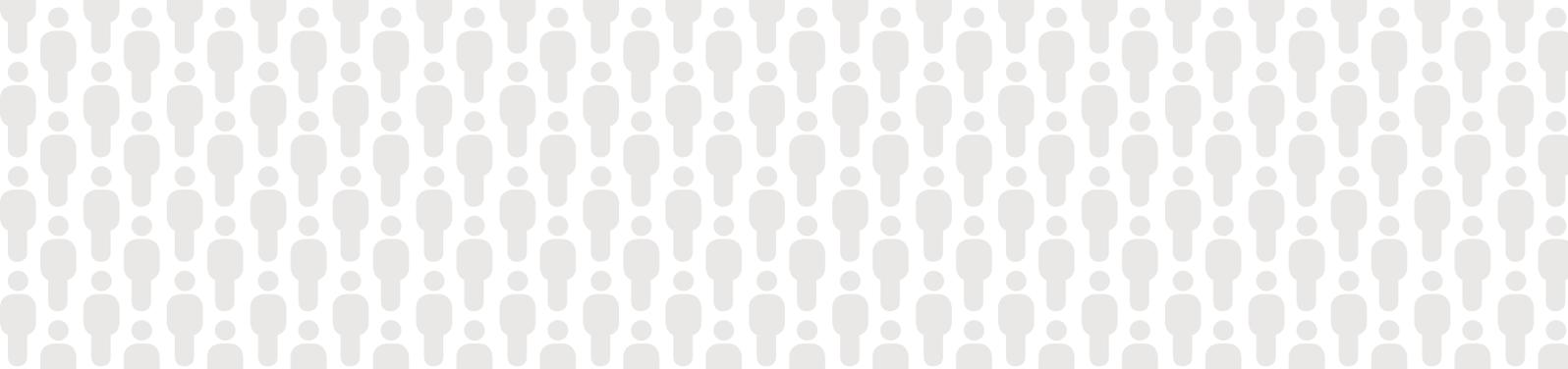
2.7 Quality assurance

The following measures were taken to ensure the quality and integrity of the evaluation, as well as minimise errors in the data collection process:

- 1 The data collection tools were the same for all countries to ensure consistency and allow comparison between them. The tools included detailed guidelines for their proper use and uniform interpretation of the questions.

⁵ Podio is a project management and collaboration software with an app designed for outcome harvesting. It organises outcomes in a database and allows for classification of outcomes.

⁶ The stories of change were drafted by the global consultant team, based on the data from the key informant interviews, focus group discussions, outcome harvesting, desk review and additional sources provided by partners (newspaper articles, weblinks etc.) and were shared with each national consultant and country focal point for validation and input. For validation purposes, all outcomes selected as stories of change have been substantiated as part of the outcome harvesting process.



Country	Title	Key Population involved
 Indonesia	Towards a key population-inclusive penal code: engagement of key populations in the penal code law revision process	Cross-cutting
 Kenya	The best treatment for women living with HIV: access to Dolutegravir for adolescent girls and young women	Adolescent girls and young women
 Mozambique	Recognition of transgender women as a key population in Mozambique	LGBT and sex workers
 Myanmar	Medicine for all: an advocacy strategy for equal access to lifesaving medicines	Cross-cutting
 Nigeria	How PITCH partners secured government approval and support to commence with comprehensive harm reduction	People who use drugs
 Uganda	Access to medically assisted treatment for people who use drugs in Uganda	People who use drugs
 Ukraine	Recognition of women who use drugs in Ukraine as a distinct vulnerable group	People who use drugs
 Vietnam	Modelling a standard voluntary community-based drug treatment approach in Vietnam	People who use drugs
 Zimbabwe	Key population-friendly public health services in Zimbabwe	Cross-cutting

Table 3 Overview of stories of change per country and key population

- 2** All tools for country-level data collection were tested for consistency, easy administration, and appropriateness by piloting them in one country (Kenya).
- 3** The global consultants provided the national consultants with online training prior to conducting key informant interviews and focus group discussions, as well as with standardised reporting templates for the results.

- 4** Regular communication and discussion between global consultants and national consultants took place.
- 5** Internal feedback, evaluation and reflection was conducted by the global consultants on a continual basis and, when relevant, adjustments to the research design were made.

2.8 Ethics, safety and security

For this evaluation, we adhered to the safety and security guidelines as well as the PITCH code of conduct. This included in-country guidelines, do no harm principles, and relevant security assessments. Each country focal point was asked to carry out a COVID-19 risk assessment in advance of their country's planned evaluation reflection meeting to establish whether or not it was safe enough to hold the meeting in person. The PITCH M&E senior advisor and programme team supported this process.

The data collected was only used for the evaluation whose approach and design were intended to protect those involved from any security risks or damage to intervention strategies due to improper information sharing. This was done by maintaining safety and confidentiality throughout the evaluation process. Each respondent interviewed was first asked to provide written informed consent. On some occasions, verbal consent was provided. The PITCH evaluation consent form can be found in Annex 11.

Data collection tools were numerically identified and encrypted, and consent forms were stored separately to ensure that they could not be linked to individuals. In term of data security, ResultsInHealth used its internal OneDrive with access only granted by the evaluation team.

2.9 Limitations and constraints

The following limitations and constraints were observed as part of this evaluation:

- The evaluation did not include a systematic review of all implemented activities and outputs; rather it focused on a limited number of significant outcomes and then worked backwards to see how activities and outputs contributed to the outcomes. This is a



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Ko Moe Kyaw Myanmar, MSM and Transgender Network and U Min San Tun, Myanmar Positives Group

deliberate choice to focus on the contribution of PITCH to both expected and unexpected outcomes, and this evaluation therefore did not assess the quality of the implemented activities themselves.

- There was a risk of bias because the partner organisations contracted by PITCH, PITCH staff, and even the external stakeholders interviewed, had (in different ways) an interest in showing that things went well during implementation, despite their interest to learn. The global consultants were aware of this risk, and addressed this by:
 - Identifying a minimum of two independent, knowledgeable people, external to PITCH, as substantiators of one or more of the harvested outcomes per country, region, and global level
 - Triangulating the data collected using different data collection techniques
 - Inviting a combination of internal and external key informants to participate in the key informant interviews and focus group discussions (in which change processes were assessed).



Advocates in Ukraine mark the 'Support Don't Punish' global day of action.

© Anton Basenko/Alliance for Public Health

- c Most of the country-level data was collected by national consultants, with interpretation and analysis done by the global consultants. This created a risk that the global consultants would misinterpret the data collected by the national consultants. The global team tried to address this by working closely with and asking national consultants for clarifications about reported data where needed and by adding a column for contextual information and explanations in the reporting format.
- d The key informant interviews and focus group discussions were done by 10 different national consultants in their own country and, in some instances, using their own language. The relatively large number of consultants involved in the data collection implies that data collection and reporting may not always have been fully consistent. The evaluation team was aware of this situation and has tried to address it by developing standard tools and templates for reporting the results of key informant interviews and focus group discussions. Where reported findings (including translations) were unclear, discussions between the global and national consultants took place to resolve any ambiguity.

- e Contextual and technological constraints existed as a result of the evaluation's response to the restrictions created by the COVID-19 pandemic. We recognise that data collection activities were primarily done remotely, through online platforms or by telephone. Online platforms allowed the evaluation team to conduct interviews using either audio only or a combination of audio and video. However, it is important to recognise two main challenges: 1) in some countries, irregularities in internet access and poor quality of the signal interfered with the interview process and 2) non-verbal communication was limited given these circumstances and the fact that observation of projects in the field was not possible.

As a consequence of the changes in the number of countries (from three to all nine) to be included in key informant interviews, focus group discussions, desk review and production of stories of change, the coordination of the national data collection processes as well as the data analysis became more complex and time-consuming than anticipated. This posed a limitation, especially considering the given timeline.

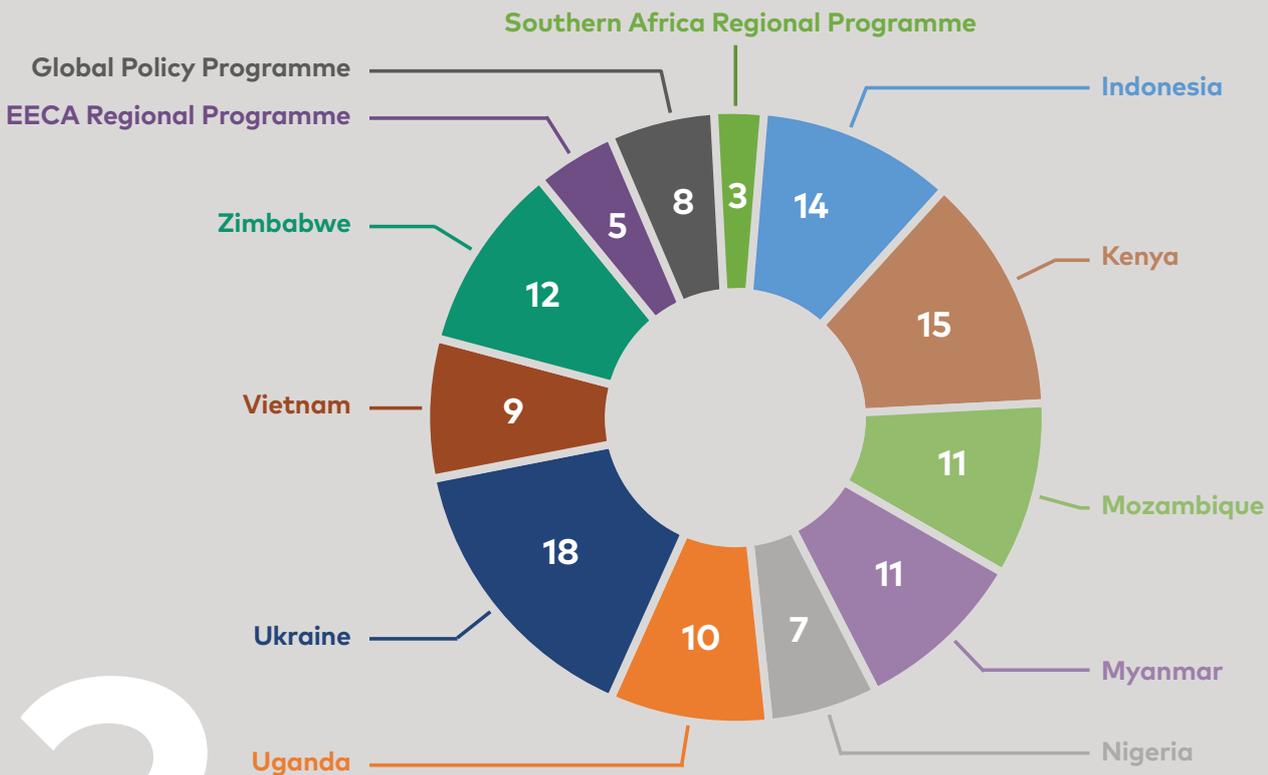


Figure 2

Distribution of 123 harvested outcomes over the PITCH countries, regions and global programme

3

Findings

This section is informed by a total of 123⁷ outcomes harvested for this evaluation. They are derived from all nine PITCH countries, regional partners in eastern Europe and central Asia (EECA) and global policy partners. Distribution of outcomes is presented in the figure above.

⁷ An outcome is defined as a change in behaviour (action, activity, policy, practice, relationship) of an individual, group, community, organisation or institution that has been influenced (intentionally or not) by PITCH activities. An outcome statement consists of the description of who changed what, when and where, its significance and how PITCH has contributed to the outcome.

3.1 Objective 1 To assess the outcomes and impact of PITCH, as well as their sustainability, in the context of the programme's theory of change

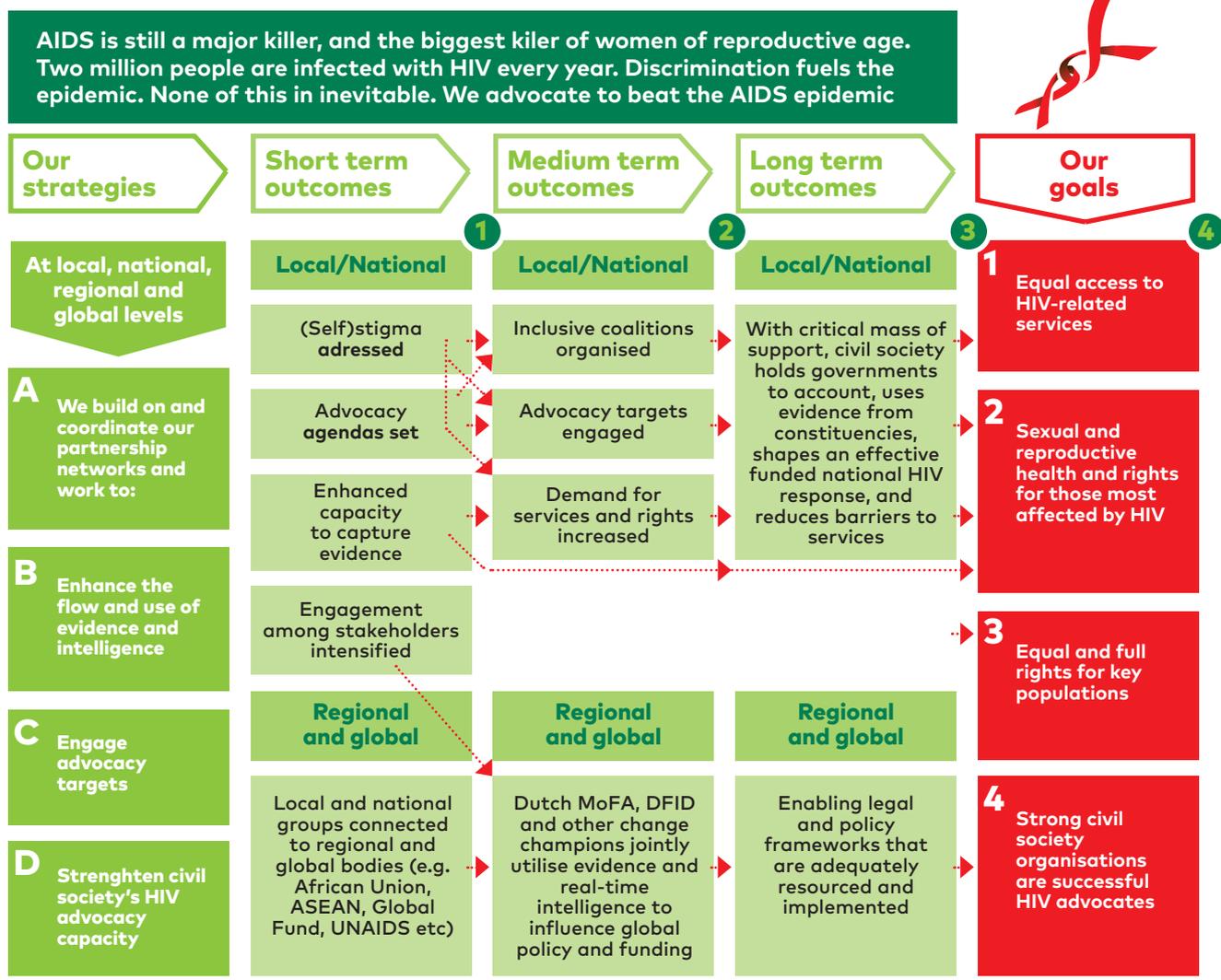
Harvested outcomes are complemented by data from the literature review, key informant interviews, and focus group discussions. An overview of all 123 outcome statements harvested during the evaluation can be found in Annex 5. An analysis of the different types of actors influenced by PITCH, and of the key populations and adolescent girls and young women that benefited from these changes, is presented in Annex 13.

3.1.1 EQ1.1 To which significant advocacy outcomes has PITCH made a measurable contribution? To what extent does evidence exist to support these claims?

Here, we examine the kind of advocacy outcomes that PITCH has contributed to, in particular focusing on self-stigma, demand for services and rights and changes in policy or law. The duration of outcomes (e.g., whether short, medium or long-term) and their substantiation is also considered.

Evidence from this evaluation demonstrates that the PITCH programme was successful overall in making a measurable contribution to outcomes that helped the programme achieve its four goals. Nearly⁸ all 123 harvested outcomes are meaningful and significant, and in line with the global theory of change. Out of these 123 outcomes, eight were grouped as positively unexpected and six as negative outcomes⁹. The PITCH theory of change, shown below, describes a set of short, medium and long-term expected outcomes that will eventually lead to the four goals benefiting key populations and

Throughout this report, outcomes are discussed both in terms of 'harvested outcomes' as well as 'expected' or 'anticipated' outcomes. A harvested outcome is an outcome that has been documented as part of the end term evaluation process and which PITCH has contributed to. An anticipated or expected outcome refers to an outcome that appears in the original PITCH theory of change.



⁸ See the next section (EQ 1.2) on unintended and negative outcomes for the few outcomes that do not contribute to the PITCH goals.

⁹ See next sub section on EQ 1.2 on unintended positive and negative outcomes for the few outcomes that do not contribute to the PITCH goals.

adolescent girls and young women. These expected outcomes will provide us with a lens and help with assessment of the significance of PITCH's contributions to the harvested outcomes.

Significance of outcomes achieved by PITCH

Categorisation of harvested outcomes, according to the expected outcomes of the theory of change to which they contribute, was originally undertaken by PITCH partners who formulated the outcomes. The evaluation team identified some inconsistencies between the nine countries in the way this categorisation was done. The evaluation team tried to follow the original categorisation as much as possible but modified this in some cases for analytical purposes. This approach was used for this significance section.

3 Short-term expected outcomes

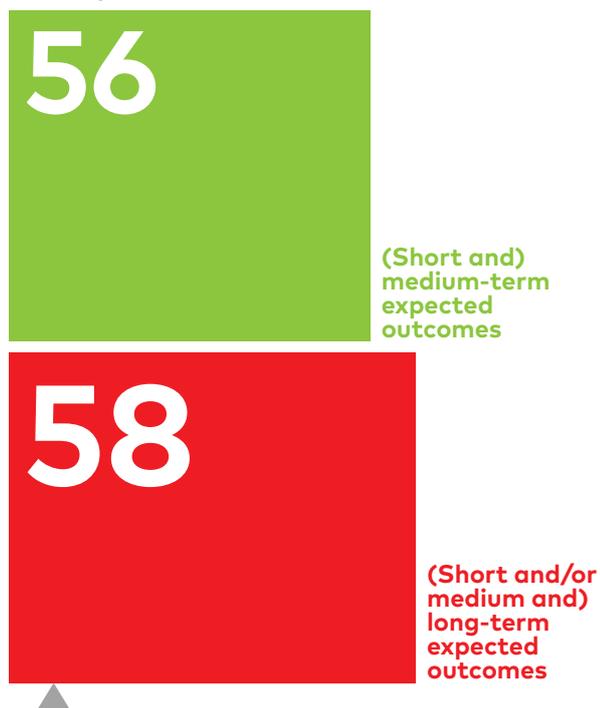


Table 4 Number of harvested outcomes (#) contributing to expected outcomes

Three harvested outcomes contributed to the medium-term outcome "Dutch MoFA, Department for International Development and other change champions jointly utilise evidence

¹⁰ this coding relates to how the outcomes from the PITCH theory of change are presented in the PITCH results framework

and real-time intelligence to influence global policy and funding", or M4¹⁰. PITCH global policy partners contributed to three harvested outcomes (outcomes #136, #137 and #91) in line with M4.

Nearly half of the harvested outcomes were categorised as medium-term (53 outcomes), fairly evenly distributed between the following medium-term expected outcomes: "inclusive coalition organised" (outcome 52/Indonesia; outcome #35/Uganda), "advocacy targets engaged" (outcome #37/Kenya; outcome #57/Myanmar), and "demand for services and rights increased" (outcome #60/Myanmar; outcome #105/Zimbabwe). Three harvested outcomes contributed to the medium-term outcome "Dutch MoFA, Department for International Development and other change champions jointly utilise evidence and real-time intelligence to influence global policy and funding". There are three outcomes classified under M4 produced by PITCH global policy partners (outcomes #136, #137 and #91). No outcomes were harvested at the regional and global level (from country partners) categorised under M4. This suggests that PITCH country partners were predominantly focused on making changes at the medium-term level outcomes, at local and national levels, and less at the global level. The latter seems intentional and in line with the global theory of change.

Under long-term expected outcomes (L1 and/or L2¹¹), 58 outcomes were categorised. They were observed among all PITCH countries, regional partners and global policy partners. There are more outcomes placed under L1 than L2, strengthening the observation that PITCH country partners focus more on changes at local and national level and less at global or regional level. Nearly half of the outcomes were categorised as long-term which, according to PITCH country partners, indicated that the programme progressed as planned.

Analysis of the outcomes' significance led to the conclusion that PITCH has advanced the HIV advocacy agenda for key populations and adolescent girls and young women in all nine

countries and made progress in the achievement of the four goals outlined in the theory of change. By the end of the programme, it is clear that PITCH contributed to the achievement of most of its anticipated medium and long-term outcomes.

PITCH outcomes in Nigeria

In **Nigeria**, for example, five out of seven harvested outcomes have been categorised as contributing to long-term expected outcomes. Outcomes #64 and #62 have not reached the legal or policy framework and, to date, neither have achieved concrete changes in HIV and SRHR access¹². However, there have been significant changes in the Nigerian context. In a country where LGBT rights are not recognised, having a positive story about LGBT people on the cover of the Nigerian newspaper Guardian Life is an important achievement for the LGBT community (outcome #64).

Although sex work is not criminalised in Nigeria, sex workers face severe human rights abuses and multiple forms of discrimination. Outcome #62 concerns a pronouncement made by Justice Binta Nyako during a case against some arrested sex workers, who stated that sex work is not a crime in Nigeria. Even if the pronouncement has not led to positive changes at policy or legal level, the outcome is extremely significant for the sex worker community. PITCH partner NSWA indicated that following this, they received less reports from their members being arrested by police.

Other harvested outcomes for Nigeria reveal a pathway of change, in line with the Nigerian theory of change, that has had an effect on the legal and policy framework and/or access to HIV and SRHR services. Outcome #67 provides an insightful example of a significant outcome. An Islamic youth leader formed a coalition of religious and community leaders, securing their

¹¹ L1: With critical mass of support, civil society holds governments to account, uses evidence from constituencies, shapes an effective funded national HIV response, and reduce barriers to services.L2: Enabling legal and policy frameworks that are adequately resourced and implemented

¹² These are the long-term outcomes in the Theory of change for Nigeria



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Wanja Ngure, Country Focal Point, Kenya

commitment to tackling discrimination against LGBT people in Niger state. This was achieved through community education and the promotion of equal access to healthcare services for LGBT people.

Niger state is a Sharia state with high levels of homophobia, and conservative religious and cultural values. Through the work of International Centre for Sexual Reproductive Rights (INCREASE), a PITCH partner, PITCH pioneered a platform for community and religious leaders to participate in a stakeholder's forum on LGBT rights. It was a significant challenge to obtain permission to hold it but resulted in amplifying PITCH LGBT partners' advocacy campaign in the state, thereby contributing to several expected outcomes, including helping to address self-stigma, setting the advocacy agenda and intensifying stakeholder engagement. As a result, these partners' efforts to engage their advocacy targets and to build a critical mass of support became more effective. By using evidence from their constituencies, these partners have been able to make a significant contribution toward a reduction in barriers to services as well as the broader national HIV response in Nigeria.

Contribution of PITCH towards the outcomes achieved

Advocacy takes place in complex environments in which a variety of actors continuously interact. Multiple organisations are often working on similar issues, and advocates strive to increase the visibility and impact of the voices they represent. In this section, PITCH's contribution to the 123 harvested outcomes is presented and analysed. However, even where this is not explicitly mentioned, in many instances it is important to recognise the role of other actors in also contributing to these outcomes. It was beyond the scope of this evaluation to evaluate either the contribution of other actors to the harvested outcomes, or the extent to which PITCH contributed to these outcomes.

The evaluation team systematically reviewed the contribution section of the harvested outcomes, together with data from desk review, key informant interviews and focus group discussions, analysing how they were achieved in the different countries. Contributions were grouped according to the type of activities mentioned in those statements, seen in Figure 3. The findings show nearly a third of the

contributions were through lobbying and meeting with stakeholders (32%). Other contributions were capacity building (13%), networking and collaboration (11%), provision of technical assistance (9%), and public awareness/campaign events (8%).

To provide a detailed illustration of PITCH's contribution to the harvested outcomes, three themes are presented below: addressing (self) stigma (an expected short-term outcome in the PITCH theory of change); demand for services and rights increased (an expected medium-term outcome); and engagement in revision/change of policy/law (an expected long-term outcome)¹³.

Addressing self-stigma

Reduced stigma and discrimination regarding HIV and the rights of key populations and adolescent girls and young women among duty bearers, the general community, and within the marginalised communities themselves, is one of the short-term expected outcomes of the PITCH programme. During PITCH's lifetime, partner organisations addressed self-stigma and stigma with the following strategies: influencing religious leaders (three outcomes, for example

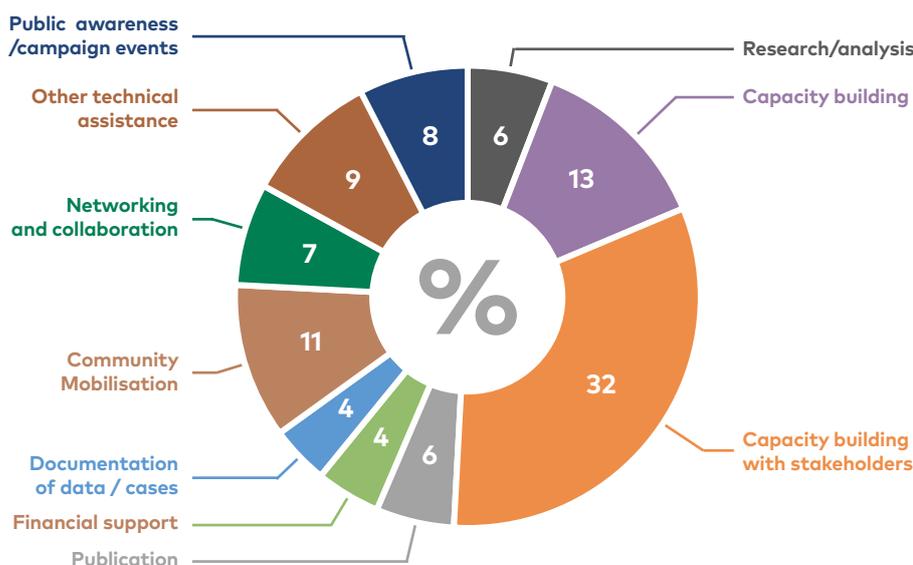


Figure 3
Type of PITCH contribution to all outcomes

¹³ In the PITCH theory of change, this is written as follows: With critical mass of support, civil society holds governments to account, uses evidence from constituencies, shapes an effective funded national HIV response, and reduces barriers to services.

PITCH partner FACT who facilitated a dialogue with 30 religious leaders drawn from Manicaland in Zimbabwe); working with media (three outcomes); engaging stakeholders (three outcomes) and gaining public support/commitment (two outcomes). The activities range from the formal (organising workshops or conferences) to the informal (corridor advocacy); and from desk work (development of position papers) to field work (conducting repeated visits or organising a tour). In addressing stigma, PITCH partners also focused their advocacy efforts on the media (outcome #47/Indonesia; outcome #57/Myanmar; outcome #64/Nigeria and outcome #130/Ukraine). For example, in 2017, TIERS, a PITCH LGBT partner, organised a media training in Lagos, Nigeria, to educate media representatives about SRHR and sexuality and change the narrative of LGBT stories (outcome #64). The purpose of working with the media was to create a positive narrative about key populations and/or HIV and AIDS.

Stigma was also addressed by engaging stakeholders to create space for advocacy. The type of changes reported were the issuing of a public statement (outcome #19/Kenya), inclusion of sex workers in the national platform for sex workers' rights in Mozambique (outcome #48) and inclusion of sex workers and LGBT people in the National Youth Policy in Myanmar (outcome #69). In the case of Myanmar, in 2018, following PITCH training and capacity building support, PITCH partner Myanmar Youth Stars (MYS) changed their advocacy approach towards the Yangon regional government, by inviting their representatives to their events instead of waiting to be included in Yangon Youth Affairs Committee meetings. In 2019, MYS coordinated and engaged with youth representatives to prepare advocacy information about young key populations. They used this to inform their approach to the Yangon Regional Government to demand that they include young key populations meaningfully in the policy making and implementation process. Finally, the Yangon Youth Affairs Committee invited MYS to discuss the different needs of young key populations with the Yangon Minister of Social Welfare, to inform the implementation

of the youth policy. Also in 2019, MYS collaborated with the Yangon Region Youth Affairs Committee to organise an International Youth Day event which the Chief Minister and President of the Youth Affairs Committee attended.

Finally, efforts to secure commitments to set up by laws and to provide resources to tackle stigma and discrimination were used by PITCH partners to address stigma, as happened in Uganda where two district leaders agreed to set up by-laws to protect adolescent girls and young women against all forms of violence (outcome #32), as well as in Kyrgyzstan (outcome #96) where the Vice Mayor of Bishkek publicly committed to tackle stigma and discrimination against key population groups by signing the Zero TB Declaration. In addition, public awareness campaigns also played an important role in reducing (self) stigma. For example, in 2017, PITCH partners in Kenya created an online campaign and produced information, education and communication (IEC) materials about forced anal testing. These activities contributed to a press statement, issued by the Kenya Medical Association, to condemn forced anal testing, classifying it as a torturous act (outcome #19).

Demand for services and rights increased

PITCH used a variety of activities and strategies when contributing to harvested outcomes that addressed barriers and increased access to HIV and SRHR services for key populations and adolescent girls and young women. In increasing the demand for HIV services, PITCH partners in Nigeria supported a series of consultation meetings involving national stakeholders (NACA, the Federal Ministry of Health, law enforcement agencies, local harm reduction implementing partners, and the Global Fund) resulting in a concept note for the implementation of comprehensive harm reduction which was approved by the Minister of Health in 2019 (outcome #58). In Indonesia, PITCH partner Puzzle, organised several meetings with health service facilities targeted by its advocacy strategy, which resulted in the signing of a

memorandum of understanding to provide counselling relating to HIV and STI prevention and control programmes to support officers working with men who have sex with men (MSM) and transgender communities (outcome #44).

The second set of PITCH activities that brought about significant results was the provision of capacity building. In Zimbabwe, on invitation by the Ministry of Health, PITCH partners started training health care workers on how to deliver key population-friendly services in public health care centres (outcome #144). These contributions were accompanied by financial support (9%), technical assistance (8%), community mobilisation (8%), networking and mobilisation (8%), publications (7%), public awareness (7%), research (5%) and documentation of data/cases (2%). Outcome 77 provides an insightful example of a PITCH contribution in increasing demand for HIV services using multiple activities. In Vietnam, SCDI provided technical assistance and partial financial support to the People's Committee's investigation and evaluation of drug use and drug treatment interventions. They also organised workshops with representatives from People's Committees, the Department of Social Vices Prevention, health centres, volunteer groups, and police officers. These were held to share advanced and science-based drug treatment approaches, and to plan for piloting a model for voluntary drug treatment units. The combination of these activities resulted in the development and implementation of community-based voluntary drug treatment, care and counselling units by People's Committees in five provinces. Thanks to the support from PITCH, two provinces are currently using their provincial budget to partly cover the establishment and operational costs of the model.

Engagement in revision/change of policy/law

Engagement in revision or changes of policy and law is classified as long-term outcomes. Results classified in this group include the involvement of Myanmar's Ministry of Health in the review process to amend the patent law for life-saving medicines (outcome #68); the UN

recommendation to Ukraine to decriminalise drugs (outcome #127); and the reduction in arbitrary arrests among LGBT people in Nigeria (outcome #65) and sex workers in Uganda (outcome #33). PITCH's contribution to the above-mentioned results came about by lobbying and meeting with stakeholders; provision of technical assistance; networking and collaboration; development of publications; and community mobilisation.

Examples of activities under lobbying and meeting were meeting with the Ministry of Law and Human Rights in Indonesia to advocate for the involvement of key populations in the revision of the penal code, and PITCH participation in a meeting on human rights and HIV in Kenya. The technical assistance provided by PITCH partners ranges from issues around legal aid for the MSM community (outcome #71) to the development of manuals for key populations (outcome #105/Zimbabwe). Networking and collaboration were conducted in Indonesia, Kenya, Myanmar and Nigeria. Publications such as media releases, policy briefs, infographics and Photo Voice exhibitions were prepared by PITCH partners in Nigeria and Indonesia. Rallies in Indonesia and Kenya were organised, mobilising key population communities and CSOs.

Evidence supporting the claims of contribution – substantiation of harvested outcomes

In the process of formulating outcomes, PITCH partners used their own records (annual reports and, to a varying extent, their advocacy logs), online searches and contact with external stakeholders to make the outcomes specific. Additional evidence was obtained through the substantiation process, aiming to enhance the credibility of the outcomes. Stakeholders who are independent of PITCH, yet knowledgeable about the programme, were asked for their level of agreement with the outcome description, its significance, and the PITCH contribution to the outcome.

Different kinds of evidence were presented by partners - 67% of the harvested outcomes include supporting evidence such as written commitments, meeting minutes, memorandums of understanding (MoUs), and/or correspondence with actors external to PITCH (the substantiators), who witnessed and participated in the advocacy process. This evidence demonstrates that PITCH partners conducted the advocacy activities that they reported in the contribution statement, and in turn, it is clear that the advocacy activities contributed to the realisation of the outcomes. It must be noted that the supporting evidence did not show whether these advocacy activities influenced the decisions taken by the social actors or stakeholders targeted as part of this advocacy. However, the advocacy carried out by PITCH partners certainly contributed to these stakeholders' decision-making processes.

For the 33% of harvested outcomes where supporting evidence was not made available, the evaluation team triangulated the outcomes through key informant interviews and focus group discussions. The data obtained strengthens the partners' claims about their contribution to the harvested outcomes. For instance, in Mozambique, outcome #123 (story of change) is the result of several activities where work "in the corridors" was carried out by PITCH partners and where the country focal point played a key role. Partners did not have records of the phone calls, email exchanges, or informal meetings they conducted to lobby the Ministry of Health (partly due to the critical need for privacy). However, despite the lack of traditional evidence available, all these activities contributed to the achievement of outcome #123.

It is clear that traditional evidence is difficult to produce, particularly when it relates to more informal conversations or 'corridor advocacy', which despite their informality still represent important activities that lead to significant results. Recognising the challenges involved in documenting evidence in these more informal settings, the evaluation team would recommend that in the future partner organisations explore opportunities to make more use of photography, audio recordings, or drawings etc as alternative

media for documenting evidence. This would reduce their reliance on more conventional forms of written evidence. It is also recommended that PITCH partners in the future consider using outcome harvesting, including the methodology's external substantiation component, to replace reliance on traditional evidence that is otherwise difficult to obtain for advocacy programmes.

3.1.2 EQ1.2 How has PITCH contributed to any positive or negative unexpected outcomes? What lessons have been learned, and how have these unexpected outcomes influenced partners' advocacy planning?

The end-term evaluation captured both positive and negative unexpected outcomes, which were mainly related to the recognition of the rights of key populations. The low number of unexpected outcomes is an indication that the outcomes as set out in the PITCH theory of change were well defined.

PITCH is a complex programme operating in a context where many different actors play a role in the issues at stake, have their own internal power dynamics, and have high levels of socio-political uncertainty. As a result, it is to be expected that programme adaptation is required during a five-year implementation period. Unexpected outcomes are not uncommon in the evaluation of lobbying and advocacy programmes, since the behaviour of advocacy targets cannot be predicted due to the complexity of the environment in which the programme operates. This section outlines the unexpected outcomes which emerged during implementation and were identified during the evaluation.

All harvested outcomes have been classified as "expected" or "unexpected" by the implementing partners¹⁴. The evaluation team defines an

¹⁴ Partners were asked to answer "was this outcome expected in the context of the PITCH theory of change and plans or has this been an unexpected outcome?" during the reflection meeting.

unexpected outcome as outcomes which were not expected in the context of the programme and country level PITCH theories of change and categorised them as positive or negative (see below).

1 Unexpected outcome definitions

Unexpected positive outcome:

an unexpected change in a societal actor's behaviour that potentially, or actually, represents progress towards the PITCH goals. The change has been influenced but not controlled by PITCH in a small or significant way, directly or indirectly.

Unexpected negative outcome:

an unexpected change in a societal actor's behaviour that potentially, or actually, undermines progress towards the PITCH goals. The change has – unintentionally – been influenced but not controlled by PITCH in a small or significant way, directly or indirectly (e.g., a backlash or the setback of a campaign)

Positive unexpected outcomes

Eight out of the 123 harvested outcomes were classified as positive and unexpected (see Annex 14). All outcomes have been categorised by the contributing PITCH partner as showing progress towards one of the PITCH goals. In all instances these outcomes contributed to at least one of the PITCH goals. The fact that this number is relatively low indicates that PITCH did well in defining its intended outcomes in the programme's theory of change which gave sufficient space to adapt advocacy planning according to needs. Rather than seeing specific learnings, these unexpected outcomes show flexibility and adaptive management by the implementing partners. This does not only apply to the unexpected outcomes but seems to be an appropriate characteristic of the programme overall.

The positive unexpected outcomes ranged from key population representatives being invited to national events (outcomes #7, #35, #118), as well

as international high-level meetings/conferences (outcomes #74, #92, #127); and launching a petition/press release to ban harmful practices and laws (outcomes #18, #19). Unexpected outcomes most frequently related to changes in relationships. The contribution that PITCH made to these outcomes was varied and included:

- meetings with stakeholders
- technical assistance and financial support
- networking and collaboration
- campaigns
- capacity building
- research and publication of results
- mobilisation of communities.

Outcome #19 on Kenya Medical Association's condemnation of forced anal testing, together with outcome #18 (facilitation of the legal fees for the counsel/attorneys/lawyers that argued the first ever decriminalisation Petition 150 in 2016) and outcome #35 (inclusion of LGBT-specific medical courses in Mukomo), represent PITCH's ability to flex and adapt. These outcomes were a result of PITCH contributions which were deliberate, creative, timely and responsive to emerging opportunities. The activities directly involved included brainstorming sessions, identifying advocacy champions, implementing the #stopforcedexaminations online campaign, producing relevant IEC materials, and building a large network of allies. Some of the outcomes were seen as unexpected because they happened as a surprise and/or were beyond expectation (outcomes #118, #92, #127, #74, #7). A common element in most of the unexpected outcomes is that they are more closely related to the recognition of the rights of key populations (people who use drugs, LGBT, adolescent girls and young women, and sex workers) instead of access to HIV services. A lesson learned from these outcomes is how advocacy requires full flexibility of the CSOs involved, using emerging windows of opportunity, speeding up or slowing down activities and building alliances. Outcome #19 illustrates this process. On 23 September

2017, the Kenya Medical Association issued a press statement to condemn forced anal testing and classified it as a torturous act. Following the press statement there was a decrease in reported number of cases of forced anal testing from 15 cases to three. The ruling affirmed the dignity of the two Kenyan men who were subjected to these horrific examinations, and it reinforced the understanding that the constitution applies to all Kenyans, regardless of their sexual orientation or gender identity. PITCH partners contributed to this outcome with a series of events, over a number of years, starting even before PITCH:

- In 2015, two gay men were charged under section 162 of the Penal Code for their perceived sexual orientation. PITCH partner NGLHRC represented them from the Resident Magistrate's Court, to the High Court to the Court of Appeal from 2015 to 2018.
- On 3rd May 2017, the office of the Director of Public Prosecution was petitioned to do away with the case. The petition gathered over 500 signatures.
- PITCH facilitated sessions which resulted in identification of a champion, Dr. Brian Bichanga, who advocated to the Kenya Medical Association to issue a statement that condemned forced anal testing.
- In 2017, ISHTAR, HOYMAS, NGLHRC, KMA, MAAYGO and KESWA implemented the #stopforcedexaminations online campaign and produced IEC materials on forced anal testing. The campaign also recruited a large network of allies including the Kenya Human Rights Commission and Human Rights Watch.

Negative (unexpected) outcomes

In general, measuring negative change is definitely a challenge. There are different ways changes could be seen as negative, for example a backlash against a campaign. As PITCH challenges existing power dynamics, institutional discrimination, and increases the visibility of marginalised communities, resistance to these changes can be expected. PITCH partners are

aware of this and use appropriate risk management tools and approaches, however negative outcomes cannot always be avoided. At times, negative outcomes can also be a sign of positive change happening, given that a negative outcome may represent a setback as well as a catalyst for more positive change at a later, future point. The evaluators documented six negative outcomes which represented a backlash against efforts to change social norms and systemic discrimination. This demonstrates that PITCH and the issues it addresses are increasingly being heard. Partners struggle to balance potentially negative outcomes in the short-term to create long-lasting systemic change. In the case of one of the negative unexpected outcomes, PITCH partners deliberately chose not to speak out in public about an issue, for fear of "waking up" people who may dissent or advocate against them¹⁵. This is the only case where we know that deliberate effort was made to avoid a negative outcome.

Lessons learned and how the unexpected outcomes influenced partners' advocacy planning

The harvested outcomes indicate that PITCH triggered positive and negative unexpected outcomes. Unexpected outcomes are important to measure and reflect upon, as they can hold valuable lessons as to why negative outcomes happened and how to mitigate them in future programming.

The evaluation did not observe major adaptation in terms of planning and strategies, or evidence that PITCH country partners did anything differently. This indicates that there is sufficient room within the theory of change for flexibility and adaptation when necessary.

¹⁵ Outcome number not disclosed at the request of the partner organisation

3.1.3 EQ1.4 Reflecting on structural and legislative changes, how sustainable are the achievements of PITCH beyond the programme's lifetime, and in the absence of significant external funding?

Law reform, policy decisions, and changes in practice, behaviour and relationships are all areas where PITCH has made a sustainable contribution, and it is anticipated that the benefits will continue to be felt beyond the programme's lifetime.

Outcome harvesting defines sustainability as "the continuation of benefits from a development intervention once it has been completed".¹⁶ The fact that each and every outcome represents a change in another social actor that has been influenced but not controlled by PITCH, increases the likelihood for sustainability as external actors themselves took the initiative and decided to change their behaviour. They were inspired, convinced, or learned about new ways of doing things. To help identify the sustainability of the outcomes, we organised the outcomes into seven categories¹⁷ as shown in the diagram, with the number of outcomes per category indicated.

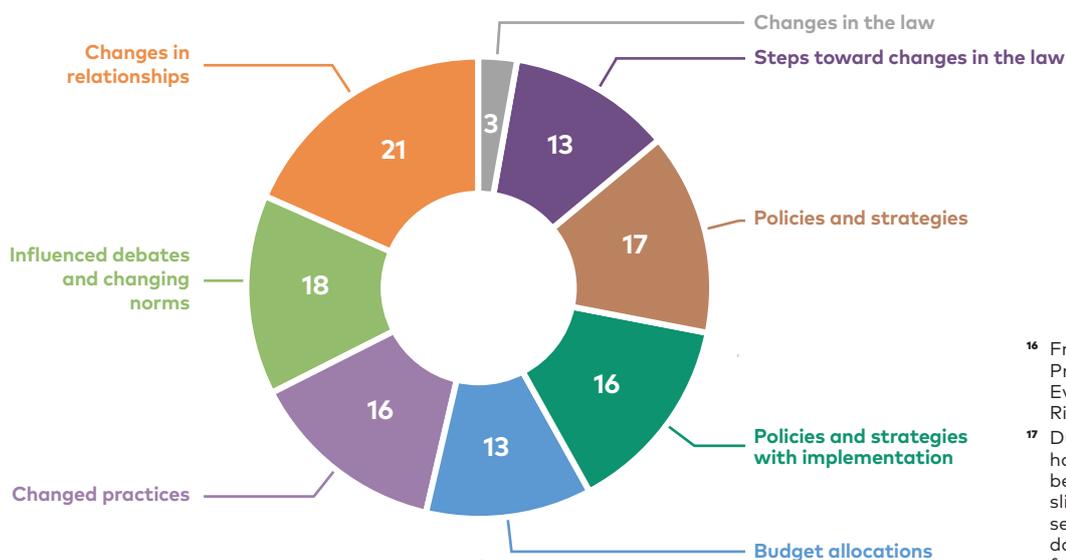


Figure 4
Distribution of the 117 positive outcomes per change type

Summary of findings

- PITCH worked on law reform in all nine countries. In two cases a new law was passed, and PITCH also successfully blocked a negative law from being passed (three outcomes in total). While sustainable, these laws do not necessarily, nor immediately, translate into positive effects for key populations and adolescent girls and young women. This low number is unsurprising as changing the law is a long-term process and difficult to achieve within the five-year life span of PITCH.
- Thirteen outcomes demonstrate important steps in the process towards (hopefully) future changes in the law. However, no confirmed legislative change was achieved in these cases by the beginning of the evaluation.
- Thirty-two policy and strategy decisions were made that will guide the behaviour of (mostly) governmental actors at the national and local level independently of PITCH and will sustain beyond PITCH's lifetime. Here, PITCH successfully improved the understanding of institutional actors on the rights of people living with HIV as well as the need for HIV services for key populations and adolescent girls and young women. Whilst these policies and strategies may only

¹⁶ From Outcome Harvesting, Principles, Steps and Evaluation Applications. Ricardo Wilson-Grau, 2019.

¹⁷ During the design stage, we had defined five types of behaviour change but we slightly refined these into seven categories, as per the data and inspired by the following publication: No royal road. Finding and following the natural pathways in advocacy evaluation. Jim Coe and Rhonda Schlangen, 2019.

be valid for a limited period of time - during a pilot, or dependent on people in current positions of power - they definitely set in motion a process and direction of change which will help in creating an enabling environment for the rights of people living with HIV and key populations.

- In half of the cases (16), partners indicated that that these policies and strategies are being implemented.
- The 13 budget allocations will also continue to benefit key populations and adolescent girls and young women (directly and indirectly) beyond 2020¹⁸.
- Perhaps not a structural change, but definitely sustainable, are the 16 changes in the practices of individuals who act as role models, such as religious and other community leaders, judges, key population-friendly health workers, journalists or policemen. They changed their public opinions regarding issues related to HIV, key populations and adolescent girls and young women which will have a lasting effect. While not measured in this evaluation, it indicates a start in changing social norms at the community level.
- In 16 cases, PITCH influenced the public debate around HIV, key populations and adolescent girls and women by convincing influential people and the media to publicly support their cause. This is not a sustainable change in itself but important to eventually influence social norms.
- A final important element of sustainability are the 21 changes in relationships that PITCH fostered. CSO coalitions in Indonesia, Kyrgyzstan and Nigeria will continue to exist after PITCH, with or without PITCH partners directing these coalitions. Relationships between civil society and government were formalised through several platforms that will also continue beyond the lifespan of the programme. It is worth noting that participation of some CSOs, including PITCH partners, may depend on their own financial sustainability, however this was not a subject of the study.

Changes in deeply rooted societal norms, such as the acceptance of same sex relationships or a supportive attitude towards sex workers and people who use drugs, are necessary to achieve long-lasting change. The aforementioned findings demonstrate that PITCH has achieved this to an extent, however these changes are far less impactful than the formal, institutional changes and the intermediate outcomes that are ultimately required. Without support from diverse stakeholders in society, real sustainability for institutional changes achieved by PITCH is at risk or might be reversed.

Changes in law (three outcomes)

In three cases we saw important legislative changes that will continue to make a difference beyond PITCH's lifetime, though one of them has not yet been put into practice. However, a change in law does not necessarily mean that the newly gained rights will be enjoyed by key populations and adolescent women and young girls. For the three law changes that PITCH contributed to, the situation is varied. The new law criminalising child marriage that was passed in July 2019 in Mozambique will not end the practice immediately but, since this law is the result of several years of work with a big consortium (Girls not Brides), it is quite likely that the consortium will use this key instrument in continued advocacy efforts for actual changes on the ground. A formal piece of legislation regarding access to health services for people without an ID card in Vietnam has, two years later, not yet had any effect in practice because of the complicated legal system and health insurance agencies who are not aware of the legislation. Interestingly, the opposite is true for the new privacy regulations in Kenya that are already used by key populations to demand confidentiality from health officials, whilst not yet formally approved by parliament (outcome #38, counted below as a step towards changes in law, date of expected approval not known). In Nigeria, a bill seeking to remove judges' discretion in sentencing for drug use offences

¹⁸ Note that some policy and strategy changes also involve budget allocations, but given that the amounts are unknown these have not been included here.

(15 to 25-year prison sentence) was stopped as PITCH effectively mobilised support from the West African Commission on Drugs (WACD). This effectively is preventing things from getting worse (outcome #61).

This mixed picture demonstrates the complexity of “how change happens” in that a formal piece of legislation is no guarantee or prerequisite for change in practice. Of course, with these new laws, civil society now has very important tools at hand for continued advocacy.

Steps towards changes in the law (13 outcomes)

In 13 additional cases, governments are in a clear process of crucial law reform that will not be stopped. However, a continued push from civil society is still needed so it is a pity that, with the end of PITCH, the actual achievement of these law reforms in the desired direction is not guaranteed. In most cases, PITCH worked with other organisations, sometimes including international NGOs and donors. On the one hand, this gives some confidence about the continuation by these actors to push for changes that are supportive to key populations and adolescent girls and young women. Nonetheless, PITCH often brought in the specific focus on them which might be lost now that it has ended. PITCH therefore came to an end in the middle of change processes where it undoubtedly left behind motivated individuals as well as useful draft law texts whose ultimate acceptance into law remains uncertain.

Examples of steps toward changes in law include:

- In Indonesia, the President declared that public participation in the revised criminal code bill, with many relevant articles for key populations, would take place. A few of civil society's issues have already been included in the new draft (outcome #39).
- The recommendation by the UN Committee on Economic, Social and Cultural Rights to the Ukraine government to consider decriminalisation of drug possession for own use (outcome #103), opens up a lot of possibilities for civil society to continue to advocate for law reform.
- The adoption by the Kenyan government of the UPR recommendations on HIV, universal health coverage and sexual orientation and gender identity and expression rights in January 2020 (outcome #23) is an important case in point. Although this was a key milestone and a very strong tool for civil society, continued pushing of government for change will be necessary.

Insight

“Mid 2018, there was absolutely no organisation working on HIV/AIDS in the Universal Periodic Review. This was a big gap [PITCH] came to fill. [...] Having now the UPR recommendations is a very big thing. UPR targets duty bearers; once recommendations are accepted by government it becomes easier to hold them accountable. There is more demand for a human rights approach now..... PITCH adapted its strategies to what is possible. When you know you are going to hit a brick wall, you might as well seek for small gains that will still eventually get you to your destination..... Strategy is key and this is what PITCH brought. The recommendations are very subtle, it is a very progressive push for change in law and change in attitudes.... It opens room to have the discussion on the table.”
(Substantiator, Kenya)

Institutional policies (17 outcomes) and their implementation (16 outcomes)

A large number of outcomes represent changes in institutional policies and practices, equally divided among national (ministries) and local governments, with a few related to international bodies such as the UN, EU or AU. These range from new strategies and policies that are yet to be implemented, to concrete decisions that have already had an impact on the ground. It is not always clear whether agreed policies have already been implemented¹⁹. For 16 outcomes, we estimate that the policy change had been put into practice. Examples are the roll out of government harm reduction programmes in Uganda (outcome #26) and Maputo, Mozambique (outcome #139); as well as the provision of free access to HIV prevention commodities for sex workers and pre-exposure prophylaxis (PrEP) as a pilot in three provinces for high-risk groups in Mozambique; and the implementation of voluntary drug treatment and care in Vietnam (outcome #77).

These outcomes have direct and concrete benefits that will be sustainable beyond the lifetime of PITCH as the changes are owned by actors outside of the programme. Another example of a sustainable decision is that in Kenya and Zimbabwe (outcomes #3, #141), the Ministries of Health lifted the restriction on providing Dolutegravir to adolescent girls and young women, while in Mozambique the same drug - that has far fewer side effects than other antiretroviral treatments - was accepted except for women of childbearing age. This shows that Mozambique is not yet as far forward as Kenya and Zimbabwe.

¹⁹ In the context of this section, an outcome represents a specific change in policy or practice. In some policy outcomes, the significance sheds light on the actual implementation of the new policy, either anecdotally or more consistently.

Changes in practice (16 outcomes)

Besides influencing the institutional policies and practices of government institutions, PITCH was also able to directly influence the behaviour and attitudes of health workers, police officials, and religious and community leaders. This micro-level change signifies an important step in shifting social attitudes toward people living with HIV and key populations, as well as ensuring that holders of power and key decision makers are championing the relevant issues in their community or context. While this micro-level change has less of a multiplier effect in terms of the scale of impact compared to shifts in institutional policies or practices (macro-level), it serves as an important factor when influencing community members in the contexts that they live. Having role models from communities who advocate for the rights of people living with HIV is critical to creating an enabling environment for the implementation of formal policies or legislation. Notable examples that PITCH partners highlighted during the evaluation process included:

- 66 health clinics in Uganda committing to specific, dedicated days allocated for young people, with health workers being friendly and non-judgmental (outcome #30)
- a reduction in arbitrary arrests of sex workers in Uganda, Nigeria and Myanmar (outcomes #33, #65, #59)
- PITCH partner GayA Nusantara in Indonesia becoming bail guarantor for sex workers (outcome #42)
- Bishop Khanye of Zimbabwe urging other religious leaders at a conference to be inclusive towards sex workers (outcome #107).

Budget allocations (13 outcomes)

One of the most significant contributions the PITCH programme made to ensuring sustainability beyond its programme cycle was its ability to increase the available funding for HIV-related interventions or programming

through advocacy efforts. With 13 outcomes which demonstrate new national, regional and international commitments to HIV-related service provision, the PITCH programme has created new opportunities to finance critical services. These include:

- The Global Fund significantly increasing its investments to key populations in Kenya, Uganda, Zimbabwe and Mozambique (outcomes #22, #36, #109, #138)
- PITCH having influenced the EU decision in August 2019 to make an early pledge of EUR 550M to the Global Fund, representing a 16% increase (outcome #136)
- In Vietnam, Myanmar and Ukraine, governments invested in several harm reduction measures for people who use drugs. While investments may end, these outcomes are clear indications of the willingness to address health issues and the rights of key populations and adolescent girls and young women.

Influencing the debate (18 outcomes)

Speaking out in public about a controversial issue can increase the likelihood of institutional change. In themselves, these outcomes are not sustainable, but are no less important a step in the process of change. Pronouncements by public figures such as judges, ministers or parliamentarians that challenge prevailing social norms are necessary to amplify the voice of PITCH partners and support eventually institutionalised changes – both in policy as well as practice. It comes across clearly in the harvested outcomes that it means a lot to the PITCH partners when they hear their voice being amplified and supported by well-known and respected people. Examples are a senior advocate in Nigeria publicly stating that sex work is not a crime (outcome #62); the chair of the parliamentary commission on health in Kenya stating that problematic drug use is a health issue (outcome #7), and a deputy minister in Ukraine emphasising the rights of women who use drugs (outcome #126).

The media has also been instrumental in influencing the public debate. In Ukraine, under PITCH, the media started to cover drug dependence, sex work, and the rights of people who use drugs and their families, as well as reducing discrimination against them. Content encouraging tolerance and evidence-based treatment is now dominating the media in Ukraine (outcome #130). Similarly, Indonesia experienced its first positive coverage of issues regarding key populations in several media outlets in 2019 (outcome #47). In Nigeria, a positive front cover story about LGTB people in 2018 represented an important inflection point in the country's history (outcome #64).

Changing relationships (21 outcomes)

PITCH contributed to changed relationships between CSOs and government. As discussed under goal four (CSOs being successful HIV advocates), PITCH partners managed to improve their ability to "get a seat at the table" in formal positions in various ministerial (6) or lower governmental (4) technical working groups or advisory bodies. The impact of having advocates in key decision-making rooms will have an impact beyond the lifetime of PITCH. In addition, several civil society networks or coalitions were formed. In those cases where PITCH has been a leading partner, sustainability is uncertain. A few outcomes describe incidental meetings or invitations, useful in themselves, but it is not clear whether they will be able to continue without ongoing financial support from the programme.

3.1.4 EQ1.3 and EQ1.5

What are the most effective strategies partners have used in order to achieve their advocacy asks, and if/how these strategies are connected to capacity strengthening activities of PITCH?

The advocacy capacity of all programme partners has become stronger under PITCH and has had a demonstrable impact in terms of key populations and adolescent girls and young women being able to access HIV and SRHR services. Collaboration, evidence generation, mapping of advocacy targets, engaging with the media and legal professionals, training and increasing organisational capacity have all played a part in this.

Strengthening the capacity of CSOs as HIV advocates is one of the goals and advocacy strategies of PITCH. Capacity strengthening took place for all stakeholders – PITCH partners and beyond – and played a major role in allowing partners to achieve their advocacy asks. As all strategies and interventions require specific capacities from partners, PITCH invested in strengthening CSOs' general and HIV and AIDS-related advocacy capacity, releasing available funding, providing training and common spaces, and supporting building of the movement within and across communities. This priority was further strengthened by the launch of a "capacity strengthening task force"²⁰ in January 2019.

In general, all partners reported that their advocacy capacity has become stronger during the programme. They mentioned that they feel empowered, and their confidence, skills, and knowledge have increased. It is clear that a new approach to advocacy has played a key role in achieving results towards key populations and adolescent girls and young women accessing HIV and SRHR services. Most of the advocacy strategies reported as being effective built on the capacity strengthening provided by the PITCH programme.

a Working with a strategic approach to advocacy

All partners reported that under PITCH they started planning their advocacy activities more strategically, which significantly increased the effectiveness of their advocacy. The introduction of advocacy asks²¹ has been reported as a particularly beneficial tool as it enabled partners to think more deeply and strategically about the change they wanted to achieve. The increased programmatic capacity is considered sustainable beyond the lifetime of PITCH, representing institutionalised knowledge.

In **Myanmar** for example, before PITCH, partner organisations didn't have well formulated advocacy asks or clear strategies that identified what it was they wanted to change, or how they would go about advocating for this change.

Insight *"They did advocacy also before there were other projects funded by MoFA. But they just told to the decision makers to do something. Instead under PITCH they had to think what change they wanted to do, and set the advocacy asks."*
(PITCH partner, Myanmar)

In **Zimbabwe**, partners believed that using advocacy asks in the design, formulation, and communication of advocacy agendas significantly improved the effectiveness of their advocacy, allowing them to achieve their goals. Members of the Sexual Rights Centre (SRC) specified that the introduction of advocacy asks helped them to develop a focused and structured advocacy process.

Insight *"The advocacy strategy formed the basis of all the advocacy for the organisation across the different projects, even those outside PITCH"*
(PITCH partner, Zimbabwe)

²⁰ PITCH annual report 2019

²¹ An advocacy ask is a statement developed by a PITCH partner that identifies the specific change they seek to contribute to through their planned advocacy work.

Insight

"There was initially a lot of confusion with regard to the advocacy asks, because they were developed for us by a consultant and our work was to implement the same." We realised this was very difficult. PITCH brought in their M&E experts to build our capacities on actually developing the advocacy asks. After that, we are now developing our own advocacy asks, and are also able to develop our own activities and work plans based on those advocacy asks. (PITCH partner, Kenya)

The increased programmatic capacity is considered to be sustainable and was presented by participants in the key informant interviews and focus group discussions as institutional knowledge.

b Coordination and collaboration

"We fight as a family, helping each other wherever and whenever." (PITCH partner, Nigeria)

Advocating collectively, thereby unifying voices, was reported as one of the most effective advocacy strategies that enabled PITCH partners to achieve important results. They reported that they have started to work more "holistically" and are now collaborating with other CSOs and MoFA-funded programmes (this is addressed in section 3.2.5). Under the "PITCH umbrella" partners started identifying similar goals and strategies, strengthening their relationships and collective advocacy work. Of all the harvested outcomes, collaboration and coordination is a key factor, boosting the success of the advocacy process. This is not surprising, as advocacy is inherently a collective process. However, working together effectively needs capacities and collective strategies, as mentioned by a PITCH partner in Zimbabwe where the coordination and collaboration among all partners was a determining factor in achieving key population-friendly healthcare services (outcome #144). *"It was not an issue of all of us being at the forefront. We [at SRC] were fully supporting of the organisations leading the process. If we had then all been there at the forefront, there would also be issues around*

stepping on each other's toes. So, it's better to acknowledge one lead organisation and everyone else can offer the technical or whatever support that they can give to fully equip them with evidence." (PITCH partner Zimbabwe)

Being a part of PITCH strengthened the capacity of partners to identify internal linkages with local partners in their countries and external linkages across regions, which ultimately led to cross-learning and stronger coalitions.

The coordination activities and regular meetings conducted by the country focal points helped overcome tensions and friction between partners. *"Aidsfonds and Frontline AIDS had a great interest in seeing the organisations plan together but since organisations did not use to plan together before they did not have the same advocacy objectives, the activities were different, and there was forced intersection which was not so beautiful initially."* (PITCH partner, Mozambique)

The regular coordination meetings meant that all partners were able to better understand what other organisations were doing. Gaining a clear vision of the challenges faced by each community enabled them to acknowledge that the challenges they face are not exclusive to their work, but cross-cutting. As a result, they were able to identify opportunities to streamline efforts to maximise their resources and increase their collective impact.

Insight

"This change in coordination is important because when you advocate only for one group you are weaker. But when you have more people from different communities raising the same problem and bringing evidence, your movement becomes stronger." (country focal point, Mozambique)

A variety of PITCH partners reported during key informant interviews and focus group discussions that developing strategies together resulted in several gains including stronger advocacy efforts, individual and organisational empowerment, as well as increased knowledge sharing. In Kenya and Indonesia, interactions between bigger and smaller organisations allowed the latter to

expand their network, build new capacities and connect with relevant stakeholders. *“Bringing in both the strong and the younger organisations was one of the beautiful strategies of PITCH. This is capacity strengthening in a very indirect way.”* (country focal point, Kenya)

At the same time as improved internal collaboration within the PITCH programme, partners were able to build and strengthen networks with external CSOs. It is part of the overall PITCH programme strategy to ask partner organisations to collaborate with other CSOs outside of PITCH in order to expand their influence. In Mozambique, Uganda and Ukraine, several new platforms and coalitions were created under PITCH (see EQ 2.4 for more detail).

In **Indonesia**, PITCH partner Yakeba worked with a limited network before its involvement in the programme. However, one of the most influential parts of its work now is how it routinely brings together key population networks at the national level to build joint strategic campaigns related to health issues and HIV and AIDS.

Insight

“PITCH makes us strong by putting us - the different key populations - together in one advocacy programme.... PITCH strengthened our capacity by facilitating the PITCH annual policy summit. We learned different techniques (world café, being a panellist), different technical content, met many people (members of parliaments, MoFA).... they involve us in everything, and this creates a high sense of ownership.”
(country focal point, Indonesia)

In all countries, the improved collaboration among partners was mentioned as one of the most sustainable changes that occurred under PITCH. In Myanmar, for instance, Community Service for Friends used to work alone on harm reduction-focused advocacy work. However, now they have a strong coalition with other CSOs also pushing this agenda forward. Even without further PITCH funding, they are confident in their newly acquired skills to continue to engage parliament and mobilise stakeholders.

c Generation and use of good evidence

All partners reported that generating good quality evidence, and using it appropriately, has contributed appreciably to the success of their advocacy. PITCH partners have highlighted how the capacity to generate and use evidence for their advocacy work has been strengthened, in some cases even created, by the PITCH programme. Many PITCH country partners also reported on activities using evidence – either generated by themselves or others – to support their advocacy.

Outcome #84 in **Vietnam** provides an insightful example of how the use of evidence allowed SCDI to achieve its advocacy goal of ensuring health service access among key populations and adolescent girls and young women. SCDI produced numerous stories about vulnerable people, who did not have access to health insurance due to lack of identity papers, being able to lobby the Department of Health Insurance (DHI) for three consecutive years. They also produced a short video²² about administrative barriers faced by sex workers, transgender people and people living with HIV in accessing health insurance. This was then shared with the DHI as policy evidence. In 2018, after a long process, the government issued a decree allowing people without an identity paper to buy health insurance.

In **Kenya**, using good evidence was key to achieving important results such as the government lifting the restriction to Dolutegravir for women of reproductive age (outcome #3, story of change); the acceptance of recommendations made by UN member states about HIV, UHC and SOGIE (outcome #23), and the development of county plans to address HIV and AIDS. *“When you bring evidence to the table, you are presenting facts that people cannot deny they exist. We felt this was an integral part in policy advocacy, bringing in the evidence, and even when we wanted the Counties to include*

²² Video produced by SCDI <https://www.youtube.com/watch?v=Udlepm3orPY>

recommendations on young key populations, we brought in evidence of studies that had been done on these young key populations.” (PITCH partner, Kenya)

Understanding the value of gathering and using evidence, as well as ensuring the use of knowledge management systems to track advocacy, was an important step in measurably strengthening the advocacy capacity of PITCH partners. Through the introduction of new technology to enhance data gathering and knowledge management, PITCH partners were more able to systematically track and monitor

their advocacy activity. In all countries, PITCH facilitated training to use the reporting systems Wanda, Ona and REAct. Wanda²³ was introduced to all partners in July 2018, and training was provided across all countries except Vietnam.²⁴ While all partners that received training mentioned how Wanda has helped their advocacy activities, REAct was mentioned as supportive only in Kenya, Uganda, Zimbabwe, and Mozambique. Sex worker communities in Indonesia, Myanmar and Mozambique reported a significant increase in their capacity to collect and use evidence through Ona.



Hannington Mutabarura,
Monitoring and Evaluation
specialist, International
Community of Women living
with HIV/AIDS Eastern Africa

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2 Wanda and REAct

In Mozambique, members of the sex worker community collected evidence about violence and discrimination which is used in monthly meetings with law enforcement officials to discuss how gender-based violence is escalating in each region. Some of these cases, when the perpetrators are identified, are even brought to court.

“The Wanda system helped us a lot because we did not have any monitoring and evaluation tool that helped us collect qualitative data.” (PITCH partner, Mozambique)

The community of people who used drugs highlighted the role of the REAct system which, according to their focal persons, is used to document cases of abuse and aggression. The system has reportedly helped them in conflict managing complicated situations between people who use drugs and people outside the community.



3 Photovoice

In Nigeria, PITCH partners TIERS, WHER, ICARH and IAH reported that by using Photovoice for the healthcare petition, they learned how to use evidence to develop policy briefs. YouthRise mentioned that the community of people who use drugs used visual material produced through Photovoice to engage key members of the Federal MoH, showing them the links between comprehensive harm reduction and the national plan (outcome #58).

“The use of photos and captions to communicate has helped us a lot especially whenever we have a conference and we need to communicate our achievements.”
(PITCH partner, Nigeria).

The documentation of the experiences of key populations through Photovoice was another important skill gained by PITCH partners. Partners from Nigeria, Uganda, Myanmar received internal staff training by the charity PhotoVoice which provided workshops for young advocates²⁵ over a two-year period. All partners indicated positive responses to this training and the new skillset they acquired as a result.

In general, all partners reiterated during the key informant interviews and focus group discussions that their newly acquired skills around evidence-based advocacy will be used and implemented beyond the PITCH programme. The introduction of technology and digital tools to strengthen knowledge management and advocacy are harder to measure in terms of their sustained use as they require financial resources to maintain. In Nigeria, Uganda and Myanmar, partners indicated that they will keep using the advocacy tool Photovoice. However, the use of the reporting systems (Wanda, REAct and Ona) is more complex as these are paid services that require administration, which until now PITCH has done for partners. Partners indicated that they are interested in continuing to use these systems, but at data collection level they were not sure under what conditions they would be able to do so. A three-month transition period (Q1 2021) has been established by the PITCH M&E working group during which PITCH Wanda users can publish any final PITCH-related advocacy logs, download their logs, and seek technical guidance and advice from Frontline AIDS. After 31 March 2021, Wanda will cease to be used to publish advocacy logs by PITCH partners. However, options for documenting advocacy logs that do not need access to Wanda have been presented and will be discussed further in Q1 2021²⁶. It is important to note that maintaining some systems, critical to the strengthened capacity of organisations, requires financial resources that are often not available after the conclusion of the programme.

d Mapping advocacy targets and stakeholders

Understanding when to engage with stakeholders and with whom has been extremely beneficial for increasing advocacy results. For instance, in Vietnam, SCDI members reported that before their involvement with PITCH they used to set ambitious advocacy targets. In the case of the Sex Reassignment Law (outcome #82), the LGBT group initially identified the National Assembly (Committee of Social Affairs) as their advocacy target. They then realised other actors were involved and decided to split the target into smaller groups, addressing each of them through different activities. The National Assembly reached out to SCDI requesting their review of the Residence Law, the Law on HIV/AIDS Prevention and Control, and the Labour Code. In September 2019, the National Assembly invited the MSM community to participate in revisions of the Health Insurance Law and HIV Law. Multiple partners noted that being able to effectively map stakeholders was a skill that supported their ability to conduct HIV advocacy.

²³ Wanda is a web-based system (DHIS2) that allows partners to track and document their significant moment of change (positive/negative) whenever they happen (like a diary), (PITCH Wanda user manual, version 4.1).

²⁴ In Vietnam, SCDI had been granted exemption from using Wanda on the grounds that they use another reporting system.

²⁵ PhotoVoice and PITCH summary report, December 2019

²⁶ Wanda sustainability plan 2020

Partners in Zimbabwe and Uganda specifically flagged their increased capacity to identify and map the right external stakeholders to target with advocacy strategies, as well as their improved ability to engage them in the process. In Zimbabwe, ZYP+ recognised that “they now know how to approach and who to approach with their issues”.

e Engaging with media

In **Kenya**, the media was engaged with either for the purpose of reaching a wider public (in the case of the Dolutegravir campaign), or when shaping public opinion’ and contributing to addressing social norms and values on HIV prevention and control, including for people who use drugs. In Kenya, during the Dolutegravir campaign (outcome #3), the media helped advocacy efforts by publishing information about one woman’s experience of the treatment²⁷. And in Indonesia, PITCH partners used the media when engaging in the process to revise the country’s penal code. Engagement with the media varied and included press releases,²⁸ interviews and talk shows²⁹ (outcome #39).

Similarly, GayA Nusantara and IPPI became involved with print and online media in shaping the narrative about HIV prevention and control for the LGBT community in Bali (outcome #47). In April 2019, PITCH partner ACO “Convictus Ukraine” held a training session for local and regional journalists (15 representatives from 10 cities in Ukraine). And in July 2019, the organisation announced a national competition for journalists on the theme of “Drug Dependence. To Know in Order to Help” (outcome #130). In **Nigeria**, NSWA organised a street march³⁰ and a press conference³¹ to protest illegal arrests of women accused of being sex workers. The media was used to shape public opinion on the decriminalisation of sex workers ahead of a court hearing on their arrest (outcome #62).

²⁷ <https://www.the-star.co.ke/health/2019-04-10-we-want-dtg-drug-young-women-with-hiv-tell-ministry/>

²⁸ <https://bit.ly/3cwkll4> and <https://bit.ly/3i4gcw2>

²⁹ <https://bit.ly/2GacELs>; <https://bit.ly/2EwL22M>; <https://bit.ly/3i2ceUV>

³⁰ <https://bit.ly/3i2QND9>

³¹ <https://bit.ly/3i28m6l>

f Engaging with legal professionals

Key populations’ engagement with numerous legal issues and professionals has been used as strategy by some PITCH partners. In Myanmar, SWiM worked with the Anti Human trafficking branch of the police to advocate for the respect of human rights for sex workers (outcome #60). The discussion emphasised the need to collaborate with government institutions, including the courts, to change the way cases are currently handled. Following this, SWiM started receiving timely information about human trafficking or when a court needs to find a pro bono defence lawyer for a case involving sex workers. PITCH partner OPSI in Indonesia has been providing paralegal assistance for the sex worker community at provincial level, in collaboration with the office of legal aid. This has supported sex workers who have experienced many forms of violence (physical, sexual and psychological) and drawn attention to their cases among legal representatives and lawyers in Indonesia (outcome #46). In Uganda, WONETHA collaborated with paralegal officers to address the rights of sex workers and violations occurring against them. Involvement of legal practitioners supported the reclaiming of their rights so that they can resume their work in an appropriate way (outcome #33). For PITCH partners in many countries, engagement with legal professionals enabled them to learn the legal aspects and processes relevant for key populations, and this was perceived to be useful in their advocacy activity.

g Training and specific technical knowledge

Technical knowledge in different thematic areas, from SRHR to patent laws, has helped partners achieve their advocacy asks. On the one hand, it has helped partners to advocate and identify appropriate advocacy strategies (outcome #86, Myanmar), and on the other it has allowed partners to provide training for advocacy targets and stakeholders. For instance, in Uganda partners reported that steps toward a more inclusive and key population-friendly health system were initiated thanks to a training

session for health workers organised by TEU on SOGIE (outcome #35). The focus was on the barriers faced by transgender people and helped change health workers' attitudes towards the LGBT community. Afterwards, one doctor who had attended became the key population focal person at the health facility, supporting a more inclusive health service. A community member reported that "we are now able to dialogue with health workers as transgender persons".

PITCH has strengthened partners' technical knowledge of relevant HIV topics. In Uganda, staff capacity and knowledge about SRHR and SOGIE have been improved because of specific training (see EQ1.6) provided. In Mozambique and Zimbabwe, there has been increased capacity in the area of human rights, HIV and AIDS, and SRHR with the SOGIE training described as particularly impactful. These strategies and capacity resulted in further sustainable achievements. However, while in Uganda the strengthened capacities have been reported as sustainable, in some other cases, such as Nigeria and Myanmar, it was reported that the improved capacity was increased more at an individual level than organisational, which makes it less sustainable for organisations.

h Informal advocacy

Private meetings, lobbying in "the corridors" and informal gatherings have been reported as very effective advocacy strategies. Informal advocacy strategies emerged in various formats: dialogues, participation in meetings/events, and engagement with particular influential groups (including the media). Such activity may occur within the context of international events (World AIDS Day or International Hepatitis C Prevention Day) or as part of capacity building activities, and regular or occasional meetings. Various stakeholders are involved such as government officials, health workers, academia, representatives from Dutch embassies, funders/donors, international organisations/NGOs, colleagues from other CSOs, community leaders, religious leaders, and community members. For instance, the country focal point in Mozambique reported that to

achieve outcome #123 (story of change Mozambique), informal activities played a central role. Private meetings with advocacy targets, email exchanges and constant lobbying ensured that representatives from UNDP-Mozambique, the Ministry of Health, the National AIDS Council, and the Maputo National Health HQs attended the UHC workshop organised by PITCH partners. During this time, the Ministry of Health's National STI/HIV Programme focal person publicly committed to include transgender women as a key population in the next National Strategic Plan for HIV/AIDS (2020-2024).

The benefit of informal advocacy is that it does not require specific training or other forms of capacity building, although it is more difficult to measure the outcome of these activities. Interestingly, PITCH partners in Mozambique and Myanmar reported that under the PITCH programme they started to implement it more systematically.

i Engaging the community

Partners from Zimbabwe, Vietnam and Uganda reported that engaging key populations and adolescent girls and women in advocacy has strengthened the whole advocacy process. In Uganda, PITCH partners started to focus on community champions and bridging the gap between key populations in the community and organisations working on advocacy.

"The gap that was bridged between organisation with the community through ambassadors and advocacy champions was a very key benefit."
(FGD Participant - Community Member)

In **Zimbabwe**, partners reported their advocacy strategy benefited from involving "communities that are the recipients of the services from the start. It was important to have the beneficiaries articulate the challenges and issues that they are facing and also to bring them before decision makers in platforms and then also create training around understanding the needs for different key population groups." (Zimbabwe PITCH partner).

In **Vietnam**, the community is now strategically involved in the identification of issues and consultations around policy alternatives (*outcome #144*). Furthermore, as a result of the awareness-raising activities conducted by SCDI, those representing key populations and adolescent girls and young women report feeling more confident, positive, and experiencing less self-stigmatisation. Whilst this is a positive result in itself, it also contributes to achieving advocacy asks through the improved capacity and ability to more effectively engage in the policy making process. They can directly bring their voice, needs, and priorities to the policy table.

Capacity to engage with global advocacy

During the first half of the programme, there was limited collaboration and engagement between PITCH partners at the country and global policy levels. Despite this, by the end of the programme, all country partners reported that they learned about the mechanisms and processes of global advocacy through their involvement in the PITCH programme. In particular, learning about the Universal Periodic Review and how it can enable national efforts, was particularly relevant for partners in Kenya, Nigeria, Myanmar and Mozambique.

In Indonesia, partners specified that their capacity to understand global advocacy increased through training with an improved understanding of issues related to fulfilling universal health coverage rights. Partners from Ukraine also reported that engaging in global level meetings played a significant role in strengthening their capacity to advocate with global partners and stakeholders. In Mozambique, partners described that due to their participation in international conferences, their capacity in advocating for young people with HIV increased drastically. For PITCH involvement in the UPR process in Kenya, Nigeria and Myanmar, please see section 3.2.1.

Training on international processes and mechanisms was provided to country partners

with the support of global policy partners. This included the UPR workshop in Kenya for partners from Kenya, Nigeria and Myanmar; the UHC meeting in Vietnam, which was attended by partners from different PITCH countries and sparked a national discussion on UHC in Kenya; a training session on the Voluntary National Review for PITCH partners in Indonesia; and a train-the-trainers workshop run by the International Drug Policy Consortium for partners in Nigeria.

Insight

"So, there is the capacity support and also creating the spaces for the key populations. These include taking part in the Universal Periodic Review conversations; Universal Health Coverage conversation, and also the platforms of international advocacy, by attending the international Conferences, to get to know about the latest advocacy agenda. With this kind of support, we are able to improve our advocacy levels, and this is capacity strengthening. The continuous mentorship, at least this went well." (PITCH partner, Kenya)

Better engagement with advocacy targets

All PITCH partners reported that under PITCH they could engage more effectively with influencers in decision-making processes, particularly the government, community and religious leaders, and the police. The examples given below demonstrate some of the different ways in which capacity was strengthened, leading to demonstrable improvements in advocacy processes.

In Uganda and Zimbabwe, PITCH improved partners' networking abilities through training which enabled them to more effectively engage key advocacy targets such as ministers and the police. In Uganda, members of the community of people who use drugs reported being able to access parliamentary spaces and present their issues directly to MPs. A better relationship was also reported by the LGBT community: *"I see there is collaboration now strengthened. e.g., police now take quick action towards our issues.*

Now we have networks and friends through PITCH.” (FGD Participant - Community Member, Uganda)

PITCH was said to have enabled networking between advocacy targets like the Ministry of Health and the police through meetings and trainings where key populations and advocacy targets were also present. Initially, it was difficult for key populations to meet with them given the unfavourable context in Uganda.

In **Zimbabwe**, GALZ described better engagement around LGBT issues with the ruling political party ZANU-PF, which has traditionally been unsympathetic to the LGBT movement.

In **Myanmar**, all organisations reported their capacity to engage with advocacy targets increased thanks to PITCH training and the learning of new strategies to improve their advocacy processes. One partner reported that their newly acquired skills supported them to build trust and establish good working relationships with the Myanmar National Aids Programme, Ministry of Home Affairs, and Ministry of Health and Sport. These relationships will be integral to their ability to sustain and strengthen local advocacy efforts.

In **Vietnam**, thanks to the financial resources and technical support from PITCH, partners reported that SCDI’s position among key policy actors was significantly reinforced, and the partnership between SCDI and other stakeholders has improved remarkably. Key populations are now able to actively participate in policy formulation processes for policies relating directly to them.

Increased internal organisational capacity

Organisational capacity³² for PITCH partners was strengthened through specific training and workshops, but also through cross-organisational learning through the new partnerships and collaborations encouraged by the programme, and the international learning visits.

Increased internal organisational capacity both impacted the ability of organisations to do their work, but also improved their reputation and credibility. The Dutch embassy acknowledged the significant and observable increased capability of PITCH partners to conduct advocacy. It was reported that members of the organisations became more “visible” and “sound” in their advocacy initiatives at local and national level.

The evaluation found that financial management and organisational security were two areas that were generally weaker and addressed in training sessions in Kenya, Indonesia, Mozambique, Uganda and Zimbabwe. Partners indicated improvements in both these areas.

In **Mozambique**, partners reported that under PITCH organisations learned a variety of skills which enabled them to work more closely with their communities. For instance, Coalizao now uses a new tool for social intervention called “interactive theatre” which supports them to engage more meaningfully with adolescent girls and young women.

Improved language and technical capabilities were also developed over the course of the programme. As was highlighted in the Capacity Strengthening Task Force Action Plan 2019, English was a significant capacity gap for partners in Myanmar and Mozambique. It represented a barrier to connecting with global advocacy movements and an obstacle for organisational growth. Interviewees from both countries reported that English courses were among the most important capacity strengthening activity. As a result of their improved language skills, staff members are now able to participate in meetings with international organisations, attend conferences in English, and assist in the translation of important documents relating to PITCH and other programmes.

³² Organisational capacity is defined as the set of processes, management practices, or attributes that assist an organisation in fulfilling its mission.

3.1.5 EQ1.6 To what extent has the capacity of PITCH partners to apply a gender-sensitive or transformative approach to their work been strengthened? How has this been achieved? What impact has this had on the outcome of PITCH country level advocacy activities?

Gender-sensitive, and in particular gender-transformative, approaches were a relatively new concept for many PITCH partners, and this is an area where they are now able to critically reflect on how gender norms and attitudes shape interactions, workplaces and programme activities. Their increased capacity has resulted in initiatives to remove gender barriers to services and advocacy on gender equality.

The following section assessed the extent to which PITCH partners applied a gender-sensitive or gender-transformative approach by exploring the five dimensions of a gender-transformative HIV response³³.

The findings in this section, as well as the following for EQ 1.7, are the result of an analysis of key informant interviews (with country focal points and implementing partners in each PITCH country, and the PITCH gender lead), focus group discussions (with key population representatives in all countries), harvested outcomes, and a desk review of country annual reports. Both questions are informed by key PITCH publications³⁴.

The ability of this evaluation to fully assess the capacity of partners to apply gender-sensitive and gender-transformative approaches, and PITCH's contribution, has to some extent been hampered by the lack of baseline data on this issue. Instead, the analysis below is informed by the qualitative assessment made by partners and country focal points themselves (in the key informant interviews, focus group discussions and annual reports). Therefore, it is important to note the limitations and bias in self-reporting.

The findings regarding partners' capacity as presented below are illustrated with various examples, but the list is not exhaustive. Although in most cases reference is made to the name of the implementing partner, data derived from focus group discussions did not always give this.

To what extent has the capacity of PITCH partners to apply a gender-sensitive or transformative approach to their work been strengthened?

Whilst gender-sensitive and transformative approaches were not built into the PITCH programme from the onset, increased capacity building and the establishment of the gender taskforce dramatically improved the ability of partners to apply these approaches in their work. Of particular note is the increased attention and efforts of PITCH partners to identify and address the gendered needs of key populations through their interventions. This included working with female sub-populations within key populations (people who use drugs, male sex workers and transgender women), addressing gender-based violence concerns (especially for sex workers and transgender populations), and working to meet the needs of LGBT groups. A gender-sensitive or transformative approach was shown not only the inclusion of more women in the programme but also specific considerations being paid to different genders' needs or the gendered experiences of specific groups such as male sex workers.

Here, we outline some of the key successes of PITCH partners in applying a gender-sensitive or transformative approach.

- In **Ukraine**, partners had a particular focus on increasing the visibility of women who use drugs and strengthening the voice of this

³³ The five dimensions are adapted from the Gender at Work framework and set out in PITCH publication "What does it take to achieve a gender-transformative HIV response?" They consist of 1) Critical reflection on how gender norms, attitudes and beliefs are shaping interactions, work places and programme activities; 2) Addressing internalised harmful norms and discriminatory attitudes held by individuals and communities most affected by HIV; 3) Removing gender barriers to services; 4) Transforming social and gender norms in communities and society; 5) Advocating to change and reform laws, policies and resource allocations to achieve gender equality. 4) *Transforming social and gender norms in communities and society*; 5) *Advocating to change and reform laws, policies and resource allocations to achieve gender equality*.

particular group in advocacy efforts. Similar approaches were seen in Indonesia, Kenya, and Uganda.

- In **Indonesia**, a gender-sensitive or transformative approach was found across a variety of partners' work including with key populations and adolescent girls and young women with specific attention paid to the respective needs of male, female and transgender sex workers.
- In **Kenya**, increased capacity building around gender led to specific interventions focusing on boys and young men in order to promote the SRHR of adolescent girls and young women. Male engagement on SRHR is a critical tool to that ensure women and girls are able to participate in informed decision-making.

Overall, increased capacity was most commonly demonstrated through the critical reflection of partners on how gender norms, attitudes and beliefs shape interactions, workplaces and programme activities. This led to subsequent changes made in their organisational practices and in programme approaches which should lead sustainable change. Various partners have taken measures to diversify their work force or enhance gender balance in the organisations. In Nigeria, IP TIERS increased the number of women and non- binary staff. They also restructured their paralegal programme to expand the recruitment of paralegals from MSM to other groups in order to increase reporting by lesbian, bisexual and queer (LBQ) women. In Myanmar, CSF recruited women who use drugs, and MTSTM changed their name from Myanmar MSM Network to Myanmar MSM and Transgender Network. They also changed their vision and elected a transgender person to the executive committee.

Various partners developed an internal gender policy under PITCH, to ensure greater inclusion in programming such as IP GALZ in Zimbabwe,

or SCDI in Vietnam. In Ukraine, partner Hope and Trust supported a group of women who use drugs to start their own organisation and build a movement of community activists (see story of change, annex 10). Partners' increased focus on gender was also visible in evidence generation and research related to specific gender groups within a key population such as women who use drugs, and studies on the SRHR of key population sub-groups.

Whilst the above section demonstrates that a large number of partners engaged in critical reflection on harmful gender norms and discriminatory attitudes, addressing internalised harmful gender norms and discriminatory attitudes within the wider key population community was less effectively implemented. Exceptions include partners in Ukraine that implemented activities to reduce self-stigma among women who use drugs, sex workers and adolescent girls and young women. In Nigeria, WHER led workshops looking at internal attitudes and bias for LBQ women to build awareness of gender norms, stereotypes and harmful practices, in order to support LBQ women to recognise and resist societal expectations and pressures. In Mozambique, MOZ-PUD hired a female secretary general as a role model for other women who use drugs, and examples of promoting role models were also found in other countries. A few partners also provided human rights training to adolescent girls and young women and key populations, such as the human rights literacy programme run by GALZ in Zimbabwe with 180 members of the LGBT community and which included a strong focus on intimate partner violence.

The increased capacity of partners in this area was demonstrated through various partner interventions that seek to remove gender barriers to services. In all countries, at least a few such initiatives were implemented and focused on using improved data collection, for training on engaging advocacy targets to improve access to services for specific gender groups (see section EQ 1.5 and the use of Wanda and Ona). Notable examples include:

³⁴ Publications used include "What does it take to achieve a gender-transformative HIV response?" (<https://frontlineaids.org/resources/what-does-it-take-to-achieve-a-gender-transformative-hiv-response/>); PITCH Gender Strategy; PITCH Gender Presentation for Country Coordinators; PITCH Gender Working Group Acceleration Plan; and PITCH Gender Working Group workplan 2020.

- Workshops with local police, using the results of the documentation of SOGIESC³⁵-based violence, stigma and discrimination cases by Indonesian partner GAYa Nusantara.
- Sensitisation of Kenyan country health management teams on gender norms and how to use gender-sensitive language to be all-inclusive to transgender people.
- SRC setting up a 'rapid response' programme in Zimbabwe to ensure sex workers have quick access to legal representation, to documenting rights violations. SRC used this evidence to produce a report on the high incidence of violence against sex workers to advocate with policy makers.
- In various PITCH countries, partners actively engaged in advocacy for women and adolescent girls' access to Dolutegravir (see story of change from Kenya, annex 10).

Partners' capacity in respect of gender-sensitive and transformative approaches also expressed itself in advocacy initiatives, across all PITCH countries, to change and reform laws, policies and resource allocations to achieve gender equality. As an example, in Mozambique Muleide & Coalizão advocated for the rights of girls by co-organising the National Girls' Conference where young people presented position papers demanding the revocation of Ministerial Order 39/GM/2003 which obliges pregnant girls to attend high school classes at night. In Vietnam, SCDI undertook advocacy work to build public support for the Sex Reassignment Law.

Partners also engaged in various initiatives to improve the participation of specific gender groups within the key populations community in policy formulation or law drafting processes. One Kenyan partner advocated for women who use drugs to be a population of interest for the National AIDS and STI Control Programme, and for them to have a voice in developing the national guidelines on how to work with them. In Ukraine, partners advocated for a quota for women who use drugs in the local and national coordination mechanisms for HIV. In Uganda,

TEU conducted evidence-based advocacy on transgender women and transgender sex worker priorities to be addressed in the national HIV and AIDS priority action plan. This contributed to the inclusion of a trans representative as a new member of the technical working group at Uganda's AIDS Commission. In Mozambique, LAMBDA and Pathfinder pushed for the inclusion of trans women in the National Strategic Plan for HIV and AIDS.

Finally, partners' capacity to apply gender-transformative approaches expressed itself in various actions to transform social and gender norms in communities and society. Again, such initiatives were found to have taken place in all PITCH countries. Under PITCH, various partners started or continued generating evidence about gender-based violence, including by using Wanda and Ona software and Photovoice methodology, such as the case of sex workers in Mozambique where an increase in evidence-based advocacy to address gender-based violence was witnessed. Several partners also conducted, or were involved in, campaigns addressing gender inequalities and gender-based violence, for instance on the occasion of the 16 Days of Activism, World AIDS Day and Human Rights Day. One example of this is the Photovoice exhibition held by MYS Myanmar during World AIDS Day which exposed gender inequality among young key populations.

A group of partners also addressed harmful gender norms and practices through community dialogues and partnerships with stakeholders, such as community and religious leaders. An example of this is TIERS' work in Nigeria which addressed the root causes of gender equality in their training sessions for health care workers, media houses, and religious and traditional leaders (e.g., values clarification exercises). The sessions tackled religious texts and cultural values supporting gender inequality. A number of partners actively trained and supported young people to champion community activities, such as in Kenya where LVCT Health encouraged discussion about harmful gender norms and practices through youth advisory

³⁵ Sexual Orientation, Identity and Expression, and Sex Characteristics

champions for health, composed of young people in all their diversity. Several partners engaged with the media, such as WONETHA in Uganda who tackled the portrayal of female sex workers. Finally, various partners implemented (social) media campaigns to raise awareness about issues of gender inequality and gender-based violence. In Nigeria for instance, EVA ran a concerted social media campaign to raise awareness on sexual and gender-based violence affecting adolescent girls and young women. Using survivor stories, the campaign raised public awareness of the prevalence and impact of gender-based violence and promoted a new Sexual Harassment Bill, while calling on decision makers to strengthen laws and policies on sexual and gender-based violence.

How has this been achieved?

Although a number of gender-sensitive and transformative activities were implemented in the first half of the programme, the increase in capacity among partners has been most notable in the second half after the gender working group was established. Increased allocation of human and financial resources for gender at programme level allowed the working group to develop a budgeted workplan to strengthen gender-sensitive and transformative approaches in the final two years, and to give more visibility to partners' gender-related work. In addition, the technical assistance to country partners increased during this time which supported their ability to implement changes in their programming. Using webinars, the gender working group provided partners with gender training sessions on advocacy and on demand they also provided in-country gender training, while partners in some countries arranged similar training themselves. Data from the key informant interviews and focus group discussions with partners reveal that the training activities provided them with clarity and helped to demystify concepts. The presence of the working group made partners more aware of gender issues, while the introduction of a section on gender in the reporting template made it compulsory for partners to report and reflect explicitly thereon.

From 2019 onwards, a variety of effective tools or shifts in processes helped capacitate partners to ensure their ability to fulfil gender-focused advocacy efforts. These included:

- Sessions on gender which were built into the annual country validation meetings which also build partners' capacity to implement a gender lens.
- A variety of tools were also developed to support partners in their work. One such example are the formats for gender analyses and memos on gender which were developed by the working group and shared with partners.
- Feedback provided by the gender working group to country reports was considered instrumental to the increase in capacity. The same applies to the feedback that was provided to partners during the development of the 2020 work plans.
- Gender experts in the programme team, country focal points and partners increasingly engaged in dialogues on gender.
- Capacity strengthening provided by PITCH with regards to the Wanda and Ona software helped a group of partners to apply a gender-sensitive or transformative approach, for instance by capturing evidence of gender-based violence and stigma and discrimination.

In a few countries (i.e. Kenya, Uganda, Mozambique, Zimbabwe), partners were also trained in the use of REAct which allows for the documentation of human rights abuses including gender-based violence. A new module of REAct (Gender REAct) was developed with a more intentional focus on gender discrimination and violence. This was in part due to increases in gender-based violence seen under COVID-19 lockdowns.

Besides the technical assistance provided by Frontline AIDS and Aidsfonds, partners reportedly also learned from each other about gender diversity and inequalities. Through networking with each other, partners gained more insight on different key population

constituency issues including gender groups. Partners also indicated an increased understanding of how to work from an intersectional lens and address the needs of those at the cross-section between different populations such as transgender sex workers or transgender people who use drugs. A few partners also gained knowledge and tools relating to gender-sensitive and transformative approaches through other Dutch MoFA funded programmes including Get Up, Speak Out (GUSO). The gender working group observed an increasing number of partners reach out to them with specific requests for technical assistance which can also be considered as an indication of increased focus on gender. However, the key informant interviews with partners reveal that some feel that they would need continued capacity strengthening in this area to be able to consistently and effectively apply gender-based approaches in their work.

What impact has this had on the outcome of PITCH country level advocacy activities?

Partners' critical reflections on how gender norms, attitudes and beliefs shape interactions, workplaces and programme activities have resulted in a number of concrete changes to the organisations themselves, as well as the types of programming they engage in (see examples presented in the previous section). The strengthened capacity of partners to apply gender-sensitive and sometimes transformative approaches has noticeably contributed to increased visibility, a louder voice and greater recognition of women who use drugs, and also transgender people – and in particular transgender women – and the diverse gender groups within the sex worker community. It has also contributed to key populations accessing activities and services provided by implementing partners.

"The issue of visibility and inclusion of the transgender people is more truthful. Before, when talking about gender it was only male and female, but now it's not just them."
(PITCH partner, Mozambique)

Although many of the efforts are part of longer-term processes, especially when it comes to legal reforms and changes in norms in society, various outcomes have been harvested which show a contribution to the gender-sensitive or transformative work carried out under PITCH.

Initiatives to remove gender barriers to services.

Among partners' interventions to remove gender barriers to HIV, SRHR, legal and other services, some have already contributed to concrete outcomes. One example from Zimbabwe includes the removal of VAT and import duty on sanitary hygiene products (outcome #143), as contributed to by the advocacy of PITCH partners working with sex workers and adolescent girls and young women (including ZNNP+, ZY+ and Safaids). A second example from Zimbabwe concerns the public commitments made by five village leaders in support of the SRHR needs of adolescent girls and young women and the removal of oppressive gender norms which discriminate against women and girls making decisions around their sexual lives (outcome #142). Dialogues with village heads, religious leaders, community and village health workers, young people and community members, established by PITCH partner Bekezela in Bubi district, helped to contribute to this outcome.

In Uganda, LGBT-inclusive health service delivery lessons were added to medical education sessions for health workers at Mukono general hospital (outcome #35) after SOGIE training by PITCH partner TEU.

Advocacy to change and reform laws, policies and resource allocations to achieve gender equality.

The work done under PITCH has contributed to a number of important SRHR outcomes, as presented in section 3.1, which have gender-sensitive and transformative characteristics. Although resulting from a much larger initiative, the removal of paragraph 2 of Article 30 of the

Family Law in Mozambique which allowed girls to marry from the age of 16 years, and approval of the Law to Prevent and Combat Premature Unions which criminalises child marriage in Mozambique, are very significant gender-transformative outcomes (outcome #119). Another clear example is the advocacy work carried out by CYSRA in Uganda, which contributed to the formal commitment of district leaders in Busia and Bugiri to fight all forms of violence against adolescent girls and young women in the community and to set up by-laws to protect them against common forms of abuse and violence. Adolescent girls and young women also participated in quarterly district health performance review meetings in these districts (outcome #32). Another noteworthy outcome includes the revoking of the ministerial order that obliged pregnant girls to attend high school classes at night in Mozambique (outcome #120).

Gender-sensitive and transformative actions by partners contributed to an increase in gender sensitivity and changes in certain policies relevant for achieving gender equality, as well as participation of marginalised key population groups in policy development. Examples include the inclusion of provisions to provide equal access and quality non-discriminatory services for LGBT people in the Fourth National Strategic Plan on HIV in Myanmar (outcome #70), increased attention for the transgender community and women who use drugs by the National AIDS and STI Control Programme in Kenya and the participation of these groups in the development of guidelines (outcome 10). In Mozambique, a transgender representative of the National Platform for the Rights of Sex Workers was included in the Ministry of Health Global Fund working group for key populations (outcome #115).

3.1.6 EQ1.7 What lessons can be learned about how gender informs advocacy carried out by and for key populations and adolescent girls and young women?

The degree of gender sensitivity demonstrated by PITCH partners increased significantly during the second half of the programme when more emphasis was applied to gender-based approaches. Their work in this area has been strengthened but there are still big differences between partners' capacities to implement them.

Despite the fact that many partners struggled with the concepts of gender-sensitive and transformative approaches, and some still do, their work practice often reflects a degree of gender sensitivity which has further increased in the second half of the programme. This applies to all countries. In these cases, gender does inform the advocacy work in the sense that gender-related differences in situations and needs within the key population groups are being considered (either fragmentary or more structurally) in the organisations during the development of interventions, in evidence generation, or in advocacy demands.

The increase in gender sensitivity has expressed itself for instance in the strengthening of the community of women who use drugs in various countries, and in the increase in focus on transgender and male sex workers among some of the sex worker organisations and their advocacy asks, as well as in various efforts seeking to ensure that girls, women and transgender people benefit equitably from interventions. In a more general sense, the increase in gender sensitivity has contributed to more focused advocacy demands and strategies (i.e. on needs/access to services/policies for a specific key population group such as women who use drugs, transgender sex workers). However, not all partners are sensitive to gender to the same extent. While for some this is rather episodic, others have made efforts in the last two years of the programme to mainstream the issue more structurally within the organisation and work practice.

Although various partners have increased their focus on their respective key population gender groups, they do not always consider the relation between gender and gender inequity and the situation of key populations in a broader sense. Gender-transformative approaches were not new for all partners. Although the concept was not always known, where partners are generally working on women's rights, SRHR and GBV, their work often has gender-transformative characteristics. PITCH enabled them to continue and strengthen this work. For another group of partners though, PITCH introduced the concept not only in terms of terminology but also as a way of thinking and working.

In some countries such as Ukraine and Zimbabwe, various gender-transformative actions could be observed, while in other countries this is still more elementary. Partners that do apply gender-transformative approaches not only pay attention to differences in situations and needs of key populations based on their gender, but their advocacy work also seeks to redefine and transform gender norms and relationships to redress existing inequalities. Gender-transformative approaches were visible in strategies applied by some partners such as including boys and men in addressing harmful gender norms; encouraging dialogue and partnership with local leaders to promote the SRHR of adolescent girls and young women and key populations. They were also visible in advocacy to address discriminatory provisions in existing policy or laws; and partners' work to remove structural barriers to services based on gender, such as the work around the Family Code for women who use drugs in Ukraine and the implications for access to services.

However, such strategic consideration and ways of addressing gender inequalities and harmful gender norms in relation to HIV and key populations still tend to be the exception to the rule. Although certain partners feel they have been upskilled to develop and implement such strategies, not all of them are putting this into practice (yet), which might be due to the fact that most of the capacity strengthening only happened

during the last two years of the programme. The relatively large number of identified interventions demonstrating partners' critical reflection on how gender norms, attitudes and beliefs shape interactions, work places and programme activities (see previous chapter) could be seen as a positive indication and starting point for increased gender-sensitive and transformative action in the future. However, much more will be needed to ensure implementation of gender-transformative approaches by the partners after PITCH, including prioritising them in work approach, allocation of relevant budget and continued investment.

3.1.7 EQ1.8 From the perspective of different PITCH stakeholders, including implementing partners, which programmatic strategies and approaches have partly or entirely failed? What lessons can we learn from this?

None of the specific programme strategies failed but implementation led to lessons being learned around better sharing of information and knowledge; a more joined up advocacy strategy at national, regional and global level; resource allocation; and the challenges of a relatively short programme lifespan and high staff turnover.

The evaluation showed no specific programmatic strategies that failed. However, some programme features have been identified as problematic, which can inform lessons learned from the overall implementation of PITCH. Some of the mechanisms and issues mentioned by PITCH stakeholders are presented and discussed in detail below. It is important to note that some issues may not be specifically a result of PITCH strategies or approaches, but rather reflect the challenges and complexity of the programme. Similarly, the weaknesses reported may be closely connected to individual capacity of PITCH partners and the country context. Many issues were only experienced in certain countries.

Missed opportunities: PITCH governance and unclear flow of information

As an advocacy-based programme working at the national and global level, PITCH is unique. It is also a complex programme with a layered structure, and many lines of coordination. Three dynamics related to the programme's coordination have emerged:

- 1 Selected PITCH country focal points and a PITCH global policy partner mentioned the delays of PITCH at the start of the programme due to challenges with its governance structure.

"We worked with PITCH only for the last three years but we had a bit of a rocky relationship. It took until the last year to establish a real communication." (PITCH global policy partner)

While it was acknowledged that this issue was addressed accordingly³⁶, some partners still felt that this represented a missed opportunity in terms of potential results that this unique programme could have achieved. These delays also affected the provision of clear guidance for PITCH country partners, with partners lacking adequate understanding in the early days regarding the structure of the programme as it was ill-defined.

"Throughout PITCH, in the early stage, we had some difficulties, and this has resulted in less attention in strategising the programme, you can only spend your time once. As there was disagreement and struggle to get agreement, the programming strategy and design and governance have suffered a bit." (PITCH programme team)

- 2 The different lines of coordination regarding who was responsible for a certain part, or ownership of certain processes, was not always communicated adequately to all partners.

"It is very complicated to be in all these layers. PITCH international, PITCH global policy team, FSP, PITCH M&E, PITCH gender team etc... it is very complex. It is good to have all these specialties, but it became complex to access them." (PITCH partner, Nigeria)

This resulted in partners having to search for extra support from colleagues, country focal points or other PITCH staff to find specific information or knowledge, and at times left PITCH partners with the wrong information or using time inefficiently for these types of tasks.

- 3 The frequent changing of reporting formats, changing guidelines, as well as no uniformity of reporting content used by PITCH organisations (those under the management of Aidsfonds and those under Frontline AIDS), created significant confusion among the country partners. Partners in Indonesia, Myanmar, Vietnam and Uganda expressed difficulty in dealing with financial and narrative reporting. Two respondents in Vietnam mentioned the difficulty with responding to the frequent changes in the monitoring format. This may also have stemmed from the turnover of staff which impacted their own approaches in how to report the results.

"The M&E system only become stable after 2.5 years of implementation. The person in charge of the M&E system, as well as M&E formats, has been changed quite often." (PITCH partner, Vietnam).

Delays in mainstreaming gender-based approaches

Gender-sensitive and transformative approaches were not built into the programme from the very start and only got strong attention in the second half of programme implementation. After the first year of the programme, a gender taskforce was set up, yet without allocation of resources (human or financial). Because of the limited attention to gender in the starting phase of the programme, gender-sensitive and transformative

³⁶ See PITCH Midterm Evaluation Report, November 2018

approaches were not incorporated comprehensively in the national theories of change and advocacy strategies of partners. They were also not properly integrated in the programme's M&E framework from the very start. Partners initially lacked adequate guidance on implementing such approaches, therefore implementation depended strongly on the individual interest and organisational capacity of partners and country focal points. Some partners, in particular those working with adolescent girls and young women, already had existing expertise and capacity related to gender-based violence, SRHR and gender equality in their work prior to PITCH, and continued this work under the programme.

For a considerable large group of partners with less prior gender focus and expertise, the initial gaps in the programme design had further consequences including the lack of, or limited explicit consideration of, and attention for gender in the planning and implementation of the work in the first half of the programme. The transformation of the gender task force into a gender working group, as well as allocation of human and financial resources in 2018, served to prioritise and increase focus on gender-sensitive and transformative approaches in the programme. The subsequent guidance and training provided to country partners led to an increase in the application of gender-sensitive approaches. To a lesser extent, gender-transformative approaches were also observed, however with considerable differences in the quality and efficacy among partners.

Limited information sharing between PITCH partners

PITCH generated a wealth of information on the situation of key populations and adolescent girls and young women in their respective countries, through field surveys and community participatory research, over the course of implementation (see section 3.1.4.c. Generation and Use of Good Evidence). However, this information was not always disseminated in

the most useful or regular format. While some of this information may be country specific, it also provides insights and lessons learned which could have been applicable for other PITCH partners. Efforts to disseminate and share this information included the exchange of country reports as well as meetings such as the PITCH annual policy summit, which brought together PITCH staff from Aidsfonds, Frontline AIDS, partner organisations, and country focal points. Partners indicated that some informal information sharing occurred through email, WhatsApp or Facebook. However, partners in Vietnam and Kenya, external stakeholders in Vietnam and Myanmar, and country focal points in Mozambique and Zimbabwe reflected that there were limited opportunities to share and transfer knowledge among the country partners.

"PITCH is a large programme working in many countries, but there is not a close connection between different country teams. For UHC, PITCH organised learning events, exchange workshops among different countries to share UHC information and strategy. It was beneficial for country teams to update information and adopt lessons learned from each other. However, for other partners, there is not much information shared between countries. SCDI does not know about the policy advocacy strategies and interventions applied in other countries for different key populations. It will be useful for country teams if there is an information-sharing platform or mechanism among PITCH partners." (PITCH partner, Vietnam)

"Increasing international collaboration could have been done better and see how the other countries are doing it even at regional level." (PITCH partner, Zimbabwe)

Similar concerns were also expressed in relation to the level of information sharing between regional and country partners: *"Limited communication flow/information sharing thus limited opportunity to work together the different strategy between regional and country partners."* (PITCH regional partners EECA)

The global policy partners particularly felt the disconnection between the global policy work and the advocacy carried out by country partners. *"I have never really seen a link between the global work and the national work. In the case of Nigeria, Mozambique and Myanmar we have worked closely with them but because we know them from before. PITCH didn't do anything to link us together. We worked a lot with country partners that we knew anyway."* (PITCH global policy partner)

The evaluation data suggests that limited information sharing was in part a result of the sheer magnitude and complex structure of PITCH. In terms of enhancing the link between the national and global policy partners, improving communication and transparency around partners' workplans, as well as ensuring the correct governance structure is established from inception, were suggestions for future programme improvements.

Collaboration between PITCH country partners

Despite increased collaboration between many PITCH partners, some reported ongoing challenges. Partners in Indonesia, Kenya and Zimbabwe mentioned the need for a joint advocacy agenda and to improve coordination. Some implementing partners reported that key population organisations often had different priorities for advocacy which created tensions and challenges for common advocacy work. For instance, the interviewee from the Dutch Embassy in Kenya reported that partnership keeps being problematic.

"In the future, they need to have a clear framework of partnership among the organisations... Some partners feel that their issues are more pre-eminent than others, their issues should be considered first. That in-fighting is really not good. When you are in a programme, you need to work together." (Dutch Embassy, Kenya)

For example, organisations working with adolescent girls and young women concentrated on specific issues such as the age of consent which is less relevant for people who use drugs. Similar concerns were mentioned concerning the different agendas between LGBT and sex worker movements in Zimbabwe. The evaluation team did not find any further information about whether this issue was also experienced by PITCH implementing partners in other countries, or if this issue was specific to PITCH partners in Zimbabwe.

Absence of joint advocacy strategy at the national, regional and global level

Working on issues with intersecting key population groups requires a strategy or a plan that is developed collectively, preferably from programme inception. However, the evaluation found that there was either a lack of or fragmented advocacy strategies across countries and levels.

On the joint advocacy across PITCH country partners, the intention was that at beginning of the programme all PITCH country partners would map out their capacity, including their expertise and resources as well as advocacy plans. In this way, everyone would have an understanding of the big picture, the advocacy activities, advocacy strategy and identify opportunities for coordination and collaboration. However, in Indonesia and Kenya partners only developed their own plans in the last couple of years of implementation. It is important that such workplans are developed early on to reduce the duplication of efforts. For example, one organisation may document activity at a local level, and the documentation can be used as advocacy material at national or international levels. This type of alignment is important to ensure a high level of synergy between PITCH partners and the effective use of resources.

The absence of a joint advocacy strategy across the multiple levels (national, regional and global) was influenced by the limited information sharing between stakeholders (see above) and also by the

diverse advocacy capacity of PITCH implementing partners. Some key population organisations were seen as lacking adequate expertise whilst others faced technological constraints such as limited computer and internet access. Their diverse capacity posed challenges in meeting the needs of all organisations. Some partners felt that ideally PITCH could have invested explicitly in evidence generation to build some kind of document library to be used in their future advocacy activities, while at the same time other partners needed to have basic skills on how to generate quality evidence.

Low visibility of PITCH and its results

PITCH regional partners in EECA and PITCH country partners in Kenya, Ukraine and Vietnam mentioned a feeling that there was a lack of promotion of PITCH and its activities, which resulted in low levels of awareness among different stakeholders such as local governments, policy makers and the general public.

PITCH partners in Ukraine explicitly noted the impact of changing governments, and ability to organise sensitisation meetings (particularly in 2020 as a result of the COVID-19 pandemic) as factors that influenced the visibility of PITCH in their context. Partners in Ukraine, Vietnam and Uganda echoed similar viewpoints that, due to the absence of programme sensitisation among community members, ensuring support from community leaders on advocating for issues relating to people who use drugs was difficult.

The implementing partner in Kenya and external stakeholders in Ukraine raised the importance of improving programme visibility with local government to reduce their suspicions regarding partners' advocacy work.

"I think at the introduction of PITCH, there was a very negative representation. Whenever we went anywhere and mentioned that we were from PITCH, the general feeling was that it was like PITCH was actually formed to fight government, to lift all the policies against key populations. We were treated with a lot of suspicion initially,

and we really had to come back and work really hard in order to see how we could re-brand PITCH to make sure that we were really understood, that PITCH was actually here to strengthen policy and to create a supportive policy environment.... It took quite a bit of time trying to explain to the different stakeholders." (PITCH partner, Kenya)

Although PITCH was well positioned in some countries, due to the low visibility in others, partners believed that it reduced the opportunities for collaboration. This was supported by external stakeholders in Uganda:

"I know they (PITCH partners) compile annual reports, quarterly reports. We have not had a structured system of saying 'ok, make sure that as you submit also come to us'. We have to go and look for them. I think that is an area. Probably if the reports were coming or flowing in regularly we would be able to even pick.... we would be forced to pick comprehensively in these reports rather than getting summaries occasionally, and we are able to do the follow up and even be better advocates for the programmes." (External stakeholder, Uganda).

Although not clearly conveyed by PITCH implementing partners, the evaluation team assumed that promotion of PITCH and its activities at national level is partly the responsibility of the PITCH country partners. The low visibility at national level may also depend on the activities of the PITCH country partners, and so may not apply to all PITCH countries.

High turnover of staff

During PITCH implementation, there was a high staff turnover among PITCH country partners as well as within the PITCH teams at Aidsfonds and Frontline AIDS. PITCH country partners in Vietnam, Indonesia and Myanmar reflected that this was not always accompanied by a sound knowledge management process within the relevant organisation.

The high staff turnover rate implies that institutional knowledge and potential networks were lost when staff left their positions. The evaluation found that programme implementation was very much dependent on the ability of individual PITCH staff members to mobilise partners or external stakeholders through their networks. In addition, as expressed by an external stakeholder in Myanmar, it takes some time for other programme staff to transfer knowledge to incoming hires. High staff turnover is not conducive to advocacy-based programming which requires relationship building and trust built between individuals and institutions. The importance of relationship building was also echoed by PITCH staff: *"High turnover of staff is unacceptable (seven different country coordinators for Mozambique) and becomes a joke to partners. It is fundamental to connect with the people that you work with."* (PITCH partner, Mozambique)

Unclear sustainability plan

Implementing partners in Kenya, Mozambique, Myanmar and Vietnam raised the importance of having a sustainability plan and phase-out strategy at the beginning of the programme. The existence of such a plan at the design level phase, rather than at the end of the programme, would have encouraged greater local ownership and preparations for sustaining interventions once the programme ended.

The implementing partner in Vietnam further elaborated that many policy advocacy efforts have not turned into a measurable outcome yet, but are still underway (e.g. outcomes on Sex Reassignment Law or community support for people who use drugs). Due to the lack of concrete plans on how to continue or maintain the advocacy results after the programme ends, most of the key populations are now struggling to find a substitute source of funding for continuing their advocacy activities when SCDI stops the intervention.

It is understood that PITCH was designed to increase capacity towards more sustainable

advocacy. So in many ways, sustainability was somewhat integrated in the design of the programme, as demonstrated by an Indonesian PITCH partner that took the initiative to develop its own theory of change to continue the PITCH 'family' beyond the programme. The evaluation did not have any data as to whether similar initiatives took place in another country. It was reported that PITCH invested sufficient resources to ensure the development of a sustainability plan in 2020 to help sustain results.

Short programme duration for its goals

PITCH is an advocacy programme that was implemented for five years including its project inception, implementation and evaluation. There was general agreement among PITCH partners that the timeframe was too short to demonstrate visible impact based on its goals. This was also echoed by the PITCH programme team. During the five-year implementation period, PITCH was able to strengthen the capacity of PITCH partners as well as provide tools in conducting their advocacy activities. However, in the broader context of a shrinking landscape for CSOs, and a reduction in available sources of funding, the programme goals were possibly unrealistic in the timeframe. Respondents of this evaluation indicated that building a financially, sustainable organisation able to achieve meaningful change requires significant time.

As PITCH focused on advocating for sensitive issues such as addressing stigma, discrimination, and decriminalisation, some evaluation participants - including external stakeholders in Kenya and Vietnam and the Mozambique country focal point - felt that the short timeframe limited their ability to influence local governments to make significant policy changes.

While the majority of PITCH partners joined PITCH when it started in 2016, a few joined the PITCH programme later, with some joining as late as 2020. This was particularly the case for the PITCH regional partners. The different

timescales provided flexibility and opportunity for more organisations to join PITCH but also caused huge discrepancies in terms of overall project understanding and readiness for joint activity, and collaborations with newer members requiring more engagement time and relationship building. This situation created a gap in achieving the overall programme targets as well as ensuring programme sustainability.

Limited resources for its intended goals

PITCH was designed to create change at multiple levels through the implementation of its advocacy strategies. For such changes to take place, engagement of relevant stakeholders is an absolute necessity. In practice, those stakeholders need to be approached carefully, often with different (advocacy) strategies which requires sufficient amounts of funding and other non-financial resources. Limited resources were not reported in the context that resources should have been allocated differently, but rather that some of the ambitions/goals needed more resources than what was allocated or made available.

The limited resources also influenced the intensity of advocacy activity. PITCH partners indicated that there was a high demand for peer educators, paralegals and advocacy champions, however resources to support this were perceived as limited. In Uganda, a local partner reported that insufficient resources were allocated to sensitise and train the police (the local defence unit for drugs), so the activity was not conducted as well as it could have been if adequate funding was available. It should be noted however that this perception of there being limited resources for activities could not have been anticipated in the programme's planning phase.

Limited resources were also reported in regard to the provision of capacity building for PITCH country partners on global advocacy processes. Although opportunities were available for some country partners, others (e.g., in Vietnam and

Nigeria) indicated that they felt limited or inadequate to meet their needs. Limited resources also reduced opportunities for strengthening local organisations who were not formally part of the PITCH programme, but who were involved in activity delivery. Similarly, those located outside of capital cities were also reported to have missed out on capacity building opportunities (e.g., in Uganda and Myanmar). Concerns around adequate or correct resourcing were noted by stakeholders as possible limitations which impacted the ability of partners to ensure the sustainability of the results of their work.

The implications of COVID-19 on PITCH programme implementation

The declaration of the COVID-19 pandemic by the World Health Organization (WHO) in March 2020 posed considerable challenges for PITCH implementing partners in completing their activities. According to implementing partners in Ukraine, Uganda and Mozambique, COVID-19 shifted the focus of their work from HIV-related issues to the COVID-19 response. A focus group participant in Ukraine further elaborated that because of COVID-19, the focus of their work had shifted from key issues such as decriminalisation to pandemic-focused responses, which ultimately caused a delay in advocacy activities around the decriminalisation of sex work. Another participant from Mozambique indicated that due to COVID they had to switch their HIV-related activities in schools to COVID-19 related activities. As a result, they did not manage to complete most of their activities in their final year of the PITCH programme.

PITCH partners acknowledged that the COVID-19 situation was beyond their and the programme's control. To the best of their ability, they tried to find ways to implement their activities where possible by shifting to virtual activity, for example altering the face-to-face meetings to online or virtual for sex workers in Mozambique. Despite the limitations of virtual meeting such as limited engagement and

discussion space, the meetings still took place. Another example from Mozambique is that the partner organisations who were supposed to collect data on adolescent girls and young women with HIV changed the mode of data collection from in-person to remote. They admitted that it was hard to collect the proper data remotely without having adequate equipment such as smartphones.

However, it should also be noted that COVID-19 came almost at the end of programme implementation and that the disruptions were not therefore substantial, provided that the implementation was carried out in a timely manner.

3.2 Objective 2 To understand the extent to which internal and external PITCH stakeholders have benefited from collaborating with each other

3.2.1 EQ2.1 To what extent have country partners and global policy partners benefited from/connected with each other's advocacy activities?

Connections between the country and global level were mainly supported through the provision of funding, and to a certain extent technical support. A well-defined joint advocacy agenda would have helped partners to hold national governments accountable through international advocacy efforts.

The findings of the evaluation indicated that only limited connections between country partners and global policy partners took place under PITCH at the beginning of the programme. A larger share of country partners reported that they had not had a direct connection with PITCH global policy partners compared to those who indicated they did. Many partners were not

aware of the global partners and the advocacy work they engaged in. Global policy partners also confirmed that there was a level of disconnection between their work and the work of country partners. The connections that were established between the two have remained rather fragmentary with key informants generally agreeing that a much stronger connection between the national and global advocacy levels could have been made.

One of the main factors that hindered the connection between country and global policy partners is the weak or limited coordination of the global advocacy work. The Free Space Process (FSP) was initially assigned an important role in the coordination of its members' engagement in the PITCH global policy component of the programme. However, due to internal challenges in the FSP network, they were not able to perform this role as anticipated. Similarly, internal issues in Aidsfonds and Frontline AIDS during the inception phase of the programme reportedly hampered coordination between global policy and country partners. It is also important to note that in the first three years of PITCH, FSP partners were not actively encouraged to collaborate with PITCH partners at the country level. Consequently, FSP partners operated independently from PITCH country partners until 2019. Global and country partners were subsequently not well aware of each other's plans and agendas, and opportunities for linking national and global advocacy activities were missed.

Both language and cultural differences were named as a barrier that impacted the linking of national and global partner's policy agendas (e.g., in Mozambique, Myanmar, and Indonesia). Whereas global policy partners often use jargon and have a strong focus on the technicalities of the global policy space, country partners have a different focus, language and skillset. As a result, this sometimes led to a disconnect which PITCH insufficiently managed to bridge.

“The global partners are so familiar/used to the (advocacy/technical) language of the global level, and we assume that everybody understands. So there needs to be a special attention to it. So translation and simplification. For instance, the issues around the UHC agenda is a relatively new issue and the language is quite technical and we assume that everybody understands this language which is not the case.” (PITCH global policy partner)

Connected to this is that a large group of country partners did not have the relevant knowledge or experience to be able to identify the linkages between country and global efforts which limited their ability to engage with global programme partners’ work. Unfortunately, building this capacity was not identified as a priority in the PITCH programme. Consequently, the linkages that were made between the two levels were generally driven by global policy partners.

The evaluation findings indicated that in the last phase of the programme significant improvements were made in communication and coordination between global and country partners, with global partners indicating they felt better informed about what country partners were doing. The contributing measures which helped with this included a regular newsletter and monthly country meetings between country focal points and Frontline AIDS/Aidsfonds country coordinators. Additionally, the PITCH global policy summits brought together national, regional, and global policy partners which further supported connection between national and global partners. During these summits, country and global partners were able to exchange information and experiences, and global policy partners provided valuable training opportunities to country partners. Some of this included:

- Training on international processes and mechanisms provided to country partners with support from the global policy partners, such as the Universal Periodic Review workshop in Kenya for implementing partners from Kenya, Nigeria and Myanmar

- The universal health coverage meeting in Vietnam was attended by partners from different PITCH countries and sparked a national UHC discussion in Kenya
- Training on the Voluntary National Review for PITCH partners in Indonesia
- A train-the-trainers-workshop by the International Drug Policy Consortium (IDPC) for partners in Nigeria.

Although no structural ways to establish connections between country partners and global policy partners and the two advocacy levels were put in place, relevant linkages were made on a number of occasions. The different types of connections and their benefits are presented below.

Firstly, connections between global and country partners were made over the course of engagement with relevant human rights mechanisms. In Kenya, Myanmar and Nigeria, partners engaged in the UPR were supported by Aidsfonds in this process. In Myanmar, cases of human rights violations captured by country partners through the REAct software (see section 3.1.5.a.1.) were used for a UPR shadow report which was developed with the support of Aidsfonds and submitted to the Human Rights Council in March 2020³⁷. Both financial and technical support was provided to the country focal point and partners in Kenya. The PITCH engagement in the UPR in Kenya contributed to a number of relevant recommendations made by member states on HIV, universal health coverage and SOGIE rights and their acceptance by the Kenyan government (outcome #23). PITCH Kenya actively engaged in the whole cycle from the development of the shadow report to the follow-up on the recommendations that the government accepted. The involvement in the UPR process has been an important learning experience for partners in Kenya who became confident and enthusiastic to continue using the mechanism in the future: *“Partners will continue to be engaged in UPR after PITCH, they have fallen in love with this space.”* (country focal point, Kenya)

³⁷ Myanmar country report 2019

Secondly, global partners have contributed to the creation of spaces for a selection of country focal points and country partners to participate and speak at international advocacy events. With PITCH support, country partners and country focal points engaged in the International AIDS Conference 2018, the Harm Reduction International Conference 2019, the United Nations General Assembly High-Level Meeting on Universal Health Coverage in 2019, the meeting of the UN Commission on Narcotic Drugs in 2019, the 2019 Women Deliver conference, and the 2019 International Conference on AIDS and STIs in Africa - to name but a few. However, it is important to note that there was not always direct engagement between country partners and global policy partners at these events. Collaborations which did occur had differing levels of intensity.

Existing ties (prior to PITCH) between national and global partners emerged as an important factor in effective collaborations between national and global partners at these events. For instance, country partners from Nigeria, Mozambique and Myanmar with an existing relationship with global policy partner IDPC participated in the civil society training that IDPC organised prior to the meetings of the UN Commission on Narcotic Drugs (CND). IDPC also facilitated partners to attend and speak at the CND meetings and side events, such as the Myanmar country focal point who participated in the 62nd session and shared the experience of dialogue using the IDPC report and the state of play with drug response in Myanmar. The engagement with Myanmar government officials such as UNODC and the Myanmar Central Committee for Drug Abuse Control (CCDAC) at the CND and other international events helped Myanmar partners to strengthen their relationship with these key players in the national drug control policy implementation.

Other examples of collaboration between country partners and global policy partners in international advocacy processes included concerted advocacy efforts in relation to PEPFAR. Under PITCH, global partners

supported country partners in influencing PEPFAR processes in their respective countries, while global policy partner Aidsfonds simultaneously tried to influence these processes through advocacy at the high-level meetings in New York and Washington DC. Aidsfonds engaged with country partners to collect input for key messages and a few country partners were also supported to attend the high-level meetings themselves. PITCH Kenya was supported in finding a space in the United Nations General Assembly High-Level Meeting on Universal Health Coverage in New York in 2019. This opportunity reportedly changed the scope of engagement of country partners with the Kenyan government and strengthened their ability to hold it accountable for its commitments at the global level.

Insight

"We also engaged in the High-Level Meeting that took place in New York in 2019. (...) Finding our space in the global meeting was something great for us because we have all along been engaged at the national level advocacy. We were able to engage with other CSOs in speaking in one voice at the global space. There is usually a lot of advocacy that goes on in Kenya before a global meeting, and a few people are usually selected by government to attend. It is therefore very easy for CSOs to be left out because this is very political. For this particular case, we had the opportunity to be there and hear first-hand what commitments the government of Kenya was making".
(PITCH partner, Kenya)

On several occasions, PITCH global policy partners contributed to the organisation of side events at international conferences, e.g., at HR1, the High-Level Meeting on UHC in 2019, meetings of the Commission on Narcotic Drugs as well as at the 2018 International AIDS conference where PITCH organised an advocacy dialogue. The latter was reported as particularly beneficial to national advocacy efforts as national decision-makers from PITCH countries participated. The reported benefits of the engagement in international advocacy events included improved networks and strengthened

relationships with national decision-makers. Furthermore, accessing government officials proved easier at the international fora than in the domestic environment where partners have to deal with many bureaucratic procedures which restrict their access.

Lastly, a number of country partners also connected with international advocacy efforts through their own international networks (non-PITCH partners), while global partners were able to connect to non-PITCH country partners as well. The flexibility within the programme to do so was generally appreciated by partners.

In conclusion, PITCH has mainly supported connections between the country and global level through the provision of funding, and to a smaller extent through the provision of technical support. Overall, the evaluation revealed that the connection between country and global policy partners has been limited and more of an ad hoc nature, rather than through a structured, coordinated, and well-defined strategy. Weaknesses in coordination, including the absence of a joint advocacy agenda, hampered the ability of national and global partners to connect. Consequently, the benefits experienced by country partners have remained limited particularly the ability of national governments to be held accountable through international advocacy efforts.

Nonetheless, a small group of partners and country focal points had the opportunity to engage in global advocacy processes, gained relevant experience and built their capacity. They also strengthened their networks with the identification and inclusion of new advocacy targets and allies which directly or indirectly contributed to a few advocacy outcomes (direct contributions were found for outcomes #23 and #92).

3.2.2 EQ2.2 To what extent have country partners and regional programme partners benefited from/connected with each other's advocacy activities?

Limited emphasis was placed on formally linking the agendas of regional and country partners in the PITCH programme strategies or activities but, nevertheless, ad hoc linkages were made that led to tangible advocacy results in some countries and regions.

Within PITCH, there are two regional programmes: a regional programme for southern Africa, implemented by the AIDS and Rights Alliance for Southern Africa (ARASA) and the SRHR Africa Trust (SAT), both based in South Africa; and a programme for Eastern Europe and Central Asia (EECA) implemented by AIDS Foundation East West (AFEW) International, the EVA Association (a Russian network of women living with HIV and other sexually transmitted diseases), AFEW Kyrgyzstan and the International Federation of Red Cross and Red Crescent Societies (IFRC).

The evaluation found that country and regional partners have not actively connected with each other under PITCH and the opportunity to link advocacy levels through country and regional partners has not been effectively accomplished. A number of factors have impacted these effective working relationships. Firstly, the primary motivation behind PITCH's regional programme was to support key populations in South Africa and Russia as these countries face a high burden of HIV cases but were not eligible for country-level support being upper-middle and high-income countries. Hence, initially, linking the advocacy agendas of national and regional partners was not central to the rationale behind the regional programme. As a result of these divergent foci, limited emphasis was placed on linking the agendas of regional and country partners in the programme strategies or activities. Additionally, these relationships or synergies did not form organically over the course of implementation.

It was reported that the regional and national bodies targeted by the regional partners were not always relevant to processes at the national level. For instance, the main work of EECA regional partner IFRC focused on the development, promotion and advocacy of a "Model Law" "On Equal Access to HIV Prevention and Treatment Services in the CIS Countries", that involved the civil society sector of all ten countries in the region: Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Uzbekistan and Ukraine. Despite the fact that Ukraine is formally a member of the CIS, its parliament does not take an active part in the discussions on the CIS platform.

Also, the work of EECA regional partners in Kyrgyzstan and Russia had no direct linkage to the advocacy agendas of country partners in Ukraine or vice versa. Central to PITCH's EECA regional strategy was the fast-track cities initiative³⁸, which focuses on city-level advocacy (i.e., Saint Petersburg for Russia and Bishkek for Kyrgyzstan), while the Ukraine theory of change and advocacy strategies of country partners focus on national and local - *oblast*³⁹ - levels. For the EECA, the political conflict between Ukraine and Russia was mentioned as a hindering factor for establishing linkages between the countries. Finally, the late start of the regional programme, at the end of 2018, as a consequence of internal issues within Frontline AIDS and Aidsfonds, hampered linkages being created between regional and country partners under PITCH. By the time the regional programme started, country partners had long developed their theories of change and advocacy strategies.

Despite the absence of a joint strategy or other forms of consistent connection between the regional and country partners, examples of more ad hoc forms of linkages were found. This happened for instance with regards to the work on universal health coverage. A clear example was the workshop "Building universal health coverage we want - enhancing inclusion of

African key and vulnerable populations in the UHC agenda" which was hosted by ARASA in November 2019. Among the 50 representatives of civil society from 10 countries across sub-Saharan Africa, PITCH country partners participated in the workshop. This resulted in a call to action calling on governments, development partners and communities working towards the attainment of universal health coverage in sub-Saharan Africa to prioritise 23 key actions in order to ensure the UHC that Africa needs⁴⁰.

Under PITCH, ARASA also managed flexible funds on universal health coverage. Country focal point and country partners in all five PITCH countries in Africa benefited from these funds to build capacity and conduct advocacy on UHC at country level. Examples of technical support provided by ARASA to country partners were also reported. In Zimbabwe, for instance, country partners collaborated and received technical support from ARASA in their national advocacy efforts for an increase in domestic financing for SRHR. Besides providing financial and technical support, ARASA also played a coordinating role in respect of the country-level work on universal health coverage in Mozambique, Zimbabwe, Nigeria and Uganda - although this was not part of an overarching regional strategy for UHC advocacy.

Linkages prior to PITCH (e.g., through membership of regional networks) emerged as a factor that contributed to linking between national and regional partners under PITCH. PHAU in Uganda had a prior connection to ARASA and received capacity strengthening on universal health coverage from them. During PITCH, they built on this knowledge and their connection with ARASA in their evidence-based advocacy work to increase health sector financing to achieve UHC in Uganda.

For the EECA, only a few ad hoc linkages between country and regional partners were

³⁸ <https://www.fast-trackcities.org/>

³⁹ Type of administrative division which is often translated as area, zone, province or region.

⁴⁰ <https://www.arasa.info/blog-news-details/call-to-action-universal-health-coverage-day-2019>

found. They were mainly made during PITCH events, such as the PITCH policy summits and workshops where national and regional partners worked together in the same Russian-speaking group. Although the evaluation did not find any examples of resulting collaboration, the exchange of information and knowledge was considered valuable by both parties. Similar exchanges also took place through personal contacts between the Ukraine country focal point and focal persons of EECA regional partners.

Countries that were not located in the working area of regional programme partners (Indonesia, Myanmar and Vietnam) did not link with or experience benefits from the advocacy activities of regional programme partners. Finally, the evaluation also found a set of examples of collaboration between PITCH country partners and regional organisations that were not part of the programme. PITCH's flexibility in supporting these connections was appreciated by partners.

3.2.3 EQ2.3 To what extent have regional programme and global policy partners benefited from/connected with each other's advocacy activities?

Connections between regional programme and global policy partners came about mainly informally through PITCH meetings and training sessions. The late start of the regional programme may have served as an impediment.

The evaluation found that collaboration between PITCH regional and global partners was limited. Consequently, the benefits that global and regional partners reported in this respect are few as well.

Linkages between global and regional partners were mainly made at PITCH events such as meetings and training activities. The main benefits of these interactions concerned the exchange of knowledge and experience, and to a limited extent learning about each other's agendas and working contexts.

Insight

*"Meetings like this (2020 PITCH Global Policy Summit in Uganda) change the vision of the project and the scope of the approaches which can be used during the project implementation. After the meeting in Uganda I saw the project from another angle and started working with communities and involving them to influence this policy making process to make sure that their needs are addressed. Earlier it was not possible since I was thinking in a narrow way – that policy making is tailored with only authorities but not communities and civil society. This meeting changed my opinion crucially."
(Regional PITCH partner)*

Although regional partners reported they appreciated learning about the broader work of PITCH and the other partners, and some of them even experienced increased motivation and commitment towards the programme after exchanges at joint events, no concrete examples of follow-up were found.

In a more general sense, few connections between regional and global in the advocacy work were found, except for coordination and mutual support between global policy partner Aidsfonds and SADC regional partner ARASA in respect of their advocacy around universal health coverage and the UHC flexible funds that were managed by ARASA (see section 3.2.2 on EQ 2.2). Also, some prior connections between regional and global partners, such as between ARASA and IDPC, were sustained under PITCH.

Among the factors that hampered the establishment of more structural and strategic connections within PITCH was the late start of the regional programmes (end of 2018). By then, little time was left to set up collaborations and national theories of change and agendas had long been set. Moreover, within the available time and other budgetary limitations, linking between regional and global partners did not have the highest priority with the latter. This was because the connection between regional and international level advocacy was felt to be strategically less relevant than the link between national and global. Similarly, regional partners prioritised a focus on their respective regions for strategic reasons.

3.2.4 EQ2.4 To what extent have PITCH partners formed or joined coalitions with other civil society organisations that have helped to advance their advocacy, raise the profile of the experiences of key populations and adolescent girls and young women, and set the advocacy agenda?

This is an area where PITCH was particularly successful at helping to broker alliances and connections. Coalitions among CSOs helped partners raise the profile of all key population groups, strengthening their advocacy activities and helping them to set the advocacy agenda.

The evaluation found that PITCH partners in all countries supported the formation of coalitions with other CSOs in order to work more closely with organisations who have similar goals, issues, focus and/or targets. This included bilateral and multilateral arrangements among CSOs at the local, national and international level. They joined and formed local coalitions (e.g. MMTN in Myanmar), and national (e.g. National Coalition of Key Populations in Ukraine). Some coalitions were fully set up during the PITCH programme lifecycle (e.g. the Sex Workers Platform in Mozambique). Overall, PITCH country partners reported that the formation of a coalition was very much encouraged within the PITCH programme more broadly.

“One of the most important aspects of PITCH is that the project goals are aimed to be achieved through building partnerships – with both PITCH partners and other projects (co-financing, common activities, etc.) to achieve common and valuable outcomes.” (PITCH partner, Ukraine)

The purpose of forming coalitions varied across PITCH partners. These partnerships and networks provided a safe space for collaboration and information sharing; the possibility to unify multiple voices towards one goal; mechanisms to support collective advocacy efforts; and a

strategy to ensure sustainability beyond the programme lifetime. Coalitions are “a mechanism through which young people living with HIV can advocate against stigma and discrimination and for better service provision and support.”⁴¹

Coalitions among CSOs have helped PITCH partners raise the profile of key populations and adolescent girls and young women, strengthening their advocacy activities and helping partners set the advocacy agenda. Below are several examples.

a Advancing key population advocacy

In **Zimbabwe**, FACT, SAfAIDS, ZCLDN, ZY+, ZNNP+, GALZ, BHASO and SRC are active members of Advocacy Core Team (ACT) and Zimbabwe AIDS Network, two coalitions through which SRHR for key populations and adolescent girls and young women are advanced. Through these coalitions, SAfAIDS and ZY+ joined forces also with other like-minded organisations such as SAT, ARASA, Right Here Right Now (RHRN), Justice for Children Trust and Zimbabwe National Family Planning Council. They formed a technical taskforce to drive the policy advocacy agenda to review the age of consent to access SRHR services, which is currently set at 16. In addition to more powerful advocacy activity, being part of these coalitions helped PITCH partners to strengthen their reputation as well as build their capacity in programming and implementing activities.

In **Uganda**, PITCH partners WONETHA (a sex worker organisation) and UHRN, that works with people who use drugs, are members of the Uganda Key Population consortium (UKPC) which advocates for the human rights of all key populations. It was reported that the UKPC has helped strengthen both organisations' advocacy efforts as a result of developing a common advocacy agenda.

⁴¹ Annual Report 2019

b Advancing advocacy for LGBT communities

In **Nigeria**, the LGBT community joined several coalitions with joint advocacy agendas. HER, ICARH, IAH and TIERS are members of the Solidarity Alliance, a coalition that collectively produces a quarterly report on human rights violations. INCREASE is a member of the Coalition for the Defence of Sexual Rights in Nigeria (CDSR). WHER, ICARH, TIERS, IAH, INCREASE are founding members of the Sexual Rights Network in partnership with the Initiative for Strategic Litigation for Africa, which aims to deliver strategic litigation for sexual minorities⁴². Considered a powerful advocacy strategy for LGBT rights, strategic litigation has already brought major results in South Africa and Botswana⁴³. In Nigeria, the achievement of results slowed down due to a challenging environment. However, at the time of data collection, two cases were in court. TIERS reported significant benefits from their collaboration with the Initiative for Strategic Litigation for Africa through the Strategic Litigation Network for LGBT Activists in Nigeria coalition. TIERS' engagement with lawyers has been strengthened and they can now access pro bono legal services. TIERS also provide training to network members about how to identify cases for litigation.

In **Zimbabwe**, the PITCH partner GALZ established linkages with African Men for Sexual Health and Rights (AMShEr) and the Coalition of African Lesbians (CAL), which are major coalitions for LGBT organisations in Africa. This resulted in the participation of GALZ in the Young Key Populations Project, which seeks to improve the legal and policy environment for the SRHR of young key populations. GALZ reported that due to its participation in the project, they have strengthened their connections with key policy makers.

⁴² Nigeria country report 2018.

⁴³ Jjuuko, A. (2020) "Strategic Litigation and the struggle for Lesbian, Gay and Bisexual Equality in Africa", Daaraja Press

c Raising the profile of sex workers

The Vietnam Sex Worker Network was established under the Bridging the Gaps (BtG) programme in 2012 which included various capacity building interventions. This has been further built upon under PITCH with the sex worker community trained on sex work policy advocacy connected to the regional network (Asia Pacific Network of Sex Workers). They received organisational development support from the regional network which helped them to achieve important advocacy asks including playing an important role in the consultation on Decision 1875/QD-BLDTBXH, a guiding technical and budgetary framework for piloting community-based sex worker support models in 15 pilot provinces (among 63 provinces and cities of Vietnam) (*outcome 79*).

In **Indonesia**, PITCH partner OPSI belongs to several coalitions that advocate for the rights of sex workers. They include the National Alliance for Criminal Code Reform (RKUHP); the Civil Society Alliance to Reject the RKUHP (which was coordinated by the Indonesian Legal Aid Foundation YLBHI); the Anti-Stigma and Discrimination Coalition (initiated by UNAIDS); and a coalition of public services driven by YAPIKKA. Through these coalitions, OPSI is strengthening its profile on sex work-related advocacy: *"We have to build networks with different expertise so that it will be easier to change policies under the strong pressure from various civil society associations"*.

d Raising the profile of adolescent girls and young women and advancing the advocacy agenda

In **Mozambique**, PITCH partners MULEIDE and COALIZAO collaborated with other CSOs and NGOs in the early marriage elimination coalition (CECAP). CECAP is a platform that brings together 53 civil society organisations and was able to submit a petition to the Council

of Ministers for the establishment of a legal instrument penalising those involved in coercing or forcing girls and young women into child marriages⁴⁴. As part of CECAP, Muleide and COALIZAO participated in the design and review process of the Draft Law for Preventing and Combating Premature Unions. In 2019, the Mozambican parliament approved the Law to Prevent and Combat Premature Unions, thus criminalising child marriage in Mozambique. This important achievement (outcome #119) would have not been possible without the collaboration between CSOs. This is one of the few examples of a law being passed in Mozambique as a result of a partnership between civil society and parliament.

In **Nigeria**, PITCH partners EVA, APYIN and ASWHAN worked together as a coalition and jointly developed an advocacy campaign for lowering the age of consent. The campaign benefited from this coalition because it now has a bigger strategy, pulling resources from different organisations within and beyond PITCH. After the important result achieved in 2018 (outcome #66), when the general director of NACA committed to present to the National Council on Health the recommendation on lowering the age of consent for HIV testing services to 14, different partners have taken up different aspects of the strategy. For instance, together with IPAS Nigeria, EVA is conducting research to identify the impact of a lower age of consent on the quality of life and wellbeing of adolescents and young people. The New HIV Vaccine and Microbicide Society also committed to generate evidence for action. Other organisations such as the Society for Family Health, the principal recipient for the Adolescent 360 project in Nigeria, committed to share the coalition advocacy agenda with its networks.⁴⁵ These partnerships and commitments are seen as an important step toward ensuring sustainability.

e Advancing advocacy for people who use drugs

In **Myanmar** in 2019, Community Service for Friends (CSF) created the joint advocacy group (JAG) for drug user issues after a learning visit to MTSTM where they learned how to form an advocacy group. One of the main goals of the joint advocacy group is to support people who use drugs to quit drugs. CSF reported that by working together in coalition they have strengthened their advocacy activities, as well as improved their credibility and expanded their networks. Thanks to the coordinated advocacy activities of the group with the Tamu district/ township office, police and Department of Health representatives in Sagaing region, the Regional Health Department approved a methadone clinic in the Tamu district (outcome #73).

In **Ukraine**, the PITCH partner Hope and Trust played a significant role establishing the newly created networks "VOLNA" (for people who use drugs) and "VONA" (for women who use drugs). Another PITCH partner, Convictus Ukraine, is part of both coalitions. These networks work in partnership and carry out advocacy work together to promote the rights of people who use drugs. Convictus Ukraine together with VOLNA created a key population consortium and developed an extended package of services (complementary to the basic package which is funded by the government). In light of the development of extended HIV-related service packages for key populations, a national coalition was established and includes Alliance Global, Legalife Ukraine, VOLNA and women living with HIV.

⁴⁴ PITCH Mozambique country report 2018

⁴⁵ PITCH Nigeria country report 2019

3.2.5 EQ2.5 To what extent can examples of effective collaboration at the country level be demonstrated between PITCH and other Ministry of Foreign Affairs-funded programmes working to address HIV and AIDS?

PITCH partners in all countries collaborated with at least one MoFA-funded programme with similar advocacy aims, such as Bridging the Gaps, GUSO and READY. This solidarity and show of strength paid off in terms of advocating for the rights of marginalised populations.

As an MoFA-funded programme, there is an expectation from the Ministry that PITCH country partners will collaborate with stakeholders of other MoFA-funded programmes in their individual context. The following box provides details on several of the programmes that PITCH partners collaborated with.

In all countries, one or more PITCH partners collaborated with another MoFA-funded programme, with different levels of collaboration depending on the context. In Nigeria, where none of the abovementioned programmes were

implemented, PITCH partners engaged with Kenyan counterparts through capacity building efforts. NSWA, a PITCH partner working with sex workers in Nigeria, benefited specifically from training on the reporting system Ona, which was jointly delivered by BtG, GUSO and PITCH in Kenya⁴⁶. This exchange encouraged information sharing between NSWA and their Kenyan counterpart KESWA, with NSWA later adapting KESWA training methodologies for a Nigerian context.

While the examples below provide evidence of some of the effective collaborations between MoFA-funded programmes and PITCH, it appears that such activity was ad hoc and no clear strategy was developed under PITCH to strategically or systematically build links between programming.

PITCH, RHRN, BtG and GUSO in Kenya - PITCH partners in Kenya worked closely with various Dutch MoFA-funded programmes to achieve different outcomes. As several PITCH partners are in two or more programmes this helped build trust and strong links between advocacy efforts. *"With the level of synergy, it has worked quite well. RHRN and GUSO has worked well in working with PITCH."* (Dutch embassy)

4 MoFA-funded programme similar to PITCH

Bridging the Gaps (BtG)

BtG is an alliance of nine international organisations, networks and more than 80 local and regional organisations in 15 countries working towards a world where sex workers, people who use drugs and LGBT people can enjoy their human rights and access quality HIV prevention, treatment and care.

GUSO

Get Up Speak Out for Youth Rights (GUSO) 2016-2020 focuses on improving knowledge on the sexual and reproductive health and rights of young people. GUSO is implemented in seven countries in Asia and Africa.

RHRN

Right Here Right Now (RHRN) is a five-year programme (2016-2020) and global strategic partnership that is active in ten countries (Kenya, Senegal, Uganda, Zimbabwe, Bangladesh, Indonesia, Nepal, Pakistan, Bolivia and Honduras) and the Caribbean sub-region. The focus is to enable all young people to access quality and youth-friendly health services, so that they are not afraid to openly express who they are and who they love.

READY

READY is a portfolio of programmes managed by Frontline AIDS and designed to build Resilient and Empowered Adolescents and Young people. From the desk review, a number of joint activities emerged between PITCH partners and READY, such as the #READY4UHC campaign. In 2018 PITCH, BtG and READY organised a joint satellite symposium at AIDS 2018 called "What is the future of funding for key populations?"⁴⁷

The strength of this collaboration was in its ability to gather a large number of diverse CSOs together which increased the breadth of expertise and resources available for SRHR and HIV-related advocacy efforts across the country. By bringing together organisations from PITCH, GUSO and RHRN, a large number of civil society organisations in Kenya is represented, with considerable ability to influence different policy makers. *"The strength in numbers helps."* (External stakeholder)

Together, these organisations were able to increase their collective advocacy on key populations and adolescent girls and young women. For instance, under the Universal Periodic Review engagement, PITCH partners worked with members of RHRN, BtG and GUSO to develop reports on HIV, key populations, adolescent girls and young women, and SOGIE issues in order to lobby different missions at both country and international level. As outcome #23 shows, this long process that started in 2018 contributed to the commitment by the Kenyan government to review all legal, policy and structural barriers that impede the provision of SRHR services, and to implement comprehensive human rights-based programmes in this area.

PITCH and BtG in Vietnam - the PITCH partner SCDI worked closely with BtG to promote the rights of sex workers. SCDI partnered with both PITCH and BtG, reporting that the kind of support they received from the two programmes was complementary. While the BtG interventions mainly focused directly on providing support to the sex worker community to strengthen the sex worker movement, PITCH focused on policy advocacy. As a result, PITCH was able to use the evidence gathered by BtG to advocate for the rights of sex workers.

PITCH was also able to take lessons learned from BtG and build advocacy efforts around this programming. Under PITCH, the sex worker community was trained on policy advocacy, connected to the regional network (Asia Pacific

Network of Sex Workers), and supported in their organisational development. As a result, VNSW (which was established under BtG in 2012) was able to increase their advocacy efforts and participate in a variety of meetings and workshops with regional partners.

Similar opportunities presented themselves in Myanmar with productive collaborations between PITCH and BtG partner organisations and the sex worker community. The organisation AMA partnered with PITCH and BtG, and its members reported that the staff recruited by both programmes worked closely together to achieve their goals. For instance, the paralegal staff engaged by AMA to decrease the arbitrary arrest of sex workers was mostly supported by the BtG team. The PITCH team then translated the data collected by the paralegal staff into advocacy messages for their campaigns. With support from PITCH and BtG, AMA also provided training to the sex worker community regarding their rights and the law. This training, combined with advocacy activity, reportedly led to a decrease in the arrest of sex workers during the implementation period (outcome #59). *"Now we have better opportunities and advantages when we deal with police and courts."* (Community Member)

PITCH and READY in Zimbabwe - READY works together with PITCH partners ZY+ and BHASO. This collaboration has helped to amplify the voice of adolescent girls and young women in advocacy efforts in the country. In fact, they worked together on the young people living with HIV forum, which was held in August 2019. The space provided an opportunity for networking with policy makers, activists and peers, accelerating efforts to ensure that adolescent girls and young women can access Dolutegravir. As outcome #114 shows, this goal was reached in December of the same year. The Ministry of Health and Child Care revised guidelines for HIV treatment and prevention, ending the discriminatory exclusion of women and adolescent girls not using contraceptives from accessing Dolutegravir.

⁴⁶ PITCH Nigeria country report 2018

⁴⁷ PITCH Annual report 2018

3.2.6 EQ2.6 To what extent have working relationships between PITCH and the Dutch embassies and permanent missions in the PITCH countries contributed to advocacy outcomes through strategic collaboration?

Dutch embassies have demonstrated active engagement and support towards PITCH advocacy goals and activities and there has been a significant degree of cross-collaboration in several countries.

As an MoFA-funded programme, there is an expectation that PITCH partners have a good working relationship with the Dutch embassy in their respective countries. According to the Dutch MoFA, the working relationship between PITCH partners and the Dutch embassy is expected to be open and supportive:

"... So, from the very beginning of Dialogue and Dissent, we were very open about these options. As nothing is less frustrating than a civil society that wants something from an embassy and the embassy cannot give it. We said from the beginning, try to find a common ground and where can you find a common interest..."
(Dutch MoFA)

This has been echoed by respondents from the Dutch embassy in Uganda:

"The role of the Dutch embassy is to support MoFA-funded programmes. We (the Dutch embassy) also have the coordination role. When I am invited in an activity by one partnership I am able to cross check with another partnership, so that they are aware of commonalities. At the beginning of the year, we usually bring all partners together to share their plan for the year." (Dutch embassy, Uganda)

In practice, Dutch embassies have proven supportive toward PITCH advocacy programming, working with PITCH partners to support their goals. In general, the collaboration

has been experienced as positive and helpful, and only sporadic comments about weaknesses have been reported. For instance, in Mozambique it was mentioned that the contact between the embassy and PITCH is on an ad hoc basis rather than systematic. Despite the fact that PITCH is one of the programmes that "dares" to approach the embassy differently from other programmes, it was reported that the collaboration has never been very strong. *"The collaboration could have been better and or more intensive, for instance I have expected to conduct a brainstorm on advocacy message or planning. But it (the collaboration) is very much depending on the country focal point."* (Dutch embassy, Mozambique)

Insight

The evaluation found that PITCH partners appreciated the efforts of Dutch embassies to collaborate with them and facilitate introductions to relevant stakeholders such as the government and UN agencies. *"The Dutch embassy was always open and showed intention to support PITCH, there has been a period where we work quite closely. The Dutch embassy supports us by advocating our issues to the government."*
(PITCH partner, Zimbabwe)

Dutch embassies played a key role in facilitating CSO meetings involved in MoFA-funded programmes which led to a variety of collaborations outlined in the section above. These types of meetings often included international NGOs and UN organisations which helped to expand and strengthen networks in country.

Dutch embassies also engaged in activities organised by PITCH country partners. The engagement ranged from attending human rights film events (Myanmar), to participation in a PITCH policy summit, supporting a global LGBT campaign and facilitating partnerships (National Key Populations Platform – NKPP) in Ukraine; and taking part in official events including giving opening speeches when requested (Myanmar). In Indonesia, the Dutch embassy was instrumental

in connecting PITCH partners with government representatives, and facilitating access to key decision-makers to support advocacy activities related to the needs of key populations. Similar activity was reported from Ukraine with the formation of the tripartite collaboration (the NKPP). In Myanmar, the Dutch embassy also provided capacity building for PITCH partners with training of trainers on gender and conflict sensitivity.

In **Zimbabwe**, PITCH partners including GALZ, SRC and FACT collaborated with the Dutch embassy to engage policy makers during a policy luncheon dialogue on the occasion of IDAHOT . The Dutch embassy also financially supported SRC to host the 2019 IDAHOT⁴⁸ commemorations held in Bulawayo which brought together LGBT networks across the country and which were also attended by religious leaders⁴⁹.



Colleague from Supporting Community Development Initiatives at a learning event in Vietnam, 2019

⁴⁸ International Day against Homophobia, Transphobia and Biphobia (IDAHOT) is commemorated annually on May 17

⁴⁹ Zimbabwe Country report 2019



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Section 4 Conclusion

Yulia Paskevka (Ministry of Justice of Ukraine), Halyna Korniienko (Hope and Trust) and Yevheniia Kuvshynova, Executive Director, Convictus, participate in CND 2020

The conclusion is structured according to the two evaluation objectives as well as the evaluation questions.

Under Objective 1, the evaluation aimed to assess the outcomes and impact of PITCH, as well as their sustainability, in the context of the programme's theory of change, covering seven evaluation questions.

We identified the following conclusions:

EQ 1.1 Which significant advocacy outcomes has PITCH made a measurable contribution to? And to what extent does evidence exist to support these claims of contribution?

On advocacy outcomes

- Regarding the advocacy outcomes, based on the evidence from this evaluation, we conclude that the PITCH programme was overall successful in making a plausible and measurable contribution to 123 outcomes that

helped advance the HIV advocacy agenda of the programme and achieve its four goals. All 123 harvested outcomes are meaningful and significant, in line with the global Theory of change. In most cases, PITCH collaborated on outcomes together with other partners.

- The findings also showed that PITCH contributed to most of its medium and long-term expected outcomes. About half of the outcomes were categorised as long-term outcomes, which indicates that according to PITCH country partners, the programme progressed as intended. PITCH country partners were focused on making changes at the local and national level and less at the global level. The latter seems to be intended as per the global theory of change.
- PITCH achieved results that address HIV and AIDS among key populations and adolescent girls and women through contributing to the programme's four goals. The results are relevant for all key populations and adolescent girls and young women, with slightly higher relevance for people who use drugs. The actors influenced by PITCH were mainly at government level, from local to national, and a few at international level. PITCH also influenced some religious and community leaders, legal institutions and the media.

On PITCH contribution

- The analysis showed that, overall, PITCH was successful in contributing to significant advocacy outcomes and, that by the end of the programme, it contributed to most of its medium- and long-term outcomes. These include furthering HIV advocacy for key populations (KPs) and adolescent girls and young women (AGYW), increased access to HIV services and realisation of sexual and reproductive health and rights (SRHR) for all, and strengthening of CSOs as HIV advocates in all nine PITCH countries. PITCH contributed to all these outcomes with different intensity and mostly together with other actors; country partners focused more on changes at

local and national level and less at global or regional level. The findings show that nearly a third of the outcomes were contributed to through lobbying and meeting with stakeholders (32%). However, depending on the country context and partners' capacity levels, a combination of strategies and approaches were applied by partners in order to achieve short-, medium- and long-term outcomes.

On supporting evidence

- One-third of the outcomes (39) selected by the evaluators were substantiated by one or more independent external and knowledgeable actor. This process confirmed all 39 outcomes. Two-thirds of all outcomes contain additional documentation. The evaluation team triangulated the outcomes through KIs and FGDs. This leads to confidence about the claims of contribution made.

EQ 1.2 How has PITCH contributed to any positive or negative unexpected outcomes? What lessons have been learned, and how have these unexpected outcomes influenced partners' advocacy planning?

- The evaluation found that only eight outcomes were classified as positively "unexpected". Despite this, PITCH partners contributed to these outcomes through their advocacy which indicates that partners did well in defining their expected outcomes in the programme-level theory of change broadly. This gave space to adapt advocacy planning, allowing for creative and timely responses to emerging opportunities. The unexpected outcomes most frequently dealt with surprising changes in relationships. They contributed to the recognition of the rights of key populations and adolescent girls and young women and not access to HIV services.

- **The negative outcomes** did not influence partners' advocacy planning but demonstrated that PITCH and the issues it worked on are increasingly being heard and have become a factor to be taken seriously – in good or bad ways. In none of the cases is there an indication that PITCH could have avoided these negative outcomes or should have done things differently.

EQ 1.3 Which PITCH advocacy strategies have been most effective in allowing PITCH partners to achieve their advocacy asks? What lessons can be learned from this?

- PITCH implementing partners engaged strongly in advocacy activities and used all four PITCH advocacy strategies to achieve their advocacy asks. They used combined strategies to achieve the majority of the outcomes. There were several strategies that were considered effective, namely working with a strategic approach to advocacy; coordination and collaboration; generation and use of good evidence; mapping advocacy targets and stakeholders; engaging with media; engaging with legal professionals; training and specific technical knowledge; informal advocacy; and engaging the community.

EQ 1.4 Reflecting on structural and legislative changes, how sustainable are the achievements of PITCH beyond the programme's lifetime, and in the absence of significant external funding?

- Three outcomes from Mozambique, Vietnam and Nigeria demonstrated changes entrenched in law. Thirty-two policy and strategy decisions were achieved and intended to guide the behaviour of, mostly,

governmental actors at national and local level, independent from PITCH and beyond its lifetime. Government and Global Fund budgets of governments have shifted in favour of key populations and adolescent girls and young women for at least a few years to come. Key populations, adolescent girls and young women and their organisations gained a seat at the table in various formal governmental technical or advisory bodies. This demonstrates sustainable changes in relationships, although actual participation in these bodies will depend on CSOs' financial sustainability.

- Definitely sustainable though not structural are the 16 changes in the practice of individuals who act as role models, such as religious- and other community leaders, judges, key population-friendly health workers, journalists and police officials. These role models have changed deeply rooted societal norms through their daily behaviour and relationships, necessary to achieve long-lasting change. These changes were found to be less in number than the outcomes towards formal, institutional changes. Yet they are crucial to sustain the institutional changes that cannot exist, and risk being reversed, without support from a wide audience in society.

EQ 1.5 To what extent has PITCH measurably and sustainably strengthened the advocacy capacity of PITCH partners, including the capacity to capture evidence to support their advocacy?

- The findings showed that PITCH strengthened the capacity of many CSOs – PITCH implementing partners and external actors – in all nine countries. The areas of capacity strengthened vary from personal and organisational capacity, knowledge related to HIV and AIDS, SRHR and human rights, and in conducting advocacy. Through this capacity strengthening, PITCH implementing partners

are now able to conduct their advocacy activities in a more focused and systematic way. PITCH's strategy to allocate resources for capacity strengthening contributed to the success of PITCH as a programme and was considered to be one of the added values for implementing partners to be part of PITCH.

EQ 1.6 To what extent has the capacity of PITCH partners to apply a gender-sensitive or transformative approach to their work been strengthened? How has this been achieved? What impact has this had on the outcome of PITCH country level advocacy activities?

- PITCH has contributed to a variety of gender-sensitive and transformative initiatives, and through this to a number of important outcomes that contribute to gender equality in different ways. These outcomes include a few important changes in law; the development of various policies and guidelines contributing to gender equality; increased participation of marginalised gender groups in formal spaces and policy development; as well as a number of important measures removing gender barriers in access to HIV, other SRHR and legal services. PITCH contributed to this by supporting partners' core work, including on women's rights, the rights of people with diverse SOGIE needs, young people's SRHR etc. In the second half of the programme, PITCH also contributed by strengthening the capacity of other partners to work in more gender-sensitive ways and making them familiar with the concept of such approaches.
- The findings demonstrated that adequate allocation of resources (human and financial) were crucial to encourage and enable partners with limited prior experience and expertise to be sensitive to gender in the work, or to work in a gender-transformative

way. This was only the case in the second half of the programme and, as a consequence, gender was not incorporated comprehensively in the national theories of change and advocacy strategies of many partners. The findings reveal that once resources were allocated and guidance and technical assistance to country partners increased, various partners also experienced an increase in their capacity.

- The most obvious results of the increase in capacity of partners in respect of gender are related to the critical reflection of partners on how gender norms, attitudes and beliefs shape interactions, workplaces and programme activities and the subsequent changes they made in their organisations and programmes. Gender-related differences in key populations' situations and needs are increasingly being considered and more attention is paid to ensure that no one is left behind. The latter is considered an important and promising foundation for gender-sensitive and possible gender-transformative action in the future.

EQ 1.7 What lessons can be learned about how gender informs advocacy carried out by and for key populations and adolescent girls and young women?

- The findings showed that despite the increased gender sensitivity and a number of gender-transformative initiatives by partners - including those addressing harmful gender norms and practices in society - a comprehensive focus on gender to address gender inequality as an important determinant of the health of key populations is (still) the exception rather than the rule. In addition, initiatives that focus on deeper, less obvious determinants of gender and health inequalities - including education, economic opportunities, migration and conflict - were virtually absent.

EQ 1.8 From the perspective of different PITCH stakeholders, including implementing partners, which programmatic strategies and approaches have partly or entirely failed? What lessons can we learn from this?

- The evaluation identified programme dynamics and features that weakened the advocacy activities and results. The early-stage difficulties in PITCH governance resulted in less attention to strategy. A high staff turnover on the part of PITCH country partners, Aidsfonds, and Frontline AIDS gave rise to a loss of knowledge and networks. The different structures and line of coordination within the programme were not always communicated adequately (for instance, the frequent changing of reporting formats created confusion among the country partners). Partners highlighted that the limited information sharing, lack of sustainability plan and phase-out strategy from the beginning of the programme undermined the follow up of some activities and consolidation of results.

Under Objective 2, the evaluation aimed to understand the extent to which internal and external PITCH stakeholders benefited from collaborating with each other, covering six key evaluation questions.

We identified the following conclusions:

EQ 2.1 To what extent have country partners and global policy partners benefited from/connected with each other's advocacy activities?

- The evaluation findings indicated that only limited connections between country partners, regional partners, global policy partners and their respective advocacy levels were realised under PITCH. The connections that were found were more of an ad hoc nature than a structural activity within a well-defined overarching programme strategy. This is considered a missed opportunity.
- Limitations in communication and coordination, including (early) identification of linkages between agendas and joint strategising, were among the factors that hampered effective collaboration between national, regional and global policy partners.
- The evaluation found that compared to the connection between regional and global policy partners, national and global partners benefited a bit more from each other's participation in PITCH and especially in the second half of the programme when more linkages were made. Among the main benefits experienced were the support and creation of space for country partners to speak at global advocacy events by global policy partners, guidance (although fragmentary) provided to country partners during engagement in global advocacy spaces and processes, and to a lesser extent the provision of evidence provided by country partners to global partners. The engagement in international advocacy not only contributed to increasing the advocacy capacity of country partners and country focal points, but also helped them to strengthen their relationship with their national governments. Missed opportunities have been identified mainly in respect of the involvement of country partners in the preparation and particularly the follow up of international advocacy at country level.

EQ 2.2 To what extent have country partners and regional programme partners benefited from/connected with each other's advocacy activities?

- The evaluation found that country and regional partners did not actively connect with each other under PITCH and the opportunity to link advocacy levels through country and regional partners was not effectively accomplished. A number of factors impacted these effective working relationships. However, despite the absence of a joint strategy or other forms of consistent connection between the regional partners and country partners, examples of more ad hoc forms of linkages were found. This happened for instance with regards to the work on universal health coverage. Linkages prior to PITCH (e.g., through membership of regional networks) emerged as a factor that contributed to linking between national and regional partners under PITCH. Countries that were not located in the working area of regional programme partners did not link with, nor experience benefits from the advocacy activities of regional programme partners – which was indeed not intended.

EQ 2.3 To what extent have regional programme and global policy partners benefited from/connected with each other's advocacy activities?

- The evaluation found that collaboration between PITCH regional and global partners was limited. Consequently, the benefits that global and regional partners reported in respect of their connection through PITCH were few as well.
- The level of ownership of the overall programme experienced by global and regional partners was limited. Partners at the different levels (national, regional, global) had

limited knowledge of each other's work plans and were mainly concerned with their own respective programmes within PITCH. Lack of joint planning/agenda setting or adequate exchanges about the different agendas from the start of the programme showed up as an important underlying factor.

EQ 2.4 To what extent have PITCH partners formed or joined coalitions with other civil society organisations that have helped to advance their advocacy, raise the profile of the experiences of key populations and adolescent girls and young women, and set the advocacy agenda?

- The evaluation found that PITCH partners in all countries supported the formation of coalitions with other CSOs in order to work more closely with organisations that have similar goals, issues, focus and/or targets. This included bilateral and multilateral arrangements among CSOs at the local, national and international level. They joined and formed local coalitions (e.g., MMTN in Myanmar), and national (e.g., National Coalition of Key Populations in Ukraine). Some coalitions were fully set up during the PITCH programme lifecycle (e.g., the Mozambique National Sex Work Platform). Overall, PITCH country partners reported that the formation of a coalition was very much encouraged within the PITCH programme more broadly.

EQ 2.5 To what extent can examples of effective collaboration at the country level be demonstrated between PITCH and other MoFA-funded programmes working to address HIV and AIDS?

- The findings indicated that in all countries, one or more PITCH partners collaborated with another MoFA-funded programme, with different levels of collaboration depending on the context. While evidence of some of the effective collaborations between MoFA-funded programmes and PITCH exists, it appears that such activity was ad hoc and no clear strategy was developed under PITCH to strategically or systematically build links between programming.

EQ 2.6 To what extent have working relationships between PITCH, and the Dutch embassies and permanent missions in the PITCH countries contributed to advocacy outcomes through strategic collaboration?

- The evaluation found that PITCH partners appreciated the efforts of Dutch embassies to collaborate with them and facilitate introductions to relevant stakeholders such as the government and UN agencies. Dutch embassies played a key role in facilitating meetings of CSOs involved in MoFA-funded programmes which led to a variety of collaborations outlined in the section above.
- The evaluation team considers PITCH to be a successful and unique programme. The role of PITCH country focal points and programme team is highly valued and appreciated by PITCH partners.





Adolescent Girls and Young Women in Kenya used the county leadership mechanism to demand improvements to HIV and SRHR services

5

Recommendations

I am a proud transgender woman and sex worker - see me smile.

I want to live in a world where sex work is recognized as work and rights and services are made available to those whose profession it is.

People who sell sex live in fear and at risk of contracting HIV. Rape by clients, harassment from the police and violence through ignorance are an everyday occurrence for sex workers. We remain stigmatized, discriminated and marginalized from health services. The red represents the blood shed by sex workers facing this reality.

Decriminalization of sex work is the most effective way to increase sex workers' uptake in SRHR [sexual and reproductive health and rights] services - Isn't that what we all want?

For PITCH implementing partners

- To increase collaboration and coordination with similar programmes at country, regional and global level through the formation of coalitions or the establishment of formal agreements such as MoUs.
- To increase collaboration between PITCH country partners, regional partners and global policy partners by developing a joint advocacy agenda and/or activities.
- To increase the visibility of programme results and successes in country, through testimonials or audio-visual materials which can be based on more than just impact given the limited timespan.
- In advocacy, traditional evidence is difficult to produce. A good system to provide evidence should take the challenges posed by informal advocacy into account. The evaluation team suggests that implementing partners should be able to provide different forms of evidence in the monitoring phase. A monitoring system that includes substantiators could be considered when outcome harvesting is used, to replace traditional evidence that is difficult to obtain otherwise for advocacy programmes.
- To continue the collaboration and engagement between key populations, adolescent girls and young women, the government and other stakeholders.

For the Dutch MoFA and other donors

- To ensure that the lessons emerging from this evaluation inform the work carried out by the new Strategic Partnerships under the new Dutch MoFA-funded Power of Voices and SRHR Partnership Fund initiatives. This is with a view to supporting the sustainability of the PITCH programme's achievements and sharing lessons learned, which is of relevance both for the Love Alliance programme as well as other new and emerging programmes with a focus on HIV and the human rights of key populations.
- To ensure that the lessons emerging from this evaluation inform the development of comparable strategic funding arrangements by other major institutional donors in the coming years.
- To use the experiences and lessons emerging from PITCH to inform, shape and demonstrate the government of the Netherlands's commitment to the global HIV response and to nurturing the development of Dutch expertise and knowledge in advocacy. This commitment should be demonstrated both in financial and political terms and is of relevance both at Ministry level and the government's overseas diplomatic and trade presence.

For Aidsfonds and Frontline AIDS on the management of future, comparable programmes

- Establish a clear process for reviewing and adapting programme theories of change, to ensure that they are up-to-date and provide space for contextualisation.
- Periodically revisit programme M&E and reporting systems to make them simpler and more aligned.
- Ensure allocation of resources (including financial) for gender from the very start to allow early gender analysis and integration by partners in their theories of change and work strategies, and to provide timely technical assistance to partners, including by involving local gender experts.
- Encourage and facilitate partners to consider the impact of gender inequalities on the health of key populations and adolescent girls and young women, as well as the structural factors underlying these gender inequalities, and address this through the development of national theories of change and advocacy strategies.
- Ensure early and adequate communication and coordination between national, regional and global policy partners to optimise and effectively link the work they do at the respective advocacy levels. Training and other forms of capacity strengthening is an absolute prerequisite for country partners to identify potential linkages and to meaningfully engage in regional and global processes.
- To allocate resources for information sharing and knowledge sharing for partners at national, regional and international level to facilitate collaboration between them.
- To allocate resources to support innovation in advocacy and sustain results through a mechanism such as co-creation with PITCH implementing partners.



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PITCH

End Term Evaluation Report

Executive Summary



Project background



Partners from Indonesia and Vietnam share learnings and insights

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Cover photo: "Regard me as a human being, not just a sex worker."
Myanmar © Pan Nu/Frontline AIDS/PhotoVoice/2018

The Partnership to Inspire, Transform, and Connect the HIV response (PITCH) is a strategic partnership between Aidsfonds, Frontline AIDS, and the Dutch Ministry of Foreign Affairs (MoFA). PITCH was designed as a five-year (2016-2020) advocacy-based programme focused on building the capacity of local CSOs to advocate for equal rights and access to services for key populations, and adolescent girls and young women. Partner organisations have carried out HIV-focussed advocacy at the country level in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Ukraine, Uganda, Vietnam and Zimbabwe. Advocacy at the country level has been complemented by the work of PITCH partners at the regional level in Eastern Europe and Central Asia (EECA) and in Southern Africa. This was further strengthened by advocacy at the global policy level, for example at the United Nations in Geneva and New York, the European Union in Brussels, and with the U.S. Government in Washington DC.

As outlined in the programme theory of change, PITCH pursues four goals:

- 1 Equal access to HIV-related services;
- 2 Sexual and reproductive health and rights for those most affected;
- 3 Equal and full rights for key populations; and
- 4 Strong civil society organisations which are successful HIV advocates.



Advocates in Ukraine mark the 'Support Don't Punish' global day of action

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Evaluation background

The purpose of the End Term Evaluation conducted by Results in Health (RiH) has been to facilitate a critical analysis of the programme's contribution to evidence-based changes in relation to the PITCH theory of change.

This evaluation has also sought to identify the strengths as well as opportunities for improvement in the programme's approach to external and internal collaboration, as well as the sustainability of the programme's achievements.

The evaluation questions that RiH has set out to respond to are presented as follows: ▼

▼ Objective

1 To assess the outcomes and impact of PITCH, as well as their sustainability, in the context of the programme's Theory of Change

Wanja Ngure, Country Focal Point, Kenya



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Evaluation question

- 1.1** Which significant advocacy outcomes has PITCH made a measurable contribution to? To what extent does evidence exist to support these claims of contribution?
- 1.2** How has PITCH contributed to any positive or negative unexpected outcomes? What lessons have been learned, and how have these unexpected outcomes influenced partners' advocacy planning?
- 1.3** Which PITCH advocacy strategies have been most effective in allowing PITCH partners to achieve their advocacy asks? What lessons can be learned from this?
- 1.4** Reflecting on structural and legislative changes, how sustainable are the achievements of PITCH beyond the programme's lifetime, and in the absence of significant external funding?
- 1.5** To what extent has PITCH measurably and sustainably strengthened the advocacy capacity of PITCH partners, including the capacity to capture evidence to support their advocacy?
- 1.6** To what extent has the capacity of PITCH partners to apply a gender transformative approach to their work been strengthened? How has this been achieved? What impact has this had on the outcome of PITCH country level advocacy activities?
- 1.7** What lessons can be learned about how gender informs advocacy carried out on behalf of Key Populations and Adolescent Girls and Young Women?
- 1.8** From the perspective of different PITCH stakeholders, including implementing partners, which programmatic strategies and approaches have partly or entirely failed? What lessons can we learn from this?

ResultsinHealth have reviewed and evaluated the programme period from its inception in January 2016 through to July 2020, when the evaluation data was collected. The findings of the evaluation are the result of a comprehensive desk review, as well as a robust analysis of data collected through a series of reflection meetings with PITCH partners, as well as key informant interviews (KII) and focus group discussions (FGD) with a wider range of internal and external stakeholders. The Outcome Harvesting methodology was applied when planning, facilitating, and analysing the results of the

evaluation reflection meetings. Data was gathered from all nine intervention countries, as well as from the regional and global policy partners. As part of the data analysis and interpretation process, the Story of Change (SoC) methodology was used to document and present key advocacy achievements contributed to by PITCH, capturing the journeys and processes that PITCH partners engaged in as a key part of their work, as well as presenting lessons learned from programming. Nine Stories of Change were developed, with each representing one of the nine PITCH countries.

▼ Objective

2

To understand the extent to which internal and external PITCH stakeholders have benefited from collaborating with each other

Advocates and stakeholders participated in the launch of the #UHC4ALL campaign in Uganda



© Gracias Atwine/2020

Evaluation question

- 2.1 To what extent have country partners and global policy partners benefited from/connected with each other's advocacy activities?
- 2.2 To what extent have country partners and regional programme partners benefited from/connected with each other's advocacy activities?
- 2.3 To what extent have regional programme and global policy partners benefited from/connected with each other's advocacy activities?
- 2.4 To what extent have PITCH partners formed or joined coalitions with other civil society organisations that have helped to advance their advocacy, raise the profile of the experiences of Key Populations and Adolescent Girls and Young Women, and to set the advocacy agenda?
- 2.5 To what extent can examples of effective collaboration at the country level be demonstrated between PITCH and other MoFA funded programmes working to address HIV/AIDS?
- 2.6 To what extent have working relationships between PITCH, and the Dutch embassies and Permanent Missions in the PITCH countries, contributed to advocacy outcomes through strategic collaboration?

¹ An Advocacy Ask is a statement developed by a PITCH partner that identifies the specific change they seek to contribute to through their planned advocacy work

Summary of the main evaluation findings and conclusions

Understanding impact through the harvested outcomes

This evaluation found that, overall, PITCH was successful in contributing to **significant advocacy outcomes**, in line with the goals and anticipated outcomes presented in the programme's original theory of change. This included advancing HIV advocacy for KPs and AGYW, increasing access to HIV services and realization of sexual and reproductive health and rights (SRHR) for all, and lastly contributed to developing strong CSOs who can act as HIV advocates in all the nine PITCH countries.

In total, **117 positive outcomes have been harvested** through reflection meetings with partners at the national, regional and global level, each of which demonstrated a significant change in behaviour of relevant social actors, contributed to by PITCH partners' advocacy.

117 of the harvested outcomes were positive and contributed to meaningful and significant change for key populations and adolescent girls and young women. This number also included **eight unexpected positive outcomes**. The fact that the number of unexpected outcomes is low is an indication that PITCH did well in defining their intended outcomes in the programme level theory of change, which gave space to adapt advocacy planning according to the evolving needs of partners and communities.

These unexpected outcomes demonstrate the flexibility and capacity for adaptive management by PITCH implementing partners. Reflecting on the achievement of outcomes in line with the PITCH theory of change, most of the harvested unexpected outcomes relate to goal 2 (sexual and reproductive health and rights for those most affected by HIV) and goal 3 (equal and full rights for key populations), rather than to goal 1 (equal access to HIV-related services).

Six negative outcomes were also harvested as part of the evaluation. As the PITCH programme fundamentally seeks to challenge existing power relations and increase the voice of marginalized communities, resistance to these changes is to be expected.

Significant outcomes were achieved under PITCH which will make important steps toward sustainable changes for key populations and adolescent girls and young women. In three cases, important legislative changes (or blocked negative law change) will continue to make a difference beyond the PITCH programme lifetime. They include changes in laws in Mozambique, Vietnam and Nigeria. PITCH partners contributed to 33 policy and strategy decisions taken by policy makers which the evaluation team is confident will guide the behaviour of mostly governmental actors at the local and national level.

In half of these 33 cases, the implementation of these policies could be observed at the time this evaluation was conducted. Noteworthy achievements were made in increasing budgetary allocations by national governments as well as the Global Fund, which will ensure funding is available for critical activities to serve the needs of key populations and adolescent girls and young women for several years to come.

Additionally, 21 harvested outcomes were concerned with changes in relationships and particularly the formalization of relations between PITCH partners and government. These were very often facilitated by their participation in different platforms (e.g. the National Platform for the Rights of the Sex Workers) that have allowed for meaningful dialogue. However, it is important to note that the continued participation of PITCH partners in these platforms will depend on their ability to locate sustainable sources of funding, a factor which the evaluation was unable to ascertain.

The evaluation also identified 16 changes in the practices of individuals who act as community role models including religious and other

community leaders, judges, key population-friendly health workers, journalists or the police.

Whilst these do not constitute a structural change in policy or practice, they are important in creating long-lasting change at the community level in terms of attitudes toward key populations and adolescent girls and young women. Although the evaluation team cannot be confident of the sustainability of outcomes which have influenced public debate around HIV and the rights of key populations and adolescent girls and young women, it is hoped that these outcomes will influence social norms more broadly beyond the life of the PITCH programme. The harvested outcomes that relate both to changes in relations between civil society and government, and changes in the practice of influential individuals (e.g. community or religious leaders), indicate a shift toward changing social norms on key issues. These include the acceptance of same sex relationships as well as improved social attitudes towards sex workers, and people who use drugs, crucial to achieving long-lasting change.

Strengthening the capacity of civil society

The strengthening of the capacity of PITCH partner organisations to advocate on behalf of key populations and adolescent girls and young women was one of the key successes of the programme. PITCH invested significant resources in this area of work through training programmes, increasing the availability of funding, and creating common spaces for learning and collaboration. Strengthening the capacity of PITCH partners as HIV advocates played a major role in enabling partners to achieve their advocacy asks.

Partners learned how to strategically develop and implement advocacy strategies. In a variety of areas, increased advocacy capacity had a positive impact on the effectiveness of partners' advocacy strategies. PITCH partners were also able to collectively advocate in coordination with PITCH partners, as well as external CSOs. Participating in the PITCH programme increased

linkages between partners in, and across countries and regions which resulted in cross-learning, improved collaboration, and stronger coalitions. Partners also drastically improved their ability to generate and use good evidence in their advocacy work with Vietnam and Mozambique providing exemplary examples of this. The evaluation found that the introduction of new technology to enhance data gathering and knowledge management (such as Wanda, ONA and REAct), enabled more systematic tracking of advocacy activities and results.

Other key areas of strengthened capacity among PITCH partners which contributed to the success of their overall advocacy efforts included: mapping advocacy targets and stakeholders; engaging with the media; connecting with legal professionals; the training and increase in specific technical knowledge (such as SRHR); informal advocacy dialogues to influence key stakeholders; and enhanced engagement with the community' and enhanced engagement with key population communities, adolescent girls and young women, and with the wider community.



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Patriciah Jeckonia, Senior Technical Advisor, LVCT Kenya



© Frontline AIDS/Lucas Hendriksen/2019

Myanmar MSM Transgender Network changed its name and vision to reflect gender inclusivity

Gender sensitive and transformative approaches in the PITCH programme

Whilst gender sensitive and transformative approaches (GSA/GTA) were not built into the PITCH programme from the outset, increased capacity building and the establishment of a fully resourced Gender Working Group dramatically improved the ability of partners to apply these approaches in their work. Of particular note is the increased attention and efforts of PITCH partners to identify and address the often overlooked gendered needs of key populations. This included working with women who use drugs, male sex workers, and transgender women, addressing gender-based violence concerns (especially for sex workers and transgender populations), and working to meet the needs of LGBTIQ groups. The application of a gender sensitive and gender transformative approach by PITCH partners as part of their advocacy manifested in not only the inclusion of

more women in the programme but also an enhanced consideration of the gendered needs and experiences of different communities.

Overall, increased capacity was most commonly demonstrated through the critical reflection of PITCH partners on how gender norms, attitudes and beliefs shape individual interactions between PITCH partners and key population communities and adolescent girls and young women, as well as the development and application of work place policies and programme activities. This is considered an important and promising foundation for the development and implementation of gender sensitive and possibly gender transformative action in the future. However, internalized harmful gender norms and discriminatory attitudes as experienced by key populations and adolescent girls and young women within the wider community were not as effectively addressed by PITCH partners.

PITCH partners demonstrated their capacity to apply a gender sensitive or transformative approach through their advocacy, , across all PITCH countries, as demonstrated by changes and the reform of laws, and policies, and the allocation of resources to achieve gender equality in countries including Mozambique, Ukraine, Vietnam, and Kenya. Despite the fact that the principles of gender transformation have not always been understood well by partners, their



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work practice often reflects a degree of gender sensitivity, which has further increased in the second half of the programme.

Connections between partners

In general, connections among PITCH partners at different programme levels (country, regional and global), as well as with external CSOs and other Dutch MoFA funded programmes, have been established. However, it emerged that these collaborations were more of an ad hoc nature than a structural activity within a well-defined overarching programme strategy. The evaluation found differences in the degree of the different collaborations, as well as the nature of the benefits of these collaborations.

Although no structural connection between country partners and global policy partners was established, relevant linkages have been made on some occasions. PITCH has supported connections between the country and global level mainly through the provision of funding, and to a smaller extent through the provision of technical support. Benefits from the connection between national and global partners was more prominent in the second half of programmes. Among the main benefits experienced were the creation of spaces for national partners to speak at global advocacy events by global policy partners, guidance (although fragmentary) provided to

national partners during the engagement in global advocacy spaces and processes, and to a small extent the provision of evidence by country partners to global policy partners.

The engagement in international advocacy did not only contribute to increases in the advocacy capacity of country partners and country focal persons involved, but also helped them to strengthen their relationships with their national governments. The evaluation team found that country and regional partners have not actively connected with each other under PITCH and the opportunity to link advocacy levels through country and regional partners has not been effectively accomplished. According to some PITCH regional programme partners, contact with the global policy partners usually only occurred during the annual PITCH policy summits. Even though the connection is limited, some benefits were reported.

The value of alliances and coalitions

PITCH partners formed or joined coalitions with other CSOs in all countries. Working more closely with organizations who have similar goals, issues, focus, or targets helped them to advance their advocacy, raise the profile of the experiences of key populations and adolescent girls and young women to set the advocacy agenda. These partnerships and networks provided: a safe space for collaboration and

Advocates campaign for gender equality in Uganda during the 16 Days of Activism against Gender-Based Violence © ICWEA



information sharing; the possibility to unify multiple voices toward one goal; mechanisms to support collective advocacy efforts; and a strategy to ensure sustainability beyond the programme lifetime. In all countries, one or more PITCH partners have collaborated with another MoFA funded programme, with different levels of collaboration depending on the context. PITCH partners reported that they collaborated with partner organisations involved in the Bridging the Gaps, GUSO, Right Here Right Now, and READY programmes. When collaboration happened between partners involved in PITCH and those involved in these programmes, it was considered effective and contributed to the achievement of some important harvested outcomes (such as outcome #23 in Kenya and outcome #59 in Myanmar).

However, it appears that such activity was ad hoc and no clear strategy was developed under PITCH to strategically or systematically build links between these programmes. In general, there has been a good level of collaboration between the PITCH partners and the Dutch embassies in the PITCH countries.

The intensity of collaboration does differ per country. In general Dutch embassies played a key role in facilitating meetings of CSOs involved in MoFA funded programmes, introductions to relevant stakeholders such as national government representatives and UN agencies. This kind of support helped partners to expand and strengthen their in-country networks. Dutch embassies have also engaged in activities organized by PITCH country partners.

Assessing programme gaps or weaknesses

The evaluation found that no specific programmatic strategies failed, although some features or dynamics of the programme have been identified as problematic. It is important to note that some of the issues reported may not be specifically a result of issues with the

strategies or approaches implemented as part of the programme, rather that they simply reflect the challenges and complexity of the overall programme. Similarly, the weaknesses reported may also be closely connected to the individual capacity of PITCH partners and the country context.

Some of the specific issues mentioned by PITCH stakeholders include the complexity of the programme and layered structure which resulted in confusion for some partners. Meanwhile, different lines of coordination regarding who was responsible for what, as well as questions related to the ownership of processes, were not always adequately communicated. Some PITCH global policy partners noted their experiences of limited collaboration earlier in the programme. Some observed that this was mainly due to the limited time available at the start of the programme for setting up processes to support collaboration and communication within PITCH as well as issues related to PITCH governance at the beginning of the programme's implementation.

The different priorities among PITCH partners also posed challenges in unifying the programme's advocacy agenda and in focusing on a common cause. Some evaluation interviewees reported that given the ambitious nature of the programme's goals, more resources were required compared with what was allocated in order to achieve these goals and to ensure the sustainability of their achievements. Other key gaps or weaknesses included the aforementioned delay in introducing and implementing a gender transformative approach across PITCH. However, as noted, this was corrected over the course of the programme.

Another concern raised by partners involved in the EECA regional programme as well as in Kenya, Ukraine and Vietnam was the perceived lack of promotion of PITCH and its activities. It was noted by these evaluation participants that this subsequently resulted in low levels of awareness among different stakeholders (local

governments, policy makers and general public) at the country and regional levels, impacting the effectiveness of these partners' interventions.

Lastly, the COVID-19 global pandemic has posed considerable challenges for PITCH implementing

partners in completing their activities in the final year of the programme. To the best of their ability, partners have tried to find ways to implement their activities where possible by adapting their advocacy to online spaces and platforms.



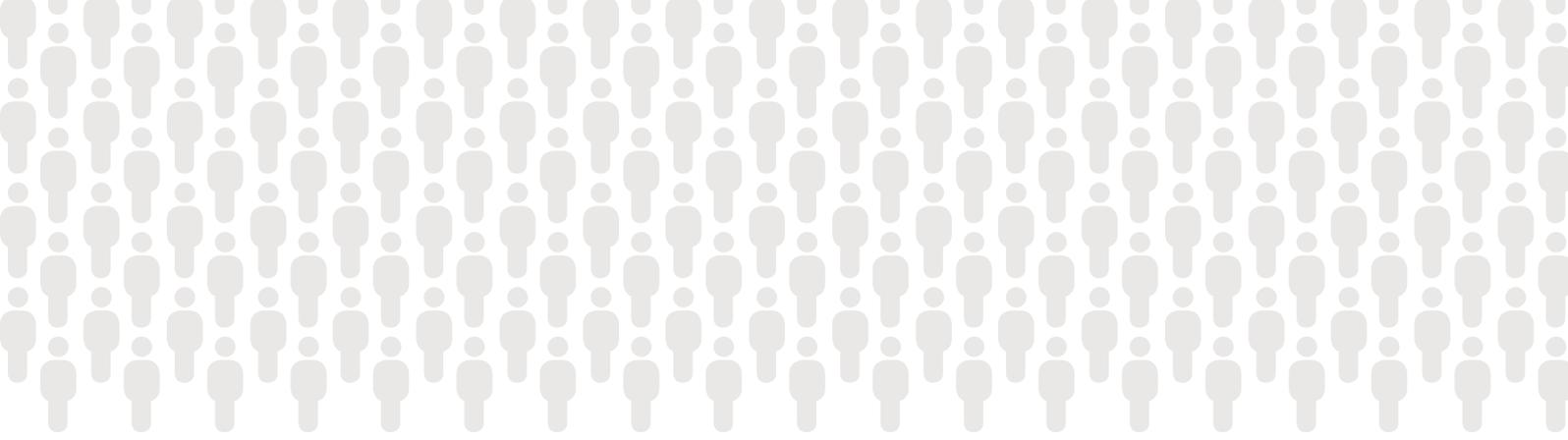
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Ko Moe Kyaw Myanmar, MSM and Transgender Network and U Min San Tun, Myanmar Positives Group

Conclusion



Yulia Paskevskva (Ministry of Justice of Ukraine), Halyna Korniienko (Hope and Trust) and Yevheniia Kuvshynova, Executive Director, Convictus, participate in CND 2020



Drawing from the results of the evaluation, it can be concluded that the PITCH programme was overall successful in making a plausible and measurable contribution to 123 outcomes that helped advance the HIV advocacy agenda of the programme while achieving its four goals.

According to the results of this evaluation, the programme progressed as intended. The outcomes are relevant for all key populations and adolescent girls and young women, with a slightly higher proportion of outcomes and Stories of Change relevant to the work of PITCH partners working with people who use drugs.

The role of the PITCH country focal points and PITCH staff at Aidsfonds and Frontline AIDS was frequently valued and appreciated by PITCH partners. Furthermore, the evaluation found that PITCH partners often used multiple strategies to achieve their outcomes and their advocacy asks. This was often made possible by partners' newly strengthened capacity as facilitated by PITCH.

One of the most notable successes of the PITCH programme was the strengthened capacity of PITCH partners and other CSOs. PITCH implementing partners in all nine countries reflected positively in this regard. While many PITCH partners would benefit from further investment in training and other forms of capacity strengthening, the evaluation demonstrates that investing in the capacity of CSOs can lead to meaningful, positive outcomes for those most vulnerable to, and affected by HIV. Like most complex programmes such as this PITCH experienced some challenges.

Although there is still room for improvement, the evaluation team found that the strategy of building partnerships between CSOs as HIV advocates has helped partners to achieve their advocacy asks. PITCH country partners collaborated among themselves, and with regional and global partners, as well as external CSOs and Dutch MoFA funded programmes. However this collaboration was often not systematic and was somewhat ad hoc. Whenever collaborations and partnership happened, it was beneficial.



I am a proud transgender woman and sex worker - see me smile.

I want to live in a world where sex work is recognized as work and rights and services are made available to those whose profession it is.

People who sell sex live in fear and at risk of contracting HIV. Rape by clients, harassment from the police and violence through ignorance are an everyday occurrence for sex workers. We remain stigmatized, discriminated and marginalized from health services. The red represents the blood shed by sex workers facing this reality.

Decriminalization of sex work is the most effective way to increase sex workers' uptake in SRHR [sexual and reproductive health and rights] services - Isn't that what we all want?

Recommendations

For PITCH implementing partners

- To increase collaboration and coordination with similar programmes at country, regional and global level through the formation of coalitions or the establishment of formal agreements such as MoUs.
- To increase collaboration between PITCH country partners, regional partners and global policy partners by developing a joint advocacy agenda and/or activities.
- To increase the visibility of programme results and successes in country, through testimonials or audio-visual materials which can be based on more than just impact given the limited timespan.
- In lobbying, traditional evidence is difficult to produce. A good system to provide evidence should take the challenges posed by informal advocacy into account. The evaluation team suggests that beneficiaries should be able to provide different forms of evidence in the monitoring phase (including visual, logs, and evidence provided by external actors with their consent). A monitoring system that includes substantiators could be considered when outcome harvesting is used, to replace traditional evidence that is difficult to obtain otherwise for advocacy programmes.
- To continue the collaboration and engagement between key populations, adolescent girls and young women, the government and other stakeholders.

For the Dutch MoFA and other donors

- To ensure that the lessons emerging from this evaluation inform the work carried out by the new Strategic Partnerships under the new Dutch MoFA-funded Power of Voices and SRHR Partnership Fund initiatives when shaping and nurturing their advocacy planning. This is with a view to supporting the sustainability of the PITCH programme's achievements and sharing lessons learned, which is of relevance both for the Love Alliance programme as well as other new and emerging programmes with a focus on HIV and the human rights of key populations. This is with a view to supporting the sustainability of the PITCH programme's achievements and sharing lessons learned, which is of relevance both for the Love Alliance programme as well as other new and emerging programmes with a focus on HIV and the human rights of key populations.
- To ensure that the lessons emerging from this evaluation inform the development of comparable strategic funding arrangements by other major institutional donors in the coming years.
- To use the experiences and lessons emerging from PITCH to inform, shape and demonstrate the government of the Netherlands's commitment to the global HIV response and to nurturing the development of Dutch expertise and knowledge in advocacy. This commitment should be demonstrated both in financial and political terms and is of relevance both at Ministry level and the government's overseas diplomatic and trade presence.

For Aidsfonds and Frontline AIDS on the management of future, comparable programmes

- Establish a clear process for reviewing and adapting programme theories of change, to ensure that they are up-to-date and provide space for contextualisation.
- Periodically revisit programme M&E and reporting systems to make them simpler and more aligned.
- Ensure allocation of resources (including financial) for gender from the very start to allow early gender analysis and integration by partners in their theories of change and work strategies, and to provide timely technical assistance to partners, including by involving local gender experts.
- Encourage and facilitate partners to consider the impact of gender inequalities on the health of key populations and adolescent girls and young women, as well as the structural factors underlying these gender inequalities, and address this through the development of national theories of change and advocacy strategies.
- Ensure early and adequate communication and coordination between national, regional and global policy partners to optimise and effectively link the work they do at the respective advocacy levels. Training and other forms of capacity strengthening is an absolute prerequisite for country partners to identify potential linkages and to meaningfully engage in regional and global processes.
- To allocate resources for information sharing and knowledge sharing for partners at national, regional and international level to facilitate collaboration between them.
- To allocate resources to support innovation in advocacy and sustain results through a mechanism such as co-creation with PITCH implementing partners.



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Annex 03 Outcome Harvesting Method and Process

1. Introduction

The purpose of the PITCH evaluation is to facilitate a critical analysis of the programme's contribution to evidence-based changes, in relation to the PITCH programmatic goals and advocacy strategies. Outcome harvesting was used to assess the outcomes to which the PITCH programme has contributed, as well as the impact and sustainability of the outcomes. Outcome Harvesting identifies outcomes as behavioural changes in social actors other than PITCH partners but influenced (not controlled) by PITCH. A sample of the harvested outcomes was used by ResultsInHealth to develop stories of change that gave insight into the processes contributing to the outcomes, relevance of the outcomes from the perspectives of the key populations and adolescent girls and young women targeted by PITCH, and other relevant changes such as changes in context. The desk review of the PITCH advocacy logs played an important role in supporting this process. The evaluation team sought to harvest the most significant outcomes that emerged in the period January 2016 – July 2020, in order to respond to evaluation questions 1.1, 1.2 and 1.4 in the evaluation terms of reference (ToR). In consultation with the PITCH Monitoring and Evaluation Lead, a design of the outcome harvesting process was made. This included harvesting questions, roles and responsibilities, as well as an explanation of the harvesting choices made in this evaluation. In line with the methodology, the outcome harvesting steps were thus tailored to the needs of the users.

2. Harvesting questions

The evaluation questions from the PITCH ToR for which the outcome harvesting methodology was used have been further specified into the following harvesting questions:

Harvesting questions	Evaluation questions from PITCH ToR
1. What are the -positive and negative, intended and unintended - outcomes and how do they demonstrate (potential) significant progress towards equal access for all to HIV-related services, to sexual reproductive health rights (SRHR) for all, to equal and full rights for Key Populations?	1.1 Which significant advocacy outcomes has PITCH made a measurable contribution to? To what extent does evidence exist to support these claims of contribution?
2. What did PITCH (Aidsfonds, Frontline AIDS and implementing partners) do that contributed to these outcomes and how adaptive have they been in response to outcomes achieved and changes in context	1.2 How has PITCH contributed to any positive or negative unexpected outcomes? What lessons have been learned, and how have these unexpected outcomes influenced partners' advocacy planning?
4. What are the indications that the (processes of) change that PITCH contributed to, will sustain beyond the lifetime of the programme and in the absence of significant external funding?	1.4 Reflecting on structural and legislative changes, how sustainable are the achievements of PITCH beyond the programme's lifetime, and in the absence of significant external funding?

3. Roles and responsibilities

Conny Hoitink: As Outcome Harvesting specialist on the evaluation team, Conny oversaw the identification and formulation of outcomes, as well as the substantiation of a selection of those outcomes with external knowledgeable stakeholders. These stakeholders included the actors whose behaviour changed, as well as government officials or allies in the process such as colleagues or organisations with whom PITCH has collaborated. Conny participated in the selection of and training of the national consultants, supporting them

online during their outcome harvesting reflection meetings, as well as during the preparation and follow up process. Conny facilitated the pilot reflection workshop, which was held online with partners from Kenya. Based upon the Kenya experience, Conny adjusted and finalised the methodology, including the workshop agenda and guidance for the national consultants. The Kenya experience gave a better understanding of the PITCH programme which was useful for later analysis and the interpretation of outcomes from all countries. In addition, Conny facilitated the reflection workshop with representatives from the PITCH Global Policy programme. Conny led the analysis of the harvested outcomes and shared the finalized outcome statements with her ResultsinHealth colleagues in preparation for the development of the stories of change. Conny led the process of interpreting the harvested outcomes as part of the data analysis phase in which the Netherlands-based evaluation team worked the PITCH country focal points, the M&E Working Group and the Programme Team.

National consultants: the national consultants participated in the outcome harvesting training and carried out a literature review in preparation for the outcome harvesting exercise. They then facilitated the reflection meetings with partners from the countries in which they were based, and went on to facilitate the substantiation process. They then worked to categorise the outcomes in an excel database, and provided a report with all finalized, agreed, partially substantiated and categorized harvested outcomes.

PITCH Country Focal Points (CFP): The CFP served as the key country level contact for the national and international evaluation consultants. Questions about potential outcome statements were posed to the CFP who was able to channel requests for information through to the most knowledgeable partner representatives. The CFP also supported the national consultants with logistical arrangements, while also guiding the selection of workshop participants. CFPs also worked with partners to discuss the possibility of inviting PITCH allies to the reflection meetings, where they saw this as relevant and helpful to support the outcome harvesting process. The CFPs also played a supporting role in the categorization of the outcome statements.

PITCH implementing partners: Partner staff participated in the reflection workshops as outcome sources, i.e. the people best positioned to reflect and comment on the outcomes contributed to by PITCH. Due to the impact of the COVID-19 pandemic, partners were mostly involved in this process online, both in the context of planning and following up after the reflection meetings.

PITCH M&E Working Group: The M&E Lead has been the first point of contact for the evaluation team when discussing modifications and specifications to the evaluation design. They participated in the online data interpretation working session in September 2020, which was facilitated by the evaluation team. The PITCH M&E Working Group was involved in decisions throughout the outcome harvesting process.

PITCH Programme Team: The Programme Team participated in the interpretation work session.

4. Outcome harvesting activities

- a. **Recruitment** of national consultants in nine countries with outcome harvesting experience. The ToR for the recruitment can be found in Annex 03a.
- b. **Training and coaching of national consultants.** Conny Hoitink coached the national consultants in this process through the use of 90-minute webinars. The training involved:
 - i. Preparation by the national consultants, which involved a desk review of PITCH annual and country reports, advocacy logs, and Mid Year Change reports, as well as relevant literature on the Outcome Harvesting methodology. National consultants were tasked with extracting two potential outcome statements and identify information gaps
 - ii. Webinar 1
 - a) Short Conceptual explanation about outcome harvesting
 - b) Presentation of the PITCH evaluation: objectives, process, tasks
 - c) Discussion of the outcome statements prepared by the consultants, review

- d) Reflection. Focus on specificity (eg gender and KP disaggregated data; collaboration between partners at different (country/region/global) levels and with MoFa; engagement with non-HIV/KP/AGYW related CSOs).
 - e) Agree on homework: Engage with informants – CFP in the first place- to arrive at good quality outcome statements
 - iii. National consultants refined the initial outcome statements by engaging with informants over email or via skype during and after the training, and prior to the reflection meeting. Conny coached the national consultants individually through email and used Skype to share feedback.
 - iv. Webinar 2 (90 mins)
 - a) Collective review of the revised outcome statements.
 - b) Reflection: What makes a good quality outcome?
 - c) Substantiation
 - d) Categorisation
 - e) Reporting
 - f) Facilitating the workshop – discuss the draft workshop outline, preparations and logistical needs (consider inviting the CFP)
- c. **Desk review:** National consultants harvested potential outcome statements from the annual reports, Mid-Year Change reports, and advocacy logs and prepare input for the workshop.
- d. **Selection of workshop participants.** Participants were selected based on their involvement in implementing the programme, and thus their knowledge about potential outcomes. The CFP in consultation with key staff opted to invite external key informants, such as a beneficiary or an advocacy target with whom they engaged.
- e. **Pilot reflection workshop in Kenya** facilitated by Conny.
- f. **Finalised guide for national consultants** to guide the facilitation of the reflection workshops and work towards finalized, agreed, partly substantiated and categorized outcome statements. After the first reflection workshop in Kenya, Conny developed a proposal for analyzing the outcomes in categories that can be used by all countries. After agreeing on the categories with the M&E working group and the Kenya CFP, the tool for categorising outcome statements was made.
- g. **Reflection workshops** for PITCH partners in each of the nine PITCH countries, as well as at the Global Policy level. All meetings took place in June and July 2020, while representatives from the regional programme partners joined in with the Zimbabwe (Southern Africa partners) and Ukraine (EECA partners) reflection meetings. The majority of meetings were carried out online and used Zoom, while only Vietnam and Myanmar conducted their meetings face-to-face. The face-to-face meetings took two days while the online meetings were adapted to three or four sessions totaling an average of 12 hours with individual or small group work in between sessions. For the online meetings, participants were supported with airtime, data bundles and in some instances, laptops were hired to support participation. The selection of the reflection meeting participants was done in consultation with the PITCH Country Focal Point with the aim to have 2 persons per partner participating. On average, each reflection meeting had 20-25 participants.

The outcome harvesting methodology ensures that for each and every outcome, a plausible link between the outcome and the contribution of PITCH is identified and described in a verifiable way. This was done during and after the reflection meetings with PITCH partners where they were guided to formulate outcomes and to describe convincingly what they did to contribute to those outcomes. In this process, PITCH partners used their own records (usually their annual country reports and to a varying extent their advocacy logs), online research, and had conversations with contacts with external stakeholders in order to refine their outcome statements. Guiding questions from the evaluators helped steer this process. The evaluation team found that A total of 80 outcomes include evidence by either a weblink (e.g. to a law or policy) or additional sources in the form of names of people, documents such as formal invitations, Memoranda of Understanding (MoUs) or partner annual reports. These

documents were used by the evaluators to assess the validity of the outcome. However, in some countries such as Mozambique or Nigeria certain partners had to rely mostly on their memories as they did not have access to a reliable record of monitoring data. This may have influenced the outcomes that have and have not been harvested.

Additional evidence was obtained through the substantiation process, which was intended to enhance the credibility of the outcomes. Stakeholders who are independent to PITCH, yet knowledgeable about the programme were asked for their degree of agreement with the outcome description, its significance as well as PITCH contribution to the outcome. It was beyond the scope of this evaluation to actually verify all outcomes but a total of 39 outcomes were put forward for substantiation. The full substantiation process is described in detail in Annex 4 Substantiation Process. While the main purpose of substantiation was to enhance credibility of the outcomes, additional valuable insights were also obtained.

This evaluation did not systematically identify the contribution of other advocates and other stakeholders to outcomes harvested by PITCH partners. This is not standard practice in outcome harvesting, given that it entails significant additional data collection. In most if not all advocacy programmes, several actors and factors contribute to outcomes. While we do not know exactly what these contributions were, we do know that in most cases, these outcomes are the result of collaborative efforts with other, non-PITCH actors. Each outcome presented in this section is referred to with (*# ID number*) and has been contributed to by PITCH partners in a plausible and verifiable way. For a full description of these outcomes, including their significance and what PITCH exactly did to contribute to the outcomes, please see annexes 5a (substantiated outcomes) and 5b (non-substantiated outcomes). Also, the section/chapter in the evaluation report on EQ 1.3 explains more about the details of the PITCH contribution to these outcomes.

- h. Analysis: categorisation of outcomes.** Outcomes were categorized (in excel) and developed in consultation with the PITCH M&E Lead. Draft outcome categories were developed following the desk review, and included: the PITCH goal to which the outcome contributes; the type of actor that has changed (eg inter/national/local government, CSOs, KP, health workers); a change in policy/practice/investment, the KP (sex worker, drug user, LGBTI, AGYW, MSM) concerned in the outcome, and the type of strategy PITCH has used and level of sustainability. These were further developed once a body of harvested outcomes had been made available, which was after the first reflection meeting. Having allowed for the modification of categories once insight was gained, a set of categories was settled on that was considered relevant for all PITCH partners and colleagues participating in the outcome harvesting process.
- i. Substantiation** took place once the harvested outcomes have been finalized (completed, reviewed, and assessed by the OH consultant as of good quality). See Annex 04 for the details about the substantiation process.
- j. Analysis and interpretation of the harvested outcomes.** At this stage, the harvested, substantiated and categorized outcomes and their significance were the basis to answer the harvesting questions
 - 1) *What are the -positive and negative, intended and unintended - outcomes and how do they demonstrate (potential) significant progress towards equal access for all to HIV-related services, to sexual reproductive health rights (SRHR) for all and/or to reduced stigma and criminalization of sex workers, LGBTI and drug users?*
 - 2) *What did PITCH (Aidsfonds, Frontline AIDS and implementing partners) do that contributed to these outcomes? and*
 - 3) *What are the indications that the (processes of) change that PITCH contributed to, will sustain beyond the lifetime of the programme and in the absence of significant external funding?*

During this process of sensemaking, the evaluation team looked to identify patterns and processes of change. The harvested outcomes were also used to support the development of nine stories of change, and the subsequent analysis of the response to evaluation questions 1.3, 1.5-1.8 and evaluation question 2.6. An analysis of the contribution made by PITCH partners to the harvested outcomes allowed the evaluation team to answer evaluation question 1.3 *'Which PITCH advocacy strategies have been most effective in allowing PITCH partners to achieve their advocacy asks? What lessons can be learned from this?'*.

5. Tools

- Detailed agenda and facilitation guide for online training of country consultants
- Detailed agenda and facilitation guideline for the reflection workshops including PowerPoint presentation and categorisation of outcome statements
- Guideline for substantiation by country consultants
- Excel database with harvested outcomes, categorization and substantiation

6. Definitions

- *Outcome*: A change in a societal actor's behavior – in the actions, activities, relationships, policies or practices of an individual, group, community, organisation or institution.
- *Outcome statement*: The written formulation of (a) who changed what, when and where and (b) how the intervention plausibly influenced them. May include the outcome's significance, context, contribution of other actors, history and other information if it is useful. NB: in the PITCH evaluation we only include the outcome's significance and contribution.
- *Substantiator*: Informant, knowledgeable about the outcome but independent from PITCH, who is asked to confirm the substance of an outcome statement. *Sustainability* The continuation of benefits from a development intervention once it has been completed.

7. Outcome Harvesting Tool and Outcome example

PITCH Outcome Statements

Name of the person:

Date:

#	Positive Outcomes	Significance of the Outcome	PITCH' contribution to the Outcome	Sources	Substantiators
	In 1–2 sentences please specify when did who do what , and where , that potentially or actually represents progress towards equal access for all to HIV-related services; to sexual reproductive health rights (SRHR) for all and/or to reduced stigma and criminalization of people who use drugs, LGBTI persons, Sex Workers, and Adolescent Girls and Young Women .	In another 1-2 sentences, please describe why the outcome represents progress towards sustainable change, that is, achieving equal access for all to HIV-related services; to sexual reproductive health rights (SRHR) for all and/or to reduced stigma and criminalization of people who use drugs, LGBTI persons, Sex Workers, and Adolescent Girls and Young Women	Again briefly, describe how and when PITCH activities or outputs influenced the outcome. What did you do that directly or indirectly, in a small to large way, intentionally or not contributed to the change?	Name of person or document who provided the information and date they did so.	Name and contact (phone, email) of 3 independent knowledgeable persons who can substantiate the outcome statement.
1					
2					
3					
4					

<< ADD ROWS IF NECESSARY >>

If all the outcomes you have identified are positive, that is they represent progress towards equal access for all to HIV-related services; to sexual reproductive health rights (SRHR) for all and/or to reduced stigma and criminalization of sex worker, LGBTI and sex workers, are there any others that undercut, weaken, impair or otherwise undermine achieving these objectives? Please formulate them below.

#	Negative Outcomes	Relevance of the Outcome	PITCH' contribution to the Outcome	Sources	Substantiators
	In 1–2 sentences please specify when did who do what , and where , that potentially or actually <u>undermines</u> achieving equal access for all to HIV-related services; to sexual reproductive health rights (SRHR) for all and/or to reduced stigma and criminalization of people who use drugs, LGBTI persons, Sex Workers, and Adolescent Girls and Young Women.	In another 1-2 sentences, please describe why the outcome is undermining progress towards equal access for all to HIV-related services; to sexual reproductive health rights (SRHR) for all and/or to reduced stigma and criminalization of people who use drugs, LGBTI persons, Sex Workers, and Adolescent Girls and Young Women	Again briefly, describe how and when PITCH activities or outputs influenced the outcome. What did you do that directly or indirectly, in a small to large way, intentionally or not contributed to the change?	Name of person or document who provided the information and date they did so.	Name and contact (phone, email) of 3 independent knowledgeable persons who can substantiate the outcome statement.
1					
2					
3					
4					

<< ADD ROWS IF NECESSARY >>

Harvested Outcomes PITCH - Substantiated

This document presents the 39 harvested outcomes which have been substantiated. The outcomes are organised per country and region (Global Policy: 4; EECA Regional Programme: 2; Indonesia: 4; Kenya: 4; Mozambique: 3; Myanmar: 4; Nigeria: 4; Uganda: 4; Ukraine: 4; Vietnam: 4; and Zimbabwe: 2). ID numbers correspond to the originating database.

ID	Outcome Description	Significance Description	Contribution Description
GLOBAL LEVEL			
136	On August 24, 2019, at the G7 in Biarritz, France, the president of the European Council Donald Tusk announced an early pledge of € 550 million to the Global Fund to fight AIDS, TBC and Malaria, on behalf of EC President Jean-Claude Juncker.	This represents an increase of 16% compared to the previous replenishment cycle (€ 475 million). That is a major achievement given the financial constraints and political climate at EU level and was against all expectations. It set the momentum for other EU countries to increase the percentage of their financial commitments as well. While the absolute amount in financial terms is less than what individual countries pledged, the increase was symbolic as no country wanted to increase its contribution and everybody was waiting to see what the other would do.	Arben Fetaj, Head of EU Policy at Aidsfonds and PITCH Global Policy colleague, led civil society advocacy efforts in Brussels, Rome, London, and The Hague, targeting the EC President Donald Tusk. PITCH leveraged on the influence of French President Macron through its partners in Paris, who pressured the French chancellery to adopt the PITCH ask of a € 580 million pledge from the European Commission.
92	On 12 July 2019, at the UN High Level Political Forum (HLPF) in New York and straight after the PITCH side event, Mr Raka Pamungkas, third secretary of the Permanent Mission of Indonesia to the UN, invited the PITCH country focal point (CFP) for Indonesia, Baby Rivona, for an informal dialogue to further discuss the implementation of the SDGs in Indonesia. During that informal conversation that took place immediately, the Indonesia Representative recognized the	It was the first time for the PITCH country focal point in Indonesia to have a meaningful dialogue with a representative from the Indonesian Foreign Ministry on these issues and directly in response to the concerns Baby had raised in her intervention during the side event. The concern being that official Indonesian government 2019 reporting on progress to achieve the 2030 Agenda, including the Target to end AIDS by 2030, failed to meaningfully consult communities. (a civil society parallel report highlighted these gaps).	PITCH (Aidsfonds) and FSP (MPact) organized an in-person workshop in Indonesia in January 2019 to build the Indonesian CFP and selected civil society organizations' capacities on Universal Health Coverage and the SDGs and MPact provided tailored coaching, technical support, and guidance through to July 2019 to Indonesian civil society to produce a Voluntary National Review (VNR) parallel report. This report provided an advocacy framing for the Indonesian CFP to approach and share her concerns with the Indonesian Minister of National Development Planning and a delegate from the Ministry of Foreign Affairs, after their presentation on the Indonesia VNR at the HLPF, shortly before the PITCH side event of 12 July. At the PITCH side

ID	Outcome Description	Significance Description	Contribution Description
GLOBAL LEVEL			
	<p>importance of equal access to HIV-related services, SRHR, and reduced discrimination as necessary for the achievement of the Sustainable Development Goals, and promised to raise these issues with the Indonesian government with support of documentation to be sent by Baby Rivona about the mini study about young people and SRHR in Papua.</p>	<p>A Foreign Ministry representative engaging the PITCH CFP for dialogue represents a significant change, because engagement on these topics (particularly at the Foreign Ministry level) is unprecedented. The establishment of this communication created a new opening for future collaboration between Baby, who represents many platforms on key populations, and Indonesian government representation at the UN. Unfortunately, due to practical issues, no concrete collaboration plans yet have been articulated since.</p>	<p>event of 12 July 2019, the Indonesian CFP spoke on challenges to accessing HIV-related services. The representative of the Indonesian Permanent Mission attended the side event unexpectedly and followed up with the Indonesian CFP immediately to have a meeting.</p>
90	<p>During the UNAIDS side event at the International AIDS Conference of July 2018 in Amsterdam, UNAIDS' Deputy Director Gunilla Carlsson publicly recognized the importance of including HIV in official and parallel reporting on the Voluntary National Review (VNR) process, to highlight access to HIV services, Sexual and Reproductive Health and Rights (SRHR), and reduced discrimination as barriers to achieving the 2030 Agenda.</p>	<p>UNAIDS had not publicly articulated before a commitment or process by which civil society or governments should report on HIV in relation to Voluntary National Reviews of Sustainable Development Goal implementation. Official guidelines or a strategy for involving UNAIDS country teams in VNR reporting has yet to be communicated but at least UNAIDS organised another HIV side event at the High-Level Political Forum in 2020 in New York, which can be seen as an indication of their interest to pursue the issue.</p>	<p>MPact produced various resources: Getting on Track in Agenda 2030 (March 2018), which includes an overview of the VNR process and assesses the inclusion of HIV and key populations in 2017 VNR reports, as well as case studies from governments and civil society on engagement in the VNR process. UNAIDS Secretariat reviewed this report and was notified about the targeted recommendations to UNAIDS Country Teams. Make Your Voice Heard in Your Country's VNR: (March 2018) this short info sheet highlights opportunities for civil society engagement in SDG reporting including some key concepts for creating parallel reports. This information was the basis of the side event at AIDS2018. Agenda 2030 for LGBTI Health & Well-Being (June 2017), which includes an in-depth review of the Targets in Goal 3 (health) and how they apply to LGBTI people. This was the first publication on the topic and it was shared with UNAIDS, laying the groundwork for thinking about HIV and SRHR among LGBTI people in the framework of the 2030 Agenda. In many ways this publication began the conversation between civil society and UN agencies, including UNDP and UNAIDS, on the 2030 Agenda. Focus on VNRs within the 2030 Agenda began over the year following the publication.</p>

ID	Outcome Description	Significance Description	Contribution Description
GLOBAL LEVEL			
74	<p>In November 2018, in New York, the UN System Chief Executives Board for Coordination (CEB) – a body representing all 31 UN agencies – met and agreed the first ever UN System Common Position on Drugs. The Common Position seeks to ensure that the entire UN system speaks with one voice on this issue and includes explicit endorsements of harm reduction and decriminalisation for people who use drugs, and strong references to human rights and the SDGs.</p>	<p>The groundbreaking Common Position clarifies the support of the entire UN system for harm reduction and decriminalisation, building on the various levels of support from individual UN agencies prior. Although not legally binding, the Common Position means that at the international, regional and national levels, all UN representatives and officials should be echoing this position and promoting it to governments and other audiences. In turn – if proactively implemented – this will have a positive impact on service access and the lives of people who use drugs.</p>	<p>The issue of UN system-wide coherence has been something that IDPC and other partners have included in their advocacy reports, briefings and messages for the last ten years. With the core funding contributed by PITCH, IDPC have continued to raise this issue in our interactions with policy makers and UN officials, through informal meetings, CND side events, formal dialogues, numerous publications, and in our role as Secretariat for the UN Strategic Advisory Group (SAG) on drugs.</p>

ID	Outcome Description	Significance Description	Contribution Description
EASTERN EUROPE AND CENTRAL ASIA REGION			
94	<p>On December 4th, 2019 at the meeting of the working group of the St Petersburg Centre for Prevention and Control of AIDS and Infectious Diseases under the Health Committee of Saint-Petersburg (AIDS Center), the Chief Medical officer declared that AIDS Center of Saint-Petersburg will continue providing treatment to pregnant migrants in Saint-Petersburg.</p>	<p>Within Russian legislation, the Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) has the right to reject to reside in Russia and deport migrants due to HIV positive status. Due to this fact HIV-positive migrants including pregnant women, do not have access to HIV-treatment. Moreover, there are some contradictions in current legislation of Russian Federation which prevent migrants (including KP representatives) from receiving free HIV treatment. Thus, this decision improves equality, rights, and access to HIV-related services of vulnerable people in St-Petersburg.</p>	<p>In 2019, PITCH partner EVA started receiving more frequent requests from citizens of the Republic of Belarus and Ukraine residing in Russia with questions about the possibility of receiving free medical care and medicines for the treatment of HIV infection in Russian Federation.</p> <p>EVA conducted a legislation analysis, identified some contradictions in different laws and sent an official request addressed to the Prime Minister Dmitry A. Medvedev. Additionally, EVA developed a check-list for migrants what to do when the Russian Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) would decide to deport migrants due to their HIV status. In October 2019, at the meeting of the Health Committee, EVA raised the issue of pregnant migrants living with HIV not having access to HIV treatment.</p>
93	<p>On 13 June 2019, in Bishkek, Kyrgyzstan, women living with HIV, women who use drugs, female SW and LBT women officially registered the first network of vulnerable women in Kyrgyzstan called Women’s Network of Key Communities as an NGO. Its mandate is to protect the rights of vulnerable women and girls at high risk of HIV and other socially significant diseases.</p>	<p>The civil society of the Kyrgyz Republic is very strong. However, the KP communities used to work separately from each other. Often, they worked towards the same goals, but lack of unity prevented them from achieving meaningful results. The Women’s Network of Key Communities unites four key population groups with intersecting forms of stigma and discrimination. Working together they will increase the voice of women of key communities at the national and local level advocating for a robust response to the epidemic, delivering services that can reach everyone in need and tackling HIV-related stigma and discrimination.</p>	<p>On January 19, 2019, in Bishkek, after years of discussion, at the National meeting of vulnerable women in Kyrgyzstan, representatives of women living with HIV, women who use drugs, female SW and LBT women, women who have children living with HIV made a decision to create a Women’s Network of Key Communities (Network) to reinforce their action and voice against stigma, discrimination and violence and protect their rights. However, they did not have enough capacity and needed an external and professional support to become a strong, sustainable, and influential network. In May 2019, PITCH partner AFEW Kyrgyzstan provided technical support to a group of female leaders representing the Network with registration in the Ministry of Justice, conducted a series of capacity building trainings with the network members on legal aspects of NGO management and helped to design a stamp. The Network includes Kyrgyz representatives from</p>

ID	Outcome Description	Significance Description	Contribution Description
EASTERN EUROPE AND CENTRAL ASIA REGION			
			<p>Eurasian HIV Women’s Network; Eurasian Network of Drug-Users; Eurasian Harm Reduction Network; Association for Women’s Rights in Development and has four board members representing each of the KPs (WLHIV, WWUD, SW, LGBTI).</p>

ID	Outcome Description	Significance Description	Contribution Description
INDONESIA			
53	<p>From mid-2018 to mid-2019, eight Legal Aid Institutions (Lembaga Bantuan Hukum/LBH) in 8 provinces in Indonesia signed a memorandum of understanding (MOU) with the 8 Provincial branches of the Organisation of Social Change in Indonesia/ OPSI (PITCH Partner), to provide legal assistance for cases relating to sex workers. The 8 provinces are Riau, Jambi, DKI Jakarta, Bali, East Nusa Tenggara, South Kalimantan, North Sulawesi, and Maluku.</p>	<p>Community Legal Service is a paralegal community of sex workers established by OPSI in 2016 with the support of the PITCH program. CLS consisted of selected OPSI staff who are trained on basic knowledge on human rights, documentation of cases of human rights violations specifically on sex workers etc. Before signing an MoU with the Legal Aid Institute (LBH), OPSI provided legal services through the Community Legal Service (CLS). As paralegals, CLS can only provide assistance to sex workers to obtain legal service but they are not allowed to offer legal services independently themselves as they are not lawyers. With the support of LBH, cases that have been accompanied by CLS can now enter the realm of law through lawyers of LBH.</p>	<p>Throughout 2017, OPSI documented 104 cases of violence and human rights violations through the Community Legal Service (CLS) which is a paralegal of the sex workers community. The documented cases are related to physical, psychological, sexual, economic, gender-based, and structural violence.</p> <p>On 11-13 April 2018, the National OPSI provided capacity building to its members on Community Paralegal Training and Advocacy for CLS in the provinces (Riau, Jambi, DKI Jakarta, West Java, Special Region of Yogyakarta, Bali, South Kalimantan, East Nusa Tenggara, North Sulawesi, and Papua) at Adhi Jaya Sunset Hotel Denpasar, Bali. As a follow-up to the training, CLS started networking and discussing with the local LBH branches, which opened opportunities for collaboration.</p> <p>At the end of April 2018 OPSI began discussions with LBH in 11 Provinces, they are Aceh, Riau, Jambi, DKI Jakarta, Bali, South Kalimantan, North Sulawesi, South Sulawesi, East Nusa Tenggara, Maluku, Papua to seek opportunities for cooperation in advocating cases of violence and human rights violations that have been documented by OPSI. However, only 8 MoU was successfully signed between LBH and OPSI for this collaboration.</p>
46	<p>In October 2019, Reverend Octovianus Rumaropen, Chairperson of the Jayapura Christian Education Foundation engaged in providing Christian Education services for Early Childhood Education (PAUD) to High Schools (SMA) began to include the issue of sexual and reproductive health rights (SRHR) or sexuality in informal</p>	<p>This commitment is important because the majority of the population in Papua is Christian. Patriarchal culture is very high in Papua especially in the context of the vulnerability of young women to gender-based violence and the application of customary law. Access to contraceptive devices and tools is also very difficult to obtain. The church has the ability to mobilize its congregants to understand the issue of SRHR.</p>	<p>From mid-2018 to February 2020, PITCH partner, Inti Muda Indonesia conducted capacity building for 18 young Papuans to be prepared to become young Papuan agent of change through training and mentoring, as part of a fellowship program for young Papuans at the Inti Muda Secretariat office in Jakarta and to be involved in advocacy and networking activities, both at the national and international level.</p>

ID	Outcome Description	Significance Description	Contribution Description
INDONESIA			
	<p>education subjects in Religious Education (Church) in Jayapura - Papua Province, Indonesia.</p>	<p>Furthermore, the commitment of the Jayapura Christian Education Foundation becomes very strategic and important for the dissemination of information related to the issue of SRHR, especially for young people.</p>	<p>In December 2018, Inti Muda Indonesia and IPPI (PITCH partners) initiated the formation of Inti Muda Papua, which is managed by 18 young Papuan agents of change who have participated in a series of capacity-building activities.</p> <p>Since getting the capacity building in the form of SRHR Training of Trainers (ToT) from Inti Muda Indonesia and IPPI, some members of Inti Muda Papua have begun to lobby and discuss/share with key stakeholders in Papua, including with Reverend Octo (YKP), on SRHR information and HIV obtained from the ToT on SRHR.</p> <p>On 10 - 12 February 2020, Inti Muda Indonesia and IPPI held a training of SRHR trainers for stakeholders, communities, and mass media in Jayapura, Papua Province. The training of trainers was also attended by Rev. Octo as a trainee.</p>
44	<p>Between August 2018 to January 2019, 2 community health centers/ Puskesmas (Puskesmas Babakan Sari and Puskesmas Puter) and 3 hospitals (Pindad Hospital; Advent Hospital & Al Islam Hospital) in Bandung City, West Java Province, Indonesia, signed Memorandum of Understanding (MoU's) with Puzzle Indonesia (PITCH partner) related to HIV AIDS and sexually transmitted infections (STIs) prevention and control programs especially in terms of socialization, counseling, outreach, by Puzzle Indonesia field support officers for key populations of men who have sex with</p>	<p>To improve the quality of facilities and infrastructure, the Bandung City Health Office, West Java Province requested that the Community Health Centers & Hospitals conduct accreditation. One of the accreditation requirements is to develop cooperation between the government and professional organizations or other institutions (stakeholders) in accreditation and certification processes for services provided by Community Health Centers & Hospitals.</p> <p>Before the MoU was carried out, the 2 community health centers and 3 hospitals already had services related to HIV AIDS and STIs. However, based on the assessment conducted by Puzzle Indonesia in 2018-2019 the 5 health service providers are still lacking in providing qualified health workers related to Care</p>	<p>In 2018, Puzzle Indonesia conducted regular assessments for its monthly meeting on issues related to HIV AIDS and sexual and reproductive health in key populations, especially MSM and transgender, including health facilities available at local health care centers in Bandung. The results of the assessment found that 2 health centers in the city of Bandung, namely UPT Puskesmas Babakan Sari and UPT Puskesmas Puter were found to lack counselors for HIV / AIDS prevention programs for MSM and TG communities. This condition made Puzzle Indonesia - which has a team of certified counselors from the Indonesian HIV VCT Counsellors Association in partnership with the Ministry of Health and the Health Service - see opportunities for cooperation to address the shortcomings of the two community health centers.</p>

ID	Outcome Description	Significance Description	Contribution Description
INDONESIA			
	men (MSM) and transgender (TG) communities.	<p>Service Treatment (CST) as well as peer group support and psychosocial support for PLWHA / People with HIV AIDS or People Living with PLWHA.</p> <p>With the existence of this MoU, field support officers from Puzzle Indonesia will provide adequate support and information to clients related to HIV AIDS including HIV testing, STI testing, and/or condoms. They will also provide information to hospitals and health center staff on how to carry out HIV testing. In addition, Puzzle Indonesia is also involved in the socialization of Care Support and Treatment (CST), ARV (Anti-Retroviral) therapy, Peer Support Groups, and social-social support for People Living with HIV AIDS (PLHIV) or People Living with PLHIV and specific assistance for PLHIV from the key populations.</p>	<p>The same assessment was carried out in 2019. The results of the assessment found that there were 3 hospitals in Bandung, namely Pindad Hospital; Advent Hospital and Al Islam Hospital even though they have HIV / AIDS-related counselors, still need support, especially related to Care Support and Treatment (CST) Services and Peer Support Groups, especially for MSM and TG communities.</p> <p>Based on the findings of the assessments, at the end of 2018 and mid-2019, Puzzle Indonesia conducted a hearing to the five health service facilities to inform the findings of the assessment. Through the hearing, Puzzle Indonesia also opened up potential partnerships through several meetings with the five health service facilities. Since the hearing, Puzzle Indonesia conducted intensive coordination with the five health service facilities to prepare the MoU to be signed.</p>
39	On 20 September 2019, the President of the Republic of Indonesia Joko Widodo at the Merdeka Palace, Jakarta declared to postpone the deliberation of the revised Criminal Code Bill (KUHP), stating that the bill has to be open for more discussion. This statement was followed by the statement from the House of Representatives Speaker, Bambang Soesatyo, on 24 September 2019, that government and lawmakers should first provide the public with a better understanding regarding the controversial articles in the bills, citing the need to defuse public anger over the issue.	<p>The Bill of Penal Code consists of formulation that, once enacted, would criminalise and stigmatise HIV-AIDS key populations:</p> <ol style="list-style-type: none"> 1. There is an article to criminalize all form of consensual extra marital sex 2. There is an article to criminalize promotion of contraceptive tools for adolescents 3. There is an article to criminalize all form of abortion 4. There is an article to criminalize cohabitation that can be reported by a village head 5. "same sex" element was included in the formulation of obscene act criminalization 	<p>Since 2017, PITCH partners based in Jakarta and Bandung, namely the Institute for Criminal Just Reform (ICJR), Rumah Cemara, IPPI, and OPSI have joined the National Alliance for Reform of the Criminal Code. This coalition has compiled several briefs, notes, and recommendation papers related to the formulation of the Criminal Code.</p> <p>In August 2018, ICJR, as a member of National Alliance for Reform of the Criminal Code representing PITCH partners, was invited to a meeting by the Ministry of Law and Human Rights (Kemenkuham) to contribute to the discussion of the Bill of the Penal Code. ICJR advised that the penal code should be reformed, including a recommendation to drop articles that directly or indirectly criminalize key populations.</p>

ID	Outcome Description	Significance Description	Contribution Description
INDONESIA			
		<p>6. Drug offences are included in the Bill of Penal Code, which would stigmatize drugs problem as a criminal matter.</p> <p>The postponement means that the bill will not be deliberated or passed in the plenary meetings during the last session of the House’s 2014-2019 term, which will end on 30 September 2019, as the deliberations will be continued by the new cohort of lawmakers, including re-elected ones, who are due to take their seats in the House until 2024 and are scheduled to be installed on 1 Oct 2019.</p> <p>With this postponement, the RKHUP discussion would give the opportunity for the 6 issues above to be changed by the government and the DPR. The President's insistence on further discussing the substance gives opportunities for the public to raise issues related to key populations in further discussions. However, until mid-2020, there has been no substantial discussion between the government and the Parliament. But the progresses are appeared. Progress of the discussion in RKUHP draft from government (Sept 2019 – March 2020) are:</p> <ol style="list-style-type: none"> 1. Complaints of consensual sex criminalization by village head is removed by the government’s draft 2. The allowable pregnancy for abortion is installed in the RKUHP with an improvement, our current law in Health Act only 40 days in RKUHP from the government is longer, up to 120 days 	<p>From 2017 to mid-2020, the Alliance conducts regular activities related to monitoring and advocacy of the RKUHP including:</p> <ol style="list-style-type: none"> 1. Update reports regarding monitoring activities conducted by Alliance: https://bit.ly/365SbT3 2. Regular Coordination meeting: https://bit.ly/305qOgc 3. Regular Media releases. Press releases coordinated by ICJR: <ul style="list-style-type: none"> • https://bit.ly/3cwkll4 • https://bit.ly/3i4gcw2 4. Provide analysis: policy brief; media kits; infographics: <ul style="list-style-type: none"> • ICJR released policy brief: https://bit.ly/330f4W4 • In November 2017, Rumah Cemara and ICJR published the policy paper ""Contraception and its problems in the RKUHP: https://bit.ly/3i2U2dN • In January 2019, Rumah Cemara and ICJR published research on articles/subsections in the RKUHP that could criminalize narcotic users under the title 'Prison Trap for Narcotics Victims': https://bit.ly/3cvfEhA 5. Involved in media publishing: invited in media interviews and talk shows: <ul style="list-style-type: none"> • https://bit.ly/2GacELs • https://bit.ly/2EwL22M • https://bit.ly/3i2ceUV 6. Organized rally/mobilization of people: <ul style="list-style-type: none"> • On 12 February 2018, National OPSI mobilizes OPSI members from the provinces (West Java, Banten, DKI Jakarta) to take action in front of the Office of the House of Representatives

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INDONESIA			
			<ul style="list-style-type: none"> • OPSI at its provincial branches also mobilized people to take actions together with its local alliances in their respective provinces • On September 16, 2019, Rumah Cemara rented a command car to hold a big demonstration action in front of the House of Representatives in Jakarta and mobilize around 150 people to take join the demonstration <p>7. Conduct workshop: On May 3, 2018, Rumah Cemara supported the Institute for Study and Advocacy to conduct a consultation workshop on the National Alliance for Criminal Reform in Jakarta</p>

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KENYA			
23	<p>On January 23rd, 2020, during the Universal Periodic Review [UN-UPR] 3rd cycle, in Geneva, the Government of Kenya accepted a number of recommendations, that were made to the Kenya government by different UN member states, touching on HIV (3), Universal Health Care (UHC) (1) and Sexual Orientation and Gender Identity and Expression (SOGIE) rights (6). This included recommendation 6.202: Review all legal, policy and structural barriers that impede the provision of sexual and reproductive health services, in particular against adolescent girls, young women and members of key populations more vulnerable to HIV, and implement comprehensive human rights-based programmes in this area.</p>	<p>In the 2nd UN-UPR cycle review in 2015 the Government of Kenya had only accepted one [1] LGBTI recommendation on discrimination and none on HIV was made to Kenya. In this round, it was the first time for Kenya to receive recommendations on HIV. The 3rd UPR cycle process and outcome has been significant because it will push the Government to remove structural barriers that hinders access to SRHR/HIV services for KPs and AGYW. The outcome will also continue pressing the Government towards decriminalization of KPs as well as promoting and protecting their rights; assist KPs and AGYW partners in ensuring that there will be representation in future UPR conversations that include development of the 3rd cycle UPR implementation framework by the Ministry of Justice and on advocating for access to universal, equitable health rights for criminalized and vulnerable populations. The partners will also be able to follow up with the recommending UN member states to ensure that they encourage their peer (Kenya) to meet the recommendation.</p>	<p>The PITCH partners' engagement in the UPR process started in a meeting held in Mombasa in February 2018, where the PITCH Country Focal Point (CFP) and KP Consortium took part in the deliberations. The Mombasa meeting was a review and drafting of the UPR 2nd Cycle CSO report. In this meeting CFP and KP Consortium were able to lobby for both HIV and SOGIE issues to be incorporated in the report under the ECOSOC and the Group rights.</p> <p>The 3rd UPR cycle process started in July 2018. PITCH partners and other allies supported by PITCH had the first Capacity building workshop at the Double Tree Hotel in Nairobi on UPR.</p> <p>In March 2019 to mid-July 2019, a number of PITCH partners under the leadership of UPR Info Africa held several meetings to prepare shadow reports that were submitted to the Human Right Council on 18th July.</p> <p>After submission, the partners embarked on the in-country advocacy, the main one being the in-country pre-session in 21, 22 October 2019 in Nairobi organised by UPR Info. PITCH also took advantage of the International Conference on Population and Development (ICPD25) in Nairobi in November 2019 to further lobby different missions like the Norway, Denmark and the Dutch Mission.</p> <p>Finally in Dec 11-15 2019 they attended the advocacy week and UPR pre-session in Geneva organised by UPR Info and ILGA where they lobbied different missions at the UPR pre-session meeting and at an individual level.</p> <p>From the various meetings above, KPs and AGYW groups in PITCH supported convening's of organisations to write,</p>

ID	Outcome Description	Significance Description	Contribution Description
KENYA			
			<p>review and send three [3] UPR Shadow reports, one on HIV, KP and AGYW; second one on SOGIE issues and lastly by sex workers done by KESWA. In 22 October 2019 PITCH partners KESWA, NGLHRC, KELIN and the PITCH Country Focal Point for Kenya and other partners joined other CSOs to meet in-country UPR pre-session to lobby the different missions ahead of the Geneva UPR pre-session (session hosted by Dutch Embassy). In November 2019, PITCH partners Trans Alliance, KESWA, NGLHRC, KP Consortium Partners and Jinsingu met different missions in Geneva to lobby for both HIV and SOGIE recommendations to the Government of Kenya.</p>
15	<p>In 2018 the Kenya Coordinating Mechanism (KCM) admitted 1 sex worker as community representative at its National Oversight Committee (NOC) in Nairobi, which provides the overall leadership for the Coordination of the Global Fund grants in Kenya. The nomination was through the Key Population Constituency, currently the Key population is represented in the KCM by 2 members and 2 alternates out of 23 KCM members and alternates, additionally a member of SWOP Ambassadors actively represents the KCM in the KCM Oversight Committee and has been participating in KCM Oversight field visits to assess progress made on implementation of GF Grants and benefits to the community In the ongoing funding request application to the Global Fund, a</p>	<p>The inclusion of the Sex Worker (SW) organizations and programs, namely: Health Options Young Men on HIV/AIDS/STIs (HOYMAS) and SWOP Ambassadors, meant that the views and interests of the Sex Worker (SW) organisations would always be factored in decision-making. The admittance of a sex worker in these committees and the allocation of funds are an indication that the Global Fund started recognising sex workers networks as policy drivers within HIV programming. 17 Key Populations led organisations have benefited from capacity building on managing Global Fund funds and are in turn training other Key Populations organisations.</p>	<p>In 2018, all PITCH partners through attending the Inter-Agency Coordinating Committee (ICC) meetings requested the Global Fund to consider Sex Workers organizations as potential Sub recipients for the Global Fund round of funding 2019. At the Kenya Coordinating Mechanism, the Key Populations representatives ensured accountability in allocation and programming for sex workers by sex workers.</p>

ID	Outcome Description	Significance Description	Contribution Description
KENYA			
	<p>member of SW has been nominated to the Funding request Secretariat Core Team to provide leadership during the funding request development process. The Sex workers/Key population have also been holding dialogue meetings to discuss and provide inputs to the funding request development process.</p>		
9	<p>In October 2019, at Parliament Buildings in Nairobi, the Parliamentary Caucus on Sustainable Development Goals (SDGs) and Business signed a Memorandum of Understanding (MOU) with VOCAL Kenya, on behalf of other CSOs, a to work together on drug policy reform in Kenya.</p>	<p>This MOU was to increase collaboration and participation of the key stakeholders in harm reduction. Our continued engagement with the policy-makers will be more structured based on this MOU; and again, this was the first time that a Parliamentary organ was signing an MOU with the CSOs on Drug Policy reforms. This also shows that the harm reduction CSOs are also officially recognised by Parliament. Ultimately, this would lead to equal access to health care for people who use drugs.</p>	<p>Planning meetings were hosted by Voices of Community Action and Leadership (VOCAL) to provide more information for Members of Parliament to understand the need for policy change and their partnership. The policy-makers relied on VOCAL to provide information on harm reduction. So we provided the relevant statistics that helped inform the policy-makers on the anticipated policy action.</p>
3	<p>In July 2019, the Ministry of Health in Kenya, issued a circular to all health facilities in the country lifting the restriction on providing Dolutegravir (DtG) to women of reproductive age including Adolescent Girls and Young Women (AGYW). The treatment guideline was revised to offer DtG as first line regimen to consenting AGYW and women.</p>	<p>This contributes to the theory of change that is anchored on strengthening the capacity of civil society to advocate on reducing barriers to services and shaping an effective HIV response. It has also led to increased access to equitable and Right Based HIV Treatment.</p>	<p>To enhance meaningful engagement of AGYW, through PITCH funding, the Ambassador for Youth Adolescent Reproductive Health Program (AYARHEP) strengthened the capacity of AGYW to Advocate for Equitable and Right-Based HIV treatment hence increasing access to equitable and Right Based HIV Treatment. To influence public support with support of PITCH Funds, AYARHEP and partners: Women Fighting Aids in Kenya (WOFAK), Bar Hostess Empowerment and Support Program (BHESP), Kenya Sex Workers Alliance (KESWA), Young People Living with HIV (Y+ Kenya), organized a march on 10 April 2019 demanding for withdrawal by the Ministry of Health, a directive prohibiting use of Dolutegravir (DtG) by women of childbearing age. Further through participation in round table meetings with Government officials, they shared the key needs of AGYW</p>

ID	Outcome Description	Significance Description	Contribution Description
KENYA			
			on Dolutegravir. This was done through mobilising AGYW to advocate for DtG use.
37	On 24th July 2019, the National AIDS Control Council [NACC] of Kenya appointed the KP Consortium to sit in the newly formed committee on Advisories and Memos, charged with leading the development or review of HIV related policies and guidelines. This happened during the HIV, Human Rights and the Law Technical Working Group [TWG] retreat held at Naivasha Kenya.	This means that KP issues are more likely to be prioritized in the policies and guidelines unlike before when they were only consulted. By KPs taking part, we would also be archiving our contribution and lived realities as KPs to the larger HIV movement.	On 24th July 2019, PITCH Partners KP Consortium and The Kenya Legal & Ethical Issues Network on HIV and AIDS [KELIN] participated in the HIV, Human Rights and the Law Technical Working Group retreat held at Naivasha Kenya, where they pushed for the inclusion of the KP Consortium into the committee on Advisories and Memos tasked to advise the Ministry of Health [MoH] on using the rights based approach in ongoing developments in the HIV sector such as emerging technologies, emerging laws and policies and how they would affect KPs .
38	On 25th October, 2018, the National AIDS Control Council (NACC) reviewed the published draft of the HIV and AIDS Prevention and Control Act – [HAPCA] PRIVACY REGULATIONS, 2017 to protect the identities of individuals including KPs accessing HIV services.	The HIV and AIDS Prevention and Control Act thus addresses issues of confidentiality and data protection during provision of HIV services. The new HAPCA regulations are awaiting to go to Parliament for it to have the force of law. However, KPs already use the draft regulations to demand for their right to confidentiality of their identity when health officials violate this right.	PITCH partners, KP Consortium, HOYMAS, KESWA and KELIN in 25th October, 2018, took part in the review meeting called upon by NACC. In 2017, NACC and the above mentioned PITCH partners developed a joint workplan that included the development of updated Privacy Regulations. At the meeting, the representatives pointed out key areas of concern with regard to handling Key Populations and People Living with HIV [PLHIV] Health data that they wanted to see the Privacy guidelines address.
7	On 11th December 2018, Hon. Sabina Chege, the Chairperson of the Parliamentary Committee on Health in the National Assembly, in a meeting held at the Laico Regency Hotel, Nairobi, publicly acknowledged that problematic drug use is a health issue rather than a criminal issue and promised that she would work towards decriminalization of drug use in Kenya.	Criminalisation of drug use limits access to healthcare for PWUD. This public proclamation has helped to initiate debates towards policy change at National level. There is a debate initiated by Hon. Sabina Chege on modern healthcare systems where drug use and rehabilitation fall under the Ministry of Health, and with an intent to transfer the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) to the Ministry of Health. This one is with a view to making harm reduction just one of the treatment options just like rehabilitation. We are also	In September 2018, Voices of Community Action and Leadership (VOCAL) conducted one-on-one follow up meetings with the Parliamentary Committee on Health which led to the public declaration meeting on 11th December 2018. The build-up and preparation meetings were hosted by VOCAL (PITCH partner) in Parliament Buildings. VOCAL did give relevant and timely information to the Policy makers, especially the statistics, to help the Champion advance the agenda - this feeds into her knowledge. PITCH also advised the Champion on how the harm reduction idea links with other development blueprints in the country like the Kenya Vision 2030 and also

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KENYA			
		in the pipeline of coming up with a Harm Reduction Bill.	linkages with the Sustainable Development Goals (SDGs). Actually, VOCAL has acted as the Think Tank to the Policy-maker.

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MOZAMBIQUE			
138	<p>On May 31, 2020, the Global Fund to Fight AIDS, Tuberculosis and Malaria allocated 4.7 million USD to Mozambique's first ever Harm Reduction Strategy (2021-2023) (instead of the 2 million USD previously forecasted for the implementation of this strategy). This Strategy will be implemented in Maputo City, Maputo Province, Sofala Province and Nampula Province.</p>	<p>The law in Mozambique criminalizes drug use and there has generally been little political will towards allocating budgets for PWUD, who are seen as people involved in illegal activities. In the previous version of the Global Fund's (2017-2020), the component related to interventions aimed at PWUD was not very strong, and only 30.000 USD was allocated for it. The approval of the Global Fund Harm Reduction Strategy (2021-2023) is the first time a Harm Reduction policy was accepted by Mozambique. The Global Fund's Harm Reduction Strategy defines the strategic priorities for Mozambique related to the implementation of Harm Reduction and Human Rights Programmes for people who use drugs in 3 provinces. The Strategy is currently in the Grant Making phase.</p>	<p>In order to contribute to this result, PITCH partners Unidos and ACAM had to first target the Mozambican government to accept Harm Reduction as a strategy to for PWUD. They targeted the Mozambican Ministry of Health, in the process of developing the first National Harm Reduction Plan, as well as the National Harm Reduction Strategy for Mozambique. Since 2018, ACAM and Unidos participated and provided input in meetings of the Human Rights and Key Populations Technical Group of the National AIDS Council and in the Prevention, Care and Treatment for Key Populations Technical Group of the Ministry of Health. Both of these groups meet twice a month. Unidos and ACAM made sure to share Harm Reduction experiences from different African countries (learned at e.g. the Eastern Africa Harm Reduction, which took place in Kenya from 26 Feb-1 March 2018) with the Mozambican National AIDS Council and also linked the Ministry of Health up with relevant contacts in Tanzania and South Africa.</p> <p>Unidos and ACAM also participated in the Mechanism for Country Coordination (MCP) of the Global Fund, which is made up of Mozambican government representatives, civil society organisations and Global Fund representatives.</p> <p>In November 2019, ACAM and Unidos participated in Consultations in Maputo, Beira and Nacala, organized by the Mozambican Ministry of Health, where civil society was invited to input on the National Strategy for Harm Reduction. ACAM and Unidos made sure that people who use drugs were involved in these discussions and consultations.</p>

ID	Outcome Description	Significance Description	Contribution Description
MOZAMBIQUE			
			<p>The lobby to influence the Global Fund took place on the national and international level, through meetings and “corridor advocacy”. ACAM and Unidos met 3 times with the Secretary of the Executive Committee of the Mechanism for Country Coordination (MCP) of the Global Fund between Jan-Jul 2020. At the international level, engagements took place with Barbara Magalhoes, Senior Programme Officer at the Global Fund in Geneva.</p> <p>Unidos also invited the team of the Global Fund to the Community Center for Assistance to People Who Use Drugs in Mafalala (Maputo), to get a sense of the effect of Harm Reduction treatments. This is the only center with these services at the national level, run by Mozambican and international civil society organisations.</p> <p>In May 2020 PITCH partners ACAM and UNIDOS asked Frontline AIDS to hire an independent consultant (Dr. Carlota Silva) to assist them in the process of developing a budget for the draft Harm Reduction Strategy Proposal. The draft proposal itself was developed by ACAM, UNIDOS, MozPUD and Doctors Without Borders (MFS). This consultant incorporated a suggested increase from 2 mio to 4.7 mio USD into the Proposal to be submitted to the Global Fund.</p>
123	(Story of Change) On October 29, 2019, the National STI/HIV Programme Focal Point of the Ministry of Health of Mozambique (Dr. Jessica Seleme) publicly committed to include transgender women as part of Key Populations in the next National Strategic Plan for HIV/Aids (2020-2024).	<p>The inclusion of trans women initially met with resistance on the part of the National AIDS Council (CNCS), which urged civil society to bring evidence.</p> <p>The National Strategic Plan establishes guidelines for intervention packages and services to be offered to different population groups. By integrating transgender women as a Key Population group in its</p>	PITCH partner LAMBDA, in coalition with other CSOs, pushed for the inclusion of trans women into the National Strategic Plan for HIV/Aids. This forms part of a longer process of sensibilization of Mozambican civil society and government by LAMDBA, to clarify the difference between MSM and trans women. LAMBDA is part of the Steering Committee of the National Aids Council (CNCS), which is a Technical Group composed of government representatives

ID	Outcome Description	Significance Description	Contribution Description
MOZAMBIQUE			
	<p>She committed to this during the plenary session on “Rights and Duties of Key Populations”, as part of a workshop on Universal Health Coverage, held in Maputo.</p>	<p>own right, the government recognizes the need to provide specific prevention, care, treatment and mitigation services for this population group, which up to this point, was considered as part of MSM.</p> <p>This guarantee by the Ministry of Health also reinforced the process of drafting the Global Fund's annual plan, which now also includes trans women as a specific group (whereas before they were included in the MSM group).</p>	<p>and civil society organizations, constituted within the framework of the process of preparing Mozambique’s HIV/AIDS COP (Country Operational Plan), funded through PEPFAR. LAMBDA pressured the CNCS to comply with the WHO guidelines and emphasized the high rates of HIV among trans women, whom, in the majority, are sex workers, using the research “Political, Economic and Social Situation of LGBT People in the Cities of Maputo, Beira and Nampula”, a study carried out by LAMBDA (published in Nov 2017). In addition , PITCH was a pioneer in uniting Mozambican civil society to discuss Universal Health Coverage (UHC). PITCH organized in Oct 2019 a seminar “Putting Key Populations and Vulnerable Groups at the Core of UHC”, attended by representatives of UNDP-Mozambique, the Ministry of Health, the National AIDS Council, and the Maputo National Health HQs (attended by 46 participants). The Representative of the National Platform for the Rights of Sex Workers and the President of Tiyané Vavasate (sex worker organisation) contributed to the plenary session on “Rights and Duties of Key Populations”, in which the discussion focused on the barriers sex workers face in accessing health services (with a focus on sex workers that are trans women). PITCH partner LAMBDA also intervened in this regard as well as Frontline Aids.</p>
120	<p>On December 13, 2018, the Mozambican Minister of Education and Human Development (Conceita Ernesto Sortane), through Order 435/GM/MINEDH/2018 revoked Ministerial Order 39/GM/2003, which obliged pregnant girls to attend high school classes at night.</p>	<p>This result is important, because previously, when girls fell pregnant, they could only continue their high school education by taking evening classes. This exposed them to additional dangers and many of them would give up on education altogether, which increased the education gap between boys and girls. With the repeal of the decree, girls, even when</p>	<p>On the 16th and 17th of August 2018, the IV National Conference of the Girl Child took place in Maputo, organized by the Coalition for the Elimination of Premature Marriages (CECAP, of which PITCH partners COALIZAO and Muleide are part). This conference was attended by 500 Mozambican delegates, amongst which over 200 adolescent girls and 80 adolescent boys (belonging to the adolescent boys and girls and youth groups that COALIZAO and Muleide</p>

ID	Outcome Description	Significance Description	Contribution Description
MOZAMBIQUE			
		<p>pregnant, are protected and safely continue their studies on an equal basis with boys.</p>	<p>work with). During this conference, a Position Paper that pleaded for the revocation of Ministerial Order 39/GM/2003, written by adolescent girls themselves, was handed over by Raima Manjate (a COALIZAO youth activist) to Nyelete Mondlane, the Minister of Youth and Sports. The adolescent boys also wrote their own position paper, in support of the revocation of Order 435. By presenting the positioning paper to her, the adolescent and young people were allying to her as a strategic person. After the Conference, the Position Paper was distributed by adolescent girls linked to COALIZAO and Muleide to all governors and district administrators in all provinces in Mozambique. COALIZÃO and Muleide, in partnership with CECAP, also participated in a meeting with the 3rd Parliamentary Committee on the matter in question on 23rd November 2018. When there still seemed to be no traction at the level of the Ministry of Education, COALIZÃO and Muleide together with other CECAP coalition partners eventually decided to hire a consultant to prepare a petition, but the Minister of Education and Human Development, when he found out about these plans, quickly revoked the Order before the petition was submitted, in order to prevent the matter from being discussed in Parliament.</p>

ID	Outcome Description	Significance Description	Contribution Description
MYANMAR			
73	<p>In May 2020, the Sagaing (Region in Myanmar) Regional Health Department, approved a methadone clinic at Min Thar station hospital in the Tamu district (which includes three townships).</p>	<p>In Tamu, drug users mainly abuse opium. These addictions have to be treated by gradually reducing the amount of the drug consumed, focus is on reducing the health impact by supervising injections every day for a period of time - different from user to user.</p> <p>Previously, methadone clinics in neighboring townships were several hours drive, which was impossible for addicts who have to travel to on a daily basis (some would have had to travel over 40 miles back and forth each day).</p> <p>Following the opening of the methadone clinic, drug users in Tamu township now have better access to healthcare services through the methadone clinic - it will be less expensive and faster travel to and from the clinic for users in Sagaing/Chin border region. About 500 drug users will benefit from this new clinic.</p>	<p>In August 2019, PITCH partner Charity Service for Friends (CSF), together with the local Joint Advocacy Group (JAG) for Tamu (13 civil society organisations from Tamu in total, focusing on social development in general but first priority is fighting drug addiction), conducted a series of coordination meetings with the Tamu district/township officer, police and Department of Health representatives in Sagaing region to discuss the need for a methadone clinic in Tamu.</p> <p>Following this, PITCH supported several meetings of CSF with the local Department of Health representatives and members of the Sagaing Regional Parliament to prepare evidence and advocacy messages in support of the opening of such a clinic and a rehabilitation centre in Tamu \- evidence for this was gathered in focus group discussions with KP from Tamu, 2 direct advocacy meetings with regional Members of Parliament (U Myint Naing Oo and U Ro Thang Puia) throughout October and November 2019.</p> <p>In November 2019, CSF presented a proposal for a methadone clinic to the Sagaing Regional Parliament in Monywa. Parliament was asked to bring this matter to the attention of the Regional Health Department, who would be able to take a decision on the matter.</p> <p>(PITCH partner Alliance Myanmar's lobbying on the correct implementation of the national drug policy at national level also might have contributed to this, including their advocacy presentation in May 2019 to the Pyithu Hluttaw (Upper House of Myanmar Parliament) and good relationship with the National Programme Officer of the National Drug Dependency Treatment Centre.)</p>

ID	Outcome Description	Significance Description	Contribution Description
MYANMAR			
68	<p>(story of change) On 5 February 2020, during a high-level meeting in Naypyidaw, capital of Myanmar, the Intellectual Property Department announced that it would involve the Ministry of Health and Sports in the by-law review process to amend the Patent Law (published in May 2020), in order to avoid possible negative impact of the law on affordable access to life-saving medicine for HIV patients. Members of the National Parliament and various members of the PLHIV community (see network mentioned in contribution) participated with the Intellectual Property Dept in this meeting.</p>	<p>The Patent law, presented to the Myanmar Union Parliament (Pyidaungsu Hluttaw) by the Intellectual Property Department (part of the Ministry of Education) on 11 March 2019, is one of four Intellectual Properties laws in Myanmar. Patent restrictions would have a negative impact on PLHIV's access to anti-retroviral therapy (ART) at affordable prices. However, a clear role for the Ministry of Health and Sports in the development of the by-laws was not foreseen, so these issues were not considered initially. The legislation now also includes references to reduce the barriers to access to medicine for PLHIV.</p>	<p>On 16 February 2019 in Yangon, even before the official publication of the proposed legal text, a multi-stakeholder consultation meeting was held on the patent law that led to the formation of a Community Advocacy Working Group in March 2019 by members of nine HIV community networks and PITCH partner organisations and also the representative from UNAIDs, to provide coordinated technical assistance on the law. Working group meetings were held on 16 February 2019, 9 September 2019, 8 October 2019, 10 October 2019, 13 January 2020. To make sure that Ministry of Health and Sports would become involved, the Community Advocacy Working Group held an advocacy event in Naypyidaw on 10 June 2019 and another advocacy meeting was held with the Department of Patent and Copyright (part of the Intellectual Property Department) on the same date. All throughout 2019, the Group continued to present information about and demands for access to medicine (as related to the law) to the Department of Intellectual Property, the Attorney General and to the Union Parliament in Naypyidaw.</p> <p>In June 2019, PITCH partner Myanmar Positive Group (MPG), then formed a more focused working group composed of core members from the original Community Advocacy Working Group plus other PITCH partners such as Myanmar Positive Women Network (MPWN), Myanmar MSM & TG Network (MMTN), Myanmar Youth Starts (MYS), SWiM, and AMA, as well as HIV networks and community based HIV groups including 9 community organisations, and 5 INGOs/UN institutions). This group reviewed the draft legislation, and developed concrete advocacy points that it brought to the attention of the Intellectual Property Department (IDP), the National AIDS Programme and also to Bill Committee during the by-law process of the Patent Law.</p>

ID	Outcome Description	Significance Description	Contribution Description
MYANMAR			
			<p>The advocacy points included the application of flexibility on drugs for key populations in line with the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS, which guarantees right to access generic medicine), as well as ensuring parallel import of medicine whenever needed.</p>
60	<p>Between August 2019 and June 2020, Myanmar judges in Yangon and Kwathaung townships started making judgements in favour of the human rights of sex workers in cases involving the abuse of sex workers (see 4 documented cases in the attachment).</p>	<p>Before this, the courts left illegal arrests of sex workers unpunished and violence against sex workers was widespread.</p> <p>While four documented cases does not yet constitute a systemic or legal change, partner evidence collected over the past year indicates that this trend of judges judging in favour of sex workers rights is increasing in sex workers cases.</p>	<p>In May and August 2018, PITCH partner SWiM provided two trainings (training of trainers) on legal education/basic human rights to sex workers in Yangon. These sex workers then acted as focal points in their communities, sharing knowledge on how to handle abuse and providing SWiM with evidence of abuses and illegal arrests from their townships. In total, they reached 598 sex workers in Yangon townships. The trainers did 507 field visits in Yangon townships focusing on providing legal information to female sex workers at their meeting points. They often went to areas where abuse cases against sex workers had just happened to be able to respond in a timely manner. They connected sex workers with legal aid the sex workers abused, the focal points started proactively contacting SWiM.</p> <p>In August 2019 especially, SWiM also collaborated with the Anti Human Trafficking branch of the police, the Department of Social Welfare, Women's Affairs Federation and the Myanmar Maternal and Child Welfare Association in order to advocate for the respect of human rights for sex workers. They also had coordination and sensitization meetings with National AIDS Programme managers, local fixers and pimps to sensitize the local fixers and pimps on human rights and lobby them not to exploit sex workers. They discussed that, while CSOs do not have much power in preventing human rights abuses, they need to collaborate with government entities including courts to change the</p>

ID	Outcome Description	Significance Description	Contribution Description
MYANMAR			
			<p>way cases are being handled currently. The Kawthaung case (see evidence) was used to show the importance of working with government entities. This was recognised and acknowledged by local government authorities that SWiM spoke to.</p> <p>Following all of this, SWiM started receiving timely information by the Social Welfare Department whenever they had received human trafficking cases or when a court had to find a pro bono defense lawyer for a sex worker case to support sex workers in legal and social demands - as was the case for the cases in the evidence.</p>
56	<p>On 8th March 2020, the Ministry of Information of Myanmar announced on its website a bill by the Ministry of Health and Sports to protect people living with HIV, inviting public input on the bill text before it becomes adopted into law by Parliament. In addition, the same information was published by Pyidaungsu Hluttaw (Upper House National Parliament) on its website on 23 March 2020 and in the state-run newspapers Myanmar Alin and The Mirror on 21st, 22nd, 23rd and 24th of March.)</p>	<p>Once approved, this will become the very first law in Myanmar aimed at protecting people living with HIV. Once the bill is approved by Parliament and the law has been passed, all citizens and government institutions will have to follow it. The law will protect PLHIV from discrimination in accessing healthcare services and at the workplace.</p>	<p>Since 2014, 8 networks formed a consortium (the Community Network Consortium) to help the bill drafting process of this law. PITCH partner Alliance Myanmar and SWiM participated in the consortium from the beginning and provided technical assistance in form of evidence, experience sharing, and advocacy messages.</p> <p>In 2017, through PITCH funding, the consortium members including SWiM, MMN, MPG, MMTN, MYS and AMA gave technical input to meetings with government officials and law makers, including with the Ministry of Health and Sports, Bills Committee, Pyidaungsu Hluttaw’s Legal Affairs and Special Case Assessment Committee (House of Assembly), Pyithu Hluttaw Health and Sports Development Committee of the Pyithu Hluttaw (Lower House of Parliament).</p> <p>Many donors supported this process including CARE Myanmar and Global Fund. Out of that, PITCH supported the following trips to attend following number of meetings:</p>

ID	Outcome Description	Significance Description	Contribution Description
MYANMAR			
			<ul style="list-style-type: none"> • 16 Naypyidaw trips for the above-mentioned PITCH partners were financially supported by PITCH in 2017, including Alliance Myanmar, SWiM and MMN, to attend 10 meetings with the above advocacy targets to discuss the PLHIV law • 6 trips for PITCH partners Alliance Myanmar, MPG, MMTN and MYS were financially supported by PITCH in 2018, to attend 4 such meetings in total • 3 trips by MPG were supported by PITCH in 2019, to attend 3 meetings

ID	Outcome Description	Significance Description	Contribution Description
NIGERIA			
66	<p>On 12th July 2018, Dr. Sani Aliyu, the Council Chairman & Director General of National Agency for the Control of AIDS (NACA), during a consensus meeting organized by the National Agency for the Control of AIDS (NACA) and the National AIDS and STIs Control Programme (NASCP) in Abuja, Nigeria, directed that the recommendation on lowering the Age of Consent to 14 years for HIV Testing Services be presented to the National Council on Health (NCH).</p>	<p>One of the barriers to adolescents and young people's access to HIV testing Services (HTS) in Nigeria is the Age of Consent pegged at 18 years. The commitment by the NASCP and the National HIV task team to lower the Age of consent to 14 and to present the proposal to the National Council on Health for approval, was a massive step towards improving access for adolescents and young people. The lowering of Age of consent presents an opportunity, especially for adolescent girls and young women who are most affected by the issue of parental consent to have easy access to testing services. HTS is a crucial entry point for HIV prevention and treatment for vulnerable adolescents, and so a lowered age will increase access to HIV services for adolescents.</p> <p>The NCH meeting with the reduction of Age of Consent as an agenda item for approval was scheduled for March 2020 however due to the COVID-19 pandemic has been rescheduled for September 2020. It was impossible to get the AOC on the agenda in 2019, as there were competing priorities for the group. The NCH usually sits twice a year but had only one in 2019, hence the delay of 1.5 years after the approval was secured.</p>	<p>At the 4th National Council on AIDS Meetings held on 19th-20 March 2018, PITCH-AGYW partner, Association of Positive Youth Living with HIV/AIDS in Nigeria (APYIN) presented a memo on Improved Care and Support for Adolescent and Young People Living with HIV in Nigeria. Following the presentation by PITCH partners in March 2018, Dr. Sani Aliyu, the then Council Chairman & Director General of National Agency for the Control of AIDS (NACA) issued a directive through the National AIDS and STIs Control Programme (NASCP) to hold a Consensus Stakeholder meeting. PITCH through APYIN funded the convening of the Consensus Stakeholders Meeting held on the 12th of July 2018. The meeting had in attendance all PITCH partners, and CSOs and INGOs such as EVA, SFH, etc working on adolescent health, representatives of different units from the federal ministry of health, and the National Agency for the Control of AIDS. APYIN facilitated the session on the importance of lowering the Age of Consent for adolescents and young people. APYIN used the opportunity to make a case for immediate action in order to move the process forward.</p>
65	<p>In 2019, arbitrary arrests of LGBTI+ persons by the Rivers State police command in Nigeria, reduced by 30% (compared to previous years).</p>	<p>Before 2019, Rivers state had the highest number of LGBT+ rights violations in the country. Annually, as measured over the past three years, there has been a violation of an average of 420 LGBT persons per year in Rivers state. At the end of the year 2019, there was a record of 294 violations, hence a reduction of 30%. The result is in line with the theory of change, and our advocacy asks for a reduction in homophobia and discrimination.</p>	<p>Since 2017, PITCH partner IAH has organized monthly, the “know your rights” training for LGBT persons in Rivers state to educate them on their fundamental human rights. Besides, IAH published the “know your rights” pamphlet for LGBT persons to foster the reduction of arbitrary arrest by police officers.</p> <p>The photovoice advocacy project implemented between December 2018 and 2019, illuminated the level of LGBT rights violations. The photovoice exhibition organized by</p>

ID	Outcome Description	Significance Description	Contribution Description
NIGERIA			
			<p>the International Centre for Advocacy on Right to Health (IAH) to commemorate the World AIDS Day at the their Community centre in Rivers state increased the awareness among police officers in River State and other relevant stakeholders within the state.</p> <p>In December 2018 IAH also made several advocacy visits to 20 police stations in Rivers State to dialogue and created awareness on the human sexuality and the Same-Sex Marriage Prohibition Act among police personnel.</p>
62	On 19th December 2019 in Abuja, Justice Binta Nyako, a senior advocate of Nigeria, made a pronouncement in a case brought against some arrested sex workers by the police that sex work is not a crime in Nigeria.	Although sex work is not criminalized in Nigeria, Sex workers face severe human rights abuses and multiple forms of discrimination. According to the Nigerian Constitution, sex work is not explicitly criminalized, rather the people that ‘benefit from the proceeds of sex work’. The prevailing norm is that Sex workers are punished when caught negotiating sex ‘aggressively’ with a client. Sex workers are harassed and punished by law enforcement agencies that apply administrative offenses. The judgment by Justice Binta Nyako is significant as the wording of the constitution is vague and usually interpreted at will. Following the judgment by Justice Binta Nyako, NSWA indicates they received less reports from member sex workers of being arrested by the police arrest (no data available).	<p>PITCH SW partner [NSWA] (https://bit.ly/367D4sg) organized a street march in Abuja (https://bit.ly/3i2QND9) and a press conference on 10th May 2019 to protest against the illegal arrest of women accusing them of being sex workers. PITCH Nigeria, together with Education as a Vaccine (EVA), NSWA, International Federation of Women Lawyers (FIDA), and the Dorothy Njemanze Foundation, organized a [press briefing] (https://bit.ly/3i28m6l) on 2 May to address the frequent arrests of women in Abuja. On 15th November 2019, the NHRC organized a public hearing before a panel of judges and the NHRC executive secretary to investigate the matter. At the hearing, NSWA presented witnesses who testified to the constant harassment of women by law enforcement agencies. On 17th December 2019, NSWA held another stakeholder meeting with the police, ministry of justice, and NHRC to discuss the status of the case.</p>
58	On May 17, 2019, Dr. Isaac Adewole, Minister for Health, approved the concept note for the implementation of comprehensive harm reduction in Nigeria inclusive of Needle Syringe Program (NSP); Opioid Substitution Therapy (OST) and Naloxone.	Comprehensive Harm Reduction for PWUD in Nigeria has always been opposed, especially the Needle and Syringe, Naloxone, and Opioid Substitution Therapy. The height of it was when the Federal Government rejected funding for PWUD HIV programmes from the Global Fund (GF) in the 2017-2019 grant cycle because of the insistence of GF on Harm Reduction.	<ul style="list-style-type: none"> From August to November 2018, PITCH supported series of consultation meetings involving national stakeholders (NACA, Federal Ministry of Health, law enforcement agencies, local harm reduction implementing partners, and the GF) which resulted in the development of the concept note.

ID	Outcome Description	Significance Description	Contribution Description
NIGERIA			
		<p>The approval of the concept note set in motion the planning and development of guideline documents, standard operating procedures (SOP), and training manuals towards the implementation of a pilot Needle-Syringe Program in Nigeria for the first time. This process ~~~~ had PWUD community involvement including a study tour to Kenya (16-20 Sept 2019) and the training of trainers on harm reduction. The concept note has also led to the inauguration of a national technical working group (NTWG) on Drug Demand and Harm Reduction headed by the Federal Ministry of Health with membership with PITCH PWUD partners to facilitate and oversee the implementation of comprehensive Harm Reduction (beginning with NSP) in-country.</p> <p>This will help reduce the prevalence of HIV/Hepatitis B and C among PWUDs including a reduction in needlestick injuries and abscess and generally promote the health of PWUDs in Nigeria.</p> <p>It is noteworthy that this will be the first Government-led NSP programme that will be implemented wholly by Drug User-led and focused organizations anywhere in the world and about the 8th country in Africa to implement the NSP.</p>	<ul style="list-style-type: none"> • PITCH global staff also supported a series of training for PITCH partners specifically on the Photovoice (advocacy tool) which partners have used overtime in producing advocacy materials to further educate stakeholders (FMOH, NACA, Law Enforcement Agencies) in the importance of harm reduction and a need for a public health response to drug use in Nigeria. • By constantly advocating to the ministry through meetings and taking advantage of specific invites we constantly engaged with key members of the FMOH by handing the photovoice materials which enabled them to see our objectives and how it ties with the national plan. This we believe was influential in gaining the minister's support."

ID	Outcome Description	Significance Description	Contribution Description
UGANDA			
35	In August 2019; a Key Population (KP) focal person Dr. Sam Kaswar, who is a health worker from Mukono general Hospital, started including LGBT inclusive health service delivery lessons in the Continuous Medical Education (CME) sessions for health workers in Mukono general hospital; Uganda.	Being a Key population focal person at the health facility means that the KPs have an experienced person who is knowledgeable about KP issues to serve the KPs at the facility. This is since LGBT community is not accepted in many communities in Uganda, many LGBT persons especially transgender women found it difficult to access friendly services in Mukono district and they had to travel to Kampala to access the needed services.	PITCH partner TEU conducted community outreaches in different hotspots in Mukono and noted that transgender women had to travel to Kampala for health services. TEU organized a training on Sexual Orientation, Gender Identity and Expression (SOGIE) on 20th February 2019; where 10 health workers from Mukono general hospital, including Dr Sam Kaswar, participated. TEU used the commemoration of the transgender day of visibility (this day happens on March 31th annually). Through this interface we noticed attitude change among health workers. This was noticed through the M&E follow ups that were done by the M&E officer of TEU.
33	On August 02, 2019, the Officer in charge of Madala Kibuye police station; and Local council chairperson (LC1) started monitoring the arbitrary arrests of sex workers on the street at night by unauthorized police officers and Local Defense Unit personnel at dancers' hotspot (group of lodges) in Kibuye, Kampala Uganda	The rights of sex workers were violated for three months at that hotspot. As a result, the sex workers were unable to work as they would have; as the arrests had become so rampant. The intervention of the police and local leaders within this area enabled sex workers to reclaim their rights and conduct business normally.	PITCH partner WONETHA through the Hotspot Peer Educator and the Paralegal Officer convened a meeting on August 02, 2019 to address the arbitrary rampant arrests that had existed for three months. In this meeting the Officer in Charge of Kibuye- Madala police station and the Local council leaders were invited.
28	On October 25 2019; Ministers of Presidency (Hon. Christine Mbayo) and Health (Hon. Jane Ruth Aceng), for the first-time released statements announcing that government had no intention to re-introduce the anti-gay law and called for equal treatment for all patients in all health faculties in Uganda.	The Minister of Ethics in August 2019, called for the re-tabling of the anti-gay law in Uganda. He further stated that a member of parliament would seek to leave at the end of the same month to go prepare the bill. This resulted in many attacks against LGBTI persons and the death of four LGBT persons in Uganda. The Minister of Health's statement was in relation to an attack against a lesbian woman who had gone for medical check-up and was beaten by the doctor. In the same way, the Minister of Presidency released the statement to distance the government from the comments made by the Minister of Ethics and called for calm among the public and protection of	On 17 October 2019, PITCH partner SMUG reached out to the Minister of Health and requested a meeting to discuss the several attacks on the LGBT community members. After receiving this communication, the minister agreed to meet with SMUG, HRAPF, PITCH Country Focal Person and other non-PITCH CSO partners like Chapter Four, HEPS Uganda, and UNAIDS Country Director. The meeting took place on October 21, 2019, at the Ministry of Health offices. Furthermore, through the Uganda AIDS Commission, the PITCH partners convened a meeting in October 2019, at the Uganda Aids commission offices with different stakeholders to engage the Minister for the Presidency. After this meeting, the recommendations of the meeting were taken

ID	Outcome Description	Significance Description	Contribution Description
UGANDA			
		<p>the rights of the LGBT persons in Uganda. This generally led to the reduction of the attacks that had become so rampant among the LGBT community. These two statements also increased pressure on police and leading to the release of the 16 LGBT who had been arrested from the LGBT shelter at Nsangi police station.</p>	<p>into consideration and one of them was for the Minister to speak out publicly against the introduction of the anti-gay law and call for protection of the LGBT community in Uganda which she did.</p>
26	<p>[story of change] In March and October 2019, the Ministry of health’s KP Technical Working Group gave PITCH partner Uganda Harm Reduction Network (UHRN) a green light to expedite the process to roll out harm reduction interventions including Medically Assisted Treatment (MAT/OST) and the Needle and Syringe Programme (NSP) for people who use drugs in Uganda.</p>	<p>Given the fact that the People Who Use Drugs (PWUD) had for long been excluded in the HIV response and harm reduction interventions being highly contested in Uganda; the Ministry of health coming out to take a bold step to rollout the roadmaps for the development of harm reduction guidelines and startup of the first Medically Assisted Treatment (OST) site at Butabika national mental health hospital in Kampala is a big win for the PITCH partner (UHRN) and all harm reduction advocates, allies and communities of people who use drugs. And lays a strong foundation for harm reduction programming in Uganda.</p>	<p>In January and Feb 2019, PITCH partner UHRN developed a host of advocacy materials for dissemination including; Needle and Syringe Programme (NSP) and Medically Assisted Treatment (MAT) fact sheets, posters, PWUD study reports and Power Point presentation for NSP demonstration evaluation findings. In addition, UHRN mentored and supported a core team of grass-root PITCH harm reduction community activists, men and women who use drugs, to champion community led advocacy. UHRN facilitated the community activists to continue participating in the district AIDS Committee, Ministry of Health Key Populations Technical Working Groups and Uganda Aids Commission HIV prevention committee meetings to lobby for consideration and adoption of harm reduction interventions and supportive policy frameworks. UHRN also through the Support of Don’t Punish campaign and the photo voice initiative; amplified PWUD community activists’ experience and key asks for SRHR, HIV and other harm reduction services tailored to the different needs or realities of PWUD. This eventually inspired the Ministry of Healths consideration for the development of harm reduction guidelines and PEPFAR/CDC support for establishment of the first Medically Assisted Treatment (MAT/OST) site at Butabika national mental health hospital in Kampala Uganda.</p>

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
126	<p>(story of change) On 10 October 2018, in Kyiv, Ukraine, at the Parliament hearings “Preventing and Fighting Discrimination of Women from Vulnerable Social Groups”, Deputy Minister of Social Policy Nataliya Fedorovych emphasized that the rights of women from vulnerable populations must be protected. In particular, for the first time during discussion of vulnerable populations, she mentioned the rights of women who use drugs (WWUD) as a separate group of vulnerable women. Following the Parliament hearings, it was recommended to revise the discriminating provision of the Family Code of Ukraine that stigmatizes and discriminates women from vulnerable groups, particularly WWUD.</p>	<p>This is an extremely high achievement considering the high level of stigmatization of women who use drugs (WWUD) in the society. In the Parliament, WWUD had usually been mentioned only in a negative context. It was the first time that WWUD were identified as a separate group of vulnerable women who have some rights and need protection.</p> <p>Singling out WWUD as a separate community, incl. in the application to the Global Fund to Fight AIDS, TB and Malaria (GF) in 2020, means recognition of the WWUD community which, thanks to PITCH, became visible and received opportunities to voice their needs and defend their rights, develop their advocacy agenda, and hold a dialogue with other women’s rights organizations. Besides, establishing WWUD community as a separate vulnerable population in harm reduction advocacy programs allows introducing a gender-transformational approach to the programs.</p>	<p>In 2017, a PITCH partner — CF “Hope and Trust” — started mobilizing the community of women who use drugs (WWUD). A number of mobilization visits were conducted to the regions of Ukraine to hold a first-time study of WWUD’s barriers to accessing health services and SRHR. In 2017, CF “Hope and Trust” held a series of training sessions and workshops under the general name ““Advocacy School”” covering the following subjects: mobilizing the community in the regions and involving local activists, representing community at advisory bodies of local self-government authorities, fighting stigma and self-stigma. Partnership with the Alliance for Public Health with a financial support from the GF has allowed holding more than 10 events. Besides, in 2017, three events involving psychotherapists and trainers on countering stigma and discrimination, where activists had an opportunity to work on their own self-stigma and receive psychological and technical support.</p> <p>Thanks to effective partnership with “Public Advisors” program (IF “Renaissance”, 2017-2018) and work with journalists through trainings for journalists (PITCH partner “Convictus Ukraine” (2019)), WWUD have started speaking out and giving interviews in the media to bring attention to themselves and their rights.</p> <p>On 24-26 November 2017, in Kyiv, at the First National Forum of People Living with Drug Dependence, upon initiative of CF “Hope and Trust” and in partnership with USAID “HIV Reform in Action” (Deloitte), a pre-forum day “Voice of a Woman” was held where WWUD declared establishment of a woman organization. PITCH partner CF “Hope and Trust” provided technical assistance for the formal registration of the organization and the whole</p>

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
			<p>process of build-up of “All-Ukrainian Association of Drug-Dependent Women” (VONA).</p> <p>Later, in 2018, a working group organized by the Committee for Human Rights, National Minorities and Interethnic Relations agreed that problems of stigmatization and discrimination of WWUD are different from those of PLWH and recognized the existence of a separate social group of WWUD. Institutionalization of women’s movement has enabled official speaking at Parliament hearings on stigma and discrimination of women from vulnerable populations in Ukraine, taking part in high-level meetings and round tables which, in turn, has enabled visibility of WWUD as a social group during discussions of gender-related stigma and discrimination. E.g., on 10 October 2018, in Kyiv, Svitlana Tkalia, president of CF “Hope and Trust”, an activist of “All-Ukrainian Association of Drug-Dependent Women” (VONA) spoke at the Parliament hearings before MPs, their assistants and human rights advocates on “Preventing and Countering Discrimination of Women from Vulnerable Social Groups” as a “live book”, after which deputy Minister of Social Policy of Ukraine Nataliya Fedorovych emphasized that the rights of WWUD as a separate group of vulnerable women need to be observed. Also, during the Parliament hearings, there was a “Live Library” session in the lobby of the Verkhovna Rada of Ukraine participated by Yanina Stembkovska (an activist of CF VONA and the regional PITCH representative in Poltava region).</p>
124	On 27.11.2019, in Kyiv, Ukraine, the Cabinet of Ministers of Ukraine adopted the National Strategy of Ukraine on HIV, TB and Hepatitis until 2030 ensuring access to the extended services and treatment for all key populations	The adopted by the Cabinet of Ministers National Strategy on HIV, TB and Hepatitis until 2030 (hereafter – the Strategy) is for the first time comprehensive and consistent, covering three diseases at once (HIV, TB, and hepatitis) and a strategic approach to address human rights barriers to access to HIV Prevention and	In late 2016, in Kyiv, following the proposition of the Chairman of the Oversight Commission I. Grishaeva to include representatives of key populations in the National Council on June 16, 2015, the PITCH focal point and PWUD representative Anton Basenko, PWUD organizations CF “Hope and Trust”, CF “Drop In Center”, CF “Vertikal”

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
	<p>affected by the epidemics, and developed with consideration of the needs of such key populations.</p>	<p>Treatment Services and Tuberculosis until 2030. Ukraine used to have separate state programs for each disease and this caused a lot of inconsistencies and confusion. It was adopted to meet Ukraine’s commitments regarding the Sustainable Development Goals (SDGs), and is a key stage in transition in program funding from the Global Fund to Fight AIDS, TB and Malaria (GF) to the state budget ensuring continuity and effective implementation of priority actions to combat TB and HIV / AIDS, other socially dangerous diseases. The Government of Ukraine allocated 2.7 million Euros from the state budget for the second half of 2019 and planned to allocate 7 million Euros for 2020 to ensure coverage of people living with HIV, people who use drugs, sex workers and men who practice sex with men with a basic package of HIV-related services of prevention, care and support. As of December 2019, the Public Health Center under the Ministry of Health of Ukraine signed more than 70 contracts with NGOs on provision of services to different key populations.</p> <p>Moreover, community representatives were for the first time able to include in the Strategy adequate targets on programs for prevention and treatment for PWUD, including targets for OST coverage of PWUD that was increased from the initially planned 25% to 40% by 2030, which, in turn, serves as a ground for expanding access to HIV services at the national level.</p>	<p>submitted formal letters to Pavlo Rozenko, Vice Prime Minister of Ukraine, and Mark Dybul, Executive Director of the Global Fund to Fight AIDS, TB and Malaria (the GF), informing them that in the previous 12 years KPs had not been represented in the National Council on HIV/TB. A specially formed expert group (including Alliance for Public Health and PITCH partner Alliance.Global experts) developed Regulations and proposals for a Composition of the National Coordination Council on HIV/TB, enabling KPs' membership in it, and approved by the Cabinet of Ministers of Ukraine on April 12, 2017.</p> <p>In the first half of 2017, PITCH partner Alliance for Public Health supported the creation of the All-Ukrainian Association of People with Drug Dependence (VOLNA) as a formal body.</p> <p>In May 2017, Anton Basenko, PITCH Country Focal Point and a representative of PWUD for the first time became a member of an advisory body under the Cabinet of Ministers of Ukraine — the National Council on HIV/TB. In this capacity he initiated in 2018 the change of regulations by the National Council on HIV/TB concerning operations of oblast and local Coordinating Councils on HIV/TB (Terms of Reference for Crimea Republic, Oblast, Kyiv and Sevastopol City Council) on Coordination of Response to TB and HIV and Standard Regulations for Crimea Republic, Oblast, Kyiv and Sevastopol City Council on Coordination of Response to TB and HIV which formed grounds and encouraged PWUD representatives to join oblast and local Coordinating Councils on HIV/TB.</p> <p>In 2017-2019, with financial and technical contribution from PITCH, the Alliance and the Secretariat of the National Council (UNDP project) held a number of specialized</p>

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
			<p>trainings for the All-Ukrainian Association of People with Drug Dependence (VOLNA) and the All-Ukrainian Association of Women with Drug Dependence (VONA) (involving PITCH partners “Hope and Trust”, “Convictus Ukraine”, “Meridian” and “Our Help”) on preparation to joining and working on oblast and local Coordinating Councils on HIV/TB. As the result, in 2018-2020, community representatives joined oblast councils (in 14 oblasts) and local councils (8 PWUD representatives in Donetsk oblast and 5 in Poltava oblast). Also, community leaders are members of some other advisory bodies, Public Councils, Working Groups, etc. In particular, leaders of the PWUD community and representatives of PITCH partners (Anton Basenko , Oleh Dymaretskyi from “Meridian”, Tetiana Lebid from “Hope and Trust”) are members of the Working Group for Development of the National Strategy of Ukraine on HIV, TB and Hepatitis until 2030.</p>
111	<p>On 25 June 2019, in Odesa, Ukraine, at a public dialogue “Bullying of LGBTI adolescents in schools”, Z.A. Dmytruk , a chief expert of the General Secondary and Out-of-School Education of the Department of Education and Science (DES) of Odesa Oblast State Administration (OSA) declared that the concepts of LGBTI community and SOGI (sexual orientation, gender identity) will be included into the anti-bullying program and into newly introduced sexual education courses in schools. Civil society, mass media and Canadian writer Ruby Swanson were present at the event.</p>	<p>In Ukraine, according to the study conducted by ""Fulcrum"" in 2018, 53% of adolescent pupils who belong to the LGBT community have experienced physical bullying during the school year. 65.8% of pupils did not inform school staff about bullying, as they feared that they would not be helped or supported. LGBTI community has been stigmatized at all levels for a long time. LGBTI-related issues have been neglected, representatives of Odesa Oblast State Administration (OSA) have not publicly expressed their opinion and supported LGBT-community.</p> <p>This change is significant and progressive, as the DES of Odesa OSA for the first time publicly recognized LGBTI community and agreed on action.</p>	<p>During 2017-2019, PITCH partner LGBT Association ""LIGA"" (LIGA), in Odesa oblast, in scope of two complementary programmes (PITCH and GF) conducted a number of educational (GF funded), awareness-raising and sensitizing events for local authorities and governmental bodies (PITCH funded) on LGBTI-related issues. In particular, LIGA conducted trainings for professionals in educational sector (teachers, school psychologists, school management, etc.). In 2019 in scope of PITCH project LIGA established a partnership with the Department of Communication and Information Policy of OSA which assumes a conduction of joint events, a provision of premises for events by the OSA, media involvement by the OSA, etc. Within this partnership, on 25 June 2019, in Odesa LIGA conducted the first public shared event with DES OSA - a public dialogue “Bullying of LGBTI adolescents”.</p>

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
			<p>On 20 January 2020, LIGA initiated a creation of a cross-sectoral working group comprised of representatives from NGOs, the Commissioner of the Verkhovna Rada for Human Rights in the Southern Regions and independent experts on SOGI aiming at developing a sexual education course and anti-bullying program including informational modules on the concepts of LGBTI community and SOGI (sexual orientation, gender identity).</p>
103	<p>On 12 December 2019, in Kyiv, the ruling party “Servant of the People” decided not to submit to the Parliament their draft law regulating sex work, which was not compliant with international law and discriminating the SWs rights.</p>	<p>Some articles of the proposed law are discriminating against sex workers, they create an excessive amount of oversight bodies, impose stricter sanctions against sex workers for violation of norms included and create numerous opportunities for corruption in the police and other public bodies. At the same time, the draft law provides no measures to ensure security or welfare of sex workers. Adopting the law as is would worsen the quality of life, security and health of sex workers, especially the most vulnerable ones who use drugs or are HIV positive.</p>	<p>In August 2019, representatives of the majority party, “The Servant of the People”, developed a draft law on sex work legalization in Ukraine, which they were to submit to the Parliament in the fall of 2019. PITCH implementing partner Community-based organization (CO) “LEGALIFE-UKRAINE” examined the draft law and provided expert assessment/recommendations concerning protection of rights and interests of sex workers. The draft law envisaged “strict” regulation of sex work in Ukraine which, in opinion of CO “LEGALIFE-UKRAINE”, human rights organizations and experts, differs from the approach of international organizations to ensuring respect of human rights and basic freedoms. After that, representatives of the majority party refused from collaboration with CO “LEGALIFE-UKRAINE” in development of the draft law, but they promised to consider their proposals and, wherever practical, to amend the draft law correspondingly. Representatives of authors were invited to the First International Conference on the Rights of Sex Workers in Ukraine organized by CO “LEGALIFE-UKRAINE” on 17-18 December 2019 and took part in discussions about reforming the legislation during round table “Protecting SW rights: sources, problems, and solutions”.</p> <p>Also, upon an initiative of CO “LEGALIFE-UKRAINE”, the draft law was submitted for expert review to the Ministry of</p>

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
			Health of Ukraine, which responded with a negative feedback late in 2019.

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
84	<p>On 17th October 2018, the Vietnam Government issued Decree No 146/2018/ND-CP on certain articles of the Law on Health Insurance. Article 12 Section 5 now stipulates that people who don't have identity papers can still buy and use Social Health Insurance (SHI) cards. These health insurance cards will be issued with photos so that SHI can verify the card owners upon providing services.</p>	<p>Vulnerable groups in Vietnam like AGYW, SW, PWUD, TG are facing lots of difficulty with identity papers and residential registration, which consequently restrain them from access to health care and other social services. This decree is the first legal document in Vietnam that allows people without ID papers to have access to SHI. This also shows the change in the perception of the policy makers, recognizing the existence of vulnerable groups in society who need to be considered in social policies.</p> <p>However, this regulation has not brought much change to the life of vulnerable people, because of the complicated law system in Vietnam, that require detailed instructions from higher level to local level, as well as training to local implementer. Nowadays, still many health insurance agencies at local level are not aware of this regulation.</p>	<p>During working with the vulnerable communities, SCDI recognized their need to access health insurance as well as their barriers. From 2016 to 2019, SCDI has actively brought this idea to the Department of Health Insurance (DHI) including:</p> <ul style="list-style-type: none"> Organized policy dialogue between the Department of Health Insurance (DHI-MOH) and representatives of vulnerable communities Participated in the policy consultation sessions organised by DHI. Had informal meetings with influencing people (Vice Head of DHI) Kept tracking the process of policies changes, followed up stakeholder's reactions to ensure reaching advocacy objectives Collected case stories and developed video documentation about the administration barriers of SW, TG, PLWHIV in accessing health insurance then shared with DHI as policy evidence.
79	<p>On 28th December 2018, the Ministry of Social Affairs and Labour and Invalids (MOLISA) promulgated Decision 1875/QD-BLDTBXH a guiding technical and budgetary framework for piloting community-based sex worker supporting models in 15 pilot provinces (among 63 provinces and cities of Vietnam). The decision stipulates that if provinces select the SW CBO model, which is one of three models in the decision, it will be officially funded by the local government's budget.</p>	<p>This is a meaningful outcome as, for the first time, governmental funding has been made available for community-led services for sex workers in 15 provinces across the country.</p> <p>It is also an official legal framework to support the harm reduction for sex workers and guide the operation of sex worker community-based organisations (CBOs). While prostitution is considered illegal in Vietnam, the decision showed the positive change of government authorities' viewpoints about sex workers. It can be seen as a humanitarian and</p>	<p>The SW CBO model is a long haul intervention and advocacy community-based model, that has been promoted by Bridging the Gap (BtG) and PITCH. Between Jan-Nov 2018, SCDI coordinated with the Department of Social Vices Prevention (DSVP, under MOLISA) to:</p> <ul style="list-style-type: none"> Develop and complete the SW CBO models that were initiated by Bridging the Gap since 2012 Introduced the SW CBO model in workshops for policy dialogues on sex workers support since 2014 under Bridging the Gap then since 2016 under PITCH. The workshop had participation of SCDI, representatives of SW CBOs, DSVP, international

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
		<p>practical action of the government to protect this vulnerable population group.</p> <p>The main functions of the model are (1) mapping actual needs of SWs in the areas where the CBO works, and (2) providing need-based services such as provide harm reduction products (condoms, contraceptive pills, syringes), livelihoods support, small credits, referring to vocational schools, etc. as well as (3) mobilizing SW participation in policy advocacy.</p>	<p>organizations (ILO, UNFPA, PLAN, FHI, etc.), and other related institutions (such as Legal Department – MOLISA, MOH, MOP, Women Union, etc.)</p> <ul style="list-style-type: none"> Participated in drafting process of the decision: DSVP built up the framework and invited SCDI to provide inputs and comments. Mobilized SW community to participate in the consultation of the decision: From Jan to Aug 2018, a steering board of Vietnam Sex Worker Network (VNSW) including 5 members attended the consultation process.
77	<p>From 2016 – 2020, People’s Committees of 5 provinces in Vietnam (Bac Giang, Khanh Hoa, Ba Ria Vung Tau, Hochiminh, Hanoi) developed, piloted, replicated, and partly funded the model of Community-based voluntary drug addiction treatment, care and counseling units. In total 44 units have been established providing care for approximately 2,800 PWUDs. Nowadays, 2 out of the 5 provinces (Ba Ria Vung Tau and Khanh Hoa provinces) are using their provincial budget to partly cover the establishment and operation costs of the model, so they don’t entirely rely on the support from PITCH.</p>	<p>The model is in line with the National Program of Drug Rehabilitation Renovation Plan. It is much appreciated by clients and unit staff and provides evidence to policy makers and local leaders about the feasibility, efficiency, and effectiveness of the voluntary drug addiction treatment approach. Being embedded in local health centres is expected to contribute to sustainability of the model. Partial funding of these units by the government, is a good start but not yet enough to guarantee sustainability.</p>	<p>During the five years 2016 - 2020, SCDI-PITCH partner provided technical assistance and partial financial support to the people’s committees with the following activities:</p> <ul style="list-style-type: none"> Investigated and evaluated the drug use, drug addiction interventions, local resources and needs at the provinces and cities which are potential to pilot the model (the list of potential provinces and cities was provided by the governmental partner (Department of Social Vices Prevention - DSVP under Ministry of Labour, Invalids and Social Affairs -MOLISA). Organized workshops with participation of leaders of People’s Committee, Department of Social Vices Prevention, Health centres, volunteers, police officers in the areas to share advanced and science-based drug addiction treatment approaches and planning for piloting the model. Invited an international specialist to consult during the development of the model

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
			<ul style="list-style-type: none"> * Worked with the 5 provincial People’s Committees to discuss and agree on all related arrangements (establishment, organization, service provision procedures).
76	<p>On 13th May 2019, the Ministry of Social Affairs and Labour and Invalids (MOLISA) issued Decision 652/QĐ-LĐTBXH publishing a comprehensive training curriculum on drug addiction detoxification treatment and counselling for health workers and social workers.</p>	<p>The training curriculum, for the first time in Vietnam on this topic, meets the basic and advanced training needs with the most updated and effectiveness-proven therapies which are recommended by UNAIDS. The curriculum plays a vital role in the improvement and standardization of the working capacity of drug addiction treatment staffs and contributes to reaching the capacity building objectives of the National Program of Drug Rehabilitation Renovation Plan 2013–2020.</p>	<p>After several years working as a key partner of the Department of Social Vices Prevention (DSVP - Ministry of Labour, Invalids and Social Affairs), PITCH partner SCDI convinced DSVP that there should be training materials as before there was only a administrative management guideline available for the staffs. In 2016, DSVP adopted this idea and its Minister issued Circular 04/2016/TT-BLĐTBXH dated 28th April 2016 promulgating the Training Framework on Drug Addiction Treatment. However, due to limited human and financial resources, DSVP was not able to develop the training curriculum at that time, but requested the drug addiction treatment facilities to develop the curriculum themselves for their internal use.</p> <p>In late 2016, SCDI offered the technical and financial support to DSVP for the development of the curriculum. In December 2016, the first consultation workshop was organized to launch the development of the curriculum. During the period of 2016 - 2019, SCDI has provided following supports to DSVP related to the curriculum development:</p> <ul style="list-style-type: none"> Gathered certain international guidelines and evidence-based practices to recommend to DSVP as knowledge background for the training curriculum. Hired consultants to develop the curriculum. Established a technical working group (DSVP, SCDI, College of Labour and Social Affairs) to provide feedback on the curriculum drafts.

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
			<ul style="list-style-type: none"> • Coordinated the two-way information exchange during drafting of the curriculum: DSVP invited SCDI to join a meeting with their technical team to develop the core contents of training materials. SCDI also organized meetings with experts and invited DSVP to join to discuss the contents of the training materials • Compiled and piloted the curriculum in Vung Tau and Khanh Hoa provinces • Reviewed, proofread, and finalized the curriculum before publishing.

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
144	<p>During December 2018 to March 2019, The Ministry of Health and Child Care (MOHCC) in Zimbabwe and KP-focused CSOs including PITCH partners such as GALZ, SRC and FACT, started training health care workers on how to deliver KP friendly services in the Public Health Care Centers. This was in line with national aspirations of the Fast Track Agenda to ending HIV and ensuring that no one is left behind. The training of health care workers was also informed by the need for Ministry of health and Child Care to start rolling out a KP programme in the public sector.</p>	<p>This process was critical as a demonstration of the political commitment by government and the Ministry of Health and Child Care to the Operational and Service Delivery Manual for the Prevention, Care and Treatment of HIV in Zimbabwe, February 2017; the Zimbabwe National Key Population HIV and AIDS Implementation Plan 2019-2020 and the Minimum Services Package for Key Populations developed by the Ministry in 2018. The collaboration with the Ministry in rolling out the health care worker trainings was significant in that traditionally, CSOs were not invited by the Ministry to train health care workers and being invited to do so was an acknowledgment of key population knowledge and capacity gaps to undertake this task alone. PITCH partners such as GALZ; SRC and FACT gladly took up the invitation to co-deliver the trainings with the Ministry.</p>	<p>The PITCH partners supported the Health Centre in their operating communities to be trained. PITCH partners supported identification of Health centers to be trained and offer the training together with Ministry of Health.</p> <p>The training was an outcome of a consultative meeting on the Training Package for Provision of Key Population services in the public sector in Zimbabwe which was held in February 2018. The newly adopted Promoting Health For All: Participatory Handbook for Health Care providers on Key Populations produced in June 2018 was a follow up to a Key Populations Health Care Handbook to Guide Health Care Workers on service provision for Key Populations. The two were used as job-aids to train HCWs and selected KP focused Civil Society Organizations such as GALZ; SRC and FACT</p> <p>PITCH partners participated in 3 national trainings of Health workers, the first one was conducted from 10-15 December 2018 at the Rainbow Towers in Harare. The second was done from 5 to 8 February 2019 and was at the Rainbow towers as well. The third training was from the 11th to 15 March 2019 at Jameson Hotel in Harare.</p>
108	<p>On 28 November 2017, the Zimbabwe Supreme Court in Harare ruled against the arbitrary arrest and detention of three sex workers in Zimbabwe.</p>	<p>This was the first time where the supreme court ruled in favor of sex workers and against their arbitrary arrest and detention. It was a landmark ruling that reduced the arrests and detention of sex workers on grounds of soliciting for purposes of prostitution in Zimbabwe. The ruling will create a more enabling social, legal and policy environment for sex worker rights including access to SRHR. The ruling led to reduced arbitrary arrests and greater respect of sex workers' rights by police from 13 cases reported to the</p>	<p>On 17 April 2015 in Bulawayo at 10th avenue and fort Street, three female sex workers were arbitrarily arrested and refused to pay a fine as admission of guilt due to their empowerment by SRC in various platforms on human and legal rights literacy trainings. This event accelerated the advocacy and lobbying for sex worker rights by SRC and the full enforcement of the 2015 constitutional court ruling where the police was barred from arresting sex workers on the streets. SRC engaged a lawyer that supported litigation of the 3 sex worker rights whose rights had been violated on 28 March 2017 in Bulawayo, Zimbabwe. SRC also held</p>

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
		SRC Rapid response team in Bulawayo to 11 cases in 2017.	several advocacy platforms from April to November 2017 in Bulawayo to highlight the plight of sex workers and lobby for change with various policy makers and secondary stakeholders such as parliamentarians, Ministry of Health and Child Care, media, National Aids Council and health care workers.

Harvested Outcomes PITCH – Non-Substantiated

This document presents the non-substantiated 84 harvested outcomes. The outcomes are organised per country and region (Global Policy: 4; EECA Regional Programme: 3; Southern Africa Regional Programme: 3; Indonesia: 10; Kenya: 11; Mozambique: 8; Myanmar: 7; Nigeria: 3; Uganda: 6; Ukraine: 14; Vietnam: 5; and Zimbabwe: 10). ID numbers correspond to the originating database.

ID	Outcome Description	Significance Description	Contribution Description
GLOBAL LEVEL			
137	On 2 December 2019, the European Parliament and the EU Member States increased their support for global health initiatives within the EU Multiannual Financial Framework 2021-2027, by approving a budget increase from €3 billion for the period 2014 - 2020 to €5 billion for the 2021-2027 period.	In previous years, this budget was cut significantly. The significance lies in the fact that the EU now sees development aid as a priority again, after development assistance having been de-prioritised following the global financial crisis.	The funding increase was announced following coordinated advocacy between PITCH and CONCORD and a number of champions in the European Parliament. This advocacy highlighted the limited space in the initial EC proposal and asking for the envelope to be brought to € 5 billion to secure EU commitments to global initiatives.
91	On 10-12 December 2019, at the UNAIDS Programme Coordinating Board (PCB) meeting in Geneva, the UNAIDS board adopted decision points on Universal Health Coverage (UHC) that reflected the advocacy asks from PITCH partners, in particular: “to continue to advocate for and support the meaningful participation of community and civil society in implementing and monitoring national HIV responses and critical aspects of UHC, including by contributing to guidance on civil society engagement and to community-friendly UHC	This adoption of decision points on UHC, in accordance with the advocacy asks of PITCH, has played a very significant role in guiding the position and direction that UNAIDS is now taking on the topic of Universal Health Coverage internationally.	The decision points endorsed by member states at the UNAIDS PCB in December 2019 were influenced by civil society advocates, including PITCH partners. The UNAIDS PCB session in June 2019 was the basis for the development of the decision points. In this session, PITCH partners engaged actively in the development of the UNAIDS background report on UHC that informed the decision points and were speaking as panelists (including David Ruiz Villafranca, PITCH global policy officer based in Geneva and Oanh Khuat, PITCH partner based in Vietnam). It was also influenced by the PITCH and London School of Hygiene and Tropical Medicine (LSHTM) research report (https://frontlineaids.org/wp-content/uploads/2019/03/0034-PITCH_Global-

ID	Outcome Description	Significance Description	Contribution Description
GLOBAL LEVEL			
	monitoring tools, and to advocate for domestic and international financing for HIV and health as part of the UHC agenda”		Report_WEB.pdf>), some findings of which were highlighted in the UNAIDS background document. In addition to the PITCH contribution, many other constituencies actively engaged in this UHC debate.
89	On 23 May 2019, WHO Director General Dr Tedros Adhanom Ghebreyesus participated in a side event organised by PITCH at the World Health Assembly in Geneva and stated “We need health for all not health for some, and this includes LGBT people, sex workers and people who use drugs.”	It is uncommon in the context of the World Health Assembly that the WHO Director General chooses to give priority to talk with key populations about health. Though this is not the first time Tedros spoke out about these communities (earlier examples on the International Day Against Homophobia, Transphobia, and Biphobia (IDAHOBIT) in 2019 and in 2017) it is still significant and necessary that the head of the global norm-setting body voiced his public support, as this signals to governments, civil society and the public that there is strong institutional support for the rights of LGBT people, sex workers, and people who use drugs.	The PITCH global advocacy team provided the platform for the WHO Director General by securing and hosting the side event at the May 2019 World Health Assembly and ensured the presence of community advocates (Rico Gustav, GNP+; Grace Kamau, Executive Director, African Sex Workers Alliance, Kenya; Michael Ssemakula, Health Rights Researcher and Advocate at HURIC, Uganda) to discuss marginalisation. PITCH invited Dr. Tedros to speak on the panel. In March 2019, in preparation for the World Health Assembly, PITCH representative in Geneva (David Ruiz) organised a stand-alone meeting with high-level representatives from the Global Fund, France and Kenya on the Global Fund replenishment and Universal Health Coverage (UHC). This event was aimed at sensitizing and increasing awareness on the specific needs of key populations in the context of HIV and UHC, and to inform international UHC debates. Dr. Tedros participated in this meeting as well and heard demands and asks from key population representatives at the meeting. Rico Gustav, Director of GNP+, and Erika Castellanos, as member of the communities delegation to the Global Fund, both PITCH partners, participated in the high level meeting.
75	In July-August 2019, the African Union “Specialized Technical Committee on Health, Population and Drug Control” (AU-STC-HPDC) – comprised of ministers of drug control from African member	The AU Plan of Action is intended to guide drug control responses across Africa and, although not legally binding, represents a commitment from African governments to more humane, comprehensive and balanced approaches. The document is the latest in a	IDPC has used PITCH core funding to build a successful relationship with the AU Commission – which paved the way for more intensive involvement in the drafting of the Plan of Action ‘behind the scenes’ (for example, we were

ID	Outcome Description	Significance Description	Contribution Description
GLOBAL LEVEL			
	<p>states – met in Cairo and adopted the new AU Plan of Action on Drug Control and Crime Prevention (2019-2023). The Plan of Action (and its Implementation Matrix) incorporated recommendations from civil society including the need to include harm reduction, decriminalisation and human rights.</p>	<p>series of five-year Plans, but is the first one to explicitly use the term “harm reduction”. It also includes strong language on the need for “alternatives to punishment” (i.e. decriminalisation), greater proportionality, legal aid, rights-based responses and access to medicines in Africa. As such, it is another useful tool in our ongoing advocacy in the region.</p>	<p>able to source non-PITCH funding to directly hire a consultant on behalf of the AU to draft the Plan itself).</p> <p>PITCH, through IDPC and Youth RISE Nigeria, then provided funding to bring around 15 NGO representatives to the meeting in Cairo . At the meeting, these NGOs were able to engage with policy makers in person, and were even able to make direct interventions when the Plan of Action was being discussed and finalized – in order to defend the existing language on harm reduction and other rights-based responses.</p>

ID	Outcome Description	Significance Description	Contribution Description
EASTERN EUROPE AND CENTRAL ASIA REGION			
98	<p>In May 2019, at the first meeting of the NGOs platform “A Working Group”, the Chief Medical Officer at the St Petersburg Centre for Prevention and Control of AIDS and Infectious Diseases under the Health Committee of Saint-Petersburg (AIDS Center), who was invited for the meeting, expressed his recognition of the working group. He proposed to institutionalize the working group and make it legitimate via approving a statement on regulations of the working group created by Health Committee of St. Petersburg. He also proposed to host the working group meetings in the AIDS Center of Saint-Petersburg.</p>	<p>The main goal of working group is to coordinate HIV/AIDS efforts, influence HIV/AIDS policies and assist public authorities and state institutions in the implementation of Program on HIV Prevention among KPs for the period up to 2020 and beyond. Recognition and inclusion into the official working group under the AIDS Center of Saint-Petersburg is a significant step towards enabling KPs influence HIV/AIDS policy development and address their needs in access to HIV-related services and SRHR. In December 2019 working group regulations were adopted by the platform and the AIDS Center. Since the start, the AIDS Center of Saint-Petersburg effectively hosts and participates in the working group meetings.</p>	<p>In March 2019, in Saint-Petersburg, PITCH partner EVA Association conducted a meeting with NGOs working with KPs in HIV/AIDS sector where they discussed the opportunity of creating a common platform. The platform was developed via google group and received a name “a working group”. EVA Association was a part of the working group and had a secretariat role. EVA Association distributed the news about the working group creation and invited all relevant NGOs to join the group. The platform consists of KP representatives (SW, MSM, PWUD, PWLH, youth) and NGOs that are involved in HIV/AIDS prevention and treatment among KPs.</p> <p>In May 2019, EVA Association and Humanitarian Action (one of local partners) participated at the Coordination Council on HIV and AIDS under the Government of St. Petersburg and suggested a creation of the official working group. Later, the Health Committee under the Government of Saint-Petersburg instructed the AIDS Center of Saint-Petersburg to discuss the creation of working group with NGOs representatives.</p>
96	<p>On December 6, 2019 Vice Mayor of Bishkek, Kyrgyzstan, Tatiana Kuznetsova participated in the City Health Leadership Forum in Kyiv, Ukraine, where she publicly committed to decreasing the rates of TB in the city of Bishkek and tackle stigma and discrimination against the key population groups by signing the Zero TB Declaration.</p>	<p>TB incidence in Bishkek is 76.9 per 100 000 population, death rate – 5.1. per 100 000 population (2018 data). TB is the leading cause of death among PLHIV. The issues in TB service delivery include understaffing, lack of qualified personnel, growing rates of drug-resistant TB, high stigma and discrimination. Bishkek has more than 20% of Kyrgyz population and it is the main destination for internal migration (esp. For KP groups).</p> <p>In Kyrgyzstan a TB problem is considered mostly the responsibility of the Ministry of Health. Local authorities didn't want to recognise a wide range of social issues related to TB – incl. loss of job and</p>	<p>In early 2019 PITCH partner AFEW Kyrgyzstan conducted a community-participatory research to highlight a wide range of existing social issues related to TB and present them to the local decision-makers. Afterwards, in September 2019 a Director of PITCH partner AFEW International and project officer of AFEW Kyrgyzstan have taken part in the Fast track cities conference in London. It was a gathering of about 300 mayors from all around the world, with the goal to exchange the progress on the way to the 90-90-90 goals. The Deputy Mayor from Bishkek and two other municipal officials joined the conference, their visit has been arranged by the PITCH partner AFEW Kyrgyzstan and financed by another PITCH partner AFEW International. It was a crucial</p>

ID	Outcome Description	Significance Description	Contribution Description
EASTERN EUROPE AND CENTRAL ASIA REGION			
		<p>income during intensive phase of treatment, high dropout rates because people need to go back to work, higher prevalence in new settlements where internal migrants reside, stigma and discrimination and etc. The Mayor house didn't realise that TB is a multifaceted problem, which involves social and economic aspects, and PITCH helped them to understand that they can meaningfully contribute to solving the problem.</p> <p>Therefore, signing the Zero TB Declaration will allow to address operational and delivery issues in Bishkek, take actions to eliminate TB at the city level, which will significantly contribute to lowering rates of TB at the national scale.</p>	<p>event to convince them to initiate discussion on the Zero TB Declaration. Throughout November 2019 AFEW Kyrgyzstan had a series of meetings with the Deputy Mayor Tatiana Kuznetsova and Head of the Municipal Healthcare Department Baktygul Ismailova to discuss the benefits from joining the Zero TB Initiative and helped the municipality to collect background information on the necessity to sign the Declaration. Participation of Baktygul Ismailova in the forum in Kyiv (where the Declaration was signed) was supported financially by PITCH.</p>
95	<p>In November 2019 - February 2020 several Bishkek (Kyrgyzstan) City Council committees approved the Municipal HIV Programme and allocated 7 million Kyrgyz soms (EUR 74,000) for 2 years period to the municipal healthcare department, including first time funding for HIV service delivery within the municipal social order programme.</p>	<p>This outcome results of Bishkek's commitment to the Fast Track Cities initiative (the Paris Declaration signed on July 10, 2019) ~.~ The Municipal funding for HIV for 2020-2021 has doubled which ensures implementation of new, first time, interventions included within the municipal "social order" programme: 1) Free HIV testing and counselling at bazaars (local markets) for internal labour migrants ; 2) Placement of condomats at public areas for the first time in Kyrgyzstan; 3) Social contracting (funding) of the local NGOs for delivering HIV services; 4) Public awareness raising campaigns on stigma and discrimination; 5) Provision of milk formula to children born from HIV-positive mothers.</p>	<p>On 21 May 2019 PITCH partner AFEW Kyrgyzstan held a 4-hour workshop to present itself and the Paris Declaration with deputies of the Bishkek City Kenesh (Council); the Vice Mayor on social affairs; specialists of the departments on social affairs, education, culture and sports, housing, public health, economics and investments, internal affairs, legal affairs; deputy heads of the district municipal departments and community representatives. The Paris Declaration was offered as one of the mechanisms to provide coordinated and KP-centered measures on HIV prevention, treatment, care and support in Bishkek.</p> <p>Afterwards, 6 meetings were held during the period from 21 May till 20 June 2019 to prepare the city for signing the Paris Declaration, namely with the Head of the Municipal Department on social development – Aida Rysbaeva; with the Vice Mayor of Bishkek on social affairs – Tatiana Kuznetsova; with the Head of the Bishkek Department on social affairs – Mairam Mambetova; with Head of the</p>

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			<p>Municipal Department on Public Health – Baktygul Ismailova and with the Head of the Municipal Department on international relations – Nur Aitmatov. Moreover, AFEW Kyrgyzstan provided technical and legal support to the Mayor’s office and the AIDS Centre in Bishkek to ensure their preparedness for signing the Paris Declaration.</p> <p>The ceremony in which the Vice Mayor of Bishkek Tatyana Kuznetsova and Coordinator of the head of the UNAIDS office in Central Asia Alexander Goliusov, as one of the main partners of the Fast Track Cities (FTC) Initiative, signed the Declaration was held on July 10, 2020 and was arranged by AFEW Kyrgyzstan. Later AFEW Kyrgyzstan advocated a creation and facilitated the work of experts from the Mayor's office and civil society to design the municipal HIV programme. Active engagement of the civil society was ensured through a series of meetings and a workshop (On 22-24 August 2019) organized and facilitated by AFEW Kyrgyzstan, where the programme design and priorities were jointly discussed. The major advocates for the program were Vice Mayor of Bishkek Tatiana Kuznetsova and head of the municipal public health department Baktygul Ismailova. Public hearings of the Program at three committees of the Bishkek City Council took place on 19 November 2019 (social committee), 23 December 2019 (budget committee) and January 2020 (compliance committee). The formal and final stage of approval was supposed to take place in March 2020. However, due to the coronavirus outbreak it was postponed. Yet, the money was allocated to the Municipal Healthcare Department. The Department will be able to use the funds after the final approval.</p>

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			<p>For the program to be implemented a set of regulatory documents on social contracting needed to be prepared and introduced to the Mayor's office, which hasn't had any experience in awarding grants to NGOs before, including the agenda for social contracting, award procedures and standards of service. AFEW Kyrgyzstan hired civil society experts who designed all the necessary documents which will be presented to the authorities after the city passes the peak of the COVID-19 outbreak.</p>

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52	<p>On 15 December 2019, the AIDS Prevention Commission (KPA) of the Banjar District of South Kalimantan Province awarded OPSI South Kalimantan (PITCH Partner) as an organization that supports the achievement of HIV (Human Immunodeficiency Virus) prevention for key populations of sex workers.</p>	<p>This award was given for the first time by KPA Banjar District.</p> <p>The award from KPA Banjar District as a local institution that forms and coordinates policies and plans for HIV prevention, control and eradication activities at the district level is important for OPSI as a form of recognition of OPSI's work at the district level related to HIV prevention for key populations of sex workers.</p> <p>With this recognition of OPSI's work, opportunities for collaboration with key stakeholders such as Banjar District Health Office, Banjar District Social Service, Banjar Health Service, to jointly combat HIV for key populations of sex workers in the Banjar district will be opened specifically in conveying issues related to sex workers.</p>	<p>Since the beginning of 2019 OPSI has been involved in every meeting and activity carried out by the KPA of South Kalimantan Province related to HIV prevention programs.</p> <p>Knowing the involvement of OPSI at the provincial level, since mid-2019 KPA Banjar Regency began to involve OPSI in counseling activities related to HIV and STIs (Sexually Transmitted Infections) and KPA assisted OPSI in the process of mobile VCT (Voluntary Counseling Testing).</p> <p>On 12 September 2019 OPSI of South Kalimantan conducted a meeting with stakeholders, such as the city /regency and provincial Health Office, city/regency and provincial AIDS Commission (KPA), local non-governmental organizations (NGOs), and others in order to build HIV prevention partnerships for key populations of sex workers.</p> <p>On September 26, 2019, OPSI South Kalimantan became a guest speaker in a talk show to commemorate World AIDS Day on Radio Republik Indonesia (RRI) (local radio) and Duta TV (local TV channel) of South Kalimantan. At the talk show, OPSI socialized OPSI's organizations and work programs and provided information on HIV Prevention and Management.</p>
50	<p>On February 19, 2019, AKBP Indra Mardiana, SH, SIK, MSi, the Head of the Narcotics Unit of the Surabaya City Police in East Java Province, verbally supported the enactment of Law No. 35 of 2009 which regulates the placement of Drug Users in a Rehabilitation Institution, as stated on Article 127, rather than incarceration.</p>	<p>Based on data from the Directorate General of Corrections (Ditjen PAS) of the Ministry of Law & Human Rights, the number of drug users in prisons up to February 2019 is still very high: in East Java Province of Surabaya Detention Centers 1713 people (out of a total of 2724 residents), in Correctional Institutions (Lapas) Class I Surabaya 14 people (out of a total of 216), in Female Detention Center Class IIA Surabaya 30 people (out of a total of 86 residents), and in</p>	<p>Since 2016 until now (July 2020) EJA Surabaya (PITCH partner) has provided direct assistance to drug users through paralegals and is involved in the legal assistance process at the police level in the city of Surabaya.</p> <p>On February 19, 2019, paralegals from EJA Surabaya conducted a direct hearing to the Narcotics Section of the Surabaya City Police regarding the implementation of Law No. 35 of 2009 as well as other policies governing the placement of Drug Users in Rehabilitation.</p>

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		<p>Pamekasan Narcotics Prison ~~~is~~~ 119 people (out of 119 people).</p> <p>The high occupancy rate in the detention centers/ correctional institutions can actually be overcome if the government utilizes the drug rehabilitation centers as regulated in the law and in policy derived from Law No. 35 of 2009. For example, Government Regulations No 25 of 2011 concerning the implementation of compulsory reporting of narcotics addicts in particular article 13 section 2 and 3.</p> <p>With the support of the Head of the Narcotics Unit of the Surabaya City Police regarding the placement of drug users who are still at their legal process in the Surabaya City Police Resort to be rehabilitated rather than imprisoned, it is expected that narcotics users get better rehabilitation-related health services rather than being directly placed in prison. If narcotics users are immediately placed in prison, the right to their health including the right to rehabilitation is lost, making it difficult for them to recover from drug addiction. This is because, in prison, narcotics users will be gathered with narcotics dealers and 'drug lords' so that it is difficult to break this dependency chain.</p>	
49	<p>On December 23, 2019, during the commemoration of AIDS Day, Koster, Chairperson of the Bali Provincial Family Welfare Movement (PKK) and the wife of the Governor of Bali Province, endorsed a joint commitment of stakeholders represented by Forum Peduli AIDS (FPA) to be involved in HIV prevention and</p>	<p>The signing of the joint commitment led by the Chairperson of the Bali Province PKK TP with the Bali Aids Care Forum (FPA) contained commitments including:</p> <ol style="list-style-type: none"> 1. Assist the Government together with various parties to encourage healthy families in accordance with the vision of the development of the Bali provincial government 	<p>Since September 27, 2018, PITCH partner Yayasan Kesehatan Bali (Yakeba), as a member of the Bali AIDS Care Institutional Forum (FLPA Bali), has reorganized FLPA to become the Bali AIDS Care Forum (FPA Bali) to oversee policies and the implementation of HIV prevention activities in Bali.</p> <p>In the process of institutional strengthening:</p>

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	<p>reproductive health in empowering family welfare. The event was also attended by representatives of relevant agencies such as PKK representatives from 9 districts in Bali, Provincial KPA, youth group, traditional leaders, NGOs, and communities with a total participant of approximately 55 people.</p>	<ol style="list-style-type: none"> 2. Using reproductive health education to build healthy families in accordance with the order of the Balinese people 3. Mainstreaming reproductive health education in every secondary and upper educational institution 4. Using reproductive health education in HIV prevention strategies in Bali <p>Previously HIV prevention and reproductive health activities were carried out sporadically and only by HIV/SRHR specialized institutions eg the Provincial AIDS Commission (KPA), Bali Provincial Health Office, community social institutions, and other actors such as communities and village cadres without coordination.</p> <p>With this commitment, coordination can be carried out not only with institutions concerned with HIV and reproductive health but also with other institutions that receive considerable financial and operational support from the government but are less exposed to the issue of HIV and reproductive health. The inclusion of the Motivation Team of the Family Welfare Movement (PKK), with branches from provincial to the sub-village as well as family level, makes efforts to raise the issue of HIV AIDS prevention becoming stronger.</p> <p>This commitment also opened up opportunities for organizations (NGOs and communities) to gather in small spaces and work together to combat HIV in Bali, including approaching local traditional leaders and artists.</p>	<ul style="list-style-type: none"> • On 31 March 2019, the FPA together with Yakeba raised the issue to the public and candidates for the House of Representatives on the weak position of the Bali Provincial AIDS Commission (KPA) after the dissolution of the National KPA, causing an uncoordinated implementation of HIV control, unlike when the National KPA was in place. • On May 26, 2019, FPA Bali together with Yakeba held a press conference by inviting journalists to join the 2019 AIDS Meditations Night as well as to inform the current issues related to HIV in Bali. • On May 28, 2019, the AIDS Meditation Night was held by Yakeba and FPA Bali by inviting speakers, eg HIV experts, traditional leaders, and the Health Office. The activity was attended by more than 50 people representing government, health services, youth, key populations, and HIV groups. In this activity, a direct interaction between people with HIV and traditional leaders happened for the first time to discuss how people with HIV can solve problems related to customary (such as marriage, inheritance, social responsibility, etc.) <p>On July 30, 2019, during a meeting in Jakarta together with other PITCH partners to map-out strategic stakeholders to be engaged in the implementation of PITCH program in related to HIV / AIDS and reproductive health issues, it was found out that the Family Welfare Movement (PKK) is a very strategic institution to be involved in advocacy work with the consideration that PKK has the infrastructure to the lowest level at the sub-village and even families. In addition, PKK also has access to substantial funding from the government budget.</p>

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			<p>Since early December 2019, Yakeba and FPA Bali staff have taken a formal and informal approach to coordinate with the Chairperson of the Provincial PKK Motivation Team, including discussing the contents of the joint commitment document.</p> <p>On December 23, 2019, Yakeba with FPA Bali conducted the commemoration of AIDS Day with invited guests from HIV experts, Chairperson of the Mobilization Team of PKK and the Bali Provincial Health Office.</p>
48	<p>On 10-12 February 2020, representatives from the Papua Provincial Health Office, the National Narcotics Agency (BNN) of Papua Province, the Papua Provincial AIDS Commission (KPA), the Jayapura Regional General Hospital (RSUD) and the Sentani Public Health Center (Puskesmas), Foundation Papua Christians and the HIV community in Papua including the Jayapura Support Group, the Papua Noken Foundation, the IPPI Papua (PITCH partner) and local mass media, formed the Papua Movement for Sexual and Reproductive Health and Rights (SRHR) which aims to promote the SRHR issues, promote the use of Anti Retro Viral (ARV) drugs rather than the use of Stem Cells (Purtier), as well as responding to emergency matters related to SRHR and HIV AIDS in Papua.</p>	<p>This is the first coalition formed in Papua to address reproductive health issues and HIV / AIDS by involving stakeholders who have different backgrounds (sectors). With this coalition, it is expected that the work of the organization that has been carried out so far can be better coordinated and the changes that have occurred can continue. ~~~With this coalition can clarify the campaign to use Anti Retro Viral (ARV) compared to the use of Stem Cells (Purtier), where there are no other drugs that can be used for HIV treatment other than ARVs. ~~~This coalition will be able to clarify in a campaign that the use of Anti Retro Virals (ARV) is the only drug to be used for HIV treatment and that there is no scientific evidence for the use of stem cells (Purtier). The latter is claimed as HIV treatment by Papua public officials.</p>	<p>From mid-2018 to February 2020, Inti Muda Indonesia conducted capacity building for 18 young Papuans to be prepared to become young Papuan agent of change through training, mentoring, a fellowship program for young Papuans to the Inti Muda Secretariat office in Jakarta and to be involved in advocacy and networking activities, both at the national and international level.</p> <p>In December 2018, Inti Muda Indonesia and IPPI (PITCH partners) initiated the formation of Inti Muda Papua, which is managed by 18 young Papuan agents of change who have participated in a series of capacity-building activities.</p> <p>On 13-16 May 2019, IPPI and Inti Muda Indonesia held hearings to the Papua Province KPA, the Papua Provincial Health Office, the Papua Provincial Tourism Office, the Papua Women's Empowerment and Child Planning and Family Planning Office, the Papua People's Assembly, the Papua Provincial Education Office, the Papua Province BNN, the Papua Province National Family Planning Coordinating Board (BKKBN) with the aim of promoting the Inti Muda Papua, which is an organisation of young Papuan agents of</p>

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			<p>change who have been trained as a trainer on SRHR issues and able to conduct advocacy work related to SRHR issues in Papua.</p> <p>On May 17, 2019, IPPI and Inti Muda Indonesia conducted a Press Conference at BoB Cafe Kotaraja-Jayapura promoting Inti Muda Papua _, which is a young Papuan agent of change who has been trained as a trainer on SRHR issues_. The press conference was also used by Inti Muda Indonesia and IPPI to carry out a positive campaign for the community that people living with HIV AIDS (PLWHA) can be healthy and empowered if they consume ARV regularly and there is no therapy or treatment that can replace ARV.</p> <p>In November 2019, Inti Muda Indonesia, IPPI and Inti Muda Papua held a Papuan Youth Festival which also involved stakeholders related to the SRHR issue including the Papua Provincial Health Office, the Papua Provincial Health Service, the Papua Province BNN, the Papua Province KPA Papua, Jayapura Regional Public Hospital and Sentani Public Health Center, Yayasan Papuan Christians and the HIV community in Papua (Jajayapura Support Group, Papua Noken Foundation, Papua IPPI), Sentani STIKES, junior and senior high schools, and universities in Papua and others. This event was becoming a venue for these stakeholders to share their concerns on SRHR issues including HIV AIDS.</p>
47	During 2019, 5 print media (Bali Post, Denpasar Post, Radar Bali, Jakarta Post, and Nusa Bali) and 3 online media (Kompas.com, SuluhBali.com, and BaliBengong.com) both at the local and national level reported positive news about HIV-AIDS prevention and control	Previously, journalists did not understand the issue of HIV-AIDS and sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC), so the news tended to cause stigma and discrimination against the LGBT community. In addition, writing is often incorrect or not in accordance with interviews and expectations from	In 2017, the Gaya Dewata Foundation (YGD, PITCH partner) visited 10 print media, online and radio, including ANTARA, Bale Bengong, Denpasar Post, Nusa Bali, Radio Republik Indonesia (RRI), Menara Bali, Merdeka Bali, Penguin Bali, Radar Bali, Radio Publik Kota Denpasar (RPKD), and Suluh Bali. As a result of this visit, the media was willing to cooperate with YGD to disseminate true HIV and AIDS

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	<p>programs for Gay and Transvestite communities in Bali Province.</p>	<p>LGBT communities. It is new that in 2019 this many positive articles were published.</p>	<p>information without any stigma and discrimination as well as the need for media crews to increase knowledge about HIV and AIDS and Sexual Orientation Gender Identity and Sexual Characteristic (SOGIESC).</p> <p>In 2018, the Gaya Dewata Foundation followed up on the results of a visit in 2017 that the media wanted training in HIV / AIDS and SOGIESC. In that year the Gaya Dewata Foundation provided training on HIV / AIDS and SOGIE SC to the 10 media mentioned above.</p> <p>In 2019, the Gaya Dewata Foundation conducted coordination meetings every 3 months with the crews of the 10 media and involved media staff from the Provincial Aids Prevention Commission (KPAP), the District/City Aids Prevention Commission (KPAD). From this meeting, an idea was formed to form an AIDS Care Journalists Group (KJPA). Gaya Dewata Foundation then encouraged the KPA of the Province of Bali to facilitate KJPA and KPAP to produce legality documents in the form of a joint decision on the formation of membership groups for AIDS Care Journalists.</p>
45	<p>On 30 June 2020, Yuli, Head of Sub Directorate of Center for Health Financing and Insurance (Pusat Pembiayaan dan Jaminan Kesehatan/P2JK), Indonesian Ministry of Health, during the Virtual Policy Dialogue on Universal Health Coverage organized by PITCH Indonesia, informed and verbally invited Baby Rivona (PITCH Indonesia Country Focal Point) to join the working group on Strategic Health Purchasing where CSOs can be engaged</p>	<p>Previously, when she wanted to start advocating for Universal Health Coverage, the Country Focal Point of the PITCH Program Indonesia had difficulty in involving and inviting stakeholders to be present during the UHC dialogue that PITCH regularly organizes. It was difficult to involve the National Development Planning Agency (Bappenas) (which is the SDGs Secretariat in Indonesia) and the World Health Organization (WHO), which was in December 2019 after receiving information from UNAIDS, PITCH Indonesia CFP found out that WHO already have a UHC working group.</p>	<p>Since December 2019 PITCH Indonesia CFP has conducted key stakeholder mapping to find out key stakeholders, especially from government representatives, handling UHC issues.</p> <p>During the preparation of the Virtual Policy Dialogue on UHC, PITCH Indonesia CFP received input from consultants (hired by PITCH partner Rumah Cemara) working on a desk review of the national health financing policy that one of the key stakeholders of the Ministry of Health was from the Centre for Health Financing and Insurance / P2JK. Based upon this information, PITCH Indonesia CFP invited</p>

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	in promotive action of the National Health Insurance (Jaminan Kesehatan Nasional/JKN).	The participation of PITCH Indonesia CFP in the Working Group on Strategic Health Purchasing can open up opportunities for IPPI (PITCH partners) and other CSOs to access government funds to be engaged in promoting actions of the National Health Insurance (JKN) and thus will increase chances that PLHIV will access the JKN.	<p>Bappenas, Secretariate SDGs Indonesia, Ministry of Foreign Affairs, Center for Health Financing and Insurance (Pusat Pembiayaan dan Jaminan Kesehatan/P2JK), Indonesian Ministry of Health, Faculty of Public Health University of Indonesia, World Bank, ILO, UNDP, WHO, Dutch Embassy, etc. including other PITCH partners to the Virtual Policy Dialogue on UHC.</p> <p>On June 30, 2020, PITCH Indonesia CFP conducted a Virtual Policy Dialogue attended by 24 participants consisting of development partners such as UNAIDS, ILO, and also CSO partners such as Indonesia AIDS Collation, as well as national key network partners. One of the speakers at the Virtual Policy Dialogue was Ms. Yuli, who represented P2JK.</p>
42	On 21 March 2019, Sugianto, Head of Lingkungan Pondok Sosial (Liponsos/social housing) Surabaya of Surabaya City Social Service, Indonesia, appointed GAYa Nusantara (PITCH partner) to become the guarantor for bailing clients from gay and transgender communities who are sex workers, who get caught in public order raids. This happened under the new Standard Operational Procedure (SoP) of the Liponsos.	Previously, only members of the family can bail these clients out after they finish the rehabilitation centre's program. It frightens the clients because they have to open their HIV status or their sexual orientation to their family when they get bailed. And they are stigmatised and discriminated by their family.	On January 18th, 2019, GAYa Nusantara, with the Surabaya Legal Aid Organization held a Workshop to decrease stigma and discrimination among gay and transgender communities. Participants of this workshop were: Gay and transgender communities, Police, Surabaya Social service Office, Surabaya Rehabilitation Centre for Social Affair, etc. On this workshop, GAYa Nusantara presented data and evidence of the number of cases of violence as well as the stigma and discrimination experienced by the gay and transgender communities, based on the results of the documentation of Sexual Orientation Gender Identity and Sexual Characteristic (_SOGIESC_)-based violence cases and Discrimination Stigma of health services conducted by GAYa Nusantara and Surabaya Transgender Association (Perwakos) in 2018.
41	Since its establishment on August 5, 2016, until mid-2020, the members of the Civil Society Coalition for Changes to the Narcotics Act No. 35 of 2009, that	Civil Society Coalition for Amendment of Narcotics Law No. 35 of 2009 consists of PITCH partners (they are Rumah Cemara, Institute for Criminal and Justice Reform (ICJR), Yayasan Kesehatan Bali (Yakeba, Bali	On May 23-26, 2016, Beat the Aids (PITCH) through Rumah Cemara supported civil society groups and academics to discuss Narcotics policy in Bali.

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	<p>include 4 PITCH partners but also more than 8 non-PITCH partners, conduct joint advocacy work to make changes to narcotics policy in Indonesia. They use research, other evidence and a judicial review process that was piloted by PTCH partners Rumah Cemara and ICDR.</p>	<p>Health Foundation) and Empowerment and Justice Action (EJA)) and other civil society organizations such as Persaudaraan Korban Narkotika dan Zat Adiktif Indonesia, Kelompok Diskusi Cerdas Narkotika dan Zat Adiktif, Kharisma, Stigma, Lingkar Ganja Nusantara, Institute for Study and Advocacy for Judicial Independence, and academicians from the University of Indonesia Judicial Monitoring Society, HIV Research Center at Atmajaya University, and Community Legal Aid Institute.</p> <p>The formation of the coalition in 2016 was the first time that civil society groups and the narcotics user community and academics carried out systematic and planned joint work to make changes to Narcotics policy, previously they worked together sporadically and mostly on their own. This is a change in the way things work and perspectives in advocating by changing the mindset not who is in front, but what impact will be felt by the community.</p> <p>This change in the way that coalition works strategically and measurably is very important because the agenda that is being worked on is a big agenda in the amendment of the law and other derivative policies.</p> <p>This change in the way of work greatly contributes to sustainability, where Narcotics user groups and civil society groups will develop alliances for other advocacy work.</p>	<p>On 5 August 2016, Rumah Cemara supported a meeting of civil society groups in Jakarta that gave birth to the Civil Society Coalition for Amendment of Narcotics Law No. 35 of 2009 and Narcotics policy advocacy strategies.</p> <p>On September 1, 2016, Rumah Cemara was involved in preparing the Grand Design for the rehabilitation of Narcotics Users along with the National Narcotics Agency during September - December 2016 in Jakarta. This grand design is a guide for the revised draft of Narcotics Law No. 35 of 2009.</p> <p>On 6 April 2017, Rumah Cemara was involved as a participant in a public discussion and provided input regarding the implementation of Article 54 and 127 of the Narcotics Law No. 35 of 2009 carried out by the United Nations Office on Drugs and Crime (UNODC) in Jakarta.</p> <p>On April 25, 2017, Rumah Cemara together with the Civil Society Coalition for the Amendment to the Narcotics Act No. 35 of 2009 sent a letter to the House of Representatives of the Republic of Indonesia to conduct a hearing regarding the revision process of the Narcotics Law.</p> <p>On July 7, 2017, Rumah Cemara and the Civil Society Coalition for the Amendment to the Narcotics Act No. 35 of 2009 gave a letter to Commission III of the Indonesian House of Representatives to hold a meeting with a public opinion regarding the revision process of the Narcotics Law.</p> <p>From June to September 2017, PITCH partners of ICJR and Rumah Cemara together with the Indonesian Legal Aid Association prepared a civil society input work paper for the</p>

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			<p>revision of the Narcotics Law as an advocacy tool to the relevant ministries and the House of Representatives.</p> <p>On November 2, 2017, ICJR together with the Civil Society Coalition for the Amendment to the Narcotics Act No. 35 of 2009 conducted a media briefing with speakers from the National Narcotics Agency related to civil society input for the revision of the Narcotics Law.</p> <p>On November 17, 2017, the ICJR convened a coordination meeting of the Civil Society Coalition for Amendment of the Narcotics Act No. 35 of 2009 to publish a working paper for civil society input for the revision of the Narcotics Act as an advocacy tool to the relevant ministries and the House of Representatives.</p> <p>On 17 November 2017, the Civil Society Coalition for Amendment of the Narcotics Act No. 35 of 2009 also sent a letter to the Ministry of Justice and Human Rights to request a hearing session related to the revision of the Narcotics Law.</p> <p>On 27 - 28 February 2018, Rumah Cemara and the Civil Society Coalition for Amendment of the Narcotics Act No. 35 of 2009 were involved in the drafting of the Academic Draft and Draft Bill which was initiated by the expert staff of the House of Representatives.</p> <p>On 11 January 2019, Rumah Cemara was involved in the Public Consultation Forum for the preparation of the 2020 government work plan implemented by the National Development Planning Agency (Bappenas)</p>

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			<p>On April 3, 2019, Rumah Cemara held a public discussion with legislative candidates for the House of Representatives during the 2019-2024 Legislative Candidate campaign in Bandung related to the perspective of prospective legislative members attended by Giring Ganesha (Indonesian Solidarity Party) who nominated for the Indonesian Parliament, Aden Achmad (Prosperous Justice Party) candidates for the West Java Provincial House of Representative (DPRD), and Mariska Isabella (Democratic Party) candidates for the Bandung City DPRD against Narcotics and the revision process of the Law</p> <p>On 11 April 2019, Rumah Cemara together with Kharisma - one of the members of the Civil Society Coalition for Amendment of the Narcotics Act No. 35 of 2009 held a public discussion with candidates for the DPR RI legislative candidates during the 2019-2024 Legislative Candidate campaign in Jakarta, which was attended by Andy Azizi Amin (Prosperous Justice Party), Rian Ernest Tanudjaja (Rian Ernest Tanudjaja Indonesian Solidarity Party), and Wanda Hamidah (Democratic National Party) related to the perspective of prospective legislators towards Narcotics and the revision process of the Act.</p> <p>On 30 October 2019, ICJR and several members of the Civil Society Coalition for Amendment of the Narcotics Act No. 35 of 2009 presented the Narcotics Policy Reform and gave a policy paper to Ms. Prahesti Pandanwangi as Director of Law and Regulation of the National Development Planning Agency (Bappenas).</p>
40	On 1 August 2019, six national key population networks (Gaya Warna Lentera Indonesia – GWL INA, Inti Muda	In the implementation of UHC in Indonesia, the common perception of the public is that UHC is mostly about the National Health Insurance System (JKN) or	On January 29-Feb 1, 2019, the CFP PITCH conducted a Universal Health Coverage (UHC) and Voluntary National

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	<p>Indonesia, Ikatan Perempuan Positif Indonesia – IPPI, Jaringan Indonesia Positif – JIP, Organisasi Perubahan Sosial Indonesia – OPSI, Persaudaraan Korban NAPZA Indonesia – PKNI) and 2 CSOs (Rumah Cemara and Karisma Foundation) joined in the Universal Health Coverage (UHC) Alliance and signed A Position Paper for the Political Declaration in Jakarta, Indonesia, to be made at the High Level Meeting on Universal Health Coverage.</p>	<p>better known as the Social Security Administrator for Health (BPJS-K or BPJS). Yet, according to WHO, the definition of UHC is much broader and can be defined as a situation where every individual has access to health services (preventive, promotive, curative, rehabilitative, and palliative care) that he/she needs without exposing the individual to financial hardship.</p> <p>This Position Paper was prepared and compiled collectively by the National Network of People Living with HIV (PLHIV) and People Affected by HIV / AIDS as well as Civil Society Organizations working on HIV issues in Indonesia. The purpose of preparing and compiling this position paper was to provide a perspective of the community of people living with HIV / AIDS (PLWHA) and people directly affected by HIV / AIDS-related to Universal Health Coverage (UHC) which in September 2019 will be formalized through the World Political Declaration at a meeting United Nations General Assembly High-Level Meeting on UHC on 23 September 2019.</p> <p>This Position Paper is addressed to the Indonesian Government specifically to the Ministry of Health of the Republic of Indonesia, in order to make the following efforts:</p> <ol style="list-style-type: none"> 1. Form a working group for Universal Health Coverage by involving cross-sectoral Ministries, directly affected communities, experts, and other partners (including Development Partners such as related UN Programs and Agencies). 	<p>Review (VNR) on the Sustainable Development Goals (SDGs) workshop at Pomelotel, Jakarta.</p> <p>The workshop was attended by several key population networks who are PITCH partners as well as other networks at the sub-national and national level, related ministries, and UN Agencies that work on the issue of HIV. Workshop participants include:</p> <ol style="list-style-type: none"> 1. Ikatan Perempuan Positif Indonesia - IPPI (Indonesian Network of Positive Women) - (PITCH partner) 2. Organisasi Perubahan Sosial Indonesia – OPSI (Indonesian Sex Workers Network) - (PITCH partner) 3. Fokus Muda (Indonesian Network for Young Key Population) - (PITCH partner); 4. Persaudaraan Korban Napza Indonesia – PKNI (Indonesian Drug Users Network); 5. Jaringan Indonesia Positif – JIP (Indonesian PLWH National Network); 6. GWL-INA (Indonesian LGBT National Network); 7. Gaya Dewata (CBO working with the gay community in Bali); 8. Gaya Nusantara (CBO working with the LGBT community) - (PITCH partner) 9. Yayasan Kesehatan Bali – Yakeba (Bali Health Foundation) - (PITCH partner) 10. East Java Action (EJA) - (PITCH partner) 11. Rumah Cemara (Drug Addiction Treatment Center in Bandung) - (PITCH partner) 12. Puzzle Indonesia (peer support group for PLHIV in Bandung) - (PITCH partner) 13. Right Here Right Now (RHRN); 14. Aliansi Satu Visi (One Vision Alliance);

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		<p>2. Urge the Ministry of Health, through the Working Group for the UHC, to hold a consultation meeting with civil society and the community of PLHAs and people directly affected by HIV / AIDS prior to the United Nations General Assembly on Universal Health.</p>	<p>15. Free and Equal Rights; 16. Institute for Criminal Justice Reform (ICJR); (PITCH partner) 17. Secretariat for Country Coordinating Mecanism on GF-ATM; 18. UNDP; 19. Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES); 20. UNAIDS; 21. WHO; and 22. Netherlands Embassy in Jakarta.</p> <p>The most critical goal of this workshop is to build commitment and coalitions for advocacy, and develop a strategic action plan to advocate for UHC within the SDG framework, also in SDG implementation with regards to HIV prevention and intervention at the national as well as global level.</p> <p>The outcome of this workshop was the formation of an Action Plan document and a plan to produce the Indonesian Civil Society Organization (CSO) VNR Parallel Report.</p> <p>On 7 June 2019, the Global Network of People with HIV / AIDS and Key Populations and other global civil society organizations in coordination with PITCH Indonesia Country Focal Point (CFP) prepared a position paper collectively as a reaction by civil society and the HIV community to the draft document of the Universal Health Coverage Political Declaration.</p> <p>On 28 June 2019, the Draft VNR CSO Parallel Report and fact sheet were completed with the help from a consultant and</p>

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			<p>PITCH Indonesia CFP based on data obtained from 10 PITCH partners as well as from a key stakeholder interview process consisting of development partners, government and Key Population Network.</p> <p>On 13 July 2019, PITCH Indonesia CFP presented the VNR CSO Parallel Report to the CSO Major Group at the UN High-Level Political Forum on SDGs in New York, US. In addition, PITCH Indonesia CFP presented the VNR CSO Parallel Report at the UN Headquarters in New York during the PITCH side event, which was attended by around 50 representatives of UNAIDS as well as representatives from other member states from various countries.</p>
54	<p><i>Negative outcome</i> On January 15, 2019, Mulyadi, a member of the Regional Representative Council (DPRD) together with approximately 100 people from the Islamic Defenders Front (FPI), raided the secretariat of OPSI Riau (PITCH partners) located in Pekanbaru, Riau Province.</p>	<p>The raid carried out by a member of DPRD and members of FPI who also brought mass media to expose the situation was carried out because OPSI Riau was considered a hotbed of LGBT (Lesbian Gay Bisexual Transgender) and sex workers who were considered as a source of disaster for the people of Riau.</p> <p>The action taken by this person aims to close the OPSI Riau secretariat and stop all forms of activities carried out by OPSI Riau including advocacy and outreach to key populations related to HIV health issues and sexually transmitted infections (STIs) as well as human rights violations experienced by the sex workers. This is a form of limiting spaces for civil society organizations that struggle to protect the rights of sex workers from 3 gender types because, after the raid, staffs were afraid and felt threatened for their safety, being attacked by FPI that uses religious dogma to lead public opinions towards stigmatization of sex</p>	<p>From September to December 2018, OPSI Riau often conducted activities that were attended by the management and members of the organization which consisted of 3 genders (women, men, and transgender). These activities include strengthening the capacity for sexual and reproductive health rights (SRHR) and strengthening human rights in the context of sex workers including internal meetings of members and administrators of the OPSI Riau. This raises suspicion for DPRD members (Mulyadi) as well as FPI officials that the OPSI Riau as an organization is a hotbed of LGBT and sex workers.</p>

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		<p>workers. The raid took place even though the OPSI Riau has provided evidence of institutional legality from the Directorate General of National Unity and Politics of the Ministry of Home Affairs (Kesbangpol), the Ministry of Home Affairs at both the city and provincial levels.</p> <p>After the raid, on January 18, 2019, representative of OPSI Riau reported the situation to the Head of the Kesbangpol Pekanbaru City, Mr. M. Yusuf. After the meeting, Mr. M. Yusuf clarified to the media that OPSI Riau is a legal organization engaged in health and HIV issues and registered in the city Kesbangpol No: 220 / BKBP-BID.IDIOLOGI / LK.V / 2018/6 and Provinces with No: 220 / BKBP-BID.IV / O4 / II / 2018 / 183b who regularly submits its activity reports and financial reports semesterly to the city and provincial Kesbangpol. After this meeting, the OPSI Riau secretariat was able to operate normally again.</p>	

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38	On 25th October, 2018, the National AIDS Control Council (NACC) reviewed the published draft of the HIV and AIDS Prevention and Control Act – [HAPCA] PRIVACY REGULATIONS, 2017 to protect the identities of individuals including KPs accessing HIV services.	The HIV and AIDS Prevention and Control Act thus addresses issues of confidentiality and data protection during provision of HIV services. The new HAPCA regulations are awaiting to go to Parliament for it to have the force of law. However, KPs already use the draft regulations to demand for their right to confidentiality of their identity when health officials violate this right.	PITCH partners, KP Consortium, HOYMAS, KESWA and KELIN in 25th October, 2018, took part in the review meeting called upon by NACC. In 2017, NACC and the above mentioned PITCH partners developed a joint workplan that included the development of updated Privacy Regulations. At the meeting, the representatives pointed out key areas of concern with regard to handling Key Populations and People Living with HIV [PLHIV] Health data that they wanted to see the Privacy guidelines address.
37	On 24th July 2019, the National AIDS Control Council [NACC] of Kenya appointed the KP Consortium to sit in the newly formed committee on Advisories and Memos, charged with leading the development or review of HIV related policies and guidelines. This happened during the HIV, Human Rights and the Law Technical Working Group [TWG] retreat held at Naivasha Kenya.	This means that KP issues are more likely to be prioritized in the policies and guidelines unlike before when they were only consulted. By KPs taking part, we would also be archiving our contribution and lived realities as KPs to the larger HIV movement.	On 24th July 2019, PITCH Partners KP Consortium and The Kenya Legal & Ethical Issues Network on HIV and AIDS [KELIN] participated in the HIV, Human Rights and the Law Technical Working Group retreat held at Naivasha Kenya, where they pushed for the inclusion of the KP Consortium into the committee on Advisories and Memos tasked to advice the Ministry of Health [MoH] on using the rights based approach in ongoing developments in the HIV sector such as emerging technologies, emerging laws and policies and how they would affect KPs .
22	On 16th August 2019, the Global Fund (GF) HIV/AIDS program in Kenya through Khalda Mohammed of the Kenya Red Cross Society [KRCS]- Kenya’s GF Principal Recipient II, announced an increase of over 100% in the number of community-based organizations, including Key Population organisations, they would allocate direct funds to. This announcement was made at the Inter-Agency Coordinating Committee [ICC] that took place at the National AIDS Control Council [NACC] Board room in Nairobi, Kenya.	This outcome will ensure increased HIV and Sexual Reproductive Health [SRH] service coverage for Key Populations [KPs] in Kenya. This also means that more community organisations in Kenya can strengthen their financial systems by undergoing mentorship to be able to work within the GF grant. The mentorship and finance systems strengthening is tied in to the GF grant awarded.	PITCH partners KP Consortium, Health Options for Young Men on HIV/AIDS/STI [HOYMAS], and Kenya Sex Workers Alliance [KESWA] mobilised over 30 KP-led organisations (including PITCH partners) inclusive of Ishtar MSM, Empowering Marginalised Communities-EMAC Kenya, Gay and Lesbian Coalition of Kenya (GALCK), Bar Hostess Empowerment and Support Programme (BHESP), Men Against Aids Youth Group (MAAYGO) and Ukweli through the quarterly HIV Inter-agency Coordinating Committee (HIV-ICC) meetings to discuss service gaps among KPs as evidence to ask for more support from Global Fund. KP consortium, HOYMAS and KESWA attended the four KP Technical Working Group [TWG] meetings presently known as Committee of Experts [CoE] and put pressure on KRCS to

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			convince the Global Fund to support more community-based organisations to increase KP service coverage.
19	On 23 September 2017, the Kenya Medical Association (KMA) issued a press statement to condemn forced anal testing and classified it as a torturous act.	Following the press statement there was a decrease in reported number of cases of forced anal testing from 15 cases to 3 cases. The ruling affirmed the dignity of the two Kenyan men who were subjected to these horrific examinations, and it reinforced the understanding that the constitution applies to all Kenyans, regardless of their sexual orientation or gender identity.	<ul style="list-style-type: none"> • In 2015, two gay men were charged under section 162 of the Penal Code for their perceived sexual orientation. NGLHRC represented them from the Resident magistrate's Court, to the High Court to the Court of Appeal from 2015 to 2018. • On 3rd May 2017, the Office of the Director of Public Prosecution was petitioned to do away with the case. A petition that gathered over 500 signatures between January to March 2017. • In July to August of 2017, PITCH facilitated the brainstorm sessions which resulted in finding a Champion, Dr. Brian Bichanga, who advocated to the Kenya Medical Association to Issue a statement that condemned forced anal testing. • In the entire of 2017, ISHTAR, HOYMAS, NGLHRC, KMA, MAAYGO and KESWA implemented the # *stopforcedexaminations* online campaign and produced IEC materials on forced anal testing. • On 3rd May 2017, the campaign against forced anal testing build a large network of allies such as Kenya Human Rights Commission, Human Rights Watch among others.
18	On 24th May 2019, a three-bench Judge at the Constitutional High Court in Nairobi determined Kenya's first ever Petition that challenged Sections 162 & 165 of the Penal Code Laws of Kenya that criminalises same-sex relationships in addition to being inconsistent with the Constitution of Kenya 2010. More specifically: the law criminalises private	The Petition received wide media coverage thus creating visibility on the existence of the queer community in Kenya and their rights thereof. The hearing, having been heard in open court by a three bench-judge, opened up the space for discussions on the rights of the LGBT and key populations, how their rights are violated as a result of the punitive laws and how they are unable to access HIV prevention and treatment services as a result of the punitive laws. The	In July 2019, PITCH facilitated the legal fees for the Counsel/Attorneys/Lawyers that argued the first ever decriminalisation Petition 150 of 2016 in Kenya. PITCH funded the Litigation Collective Meetings and advocacy meetings that birthed strategies for the Decriminalisation Petition.

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	& Public consensual adult same- sex intimacies & relationships with prison terms of up-to 14 years.	Petition has been included in the University of Nairobi School of Law new curriculum as the main case study in Equality & the Law Unit.	
10	In August 2019, in their offices in Nyayo House, the County Health Management Teams (CHMT) of Dagoretti, Westlands and Starehe Sub-Counties in Nairobi County, agreed to a collaboration between the Kenya Network of People Who Use Drugs (KENPUD) and the Directorate of Public Health of Nairobi County towards increased awareness on HIV prevention to women who use drugs.	This outcome is relevant because it has led to increased access to information to women who use drugs in Dagoretti, Westlands and Starehe Sub-Counties. This was the first time they had women alone as participants in a harm reduction initiative. Women had all along been sidelined. Such kind of an intervention had never been implemented before, and they only target women who use drugs.	The contribution of PITCH was in the build-up activities and mobilization meetings paid for by the PITCH grant. KENPUD mapped drug user dens in Nairobi, especially in the mentioned three Sub-Counties, and identified health care facilities for referral. After the mapping they came up with women who use drugs as the sidelined group and engaged with other partners to know their areas of focus to avoid duplication. KENPUD through its peer educators provide information on harm reduction to the women who use drugs.
7	On 11th December 2018, Hon. Sabina Chege, the Chairperson of the Parliamentary Committee on Health in the National Assembly, in a meeting held at the Laico Regency Hotel, Nairobi, publicly acknowledged that problematic drug use is a health issue rather than a criminal issue and promised that she would work towards decriminalization of drug use in Kenya.	Criminalisation of drug use limits access to healthcare for PWUD. This public proclamation has helped to initiate debates towards policy change at National level. There is a debate initiated by Hon. Sabina Chege on modern healthcare systems where drug use and rehabilitation fall under the Ministry of Health, and with an intent to transfer the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) to the Ministry of Health. This one is with a view to making harm reduction just one of the treatment options just like rehabilitation. We are also in the pipeline of coming up with a Harm Reduction Bill.	In September 2018, Voices of Community Action and Leadership (VOCAL) conducted one-on-one follow up meetings with the Parliamentary Committee on Health which led to the public declaration meeting on 11th December 2018. The build-up and preparation meetings were hosted by VOCAL (PITCH partner) in Parliament Buildings. VOCAL did give relevant and timely information to the Policy makers, especially the statistics, to help the Champion advance the agenda - this feeds into her knowledge. PITCH also advised the Champion on how the harm reduction idea links with other development blueprints in the country like the Kenya Vision 2030 and also linkages with the Sustainable Development Goals (SDGs). Actually, VOCAL has acted as the Think Tank to the Policy-maker.
2	Between 2017 and 2019, County governments of Mombasa, Kilifi, Homabay, Nairobi, Kiambu, Siaya and Migori agreed to adopt the Youth	Previously, adolescents and young persons (AYPs) were engaged to rubber stamp processes, but Youth Advisory Champions for Health (YACH) strategy ensured that AYPs are on the table and participate in	PITCH project worked with the county departments of health to identify young people to be trained on advocacy. PITCH supported 5-day training for all the YACH members and linked them to the departments of health in the various

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	Advisory Councils for Health (YACH) as a best practice for structured meaningful engagement of adolescents and young people.	the Technical Working Groups (TWGs) to track how their contributions are taken into account in decisions made.	counties. The counties have since appointed adolescent focal persons to work closely with YACH. The County governments are also linking them to other organisations for support and sustainability when PITCH is over. An example of this is Ji-Activate which is working in Nairobi and other Counties.
1	In 2018 and 2019, the County governments of Mombasa, Migori, Kilifi and Siaya through the departments of health and Directors of health in their respective counties agreed to develop strategies and action plans to address HIV and Sexual and Reproductive Health (SRH) among adolescents and young people (AYP). The departments of health agreed to engage other sectors and AYPs in identifying realistic interventions and contributions of different stakeholders.	The development of strategies ensured a structured way of responding to barriers of access and uptake of HIV and SRH services by adolescents and young people after expiry of the fast track plan to end HIV among AYPs at national level. This has also contributed to budget allocation to support implementation of the strategies in Mombasa, Kilifi and Migori.	Through PITCH funding, LVCT Health held meetings with Directors of health and adolescent focal persons to share the importance of having strategies to guide HIV and SRH response for AYPs. PITCH funds supported conference package, transport allowances for AYPs, convening of strategy writing teams, dialogue with AYPs on involvement in strategy development, convening of Youth Advisory Councils for Health (YACH) to support writing and advocacy for budget allocation.
21	<i>negative outcome</i> In October 2018, the Kenyan President, Uhuru Kenyatta while speaking in Nandi County, condemned same sex marriage. He stated that as a country, Kenya would not bow to pressure to legislate same-sex marriages as a condition to receive donor funding.	This led to increased level of stigma and discrimination against key population which in turn discouraged key population from accessing Sexual and reproductive health right services from the public health facilities. This action also led to increased cases of violence and hate crimes reported to the National Gay & Lesbian Human Rights Commission, Legal Aid Center and other partners.	PITCH LGBTI partners and allies: National Gay and Lesbian Human Rights Commission (NGLHRC), Gay and Lesbian Coalition of Kenya (GALCK) and Nyanza, Rift Valley, Western Kenya network (NYARWEK) in 2016 all through mid 2019, conducted advocacy meetings and a campaign to repeal section 162 and 165 of the Penal Code about decriminalisation same sex relationships which is contradicting the 2010 Constitution. The judgement continued to be postponed hence the campaign took a long time and attracted wide media coverage, visibility and conversations around the LGBTQ+ Societies throughout that period. (Eventually, the judgement was delivered on 24th May 2019 and the law was maintained).
12	<i>negative outcome</i> In October 2018 at their Afya House Offices, NASCOP	This discrimination has led to increased stigma towards the Kenya Network of People who Use Drugs	Initially, when KP groups were adamant on the national survey using the biometric system of identification, PWUD

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	<p>discriminated against People Who Use Drugs (PWUD) by excluding them from an important meeting that took place between November and March 2019 after the plans to conduct a national survey on key populations by use of biometrics - the Integrated Biological and Behavioural Surveillance (IBBS) system - was rejected by the key population groups in Kenya.</p>	<p>(KENPUD). The key populations, especially persons who use drugs had genuine concerns that should the kind of data that was sought land in bad hands, they could even be criminalised or be denied VISAs to the USA once identified as drug users.</p>	<p>organisations were approached by NASCOP to accept the national survey using the biometric identification of KPs. In absence of information on the repercussions that this identification could have, they readily accepted. NASCOP then used this acceptance to convince the other KPs. KENPUD on realising the dangers of the national survey, then mobilised a spirited campaign to provide the information to all the PWUD organisations on the risks associated with the biometric system and they also had to pull out of an earlier agreement to be identified using the IBBS system. NASCOP had initially received huge funding from CDC to conduct this study. With the refusal to participate in an exercise that they had initially agreed to, it left NASCOP and their donor CDC in a very awkward situation.</p>

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139	<p>On 15th May 2018, the Maputo City Director of the Central Cabinet for the Prevention and Combat of Drugs authorized the implementation of Harm Reduction interventions for people who use drugs in Maputo City. This allowed Doctors Without Borders (MSF), FHI360 and PITCH partner UNIDOS to open up the Community Center for Assistance to People Who Use Drugs in Maputo, in the neighbourhood of Mafalala, with the capacity to serve a daily number of 150-200 people who use drugs, including a Needle and Syringe Programme (NSP) and Opioid Substitution Treatment (OST).</p>	<p>This is an important result, because Mozambique’s law, which criminalizes drug use, does not allow NSP and OST interventions. The Ministry of Health also did for a long time not see the necessity of robust interventions for PWUD, as it assumed that this group of people did not represent a considerable group in Mozambique. Even though the Ministry of Health never officially authorized the opening and operating of the Community Centre in the form of an official letter, as solicited by civil society, the Cabinet, by supporting this initiative, is paving the way which may ultimately lead to decriminalization of drug use in Mozambique.</p> <p>Even though the Community Centre is established and administered by Mozambican and international civil society actors (Unidos owns the centre and the advisors and supervisors are employed by Unidos, whereas MSF is responsible for the clinical part of the programme and FHI360 pays the administrative costs), this result is important because the pilot centre in Mafalala is the only centre offering Harm Reduction services in Mozambique. The fact that the government allowed the opening of this centre, provides the possibility of piloting activities that can demonstrate the effectiveness and importance of this type of service to assist people who use drugs. These results have been used by ACAM and UNIDOS to influence the Global Fund’s Harm Reduction Strategy for Mozambique (2021-2023).</p> <p>What will contribute to sustainability is the fact that the agreement with MSF stipulates that Unidos will</p>	<p>This is a result of a long advocacy process that started before PITCH and was led by Doctors Without Borders (MSF). However, since PITCH, UNIDOS and ACAM added their voice to the lobby and advocacy process. They targeted the Ministry of Health, the Central Cabinet for the Prevention and Combat of Drugs, the police and the National AIDS Council (CNCS) with research studies and evidence of good Harm Reduction practices in other countries.</p> <p>To provide evidence on the need to implement Harm Reduction actions (OST and NSP) for People who Inject Drugs, Doctors Without Borders (MSF) and PITCH partners UNIDOS and ACAM carried out two testing campaigns in November 2017 for Hepatitis C and HIV amongst people who use drugs in 4 priority neighbourhoods in Maputo. The results of the assessment were shared with the Director of the Department of Mental Health (Eugenia Teodoro) of the Ministry of Health, demonstrating the high rates of HIV and Hepatitis C infection in this group, showing the high vulnerability of this group.</p> <p>In February 2018, as a result of the lobby activities, the Mozambican Central Office for the Prevention and Combat of Drugs authorized the implementation of Harm Reduction interventions for people who use drugs in Maputo City (Mafalala Pilot). This authorization paved the way for the City of Maputo signing and MoU, on the 15th of May 2018, between the Governor of Maputo City (Iolanda Cintura Seuane), the Maputo City Director for the Office of Prevention and Combat of Drugs (Filipe Naftal Filimone), Doctors Without Borders (MSF-Lucas Mofino), FHI360 (Dário Sacur) and PITCH partner UNIDOS (Manuel Condula)</p>

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MOZAMBIQUE			
		<p>capacitate and share the lessons learned in terms of implementing and monitoring these types of interventions with Mozambican civil society organisations. Also, Unidos sensitized community leaders and local organisations in Mafalala about the importance of introducing Needle Syringe Programme and OST among People Who Inject Drugs, as a way to prevent the spread of HIV and Hepatitis in this group. This helped with creating understanding, as people first saw the centre as a place that would incentivize drug use.</p> <p>In May 2020, a meeting with Maputo city officials took place to revise the MoU and extend it for another 2 years.</p>	<p>that authorized the opening and operations of the Community Centre in Mafalala. The MoU is valid for 2 years.</p>
122	<p>As of 1st October 2019, the Mozambican Ministry of Health, as part of its Country Operational Plan for HIV/AIDS (COP19), introduced the medicine Pre-Exposure Prophylaxis (PrEP) as a pilot in the provinces of Zambézia, Manica and Nampula, for high-risk groups, with a focus on gay men, MSM, trans people and sex workers.</p>	<p>Despite the fact that PrEP was available on an experimental basis in the provinces of Gaza (provided by Médecins Sans Frontières - MSF) and Tete and Sofala (provided by the International Center for AIDS Care and Treatment Program) (ICAP), the introduction of PrEP by the Mozambican government is unprecedented. Previously, there was reservation by the government to introduce PrEP, as according to the government, it lacked evidence to support its introduction. The Mozambican government tends to adopt a cautious posture when considering new medications.</p> <p>The Mozambican government accepted to roll out PrEP in a phased manner, starting with 3 provinces that it selected due to the high density of KP population (in the case of Zambezia and Nampula) and a migration corridor between Mozambique, Zambia</p>	<p>From 2017 onwards, LAMBDA in coalition with other civil society representations, influenced the Mozambican Ministry of Health to introduce PrEP, through speaking out during the annual review meetings of PEPFAR's Country Operational Plan (COP) for Mozambique. These COP review processes takes place between Jan-Mar of each year and are an important advocacy space for Mozambican civil society to pressurize the Mozambican government. PITCH partners UNIDOS and Pathfinder, as well as a number of other Mozambican civil society organisations, also participated in this influencing process. LAMBDA also engaged in different civil society platforms, such as the Network for SRHR (RDSR) and PLASOC, and as part of these networks put pressure on the government to accept the roll out of PrEP. This happened in different spaces, such as the review of COP19 and the bi-annual review of the Global Fund Annual Plan. LAMBDA also used its seat on the Steering Committee of the National AIDS Council (CNCS)</p>

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MOZAMBIQUE			
		<p>and Zimbabwe (Manica). Piloting the roll out of new medications is standard practice of the Mozambican government, and it would be a matter of time before PrEP would be rolled out nationally. Indeed, on 5 Aug 2020, the government presented the results of the pilot phase and confirmed that it would be rolled out nationally from 1 Oct 2020 onwards. Funding for that has already been committed by PEPFAR.</p> <p>In terms of sustainability, this result is important since it contributes significantly to prevention of HIV/Aids of Key Populations who are generally not in the position to negotiate safe sex (such as sex workers and trans women).</p>	<p>Technical Group, which is composed of government representatives and civil society organizations, to push the issue of PrEP. In the absence of reliable data that could convince government of the need to introduce PrEP, LAMBDA presented the lived experience of trans women and sex workers that form part of its network.</p>
121	<p>In July 2019 the Mozambican Ministry of Health approved the protocol for the introduction of DTG (Dolutegravir) as the priority anti-retroviral HIV/AIDS medication for all people living with HIV/AIDS, excluding women of childbearing age, and started a phased roll out of the medication in the whole country.</p>	<p>Even though the World Health Organization recommends the use of the HIV drug dolutegravir (DTG) as the preferred first-line and second-line treatment for all populations, including pregnant women and those of childbearing age, the Mozambican government tends to adopt very conservative and cautious postures when it comes to approving new drugs, and in this case in particular since there were some studies that indicated contra-indications and collateral effects in women of childbearing age.</p> <p>The fact that DTG was accepted by the Mozambican government as a priority drug for people living with HIV Aids, excluding women of child-bearing age, is important because the MSM group, represented by LAMBDA, is one of those with the highest rates of HIV infection in the country, and at the time, Mozambique, unlike the broader Southern African</p>	<p>During the mid-term review process of PEPFAR's Country Operational Plan 2018 (Oct 2018 – Sep 2019) for Mozambique, which took place in Johannesburg, from 19-23 Feb 2018, PITCH partners LAMBDA and Unidos, as well as other Mozambican civil society organizations, presented their priorities for 2019, in terms of HIV prevention and treatment. At this meeting in Johannesburg, LAMBDA put pressure on the Technical Group that represented the Mozambican government to accept the introduction of DTG for people living with HIV/AIDS, excluding women of childbearing age.</p> <p>Subsequently, on 12th December 2018, in the scope of International HIV AIDS Day, LAMBDA organized a press conference, which highlighted the significant advancements the government had already achieved in the fight against HIV/Aids, but stressing also the low level of ARV coverage for Mozambique compared to the SADC region (46% against 66%) and the high level of abandonment of treatment</p>

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MOZAMBIQUE			
		<p>region, had an increasing infection trend due to, among other factors, weak retention of ARV treatment among MSM due to the side effects. MSM, gay men and trans women face many structural barriers and marginalization and could for example not guarantee a daily meal to take their medication with. The previous medication could not be taken on an empty stomach without leading to serious side effects.</p> <p>In terms of sustainability, the introduction of DTG has great potential for long-term adherence, due to its "User Friendly" nature, with very few side effects, thus helping to reduce the high rates of anti-retroviral treatment dropouts among the general HIV population and KP groups in particular.</p>	<p>(44%). LAMBDA used these figures to advocate for the introduction of Dolutegravir, which would help reinforce adherence and retention of people in treatment. PITCH partner Unidos was also part of the panel. The press statement delivered by LAMBDA was published by the newspaper Jornal Noticia, which has a national coverage.</p> <p>In 2019, LAMBDA continued to engage in different civil society platforms, such as the Network for SRHR (RDSR) and PLASOC, and as part of these networks put pressure on the government to accept the roll out of DTG. This happened in different spaces, such as the review of COP19 and the bi-annual review of the Global Fund Annual Plan. LAMBDA also used its seat on the Steering Committee of the National AIDS Council (CNCS) Technical Group, which is composed of government representatives and civil society organizations, to push the issue of DTG."</p>
119	<p>On July 16 2019, the Mozambican Parliament removed paragraph 2 of Article 30 of the Family Law, which allowed girls to marry from 16 years of age. Subsequently, on July 18, 2019, the Mozambican Parliament approved the Law to Prevent and Combat Premature Unions, thus criminalizing child marriage in Mozambique.</p>	<p>The withdrawal of Article 30, 2 of the Family Law 2004 and also the approval of the Law to Prevent and Combat Premature Unions represents a major victory in the fight against violence against girls in Mozambique.</p> <p>This is one of the few examples of a law in Mozambique that was not a government initiative, but a partnership between civil society and parliament."</p>	<p>PITCH partners COALIZÃO and Muleide are members of Girls Not Brides, the Global Coalition Against Premature Marriages, through the Mozambican Coalition for the Elimination and Prevention of Premature Marriages (CECAP). As part of CECAP, Muleide and COALIZAO participated in the design process of the Draft Law for Preventing and Combating Premature Unions.</p> <p>After a process of lobbying parliament, and presenting various drafts of this law, the Mozambican Parliament finally accepted to collaborate with civil society in the 5th phase of the process, which was between October and December 2017. It was at this point that CECAP hired an external consultant, who would work alternately with focal points of the Mozambican civil society and Parliament, and broker between the different camps. CECAP employed the</p>

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			<p>consultant, however the funds for this activity came from the contribution of various coalition members, including Muleide and Coalizao through PITCH funding.</p> <p>Between May and November, 2018, the Draft was improved up to the fifth Draft, which was submitted to the Parliament on 13 December, 2018, after a series of 15 review phases, in which 11 parliamentarians participated, of the 3rd Committee of the Assembly of the Republic, which is the Committee linked to HIV and Gender issues and composed of representatives of all 3 political parties represented in Parliament. Because some of the Parliamentarians were not easily convinced, they were also targeted in less official “corridor” advocacy in the period between Oct 2017 and Jul 2019.</p>
118	On December 6, 2019, the City Council of Maputo City (Dr. Maira Mara) invited the representative of the Mozambican National Platform for the Rights of Sex Workers to be one of the panelists in the discussion on Stigma and Discrimination of Key Populations, organised by the municipality as part of the celebrations of International HIV/Aids Day.	This is an important result because it was the first time that a transgender person was invited by representatives of local government in Maputo, to be presenting as a panelist at a public meeting at which government participants were in attendance (60 people attended the panel discussion).	During the workshop on Universal Health Coverage, organized by PITCH in Maputo, from 29-30 Oct 2019, contacts and information on the National Platform for Sex Workers Rights were exchanged with the National STI/HIV Programme Focal Point of the Ministry of Health of Mozambique (Dr. Jessica Seleme), who was the intermediary for the invitation to be made to the Representative of the National Platform for the Rights of Sex Workers by the Municipal Council of Maputo to participate in the meeting.
117	On July 16, 2019 the Technical Adjunct of the Mozambican National AIDS Council (CNCS) (Dr. Josefa Mazive) accepted that the provincial focal points of the National Platform for the Rights of Sex Workers would have free access to HIV/Aids prevention commodities (such as male and female condoms, lubricating gel,	This result ensures that the needs of sex workers regarding access to prevention inputs will be better met, as the sex workers don't have to access them at public health posts, where they often face stigma and discrimination, but can obtain them directly from their colleagues (the focal points) at hot spots, at any time of the day or night (as long as stock lasts). This will contribute to the prevention of HIV/Aids transmission,	On July 16, 2019, a first ever meeting was held between the National AIDS Council (CNCS) and the Representative of the National Platform for the Rights of Sex Workers and PITCH partners UNIDOS and ACAM. At this meeting, the Platform introduced itself to the National AIDS Council and presented the idea of the Council offering the sex worker focal points direct access to HIV/AIDS commodities. As a follow-up, PITCH partner Pathfinder provided credentials for each of

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	etc.), directly from the Council's provincial centres, for distribution to beneficiaries.	STI's as well as unwanted pregnancies. The sex worker focal points have indeed been able to get monthly supplies of male and female condoms, however, the lubricating gel has not been supplied during COVID19 due to problems on the delivery side.	the 23 sex worker focal points, in order to be able to access the HIV/AIDS prevention commodities in each province.
116	Since June 2019, 23 sex workers who are focal points of the National Platform for the Rights of Sex Workers systematically report cases of violence and abuse experienced by sex workers across all provinces of Mozambique.	<p>Sex workers in Mozambique previously did not consider themselves as subjects of human rights. If they would have the courage to report cases of violence and abuse at all, they would have to report these at the police station, which is an environment where they would often face further stigma, abuse and ridicule. As a result, the majority of sex workers would not report cases of violence. Data shows that sex workers are still not confident to report at the police station. From March to July 2020, 422 cases of violence were collected across the country, by the 23 sex workers focal points. Of these, only 30% were also reported at the police station, which means that, without the cases reported to the Platform, a huge amount of cases of violence would remain unreported and invisible.</p> <p>The systematic collection of data on cases of violence is important because it allows the National Platform to grow an evidence base on the cases of violence, which it uses to advocate for the improvement of services and treatment of sex workers.</p> <p>The monthly reports of cases of violence and abuse suffered by sex workers nationwide, are compiled by PITCH partner Pathfinder and shared with all the member organisations of the National Platform for Sex Workers Rights. At the national level, these reports are</p>	<p>"The National Platform for the Rights of Sex Workers was created in December 2017 and is supported by a number of Mozambican civil society organisations, amongst which are PITCH implementing partners Pathfinder, Muleide, LAMBDA and MozPUD.</p> <p>Several activities carried out contributed to the empowerment of sex workers, which in turn contributed to them feeling confident and safe enough to start reporting cases of violence and abuse. Other activities undertaken by PITCH partners were the organization of sex worker groups at the provincial level, dissemination of information material, training of 23 sex worker focal points and support in meetings with local partners (e.g. health units and police officers). The 23 focal points are sex workers who carry out their (often dangerous) work as focal point voluntarily. In 2020 the National Platform for the Rights of Sex Workers systematized its complaint collection database through the ONA software. PITCH partner Pathfinder is responsible for administering this database.</p>

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MOZAMBIQUE			
		<p>also shared with the Technical Group of Key Populations of the Ministry of the Interior. At the provincial level, the reports are shared by the 23 sex worker focal points with health providers and 42 police focal points (who are Police Commanders).</p> <p>Now that the National Platform of Sex Worker Rights is part of the Technical Group for Key Populations of the Ministry of Health (since July 2020), it will also be able to share the reports there and highlight the cases of abuse and violence suffered by sex workers at health facilities.</p>	
115	<p>On July 2, 2020, the National STI/HIV Programme Focal Point of the Ministry of Health of Mozambique (Dr. Jessica Seleme) integrated the National Platform for Sex Workers Rights into the Ministry of Health’s National Technical Group of Key Populations.</p>	<p>This is the first time an organization of sex workers was invited to form part of the Ministry of Health’s National Technical Group of Key Populations. This Technical Group is composed of decision makers from the Ministry of Health, the National AIDS Council and implementation partners (civil society organizations) and representatives of Key Population groups. Participation in this Technical Group means that the National Platform for Sex Workers Rights will be able to contribute actively to the development and/or review of HIV/AIDS and SRHR policies and strategies aimed at Key Populations.</p>	<p>On June 23th, 2020, PITCH partner Pathfinder organized a webinar called “ON HEALTH AND RIGHTS”, which focused on the theme “Sex Workers and Covid-19 Pandemic Response Measures”. The panelists were, amongst others, representatives of the Ministry of Health (Dr. Jessica Seleme) and the Ministry of the Interior (Dr. Jorlinho Tembe) and the speakers were the Representative of the National Platform for the Rights of Sex Workers and the President of Tiyane Vavasate (sex worker organisation).</p>

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MYANMAR			
72	In December 2018, the Chief Minister (State government) of Mon State in Myanmar and the Mon State Parliament granted the establishment of the first rehabilitation center for drug users in the State and offered public land for its establishment.	<p>Mon state drug users mainly use amphetamines, the addiction can be treated through rehabilitation therapy but evidence shows that successful therapies need long-term solutions to address the reasons for drug use, including mental health and access to education/jobs. This requires a holistic treatment approach as foreseen in the Myanmar Drug Treatment Department guidelines, including access to services related to quitting drug abuse, physical and mental support, and access to other healthcare services. This rehabilitation centre in Mon State is in line with these Myanmar Drug Treatment Department guidelines.</p> <p>With the establishment of this rehabilitation centre, drug users in Mon sate will now have access to all of these services and faster/easier travel to and from rehabilitation therapy.</p>	Throughout 2017 and 2018, PITCH partner MTSTM, with the support from members of the local Joint Advocacy Group for Mon state, a coordination network formed by 19 Mon organisations working on drug issues held (which MTSTM is part of), held 26 coordination meetings amongst themselves to prepare evidence and advocacy messages, 14 direct advocacy meetings with members of the Mon State Parliament to propose the establishment of the rehabilitation center in line with the Myanmar Drug Treatment Department guidelines to the Mon State Chief Minister. State Parliament controls the budget for public health but the action needs approval from regional government, i.e. the Chief Minister and his staff.
71	In December 2019, the Myanmar Ministry of Health and Sports approved a new sexual and reproductive health rights (SRHR) policy, which included and addressed the needs of different key populations, including PITCH key populations LGBT and Youth.	While the policy text has not been officially published yet (the unpublished text is translated in the attachment), this is the first time that a SRHR policy in Myanmar recognises and identifies different needs for different subgroups of the population. It includes reference to the special needs of LGBT and Youth when it comes to sexual and reproductive health rights. This is a crucial step in order to improve access to health care and social services for LGBT. The policy prescribes measures for more user friendly services and to reduce discrimination against LGBT in using these services.	With technical support and funding from PITCH, between 2017 and 2019, PITCH partner MMTN conducted monthly trainings on human rights, legal education, SOGI, gender and leadership trainings for representatives of the MSM community. During these trainings, MMTN also collected data about abuse/discrimination cases and provided legal aid to affected MSM community members, including in Shwebo, Monywa, Meikhtila, Bago, Lashio, Pakkoku and Moe Kaung (cities in Myanmar). The data collected was used by MMTN to advocate and participate in the process the development of the SRHR policy with the Ministry of Health and Sports in Naypyidaw over this period.
70	On 15 November 2019, the Myanmar National Ministry of Health and Sports approved the Fourth National Strategic Plan on HIV (NSP IV) by the National AIDS Programme (NAP) which for the first	The NSP IV is the official government strategy for addressing HIV related challenges. It guides how the government will distribute HIV services to its people. Government resources will be allocated to implement the strategy. When accessing the healthcare services,	Between 2017 and 2019, PITCH partner MMTN conducted monthly human rights, legal education, SOGI, gender and leadership trainings for representatives from the MSM community. During these training, MMTN also collected data about abuse/discrimination cases and provided legal

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	time included provisions to provide equal access and quality services for LGBT without discrimination. It references community-led HIV testing and sensitization as recommended activities and PreP (Pre-exposure prophylaxis) medication can now be prescribed throughout the country.	the needs of the HIV MSM community are different from that of the overall HIV community. This is now being recognised and some key needs addressed in the NSP IV for the first time.	aid to affected MSM community members, including in Shwebo, Monywa, Meikhtila, Bago, Lashio, Pakkoku and Moe Kaung townships. The data collected was used by MMTN to advocate and participate in the process the development of the NSP IV with the Ministry of Health and Sports during 13 different consultations/working group meetings held between September and November 2019 in Bagan, Yangon and Naypyidaw, to which the Ministry of Sports and Health had invited PITCH Members AMA, SWIM, MMTN, MYS, MPG, MPWN to draft the NSP IV.
69	On 10th November 2019, Yangon Chief Minister Phyo Min Thein (Head of the Regional Yangon Government, biggest and most important region in Myanmar, and candidate to become the next Myanmar president) and U Naing Ngan Lin, President of the Youth Affairs Committee, officially opened the International Youth Day organised by PITCH partner Myanmar Youth Star (MYS) together with the Yangon Region Youth Affairs Committee at Yangon University. During this event, they informed the Yangon youth network that their advocacy asks will be addressed, including the inclusion of sex workers and LGBT in the list of 11 types of priority youths as part of the National Youth Policy.	The International Youth Day 2019 was the first time that Yangon youth leaders representing key populations were officially acknowledged by the Yangon Regional Government. It constitutes a milestone in their engagement with the Yangon Regional Government, after advocacy efforts to consider the different experiences of key populations had failed in 2017. At that time, many youth leaders in Yangon, including PITCH partners, felt ill prepared for the quite technical language of the consultations around the development of the National Youth Policy. As a result, the official Working Committee formed ended up being made up of 15 youth representatives and 10 government representatives but included no representatives from individual young key populations (even though one seat was reserved for disabled youth). Only after PITCH capacity building support and sensitization/awareness raising of the different experiences of different youth key populations in 2018 were they able to fully engage in the discussions with the Youth Affairs Committee to voice their specific advocacy asks for consideration of their key populations.	Only after PITCH capacity building support and sensitization/awareness raising of the different experiences of different youth key populations in 2018 were they able to fully engage in the discussions with the Youth Affairs Committee to voice their specific advocacy asks for consideration of their key populations. In 2018, following PITCH training and capacity building support, PITCH partner MYS changed their advocacy approach towards the Yangon Regional Government, by inviting the responsible Yangon Regional Government representatives to their events, instead of waiting to be included Yangon Youth Affairs Committee meetings. MYS first invited U Aung Ko Ko, a member of the Yangon Youth Affairs Committee, to their offices for a discussion with U Kyaw Min Htun, director of MYS, Dr. Sithu Swe and Dr. Nang Pan Ei Khan, drug issue specialist, about the youth policy under the title of “Healthy Youth for a Better Future”. Then In 2019, Myanmar Youth Star coordinated and engaged with local youth representatives to prepare advocacy information about young key populations and used this to approach the Yangon Regional Government to demand them to include young key populations meaningfully in the

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			<p>policy making/implementation process. The Yangon Youth Affairs Committee finally invited MYS on 23 March 2019 as representatives of young key populations to a meeting at the Yangon Region Government office to discuss the different needs of young key populations to inform the implementation of the youth policy. The Yangon Minister of Social Welfare himself attended the meeting. Myanmar Youth Star was able to present problems and basic needs of young key populations and share their advice with the Committee. Myanmar Youth Start collaborated with the Yangon Region Youth Affairs Committee to organize the International Youth Day event on 10th November 2019 at Yangon University, which Chief Minister Phyo Min Thein and U Naing Ngan Lin, President of the Youth Affairs Committee, attended. Following the event, they both sent thank you notes and acknowledgements to MYS.</p>
59	<p>In 2018, the Myanmar police arrested 45 sex workers in Mandalay, Yangon, Myitkyina, Bago, Pyay and Kyaung Padaung townships, instead of 90 in 2017.</p>	<p>Since 2018, less sex workers are arbitrarily arrested by the police, punishments are being reduced and previously arrested sex workers are being released. Before this change in practice, sex workers suffered from discrimination by the police and did not have equal access to justice because they were not officially recognised. Before 2018, there were no cases of sex workers claiming their rights/being protected by the law and violations against sex workers would often be left unpunished by the police.</p> <p>More sex workers are now able to claim/have their rights defended in court - AMA was able to analyze evidence from over 40 cases since 2018, with 13 sex workers being acquitted in 2019 alone (before there was no acquittal).</p>	<p>Since the end of 2017, PITCH partner Aye Myanmar was able to work with key populations, develop partnership networks and lobby the Ministry of Home Affairs (in charge of the police), Ministry Health and Sports, Human Rights Commission, Women Affairs Federation and the Ministry of Social Welfare through various awareness raising and coordination meetings at the township level.</p>

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		(Context: There is no legal framework for sex workers to claim their rights - the 1949 Prostitute Suppression Law can punish (ex-)sex workers on grounds of loss of reputation. Even though they should be able to claim legal protection when they are raped or abused, sex workers did not have confidence in the police or justice system based on previous experiences.)	
57	On 10th December 2019, the Myanmar Human Rights Commission (MNHRC) hosted the International Human Rights Day and awarded the winners of the first-time film contest for HIV infected and affected Key populations together with Alliance Myanmar. The MNHRC addressed the rights of key populations publicly at this national level event, in front of other government representatives and UN officials.	Before this film festival, the Myanmar Human Rights Commission (HRC) had never conducted any awareness raising or protection activities aimed at PLHIV and affected populations. The film festival was the very first time that the HRC publicly spoke out about PLHIV. The MNHRC is the Commission that can reach and advise directly to the President. Government institutions are legally obliged to follow what the HRC advises. It is thus very important for PLHIV and affected populations that HRC participated in this film festival. The film festival will be repeated in 2020.	<p>On 6th & 7th October 2018, PITCH partner Alliance Myanmar asked the Deputy Director of the Human Rights Promotion and Education Division of the Myanmar Human Rights Commission to attend the meeting with PITCH lawyers to share and exchange human rights concepts and current activities of the commission on HIV key populations in Myanmar. Alliance then invited HRC officials for another meeting in November 2018 and then for a discussion on World AIDS Day on 1st Dec 2018. Through informal discussion, the commission office agreed to do the first film festival in 2019.</p> <p>On 21-22nd September 2019, together with PITH partners MMTN, SWiM and MPWN, the Human Rights Commission facilitated a training for 18 interested and shortlisted Myanmar movie directors to prepare their films. Film makers submitted on 25th Nov their films for the festival to PITCH. On 10th December, the best films were awarded at a national level event hosted by Myanmar National Human Rights Commission Office.</p>
55	On 29th May 2018, the Myanmar Central Committee from Drug Abuse Control (CCDAC), which is the national committee leading on the implementation of the new National Drug Policy, allowed the United Nations Office on Drugs and Crime (UNODC) to	Community based care and treatment for drug use and dependence is led by the community to help drug users access medical, social and legal services. Through community coordination, advocacy and collaboration, drug users are helped to access available services in their area. Myanmar the first country in the ASEAN region in developing the drug	PITCH partner Alliance Myanmar participated not only in the process of developing the new National Drug Policy, but also amending the 1993 narcotic drugs and psychotropic substances Law. Alliance Myanmar actively and perseveringly advocate to implement the national drug policy.

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	<p>conduct the first pilot project for the community based care and treatment for drug user in Kalay township, Sagaing region. This is part of the new public health care strategy under the new National Drug Policy. From 23rd September 2019 onwards, actual implementation started with PITCH partner Alliance Myanmar being chosen as the implementing body and UNODC as the technical body, working under the responsibility of Kalay Public Health Department.</p>	<p>policy, which follows the recommendations of the Special Session of the General Assembly UNGASS 2016. Under the new national drug policy, the government promises to respect the human rights of drug users (eg harm reduction and decriminalization).</p> <p>Usually, INGOs and NGOs provide services for the harm reduction and the general community are not included. In addition, there was no community-led program yet, which integrate all required services for drug users such as vocational trainings, psychological support and reintegration to return to life in their communities. This pilot project is trying to provide a holistic approach.</p> <p>The result of this first and only pilot project will be utilized and applied to implement the national drug policy by ensuring the drug users in other part of countries access health care (especially harm reduction services).</p>	<p>Through PITCH funding, Alliance Myanmar financially supported officials from the National Central Committee from Drug Abuse Control and Ministry of Health and Sports to attend, build relationships and learn from the International AIDS Conference 2018 in The Netherlands and International Harm Reduction Conference 2019 in Portugal. Alliance Myanmar also invited them to be involved in PITCH global side events in the Commission on Narcotic Drugs (CND), Vienna in 2018 and 2019.</p> <p>As key implementation partner of the United Nations Office on Drugs and Crime (UNODC), Alliance Myanmar was able to hold the national level policy awareness events in 5 capitals in 2018 (in Taungyi, Lashio, Loikaw, Hpa An, Mawlamyine). Two trainings for community-based care and treatment were conducted in Kalay and Wuntho in May 2018. As a result, the pilot project successfully started implementation in Kalay with the financial and technical support of the PITCH programme and its partners.</p>

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NIGERIA			
67	In October 2019, a Northern and Islamic youth leader named Abubakar Abdullahi during the 3rd day of the “Stakeholder’s Advocacy Forum” in Niger State, Nigeria, formed a coalition of religious and community leaders securing their commitment to the reduction of discrimination against LGBTIQ+ persons in Suleja, Niger state through community education as well as through the promotion of equal access healthcare services for LGBTIQ+ persons.	Niger state is a sharia state highly homophobic with strong religious and cultural values. Through the International Centre for Sexual Reproductive Rights (INCREASE), PITCH provided for the first time a platform for community and religious leaders to participate in a stakeholder’s forum on LGBT rights. It had been a big challenge to get permission from religious and community leaders to organise the platform in the first place, due to the Sharia nature of the State. The engagement further amplified the advocacy campaign of PITCH LGBTI partners in the state. The membership of the coalition spanned across several other networks.	From the 28th – 30th October 2019, PITCH partner INCREASE organized a 3-day “Stakeholder’s Advocacy Forum” with religious and community leaders to address the issue of sexual diversity, access to healthcare, and human rights of LGBTIQ+ persons in Suleja, Niger state. INCREASE, with support from other donors, organised preparatory meetings with religious and community leaders, including Abubakar Abdullahi.
64	On 12th August 2018, the Nigerian media outlet Guardian Life, in Abuja Nigeria, published a front cover positive story about LGBT+ People in Nigeria.	Before the Guardian life story, no major Nigeria publication had published a positive coverage of LGBT+ people in Nigeria. Spreading hate, homophobia, and radicles were the focus of all LGBT stories published before the 12th of August 2018.	In 2017, TIERS, one of PITCH LGBTI partners, organized a media training in Lagos, to educate media persons and change the narrative of LGBT stories by educating them on SRHR and sexuality.
61	On 25 October 2017, a bill on the floor of the Nigeria parliament, seeking to remove judges’ discretion in sentencing for drug use offenses and strictly implement punishments which stipulates 15 to 25 years prison term for drug use and possession, was stopped from being assented by the office of the president.	Halting the enactment of the bill allowed for judges to continue using their discretion in sentencing for drug use offenses based on proportionality. Sentences handed by judges have historically been confined to payment of minimal fines, caution, and minimal prison terms as opposed to strict sentencing of 15 to 25 years prison term for drug use.	Between Feb-April 2017, YouthRISE Nigeria and other PITCH partners mobilized support from drug use networks and West African Commission on Drugs (WACD) to engage with policymakers and the office of the president through sensitization by sending out emails to members of the parliament on the effects of the bill and online social media campaign to stop the ascent of the bill into law. After being alerted by Youthrise, WACD president Olusegun Obasanjo wrote a letter to the Nigerian parliament and the office of the president on the harmful effect of the proposed bill.

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UGANDA			
36	In the last quarter (October to December) of 2018; The Aids Support Organisation (TASO) the principle Uganda recipient of Global Fund on behalf of CSOs, agreed to allocate 10% percent of the 2019 global fund budget to support strengthening monitoring and evaluation in Seven KP organizations; including a PITCH partner TEU in Uganda.	In Uganda, the Global Fund was always received and managed by none of the LGBT (KP) organizations; but this time around TEU in consortium with other KP organisations conducted several advocacy engagements including having several strategic meetings. Due to the different advocacy interventions where the Executive director of TEU was actively involved; a step was taken to empower LGBT organizations to strengthen their ability to manage their own grant. Among the LGBT organisations whose M&E capacity is being strengthened is TEU. This will strengthen the monitoring and evaluation efforts of TEU and other partner organizations to effectively deliver on KP programming; including strengthening partner organizations capacity to engage stakeholders where necessary.	In a consortium of KP organisations birthed by PITCH in Uganda; and where TEU is an active member, several strategic engagement meetings between the KP consortium members and funding partners (Global Fund and PEPFAR) were conducted earlier between January and October 2019. TEU's role was mainly to mobilize members of the consortium and advocate for strategic meetings through the Executive Director who is an influential activist in Uganda.
32	In November and December 2018 respectively; Busia and Bugiri district leaders for the first time signed a commitment board to fight all forms of violence against AGYW in the community, by agreeing to set up by-laws to protect AGYW against common forms of abuse and violence that they face in the district.	For quite long time the local leaders were ignoring the voices of AGYW as the highest Victims of GBV in the communities. For the first time the local leaders of Busia and Bugiri showed commitment to support and protect the rights of adolescent girls and young women. After this commitment was made; the adolescent girls acknowledge that they currently get support from leaders in addressing their issues, for example, local leaders are accompanying victims of GBV to the police stations to file formal claims/cases.	In June 2018; PITCH partner CYSRA presented a position paper it had developed on AGYW & KP SRHR issues to district stakeholders in Busia and Bugiri covering areas of teenage pregnancies response, risk of new HIV infections and STI infections and low STI commodities for AGYW in most public health facilities (many continued to experience commodities stock-outs), access to SRH commodities like family planning choices and rampant violence, stigma and discrimination against AGYW and KPs in the districts. During the 16 days of activism (These are international days gazetted by the UN as an international campaign to challenge violence against women and girls. This happens annually) organized by CYSRA UGANDA in November 2018; this gave an opportunity to lobby and task the leaders to have a bold stand on issues of Violence against AGYW.
31	Starting in February 2019; the district leaders (represented by the Chief	This provides the girls and women an opportunity to share challenges and provide ideas with key decision	PITCH partner CYSRA engaged with district Leaders through Advocacy workshops, Round table lobby meetings, Dialogue

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UGANDA			
	Administrative Officers) of Busia and Bugiri districts started inviting at least four leaders of adolescent girls and young women to attend Quarterly District Health performance review meetings to present issues that are affecting young people in Bugiri and Busia districts.	makers that constitute this meeting; thereby influencing policy makers at district level to strengthen access; and delivery of HIV, SRHR services. The engagement of the girls enables decision makers to hear first-hand information directly from the girls and women. Two years later; Adolescent Girls and young women are now considered as key stakeholders on matters affecting them this is evidenced by the fact that the Leaders of AGYW networks have attended different meetings at the districts, which was not the case before. The AGYW have on different occasions been requested by the district to carry out Peer education on behalf of the district. Our AGYWs have also been invited to participate in the District health-related activities which was not the case before.	meetings between young people and the decision Makers, and through Media Engagements Using Radio
30	From 2018 to date; 66 health centers established functional youth friendly health services (including HIV testing and counselling, Anti-Retroviral Therapy – (ART), and Family planning) in Bugiri, Busia, Mubende, Gomba, Mityana, Gulu, Lira and Luwero Districts in Uganda. All the 66 clinics have specific/dedicated days they have allocated for youth friendly services and health workers are literally more friendly and non-judgemental towards the adolescents.	Adherence to treatment and dealing with stigma and discrimination are key issues that young people living with HIV are facing the most; as such their productivity and lives are affected and some lose lives in the end. Therefore, setting up specific ART clinic days that are special for the young people make it easier for young people to easily access services at a one stop centre once a week for each centre. Being amongst young people, they face less stigmatization from other, adult, patients. Through this, access to and utilization of SRHR and HIV services among the adolescents was simplified hence improved access and reduction in stigma.	<ul style="list-style-type: none"> • Between March and June 2018; PITCH partners including International Community of Women Living with HIV in Eastern Africa (ICWEA); Uganda Youth Coalition on Adolescent Sexual Reproductive Health Rights and HIV (CYSRA), Public Health Ambassadors Uganda (PHAU), National Forum of People Living with HIV&Aids Networks in Uganda (NAFOPHANU) trained a group of champions (40+12+20) in the mentioned districts (Mubende, Gomba, Gulu, Mityana, Lira); training was in advocacy, M&E, and facilitate them with Transport and airtime to be able to conduct monitoring visits. • Between May and June, 2018 CYRA Conducted two district stakeholder meetings in which the young girls (the champions) presented issues to leaders for dialogue and advocacy. • Between January – June, 2018 PHAU and CYRA oriented 42 health in charges and 30 youths/peer

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UGANDA			
			<p>educators in Busia, Bmunanika HCII, Kalagala HCIV, and Kamira HCII on how youth friendly services can be offered.</p> <ul style="list-style-type: none"> • From June to September 2018; PITCH partners PHAU and CYRA conducted dialogue meetings on provision of youth friendly services with members of the health Unit management teams, Health workers and sub-county leaders. This was done with support of the district health officer. • PITCH partner CYRA Uganda facilitated leaders of Adolescent girls and young women’s networks to participate in radio talk shows to share their views and experiences around health facilities in Busia and Bugiri districts.
29	On 4 March 2019, the technical Working Group at Uganda Aids Commission included a PITCH partner (TEU) and trans representative, as a new member of the technical working group in Kampala; Uganda.	Inclusion of a PITCH partner in the technical working group influenced inclusion of relevant trans gender specific indicators in the Most at-Risk Populations action priority framework and the national HIV strategic plan. This meant that issues concerning Most at-Risk Populations were taken care of and included in the strategic documents to avoid any form of discrimination and stigma, among others within the HIV programs.	In November 2018; the PITCH partner (TEU) contracted a consultant who carried out an assessment of the then ending National HIV Priority Action Plan and the results supported our engagement with Uganda AIDS Commission (UAC) about the inclusion of Trans women and Trans Sex workers priorities in the next National HIV/AIDS priority Action Plan. The findings were shared in a meeting at Dolphin Suites Hotel in February 2019 with MoH and UAC officials for reference while developing the new National HIV/AIDS priority Action Plan. It was during this meeting that both MOH and UAC officials acknowledged the need to include trans women in the process of developing national frameworks and they committed to ensure that a trans representatives will always be invited to participate in process of developing such documents like the National HIV priority action plan among others and this was effected immediately.
24	On 18th October 2019, parliament revised the sexual offences bill 2015 to	The members of the Uganda Women’s Parliamentary Association (UWOPA) had expressed dismay at the	Different meetings were held with MPs on the sexual offences bill on the various sections in 2016. In 2018

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	include a clause that decriminalizes sex work in Uganda.	idea of decriminalizing sex work, which they considered a grave societal vice that needed to be criminalized. Sections 136, 137, 138 and 139 criminalized sex works in Uganda, so these sections were being used by law enforcers to arrest and at times violate rights of the sex workers. However; for the first time in 2019 an MP took a stand in favor of decriminalization of sex work on the floor of parliament. Once the bill is passed, this will help remove one of the major legal barriers to access to HIV services for sex workers. With this new sex offences bill, it is likely that sex work will be decriminalized in practice.	submissions were made before the legal parliamentary commissions committee. In 2019, PITCH partner HRAPF had a one on one meeting with the Chairperson of UWOPA on the sexual offences bill; and there was a broader meeting with the health committee of parliament on February 15, 2019.

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UKRAINE			
134	<p>In 2019-2020, in Kyiv, Ukraine, during three workshops organised by PITCH partner "Eleos Ukraine", the Commission on Community Service of the All-Ukrainian Council of Churches and Religious Organizations (AUCCRO) adopted three strategies and a set of recommendations to about their role in HIV/AIDS stigma and discrimination. Specifically: two Resolutions on 1) "Fighting HIV/AIDS epidemic, stigma and discrimination" and 2) "Mobilizing the Community against Domestic or Gender-Related Violence" (29 March 2019), and 3) a Strategy of Churches and Religious Organizations of Ukraine in Public Health and Fighting HIV/AIDS in 2020-2030" (11 March 2020) and drafted "Recommendations on Strengthening the Role of Religious Organizations in Countering HIV/AIDS, Stigma and Discrimination, Establishing a Constructive Dialogue and Cooperation between Religious Organizations and Organizations of Key Populations" (May 2020).</p>	<p>Ukraine is one of the countries where religious organizations and leader have a significant influence on public opinion, attitudes, and behaviours. This makes them powerful for resolution of stigma and discrimination of KPs. The issue of OST, harm reduction, tolerance toward KPs, as well as HIV/AIDS response were for the first time placed on the agenda and included into strategic documents of the religious community. Approval of these documents by the Commission on Community Service of the All-Ukrainian Council of Churches and Religious Organizations, which represents over 90% of the religious organizations in the country, is very important and an influential step to counter HIV/AIDS epidemic, violence, stigma and discrimination against the KPs in Ukraine.</p>	<p>On 28-29 March 2019, in Kyiv, "Eleos Ukraine" held an inter-confessional workshop for members of the Commission on Community Service of the All-Ukrainian Council of Churches and Religious Organizations (AUCCRO) where the 2 resolutions were developed and signed. Within these resolutions, in October-December 2019, "Eleos Ukraine" held a series of trainings on overcoming stigma and discrimination of populations vulnerable to HIV, and prevention of socially dangerous diseases at community level for leaders of the Muslim community, students and professors of theological seminaries, servicemen for military chaplains of the Orthodox Church of Ukraine (OCU) and the Ukrainian Pentecostal Church (UPC).</p> <p>On 16-18 October 2019, in Kyiv, the Commission on Community Service of the AUCCRO together with "Eleos Ukraine", international partners, state and civil society organizations representing people living with HIV and key populations, with the support from UNAIDS in Ukraine developed the "Strategy of Churches and Religious Organizations of Ukraine in Public Health and Fighting HIV/AIDS in 2020-2030" which was finally approved by the AUCCRO on 11 March 2020.</p> <p>On 6-8 May 2020, in Kyiv, "Eleos Ukraine" held a training on strengthening the role of religious organizations in countering HIV/AIDS, stigma and discrimination, establishing a constructive dialogue and cooperation between religious organizations and organizations of key populations. Members of the Commission on Community Service of the AUCCRO and representatives of key populations who attended the training drafted "Recommendations on Strengthening the Role of Religious Organizations in Countering HIV/AIDS, Stigma and</p>

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			Discrimination, Establishing a Constructive Dialogue and Cooperation between Religious Organizations and Organizations of Key Populations”
133	<p>On 02.04.2019, in Poltava, Ukraine, the head of the National Police in Poltava oblast, in his official letter to all of the oblast units no. Г-15/П/115/01/42-2019 declared that police officers of Poltava oblast support joint activities with CO “Meridian” and representatives of PWUD community following instructions for uninterrupted Opioid Substitution Therapy (OST) and Anti-Retroviral Therapy (ART).</p>	<p>At the beginning of implementation of the project, police officers and leadership of the Chief Administration of the National Police (NP) in Poltava oblast were openly hostile toward vulnerable populations, in particular PWUD. Illegal searches were common, when the police took away OST drugs (as the NP officers said, for examination). Near OST sites, drug control department officers were waiting in ambush (to take OST drugs away from clients receiving outpatient treatment), as well as patrol police (if a patient had a car, they seized his car and driver’s license, even though he did not make any significant violations). The OST clients were afraid to visit the site and did not feel safe.</p> <p>The letter by the Poltava Head of the Police led to prompt resolution of all situations where there was a danger of treatment interruption. In the Poltava region in 2019 there was not a single registered case of the police persecuting patients near service sites or when the treatment (OST or ART) was interrupted due to patients’ being detained. A survey among law enforcement officers conducted by CO “Meridian” in Poltava oblast showed a ~~~ changed attitude toward KPs and reduction of stigma and discrimination of PWUD.</p> <p>In 2019, the issue of respecting the rights of OST patients was included to the plan of inspections of police units conducted by the Police Ombudsman of Poltava oblast.</p>	<p>In 2018-2019, PITCH partner CO “Meridian” together with the Police Ombudsman in Poltava oblast, Center of Free Legal Aid, and the Regional Office of the High Commissioner for Human Rights of the Verkhovna Rada of Ukraine held a number of workshops and trainings for the units of the NP (funded jointly with the GF) attended by PWUD leaders. The leading subject was “OST and Human Rights of OST Patients”.</p>

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132	<p>In 2019 in Poltava and Donetsk oblasts, Ukraine, the 2 Oblast Coordination Councils on HIV/TB and drug dependence decided to expand territorial coverage of their Opioid Substitution Therapy (OST) programs and allocate necessary funds to enable this. (3 new OST sites in Poltava — in Khorol, Lohvytsia and Karlivka and 8 new OST sites in Donetsk - Mariupol, Slovyansk, Kramatorsk, Bakhmut and Kostiantynivka).</p>	<p>PWUDs do not have sufficient access to OST and in some cases have to critically change their life and move with their families to other cities because of impossibility to get OST in their hometown. OST scale up is not a popular decision for the authorities, therefore in most cases they are reluctant to do so. That is why this result is very significant and demonstrates a reduction of stigma and discrimination by decision makers at the regional level and a change in their attitude to the needs of KPs. Expanding the geographic coverage of OST sites improves PWUD's and PLWH's access to quality health services.</p>	<p>In July 2018, PITCH partners CO VOLNA and CO "Meridian" prepared an advocacy ask on ensuring and expansion of OST in Poltava oblast. CO "Meridian" held a series of advocacy meetings at the oblast and rayon levels, and with the administration of Khorol, Lohvytsia and Karlivka Hospitaly, which helped overcoming passive attitude, artificial barriers and unwillingness of the administration to implement OST.</p> <p>On 25.01.2019, in Poltava, the Department of Health of Poltava OSA issued Order no. 68 and allocated funds from the oblast budget to procure 20 courses of OST drugs in towns Khorol and Lohvytsia (Poltava oblast) for 2019.</p> <p>On 26 June 2019 at the Regional Center for Free Secondary Legal Aid in Poltava region, a round table "Constitutional Mechanisms for Protection of Human Rights" was held, which was attended by representatives of National Police in Poltava region, the State Judicial Administration and Justice in Poltava region, the Department of Health of Poltava Regional State Administration, educational institutions and civil society organizations of Poltava, the police ombudsman and the Regional Representative of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights in Poltava region. During the round table meeting, they discussed the situation with the rights of PWUD in the oblast. It was a great opportunity to draw attention of all the stakeholders in the region to the issue of the rights of KPs and OST patients, which became an important step to opening new OST sites in the region.</p> <p>In November 2019, the new OST site in the town of Khorol started operations. PITCH partner "Meridian" had supported the Khorol Hospital with technical assistance and meetings to overcome barriers and unwillingness.</p>

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UKRAINE			
			<p>PITCH partner “Our Help” used local and oblast Coordinating Councils to influence decisions in Donetsk oblast by representing PWUD communities at coordinating councils of different levels to advocate for the needs and decision making in favour of PWUD.</p> <p>In 2018, “Our Help” prepared a draft Order of the Department of Health on increasing the number of OST sites in Donetsk oblast, which was adopted on 10.07.2019</p>
130	<p>In December 2019, in Ukraine, journalists Halyna Kovalchuk (FOCUS), Oleksandra Horchynska (Detector Media), and Kateryna Matsiupa (Hromadske Radio) won in the competition for journalists “Drug Dependence. To Know in Order to Help” as people who completely changed their way of highlighting the problems of people living with drug dependence through mass-media and transformed the context of covering PWUD’s problems to a more non-discriminatory and non-stigmatizing one.</p>	<p>Before PITCH, media either were unwilling to talk about the problems of the communities or spoke in a way that was stigmatizing toward members of the communities. Under PITCH, for the first time in Ukraine, the work with media started to cover the subjects of drug dependence, sex work, and rights and reduction of discrimination against people who use drugs, and their families. Since the competition, content with non-discriminatory coverage encouraging tolerance and evidence-based treatment is dominating in the media.</p>	<p>In April 2019, PITCH partner ACO “Convictus Ukraine” in April 2019, in Kyiv, held a training for local and regional journalists (15 representatives from 10 cities of Ukraine). In July 2019, ACO “Convictus Ukraine” announced a national journalistic competition “Drug Dependence. To Know in Order to Help”. In October 2019, PITCH partner CO “Meridian” did a press-tour on the occasion of opening OST offices at Khorol and Lohvytsia Central Rayon Hospitals, which included visiting the OST offices at those hospitals, talking to doctors, patients, and informing local communities and society of Poltava oblast involving doctors, NGOs, lawyers, representatives of the state and local authorities, National Police, SI “Probation Center”, and international organizations. A video made during the tour was aired on the regional TV and promoted a more tolerant attitude toward the PWUD. After that, journalists of local media in Poltava oblast became more interested in the problem of drug dependence, OST program, and made a number of publications on countering stigma and discrimination of PWUD, PLWH in Poltava, and mobilization of the communities.</p> <p>By November 2019, 62 journalistic pieces were received, and the winners of the national journalistic competition</p>

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UKRAINE			
			<p>“Drug Dependence. To Know in Order to Help” were selected under the categories “TV and Radio”, “Printed Press”, and “Internet Outlets”.</p>
128	<p>In 2019-2020, in Pyriatyn , Kupyansk and Merefa towns, Ukraine, Municipal Administrations of Pyriatyn (Poltava oblast), Kupyansk and Merefa (Kharkiv oblast) for the first time allocated public funds to local NGOs for preventive health programs targeting adolescents who use psychoactive substances and their sexual partners.</p>	<p>Allocation of local government funds for health programmes regarding vulnerable adolescents and youth using psychoactive substances, happens for the first time ever, and is a very important change showing that public officials recognize the need in ensuring access of vulnerable adolescents and youth to prevention services. It is an important step to ensuring sustainability of prevention services undertaken by local NGOs after donor organizations withdraw their support. In December 2019, CF “Light of Hope” and, on 17.07.2020, KhOCF “Parus” received confirmation of funding (49 961 UAH) for 2020. Applications of seven more partners are currently being considered by local state administrations.</p>	<p>In 2019-2020, PITCH partner the Alliance for Public Health (APH) provided small grants for local budget advocacy work to 5 NGOs in Kyiv, Poltava and Donetsk, (covering a.o. Pyriatyn , Kupyansk and Merefa towns. In addition, AFEW supported another 4 NGOs. In May and September 2019, APH (with the Ministry of Youth and Sports and with AFEW) organised advocacy workshops ("Budget Advocacy School") for these NGOs, who each developed a local-level advocacy plan, mentored by PITCH. These NGOs held advocacy meetings with local authorities.</p>
127	<p>(2nd outcome for story of change) On 6 March 2020, at the 30th meeting of the UN Committee on Economic, Social and Cultural Rights (UN CESCR) in Geneva, Switzerland the UN CESCR publicly recommended to the Government of Ukraine to consider decriminalization of drug possession for own use, apply human rights-based approach, and make efforts to reduce stigma and discrimination of people who use drugs.</p>	<p>Recommendations from the UN CESCR to the Government of Ukraine open a broad range of opportunities to the community of PWUD for advocacy and promotion of decriminalization of PWUD at the high level of decision-making in order to ensure equal and full rights for PWUD in Ukraine.</p> <p>The speech from the woman who uses drugs lifted the curtain over the real problems of PWUD and WWUD in the context of socio-economic situation of PWUD in Ukraine which contradicted the data of the official report of the Ukrainian delegation. Following the speech, specific questions to the official delegation of Ukraine were formulated. Thus, the subjects that had usually been silenced were raised then. The official delegation from Ukraine was put under pressure.</p>	<p>In 2017-2018, PITCH partner CF “Hope and Trust” conducted a two-stage survey of barriers to access SRHR and health services that existed for WWUD. According to the results, most barriers were in the discriminating norms of laws and regulations of Ukraine, e.g. in the Family Code of Ukraine (deprivation of parental rights of PWUD and OST patients); there was also indirect discrimination through gender-insensitive approach to organizing harm reduction and OST programs.</p> <p>In 2017, in scope of "Advocacy School" (co-financing from GF programme) and in 2018 in scope of "Civic Advisors" program (co-financing from IF "Renaissance") CF "Hope and Trust" was building capacity of WWUDs in mobilizing the community in the regions and involving local activists, representing community at advisory bodies of local self-government authorities, fighting stigma and self-stigma. As</p>

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			<p>the result, WWUD became visible, could apply their skills at meetings, speak to public, and talk openly to politicians at different levels. On 24-26 November 2017 with technical assistance of CF "Hope and Trust" "All-Ukrainian Association of Drug-Dependent Women" (VONA) was created and became one of the strategic partners for PITCH.</p> <p>In 2019, the European Harm Reduction Association (EHRA) involved strategic PITCH partners CF VOLNA and CF VONA in their work on a shadow report to UN CESCR as the main PWUD organizations. In early 2020, EHRA, CF VOLNA and CF VONA selected Yanina Stemkivska as the speaker for the meeting of UN CESCR, as she was a WWUD activist with experience of public speaking, certain media status and an interesting life story. During the UN conference, she gave an emotional speech about discrimination and stigmatisation of people who use drugs.</p>
125	<p>On 15 July 2019, in Kyiv, Ukraine, at the meeting on the selection of medicine suppliers for the Opioid Substitution Therapy (OST) state program, the Public Health Center under the Ministry of Health of Ukraine (PHC) chose the supplier offering a better quality (InterChem SLC, Odesa), instead of the lower priced one (Zdorovya Narodu LLC, Kharkiv) as had been normal before.</p>	<p>Before that, PWUD community faced considerable health issues and severe side effects as a consequence of the low quality of medications provided within the OST state program. Despite numerous complaints from PWUDs, PHC used to select the medicine suppliers with the lowest price. The quality of medicines was not taken into account during the selection process. PWUD community could not participate in control of health services at the local level, and it was the first time the community was able to influence important decisions on ensuring quality of care with a consideration of community's needs at the national level.</p>	<p>Following a decision of the Program Committee of the National Council on HIV/TB of 23.01.2018 on ensuring improved quality of OST programmes to respond PWUDs needs, VOLNA, a strategic PITCH partner, kept collecting complaints from its members receiving OST on inappropriate quality of OST medicines throughout 2018 and shared the collected information with the Public Health Center (PHC). Despite a negative result of this complaints evaluation by PHC in June 2019, the State Service of Ukraine on Medicines and Drugs Control, upon VOLNA's initiative, studied conformance of the state-supplied buprenorphine to respective quality criteria and found non-conformance, leading to adverse effects for patients. This resulted in withdrawal of this version of buprenorphine from the market of Ukraine. In July 2019, as a result of active advocacy by VOLNA and negotiations with the Public Health Center of the Ministry of Health of Ukraine, VOLNA</p>

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			representatives were included to the process of monitoring of the OST drugs public procurement and conduct pre-supply checks. This led to the selection of the OST supplier which provides buprenorphine that meets the established quality criteria.
114	On 17 July, 2019, in Odesa, Ukraine, the Odesa Cross-sectoral Working Group (CWG) of Odesa Oblast Coordination Council for Prevention of Spread of HIV/AIDS, TB and Drug Addiction (OCC) approved the estimated size of the MSM population in Odesa oblast of 13 700 as proposed by LGBT Association “LIGA” (LIGA). As a consequence, OCC increased the volume of services for MSM under the Odesa City Targeted Program to Fight HIV/AIDS, TB and Drug Addiction, as well as the regional Plan for Implementing the State Strategy of Response to HIV/AIDS, TB and Viral Hepatitis for 2021-2023.	<p>The Ukrainian Public Health Center (PHC) conducts size estimation researches for each KP on a regular basis and suggests these data to the regions to be used for planning their local HIV/TB programs. These suggested size estimations can either be adopted by the local authorities or rejected or reconsidered.</p> <p>The PHC research on the MSM community size estimation used obsolete resources for data collection and estimation, leading to an estimated MSM size that is too small.</p> <p>The incorrect (reduced) size estimation of MSM reduced the amount of necessary services and, consequently, funding allocated for MSM in Odesa. Using the adequate MSM size estimates in the Odesa City Target Program on HIV / AIDS will ensure sufficient level of service provision to MSM and reduce the risks of service shortage or quality reduction.</p>	After a set of advocacy activities and informal discussions, on 17 July 2019, at a meeting of the Cross-sectoral Working Group (CWG) a representative of a PITCH partner LGBT Association “LIGA” (LIGA) advocated for increasing the estimated size of MSM population to the highest margin of the confidence interval for the MSM estimates in Odesa oblast (13 700) instead of the proposed by the Public Health Center (PHC) in Ukraine (11 900).
113	In 2019, the local Coordinating Councils on HIV/TB in Dnipro (15.04.2019), in Kherson (19.11.2019) and in Mariupol (27.12.2019), Ukraine, adopted a decision to provide membership to representatives of LGBTI community: Kostiantyn Pysariev, Maksym Deyneko, and Volodymyr Prokofyev).	This is for the first time LGBTI representatives joined the local Coordinating Councils on HIV/TB as members. By 2019 LGBTI community as well as other KPs were not able to be a part of the local Coordinating Councils on HIV/TB due to legal barriers. Having eliminated the legal obstacles and become members to the coordinating mechanisms, LGBTI can represent the community interests, advocate for their needs and influence the local policy and service	During 2018, with the initiative of Anton Basenko, (the PITCH focal point in Ukraine) and with the technical and financial support of PITCH partner Alliance for Public Health, a Working group on modification of some regulatory documents on regional and local Coordinating Councils on HIV / TB was established under the National Council on HIV/TB. The working group proposed and the National Council on HIV/TB adopted amendments to the regulations of regional and local Coordinating Councils on HIV / TB. This enabled regional and local Coordinating Councils on HIV /

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		provision on HIV/TB, which, in turn, empowers LGBTI community and improves their access to the services.	<p>TB allocating places for KPs representatives who are elected by the respected key community.</p> <p>In 2019, PITCH partner NGO “ALLIANCE.GLOBAL” supported and facilitated the process of elections among MSM community that resulted in electing representatives who then became members of City Coordinating Councils for HIV/AIDS and TB in Kherson, Mariupol, and Dnipro.</p>
112	20 July 2020, in Odesa, Ukraine, N.A. Kitsenko, Chairman of the Cross-sectoral Working Group (CWG) under Odesa Oblast Coordination Council for Prevention of Spread of HIV/AIDS, TB and Drug Addiction (OCC) included LGBTI community proposals on informational, social and prevention services in HIV/AIDS for LGBTI in the Odesa Regional Plan for Implementation of State Strategy for Response to HIV/AIDS, TB and Viral Hepatitis in 2021-2023.	In Ukraine, services for HIV prevention, care and support of people living with HIV have been funded from the state budget through Ukrainian Public Health Center (PHC) since September 2019. However, the PHC service package does NOT include such services like social support, care and support, maintaining and securing mental and reproductive health of LGBTI - those services which create a single medical and social continuum of care and enables LGBTI clients’ adherence to preventive services and retention in the treatment. Having these services in the service package for LGBTI is critical to ensure achievement of 90-90-90 UNAIDS targets. The new proposed package of services addresses all these issues.	On 13-14 November 2019, in Odesa, PITCH partner LGBT Association “LIGA” (LIGA) held a round table “Partnership for Inspiration” attended by representatives of HIV-service NGOs, communal non-commercial companies “Odesa Oblast Center for Socially Significant Diseases of Odesa Oblast Council (CNC “OOCSSD of OOC”) and “Odesa City Center for Preventing and Fighting HIV/AIDS” (CNC “OCCPFHA”), Administration for Communications and Information Policy of Odesa OSA and international institutions (OSCE, UNDP). The round table resulted in an action plan which outlined the main steps and responsible parties for the development of the proposals on informational, social and prevention services in HIV/AIDS for LGBTI to be included into the Odesa Regional Plan for Implementation of State Strategy for Response to HIV/AIDS, TB and Viral Hepatitis in 2021-2023.
101	On 23 May 2019, the National Council for Prevention of Spread of HIV/AIDS and TB in Ukraine (CCM) made a decision to create an interagency working group aiming at developing proposals on the sex work regulations reform. The working group includes representatives of sex workers, police as well as (international) experts.	Creation of a working group opens opportunities to raising the issue of regulation of sex work in Ukraine to a new level of discussion. Before, the topic of sex work was not a priority for public authorities. Topics for discussion are identifying the issues requiring revision of the legislation, as well as developing new laws and regulations; determining steps for resolution of the issues; appointing responsible public authorities. Participation of representatives of sex workers will allow taking into account relevant needs	PITCH partner Legalife-Ukraine conducted a set of advocacy and sensitizing meetings -first with NGOs and civil society organizations to understand whether they support or are against the Swedish Model of sex work regulation. Then they conducted a larger round table -with key stakeholders and governmental bodies to discuss the need of decriminalization of SW and showed advantages and disadvantages of different international models and best practices. Only after making sure that they are supported with this idea by the majority of the stakeholders, especially

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		<p>and interests of the community, as well as ensuring transparency of all aspects of work of the working group. Since it started, this working group has tasked PITCH partner CO "Legalife-Ukraine" to prepare a concept of a draft law and equating it with other occupations. A Concept draft law decriminalizing sex work was submitted for expert review to the Ministry of Justice in April 2020. For the first time in Ukraine, decriminalization of sex work is viewed as a part of comprehensive response to human rights-related barriers to accessing HIV and TB prevention and treatment services and is included in the National Strategies for Comprehensive Response to Human Rights Barriers to Accessing HIV and TB Prevention and Treatment Services until 2030.</p>	<p>those who are a part of CCM, they initiated a creation of the working group.</p> <p>On 13 December 2018, at the meeting of the National Council for Prevention of the Spread of HIV/AIDS and TB in Ukraine, representatives of SW community (N. Isayeva and P. Poliantsev, both from CO "Legalife-Ukraine") proposed creation of an interagency working group to produce norms and regulations on decriminalization of sex work. The proposal was supported and included in the minutes signed by the Chairman of the CCM — Mr. Pavlo Rozenko. CO "Legalife-Ukraine" developed a Regulation and propositions to the composition of the interagency working group which were approved on 23 May 2019 at a meeting of the National Council for Prevention of the Spread of HIV/AIDS and TB in Ukraine (CCM).</p>
100	<p>On 7 September 2017, the National Council for Prevention of Spread of HIV/AIDS and TB in Ukraine (CCM) adopted a decision to provide membership to representatives of sex workers.</p>	<p>Until 2017, SWs had little access to decision making. SWs' representation and membership in the National Council for Prevention of the Spread of HIV/AIDS and TB in Ukraine (CCM) as well as in city Coordinating Councils for Prevention of the Spread of HIV allows SWs to participate in policy-making and programming in the areas of HIV prevention and sexual and reproductive health and rights (SRHR) at both local and national levels addressing the community needs. The results will promote changes in legal, medical, social and physical aspects of life and improve the quality of life of most SWs living in Ukraine. Also, this change improves relations between SWs and authorities included in Coordinating Councils, and promotes a dialogue and partnership with the public sector.</p>	<p>In late 2016, in Kyiv, upon the initiative of the PITCH focal point and PWUD representative Anton Basenko, PWUD organizations CF "Hope and Trust", CF "Drop In Center", CF "Vertikal" submitted formal letters to Pavlo Rozenko, Vice Prime Minister of Ukraine, who was a head of the CCM, and Mark Dybul, Executive Director of the Global Fund to Fight AIDS, TB and Malaria (the GF), informing them that in the previous 12 years KPs had not been represented in the National Council for Prevention of the Spread of HIV/AIDS and TB in Ukraine (CCM). This resulted in defining the quota for KPs for the membership in the CCM.</p> <p>In April 2017, PITCH partner CO "LEGALIFE-UKRAINE" for the first time conducted elections of SW representatives in the CCM, gathering SW activists from different regions of Ukraine. Two community's representatives in the CCM were elected. This paved the way for the CCM decision of 7 Sept 2017.</p>

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		<p>Since 2018, sex workers have also been represented in four Oblast Coordination Councils for Prevention of Spread of HIV/AIDS — in Vinnytsia, Odesa, Poltava, and Kropyvnytskyi.</p>	<p>(In 2018, Anton Basenko, as a member of CCM, initiated the change of regulations by the CCM concerning operations of oblast and local Councils for Prevention of the Spread of HIV/AIDS and TB. This encouraged PWUD representatives to join oblast and local Coordinating Councils on HIV/TB - a spin-off of the 7 Sept 2017 decision).</p>
131	<p><i>negative outcome</i> On 19.04.2019, during the presidential elections and 4 days before end of his term, the President of Ukraine signed the Law no 2617-VIII which increased fines and length of sentences for possession of small amounts of drugs.</p>	<p>In Ukraine, every 9th convicted person is convicted for drug possession. That is why raising the limits for possession of drugs for personal use is a very important initiative freeing hundreds of thousands of people from criminal prosecution. Instead, the new Law of Ukraine no. 2617-VIII seriously worsens the situation of people who use drugs; it actually criminalizes drug possession and use even more, opening opportunities for corruption for law enforcement bodies. This, in turn, limits the rights of PWUD and becomes a significant barrier for accessing HIV-related services (OST, harm reduction).</p>	<p>In 2016-2018, PITCH partners CF “Hope and Trust”, “Convictus Ukraine”, “Our Help”, “Meridian” and newly created (2017) All-Ukrainian associations of PWUD (VOLNA) and WWUD (VONA) conducted series of public events and advocacy meetings with representatives of authorities and the National Police at the national and local levels on decriminalization of drug users.</p> <p>On 20.04.2018, members of the Committee of the Parliament of Ukraine, who are opponents of PWUDs' decriminalization and supporters of obligatory rehabilitation, developed a draft law 7279d, which significantly increases punishment for possession of small amounts of drugs. As a response, on 18.05.2018 VOLNA and other partners registered an alternative draft law 8379 in the Parliament of Ukraine and conducted a set of advocacy actions aiming at boosting the adoption of the suggested law. This draft law was supported by the Parliament in the first reading, yet then it was recalled during the President's pre-election race. Instead, on 22 November 2018 the draft law 7279-d was adopted by the Parliament.</p> <p>(In December 2019 CF VOLNA, ICF “Alliance for Public Health” together with the State Institution “Center for Mental Health and Monitoring of Drug and Alcohol Abuse” and other partners appealed to the President of Ukraine regarding vetoing the draft law no. 7279-d.)</p>

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
102	<p><i>negative outcome</i> In January 2020, more than 300 of the 450 deputies of the Parliament of Ukraine established interfaction association “Values, Dignity, Family” and expressed their readiness to accept the Swedish model as the model to fight prostitution in Ukraine.</p>	<p>The result is a regress preventing sex workers from achieving equal labour, socio-economic and health rights, and is a threat to the process of decriminalization of sex work, which can nullify all efforts of the SW community in promotion of decriminalization. The COVID-19 crisis has changed the priorities of the "Values, Dignity, Family" Parliament deputies and the issue of “sex work” is currently not on their agenda. There is no public information about their activities in this field.</p>	<p>PITCH partner CO “LEGALIFE-UKRAINE” has been able to create a sustainable SW community with strong leaders who openly advocate and lead public activities to defend equal labour, socio-economic and health rights of sex workers.</p> <p>Stepping up informational, educational and advocacy activities of PITCH partner CO “LEGALIFE-UKRAINE”, such as:</p> <ol style="list-style-type: none"> 1) creation (2019) of an independent information and communication resource https://legalifeukraine.com/uk/ — a “voice of the community”, 2) informational and awareness-raising activities in social and traditional media, attending shows and giving interviews on TV and radio. 3) organization of/participation in annual public events/marches dedicated to the International Sex Worker Day on March 3, attended by sex workers and representatives of partner organizations. 4) holding round table meetings on protecting the rights of SWs and changing the legislation of Ukraine (2018-2019), as well as the First International Conference on SW Rights in Ukraine (17-18 December 2019, Kyiv) attended by representatives of Ukrainian and international human rights organizations, sex workers from Ukraine, representatives of the Ministry of Interior and the National Police of Ukraine; 5) in 2018, creating and holding a photo exhibition “Her Story” telling life stories of SWs. 6) Filming (2018) and demonstration (2018-2019) of documentaries about SWs: “The White Dane”, “Such a Work”, “Crossroads”, and organization of display of the films in the cities of Ukraine; a three-episode video project “I Am a Sex Worker and I Like It” (2019), and a

ID	Outcome Description	Significance Description	Contribution Description
UKRAINE			
			<p>number of advocacy videos targeting general population;</p> <p>as well as a number of other events provoked interest of society and politicians in the topic of sex work and rights of sex workers. The media have been increasingly more often organizing discussions where experts and authorities had to give public comments and/or answer journalists' questions on the subject.</p> <p>At the same time, activities of PITCH partner CO "LEGALIFE-UKRAINE" causes negative reaction (including aggression) from abolitionists who dispute SW community's position and the term "sex work" itself as an alternative occupation, actively promoting the Swedish Model as the most socially acceptable model of fighting prostitution in Ukraine.</p>

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
86	On 30th October 2018, the Ministry of Health (MOH) issued Circular 30/2018/TT-BYT replacing Circular 40/2015/TT-BYT, guiding the conditions for medicine payment by the Social Health Insurance (SHI). According to this circular at Article 6.3.2, direct-acting antiviral medications (DAAs) to treat Hepatitis C virus (HCV) are covered by health insurance under the co-payment mechanism (50% health insurance and 50% patient out-of-pocket). This circular is in line with the Circular No. 19/2018 / TT-BYT issued on 30th August 2018 guiding the list of essential medicines which include DAAs.	There are around 1 million people in Vietnam living with chronic Hepatitis C infections. Evidence also shows that 60%-70% of injecting drug users having HCV. However, the treatment expense exceeds the affordability of almost all patients. This circular will reduce their financial burden and open opportunities for them to be cured of Hepatitis C. Treatment of HCV also means preventing of HCV infection to others PWUD.	<p>This outcome is the result of a long lasting effort (2016-2018) from the entire Vietnam Viral Hepatitis Alliance (VVHA) with members from VNPUD, PWUD, National Hospital of Tropical Diseases, Bach Mai hospital, Medicine du Monde, Health Economic Institute, WHO, CHAI and led by SCDI. First, MOH needed scientific evidence that DAAs is more effective in HCV treatment (in comparison with the previous therapy with peg-interferon - which are being covered of 30% by health insurance). Secondly, the Health Insurance agency needed to approve DAAs in the coverage list as well as to define the coverage rate. This process took multiple discussions over several years between related stakeholders, Ministry of Health, Social Health Insurance, and the alliance before coming to a consensus.</p> <p>Specifically, SCDI organized a series of advocacy events, including sensitization on the World’s Hepatitis C prevention day (28/7/2017), training, workshop with the participation of policy makers and health specialists from leading hospitals in Vietnam. SCDI also provided evidence on HCV treatment and published articles on the need to cover DAAs under the health insurance scheme.</p>
85	On 4th August 2020, the Vietnam Department of Social Assistance (DSA), Ministry of Labour, Invalids and Social Affairs (MOLISA), shared the draft decree to replace the Decree 136/2013/ND-CP stipulating assistance policies for vulnerable groups. The draft shows the extension of beneficiary groups to include children and the elderly living without family support and people with terminal or chronic illness; increase of the financial assistance (different	When this decree is issued, it will reinforce the UHC approach by identifying new vulnerable groups who are missed in the current policies. As a consequence, it will improve their access to social welfare, health care, education, etc. to the same level as other population groups. The extension of beneficiary groups with children and the elderly living without family support, people with terminal or chronic illness is important to PITCH KPs because all KPs (PWUD, SW, LGBTI, AGYW) are included or closely related to the new beneficiary groups.	<p>During working with the PITCH KPs, PITCH partner SCDI has realized that there are groups of people that are excluded from the social assistance schemes. During revision of the Decree 136/2013/ND-CP, SCDI worked with DSA over several years (2016-2019) to initiate the idea and formulating the interventions, including:</p> <ul style="list-style-type: none"> • Collected information on social assistance needs among vulnerable groups through trainings, workshops, community events • Connect between policy makers and policy implementers through a series of activities

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
	schemes) ; support for ID paper re-issuance for disaster victims and other groups and reduction of administration procedures for social assistance. The draft is planned to be finalized and officially issued at the end of 2020.		<ul style="list-style-type: none"> Organized policy dialogue between leader of DSA and representatives of vulnerable communities Provide technical support during the drafting process Coordinated with DSA to compile, issue, and disseminate social assistance guidance to social assistance implementers at the local level.
82	Since 2017 up to now, the Legal Department of the Ministry of Health (MoH), has elaborated the Draft of Sex Reassignment Law and mobilized the participation of LGBTI community during the process. This is an effort to legalize the identity of the transgender people. Specifically, on 5 Sept 2018 (and later on 1/9/2018,10/7/2019, 10/9/2019) the Department of Social Affairs of the Vietnam National Assembly (NA) invited transgender representatives to attend workshops and consult on the Draft of Sex Reassignment Law, together with revised Labour Code and revised HIV/AIDS law.	For the first time in Vietnam, LGBTI issues have been brought for discussion for the development of separate legal documents. During the process, LGBTI issues have been recognized and considered, and the LGBTI community has been directly consulted.	<ul style="list-style-type: none"> SCDI – PITCH partner consulted the Legal Department for the mobilization of the LGBTI community participation. Supported LGBTI community to participate in consultation sessions through organizing community consultation, coordinating consultation sessions. Created forum for policy dialogue like VCSPA, training course for media on LGBTI. Provided technical advice to the Legal Department of MoH, during the law drafting process. Performed communication activities (See Story of Nga - a story of transgender person in the attached link, that has been used for policy advocacy). <ul style="list-style-type: none"> * Provided training on health care needs of the transgender people, to raise awareness of related stakeholder on the specific needs of those group of population. (See attached link)
80	On 19 July 2019, the Department of Social Vices Prevention (DSVP) requested PITCH partner SCDI to develop guidelines for the implementation of the sex workers community-based support model which will be issued and implemented at local level in the entire country by end of 2020.	By asking SCDI to develop the guidelines, the DSVP shows it has built a bridge between policy makers (DSVP) and the sex workers community (SCDI as a focal point), and that it wants to ensure that community voices are used as evidence for policy propositions. It shows that DSVP trusts SCDI and relies on it for good quality information and knowledge. The partnership also shows the transition of the NGO's role. If before NGOs usually played two roles of technical and financial support, nowadays NGOs are	<p>In December 2018, SCDI shared results of field surveys about sex work at 23 provinces and cities with the DSVP to use in their report to the government. DSVP appreciated this information and in late 2019, DSVP requested SCDI to perform the survey at the remaining provinces.</p> <p>During the first quarter of 2019, SCDI and DSVP collaborated in developing a policy impact assessment report on harm reduction, violence prevention, and social inclusion policies for SW. The technical inputs made by SCDI to this report has</p>

ID	Outcome Description	Significance Description	Contribution Description
VIETNAM			
		more engaged in technical support, and the government is responsible for the funding.	reinforced the DSVP's trust to SCDI as a professional expert in the field of SW intervention and policy advocacy.
78	On 1st March 2019, the Ministry of Health (MOH) issued the Decision 786/QD-BYT launching the National Guideline for interventions for people who use amphetamine typed stimulants (ATS) which provide guidance and detailed instructions for health workers and social workers in implementing ATS intervention programs.	<p>The number of ATS users in Vietnam is rapidly increasing. However, there has not been an effective intervention solution for ATS users yet, as methadone - the most common treatment in Vietnam was proven to be effective only for heroin users, not ATS users. The approach of the community-based voluntary drug addiction treatment units and the governmental compulsory drug addiction treatment facilities with the traditional treatment (methadone, forcing labour) is not potent toward ATS users, but mental therapy like cognitive behavioral therapy need to be in place.</p> <p>The guideline specifies ATS interventions based on effectiveness-verified approaches combining psychosocial intervention and medical treatment that can minimize unexpected impacts to ATS users as well as the community. This guideline, for the first time in Vietnam, officially equips health workers, social workers, and service providers with knowledge and instructions on ATS interventions.</p> <p>This also showed a more professional governmental management structure in drug addiction issues through the shift in responsibility from the Ministry of Social Affairs, Labour and Invalids (MOLISA) to the Ministry of Health (MOH) with a clearer task division: MOLISA in charge of administrative management and running of rehab centers while MOH takes the responsibility of technical guidance and implementation.</p>	<p>From late 2018 to March 2019, PITCH partner SCDI worked closely with Vietnam Authority on AIDS Control (VAAC) during the development of the guideline. During the meetings between related stakeholders, the issue of ATS treatment guideline was raised. SCDI is one among actors who convinced VAAC to develop and issue the guideline.</p> <p>When VAAC decided to develop the guideline, SCDI was involved since very beginning. SCDI was a member of VAAC's technical advisory board for the guideline development. The board members were assigned specific works related to their technical profession. SCDI was assigned to compile a chapter on interventions for specific vulnerable populations such as methadone patients, pregnant women, adolescents, etc. The chapter was included in the final guideline (Chapter 5).</p>

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
143	In November 2019, the Zimbabwean government through the Ministry of Finance and Economic Development scrapped Value Added Tax and import duty on sanitary hygiene products	The outcome is important for improving the access to affordable sanitary ware in Zimbabwe. This gives women a choice to use hygienic materials instead of the unhygienic material that they were using because of the high price of sanitary ware before the scrapping of the VAT.	PITCH partners including ZNNP+, ZY+ and Safaids submitted to the Parliament of Zimbabwe - through the Parliamentary portfolio committee on Finance - a Formal Joint Submission for consideration by Ministry of Finance and Economic Development, requesting the scrapping of VAT on Sanitary wear of finance by ZNNP+, ZY+ and Safaids. The joint statement was part of the submission to the Ministry of Finance and Economic Development and the Portfolio Committee on Budgeting and Finance.
142	In August 2019, 5 village heads in Bubi district, Matebeleland North province in Zimbabwe made public commitments to support AGYW's SRHR needs including the use of AGYW as SRH service providers (village health workers) to their peers at community level; and the removal of oppressive gender norms which discriminate against women and girls making decisions around sex.	The outcome addresses issues relating to harmful gender norms, stigma and discrimination and ensures equitable access to SRHR services for AGYW. It was the first time these Village Heads made such a commitment. The commitment from the Village Heads has paved the way for the identification of Youth Community Health Workers who now provide SRHR services including contraceptives to young people who need the services in the 5 villages	PITCH partner Bekezela in partnership with CSO Musasa Project hosted on the 11th and 15th of July 2019 2 Community Culture Dialogues in Bubi District (60 people per dialogue) targeting community leaders including village head, religious leaders, community and village health workers, young people and community members. The dialogues were meant to address harmful gender norms that were prevalent in the communities. Bekezela HBC in conjunction with the Ministry of Health and Child Care MoHCC Community Health Department capacitated young people as SRHR advocates and also held 2 SRHR (12 and 20 August 2019) demand creation sessions to promote access to services by young people. The advocacy and demand creation dialogues influenced a positive shift of attitude by community leaders.
141	On 13 December 2019, in Harare Zimbabwe, the Ministry of Health and Child Care released the revised (Issue 2 of 2019) Addendum to the 2016 Guidelines for Anti-Retroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe. The revised guidelines ended the discriminatory exclusion of women and adolescent girls who are not using contraceptives from accessing the antiretroviral drug Dolutegravir (DTG).	The policy shift is a demonstration of the change in attitude by Policy Makers towards Adolescent Girls and Young Women (AGYW) issue of choice on access to DTG and demonstrated the strengthened capacity of AGYW organizations to advocate on reducing barriers to services and shaping an effective HIV response.	PITCH partner Zimbabwe Young Positives (ZY+) partnered with a CSO, Pangea Zimbabwe AIDS Trust (PZAT), and held 4 AGYW consultative dialogues (25 participants per district – Harare, Bulawayo, Masvingo and Mutare) in August 2019 to hear the viewpoint of AGYW on their exclusion from accessing DTG. The position of AGYW was that government should give AGYW the right and choice to decide on whether or not to transition to DTG regardless of the potential health challenges the drug presented. PITCH partner Zimbabwe Young Positives (ZY+) together with CSO Pangea Zimbabwe AIDS Trust (PZAT) held 2 engagement meetings in August and September 2019 with the Ministry of Health and Child Care (MoHCC) AIDS and TB Unit Directors including the Treatment Coordinator to articulate and present the findings of the consultative meetings with AGYW on the need for the treatment guidelines to include AGYW.

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
110	On Friday 14 June 2019, 70 parliamentarians attended a dialogue session at the GALZ (PITCH partner) Mutare office in Zimbabwe on SRHR and Human rights for the LGBT community.	The outcome exhibited the Policy makers' increased interest to dialogue and understand the needs and issues of LGBTI citizens	<p>In 2018 Government of Zimbabwe through Parliament embarked on a process to amend/review the Public Health Act (now referred to as a Health Services Bill) of 1924 through public consultations.</p> <p>PITCH partner GALZ participated in the Consultative meetings held in Harare and Bulawayo in March 2018 and provided both oral and written submissions to the Bill. The Consultative meeting provided direct contact between GALZ and Parliament of Zimbabwe's thematic committee on health. The submissions prompted the Policy makers' interest in LGBTI's SRHR and other health needs as it highlighted the need to observe human rights when serving all citizens accessing health care services. After the oral presentation by the GALZ Services and Policy Advocacy Officer, the then Health Committee Senator Chimhini approached GALZ staff present and reported capacity gaps within the committee and requested for capacity strengthening on human sexuality and sexual diversity.</p> <p>In November 2018, GALZ had a one day sensitization with 28 MPs from the thematic committee on Health and HIV on human sexuality and SRHR needs of LGBTI community. One of the Key recommendations from the sensitization was for more interface and engagements of the policy makers with the LGBTI community so as to understand the community's needs and inform the development of inclusive policies.</p>
109	In April 2018, for the first time Global Fund allocated country resources (US\$2,5 million) for HIV prevention, treatment, care and support to Men who have Sex with other Men in Zimbabwe.	The grant facilitated increase in quality and quantity of service for MSM/LGBTI communities in Mutare, Gweru, Masvingo and surrounding areas through provision of Drop-in Centers. The Drop-in centers provide safe spaces for interaction by the community and provision of counseling and psychosocial services in the HIV response. The outcome is significant also because one of PITCH goals was to increase domestic funding and investment for KP groups investment in country.	<p>PITCH partner GALZ "forced" its way to the proposal development by joining the Global Fund cycle 2018 – 2021's writing team (Feb-June 2017) without invitation. The lack of invitation can be attributed to fear by the Zimbabwe National Aids Council (NAC) and Ministry of Health and Child Care (MOHCC) of the Robert Mugabe regime as it was homophobic. GALZ was represented by the Services and Policy Advocacy Officer and the Programs Manager.</p> <p>The PITCH national and global offices provided technical assistance and guidance on participating in the Global Fund writing process and advocating for inclusion in national health/HIV response. In January 2017 GALZ sensitized NAC and MOHCC leadership through providing evidence (learning's from PITCH Kenya) on the</p>

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
			need to mainstream LGBTI in the HIV response. PITCH Kenya was a good case to emulate Government and LGBTI organizations engagement in restrictive political and legal environment.
107	On the 10th of February 2020, at a religious conference organised by SRC at the Hellenic Hall in Bulawayo, the President of the Zimbabwe Council of Churches Bishop Khanye, Guest of Honor, gave a keynote demonstrating his commitment and urging other religious leaders to be inclusive. Quote: ' _t _h _e _church should embrace them and not chase them away. It is not their fault that they are like that, let us first accept they are human beings and not discriminate them. I have not seen church leaders chasing away drunkards, gossipers, adulterers, and liars. We need to use the words of Jesus to reflect our position as church leader_ s". The conference was attended by 50 religious leaders and 50 parents and friends of sex workers. Similarly, on 10 March and 3 April 2019, parliamentarians and traditional healers made similar statements to redress stigma and discrimination against LGBTI and sex workers.	This was the first time that law enforcement agents, traditional and religious gate keepers, and policy makers made commitments to redress stigma and discrimination against sex workers. The outcome signifies systemic change that focuses on the norms and values in the communities – contributing to sustainable change. This commitment will also create a more enabling social, legal and policy environment for sex worker rights including access to SRHR.	PITCH partner Batanai HIV and AIDS Service Organisation (BHASO) convened a series of 6 dialogues with a total of 40 participants in each dialogue drawn from 15 sex worker advocates, 2 BHASO staff and 25 community leaders (3 representatives from Ministry of Health and Child Care; 5 Village Head leaders; 2 religious leaders; 2 peer educators; 6 health centre committee members and 1 chiefs leaders, 2 law enforcement agents, 2 councilors) in Masvingo in 2019. PITCH partner Sexual Rights Centre (SRC) hosted a one day field tour of 105 parliamentarians from different portfolios at the SRC Bulawayo Drop-In-Centre on 3 April 2019 and convened a one day conference with 50 religious leaders and 50 parents and friends of sex workers at Hellenic Hall in Bulawayo on 10 to 11 February 2020, and another one day sensitization workshop with 35 traditional healers and traditional religious leaders at Cresta Churchill hotel in Bulawayo on 10 March 2020. PITCH partner Family Aids Caring Trust (FACT) held sensitization meetings with 34 religious leaders in Mutare on 22 to 23 May 2019 and Rusape/Makoni on 19 to 20 September 2019. On 20 October 2019 in Mutare/Rusape/Makoni districts, FACT held a training on advocacy where 5 participating religious leaders volunteered to be part of champions on SRHR for KPs including sex workers.
106	On 9 October 2018, in Harare Zimbabwe, Senator Lilian Timveous raised a motion on drug policy reform in the senate.	The reading of a motion on drug policy reform for the first time in Zimbabwe demonstrated the importance of promoting of rights of PWUD and their access to health services. The discussion stimulated other legislators in the health committee to push for a new policy and legal framework for PWUD, which are essential in order to operationalize policies such as the minimum standards for key populations and the drug master plan. Lilian continues to be part of ZCLDN advocacy for drug policy reform.	On 27 April 2018, Lilian Timveous volunteered to be ZCLDN champion of harm reduction in the senate during a meeting hosted by ZCLDN at Monomotapa Hotel in Harare. The meeting objective was to engage the parliamentarians on harm reduction and come up with volunteers to table a motion on harm reduction in parliament. ZCLDN assisted Senator Lilian Timveous to craft the Motion within a period of five months from April to September.
105	In June 2018, the Zimbabwean Ministry of Health within the context of Universal Health Coverage, included specific requirements for	The minimum service package for PWUD is the first of its kind in Zimbabwe. It represents a milestone in promoting access to health services for PWUD. The package states	PITCH partner ZCLDN participated in the development of the Key Population Manual between January and June 2018. As an organization we contributed on tools to address stigma and

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
	key populations including people who use drugs in the minimum service package, which dictates the services that will be available in the public health system. It also launched training for health workers to promote services that are friendly to key populations.	differentiated services for key populations, as well as instrumental in creating KP friendly health centers in Zimbabwe.	discrimination among other problems faced by PWUD in accessing health services. Also shared were scientific evidence on the effectiveness of harm reduction in achieving public health goals.
104	On the 7th of July 2020 at Ochi Safari Lodge in Harare, Zimbabwe, the department of mental health in the ministry of health Zimbabwe, finalized the first Zimbabwe Substance Use Treatment and Rehabilitation Guidelines.	The guideline is an essential component of the Zimbabwe drug master plan, which is a policy document outlining the implementation of drug use harm reduction. The master plan will inform how public health interventions are going to be implemented among People Who Use Drugs to combat concerns like new HIV infections.	<p>Since January 2018, PITCH through the Zimbabwe Civil Liberties and Drug Network (ZCLDN) has been carrying out advocacy activities towards drug policy reform. On 7 December 2018 the Minister of health and Child Care attended the launch of ‘save a life Campaign’ hosted by ZCLDN whose objective was to promote health and rights of People Who Use Drugs (PWUD). The campaign was a range of activities (youth concert, TV show, information dissemination, meetings) which happened between December 2018 and March 2019. The activities targeted youth and introduced harm reduction. During the launch, the minister understood the importance of harm reduction and how it is instrumental in fighting new HIV infections.</p> <p>On 1 February 2019, Zimbabwe Civil Liberties and Drug Network was invited by the Ministry of Health and child care along with other organization stakeholders involved in treatment and rehabilitation of alcohol and substance to an indaba to discuss the way forward for treating these disorders in Zimbabwe.</p> <p>The Minister of Health Dr. O. Moyo officially opened the meeting. The Hon. Minister highlighted the burden that alcohol and substance use have become in Zimbabwe and the numerous physical and mental health issues associated with these substances. He highlighted the need to develop appropriate policies to regularise treatment and rehabilitation. He urged stakeholders to approach alcohol and substance use from a public health perspective to ensure accessibility of services provided. The ministers vision echoed our sentiments we presented to him on 7 December 2018 when he attended our launch of the Health for Justice campaign.</p>

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
			<p>On 14 November 2019, ZCLDN hosted 30 members of parliament at Cresta Oasis hotel in Harare. The participants also consisted of members of the parliamentary portfolio committee on Health, to sensitize them on the need for a drug policy reform to be tabled in parliament to enable crafting of treatment guidelines and the comprehensive drug master plan.</p> <p>On 7 July 2020, a meeting to finalize the Alcohol and Substance Use Treatment and Rehabilitation Guidelines was conducted by Ministry of Health and Child Care at Ochi Safari Lodge. Zimbabwe Civil Liberties and Drug Network provided the logistical support including conferencing fees, transport allowances for participants. This was made possible by PITCH regional grant on 'Removing structural barriers' program.</p>
140	<i>negative outcome</i> Between July to August 2019, in Harare Zimbabwe religious fundamentalists formed a pressure group to bar the proposed marriage bill on the basis of advanced rights for gay couples.	This outcome draws back the efforts by PITCH partners in attaining equal and full rights for key populations. Sentiments from religious fundamentalists have increased levels of stigma and discrimination against LGBTI which has resulted in fear of the community accessing SRHR services in public health facilities.	In the sensitizations held with Parliamentarians by PITCH partner GALZ in November 2018, the LGBTI persons highlighted the challenges they experience in accessing SRHR services and other legal services such as inheritance. In November 2018, GALZ in partnership with PITCH partner FACT facilitated a dialogue with 30 religious leaders drawn from Manicaland in Zimbabwe. Some participants in the dialogue expressed discontent of acceptance of LGBTI in the legal and SRHR service legal provision spaces.
SOUTHERN AFRICA REGION			
	In December 2018, SADC Parliamentary Forum adopted Key Population minimum standards, which were developed in consultation with civil society organisations. Increased and clear KP and CSO voices were present in each SADC stock-taking meeting to stress the importance of including structural barriers to HIV prevention monitoring.	This process has helped to create a more enabling policy environment for Key Populations across Southern Africa.	Throughout 2008-2020, Key Population engagement with SADC around the SADC HIV scorecards, in relation to the 2020 HIV prevention targets, increased as relationships between SADC and Key Populations were facilitated with assistance from UNAIDS. In 2019, as part of the PITCH programme, ARASA worked alongside other CSOs to advocate for KP involvement in the monitoring and stock taking of state progress toward HIV prevention targets, focused on removing the structural barriers to HIV prevention monitoring.
	Adolescent girls and young women from the Apostolic sect now have the skills and confidence to advocate against child marriages in Manicaland Province in Zimbabwe as 'Champions'. Through their	This outcome yielded positive results as it empowered the Apostolic sect champions to report cases of child marriages to the local leadership with an assurance for action. The enactment of punitive measures resulted in the reduction of child marriages in the district. Over time cases of child	SRHR Africa Trust (SAT) oversaw the training of young women and adolescent girls on their reproductive health and rights. Sessions covered the importance of breaking the silence and cycle of abuse. The trainings were done at the beginning of the project and were

ID	Outcome Description	Significance Description	Contribution Description
ZIMBABWE			
	<p>local advocacy efforts, Champions have contributed to the decision taken by local authorities to introduce punitive measures through the enactment of by-laws by the local chiefs.</p>	<p>marriages have remained stagnant, but after the first year of the project they started to drop to as low as less than three per month.</p> <p>This outcome also helped to increase young women’s agency as they felt more confident and protected against child marriages. The local interventions do not in any way replace the national laws but represent a system designed to deal with issues at the community level. Reports are still made to the police and the legal procedures followed through.</p>	<p>followed up by refresher trainings mid-way through the programme.</p> <p>This model has been cascaded to other regional country programmes and will be used to feed into the SADC SRHR score card for country reporting (Malawi, Zambia, Botswana)</p>
	<p>Adolescent Girls and Young Women advocating as ‘Champions’ have demonstrated increased self-agency and more awareness about their bodily autonomy. They also express more confidence when exercising their rights to access sexual and reproductive health services. There is also a clear recognition of the importance of inter-generational learning with AGYW seeking out information and advice from more seasoned SRHR champions within the communities.</p>	<p>This helped bring about a radical transformation of the confidence and capacity of adolescent girls and young women in Zimbabwe. PITCH has allowed them to participate in advocacy activities, and to identify and report child marriages to the Victim Friendly Unit in consultation with community child care workers. The champions are more empowered and have been capacitated to effectively interact at various fora. They speak eloquently on SRHR issues as evidenced by the several webinars in which some have participated.</p>	<p>SAT hosted a regional symposium sharing experiences and lessons learnt across the regional country programme. This was held in February 2020 and brought together champions from the country offices. The symposium represented an opportunity to also train champions on Universal Health Coverage and to improve the models of the Champions training. PITCH contributed to the training by providing the training material, content and resource persons.</p>

STORY OF CHANGE: INDONESIA

Towards a KP Inclusive Penal Code: Engagement of Key Populations in the Penal Code Law Revision Process

The Problem

Indonesia's national criminal code (KUHP/Kitab Undang-undang Hukum Pidana) has been in place since Indonesia declared its independence in 1945. The KUHP as it exists now is a slightly modified version of the *Wetboek van Strafrecht voor Nederlandsch-Indie*, which was the criminal code put into law during the Dutch colonial era in 1918. There are articles within the KUHP which criminalize and stigmatize members of key populations, including women, Adolescent Girls and Young Women, People Who Use Drugs, Sex Workers, and youth, as well as Lesbian, Gay, Bisexual, and Transgender (LGBT) people. These articles are as follows:

1. Criminalization of all forms of consensual extramarital sex;
2. Criminalization of the promotion of contraceptives for adolescents;
3. Criminalization of all forms of abortion (including safe abortion);
4. Criminalization of any forms of cohabitation (can be reported by a third party, including village heads);
5. The word "same sex" was included in the formulation of obscene act criminalization;
6. Drug offences are included in the KUHP, implying a stigmatization of any drug problem as a criminal matter.

These six articles became the focus for Rumah Cemara, ICJR and the wider PITCH partnership working to advocate the revision process of penal code. Revisions to the KUHP were first proposed in 1958, but in reality, the process has never taken place. The revised draft bill of the criminal code is known as the RKUHP. Based on this interest, PITCH partners joined the National Alliance for Criminal Code Reform (Aliansi Nasional Reformasi KUHP - the Alliance) and put the focus of their work there. The Alliance was established in 2005 by several civil society organizations (CSOs) who were concerned with criminal law reform, with the purpose of engaging in the process of revising the KUHP. Initially, the main focus of the Alliance's work was to advocate for criminal law reform policies. The Institute for Criminal Justice Reform (ICJR), a PITCH partner since 2017, has been the coordinator of the Alliance since 2015. Other PITCH partners have also been involved. Rumah Cemara joined the Alliance in 2017 and both Indonesian Positive Women Association (IPPI) and Indonesia's national sex worker network (OPSI) joined in 2018.

In 2016, ICJR worked with Rumah Cemara to conduct research related to the 2009 Narcotics Law No. 35. It became clear for ICJR that the focus of the discussion also involved issues related to HIV/AIDS. At that time, while there was relatively little discussion related to the RKUHP at the government level, a lot of discussion was taking place among CSOs, including Rumah Cemara and Puzzle Indonesia. ICJR, Rumah Cemara, and Puzzle Indonesia jointly developed an agenda which advocated for the RKUHP to be implemented in 2018.



The Change Process

Beginning in February 2018, the Alliance organized a mass mobilization involving a women's rights coalition, university students, and the Indonesian Labour Organisation Network. This happened in collaboration with other alliances, including the Civil Society Alliance to Reject RKUHP, coordinated by YLBHI (Yayasan Lembaga bantuan Hukum, a Legal Aid foundation). The mass mobilization occurred at not only the national level but also at the provincial level, throughout the Alliance networks and the involving student organization such as GEBER (Gebrak Demokrasi).

In early May 2018, Rumah Cemara and ICJR organized a national consultation meeting to discuss the latest status of RKUHP. Since then, the Alliance has focused its advocacy towards the Government of Indonesia (GoI) on the RKUHP, centering its advocacy on the criminalization of risky behavior related to HIV/AIDS prevention in prisons. In addition to this national consultation, the Alliance carried out joint advocacy with the Civil Society Alliance to Reject RKUHP, with each partner organization advocating for the reform of specific articles in the Penal Code. For example, while IPPI focused on the article concerning criminalization of all forms of abortion (including safe abortion) and the promotion of contraception, OPSI focused its advocacy on the article in the Penal Code that criminalizes all forms of consensual extramarital sex, while Rumah Cemara focused its advocacy on reforming the Penal Code's articles that criminalise drug users and unmarried cohabitating couples from the LGBT community.

In mid-2018, the Government of Indonesia revised the article related to the criminalization of adultery. The article was modified so that only parents, spouses, or children can report adultery. In July 2018, the Government of Indonesia suspended the articles related to the criminalization of homosexuals. There was previously an article on the prevention of risky behavior related to sexual relations in which the "same sex" element was included in the formulation of the criminalization of obscene acts. In the same month, the Government of Indonesia changed the article related to the criminalization of narcotics users, which had previously stated that the rehabilitation of drug users was considered a criminal act. However, a letter was sent to the Alliance from the constitutional court of Indonesia which highlighted the importance of drug users entering into rehabilitation, and this helped to persuade the government of the importance of reforming this article. By comparison, in the 2009 Narcotics Law, the rehabilitation of drug users was not presented as a cause for criminalization, and instead presented it from a medical perspective. In mid-2019, the Government of Indonesia changed the article which prohibited the promotion of contraceptives and the article on the criminalization of all forms of abortion.

The changes mentioned above have had a direct impact on the work of PITCH partners. For example, Inti Muda Indonesia—who work with the AGYW on educating young people on SRHR— had difficulties in promoting contraception due to restrictions which stipulate that only those authorized by the government – including health workers - and competent volunteers assigned by authorized officials can conduct such promotion. The Indonesian government's position is that contraception should only be promoted by health workers or others who are authorized by the government, meaning that CSOs such as PITCH partners IPPI and Inti Muda are not authorized by the government to promote contraception. For IPPI—who work with women who live with and are affected by HIV—the original article on abortion would pose challenges as it does not take into account pregnant women who live with HIV or even rape victims who are pregnant and decide to abort their pregnancy due to health or other psychological issues.

In mid-September 2019, the Government of Indonesia started discussions on the RKUHP again where, in the end, the RKUHP Working Committee (Panitia Kerja - Panja) approved the draft RKUHP. On 15 September 2019, a parliamentary task force finalized the 628-article RKUHP bill. The problem was that the RKUHP was discussed exclusively by Panja members and, thus, the public was unable to provide input regarding its content. In addition, many articles that had been suspended in 2018 (see above) were reintroduced into the RKUHP in 2019. Soon after the approval of the draft RKUHP, on September 15, 2019, the Alliance received the latest draft of the RKUHP and since then there have been intensive discussions among and advocacy by the Alliance members on the new articles within the RKUHP. Five days later, on 20 September 2019, the President of the Republic of Indonesia declared a postponement of the discussion of the RKUHP, stating that the RKUHP should be open for discussion for the public. This was largely in response to large protests in many districts across Indonesia but in Jakarta in particular, while President Joko Widodo received significant pressure from the international level, in particular from the European Union.

However, the House of Representatives (DPR) continues to conduct discussions on RKUHP. In response to the decision of the DPR, on September 23, 2019, the Alliance – alongside the Coalition of Women's Rights, university students, and the Indonesian Labour Organisation Network - carried out further demonstrations in Jakarta and other provinces in Indonesia, rejecting the ratification of the RKUHP.

The demonstration led to the Chairman of the Indonesian Parliament, Bambang Soesatyo, stating on September 24, 2019, that discussion of the RKUHP was again to be postponed, to reduce public anger and to review the articles that were considered problematic. This postponement meant that the RKUHP would not be deliberated or passed during the plenary meeting of the last session of the DPR's 2014–2019 term, which occurred on September 30, 2019. It also implied that deliberations of the RKUHP would be continued by a new cohort of lawmakers (including those who were re-elected) who were due to take their seats in the DPR starting October 1, 2019 for a term spanning until 2024. This meant that there would be opportunities (more time) for the DPR and the public, including members of key populations, to discuss the six issues mentioned in the problem section.

As of mid-2020, there have been no substantial discussions on the RKUHP known to the CSOs or the public. However, the following progress was observed in the latest version of the RKUHP that was made public in July 2019, namely:

1. Articles on complaints of consensual sex criminalization by village heads have been removed in the draft; this was one of the advocacy asks developed by Rumah Cemara and ICJR while working as members of the Alliance. Advocacy was also carried out by the Alliance in 10 districts since October 2020 with the support of the Global Fund, with the objective of raising awareness among Key Populations at the community level. The PITCH Indonesia Country Focal Person has served as the facilitator of this work
2. Safe abortion was legally allowed for up to the first forty days of pregnancy, but has now been increased to up to the first 120 days. This has been a key message of PITCH partner IPPI, to ensure the provision of safe abortion for women living with HIV

The main success of the Alliance has been to keep public consultation and discussion on the criminal code on the agenda and to ensure the government continues to consult civil society, while also playing a role in the government deciding to delay the finalization and legislation of the draft criminal code.

Lessons learned

PITCH partners were able to use the opportunity to engage in the process of the RKUHP and take advantage of the momentum to do so by, for example, capitalizing on the opportunity to promote issues related to RKUHP and key populations at various levels. The engagement of PITCH partners in the Alliance successfully made this advocacy coalition more inclusive. This movement teaches us that in order to achieve significant breakthroughs, collaboration with CSOs beyond Key Population communities is essential. This should include academics and university students, helping to make our voice stronger. A key lesson from this experience relates to the effectiveness of stakeholder mapping and the development of issue-specific advocacy strategies for the Alliance members as part of the wider advocacy strategy in relation to the penal code revision process.

“Diversity is having a seat at the table, inclusion is having a voice and belonging is having that voice be heard” – Liz Fosslien

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsInHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Gita Meidita (national consultant).



STORY OF CHANGE: KENYA

The Best Treatment for Women Living with HIV: Access to Dolutegravir for Adolescent Girls and Young Women

The problem

Dolutegravir (DtG) is an antiretroviral (ART) that was approved for use in Kenya in February 2018 as an alternative regimen for HIV patients who exhibited intolerance to Efavirenz (an alternative ART also available in Kenya), injected other drugs while on antiretroviral therapy, or were unresponsive to second line ARV drugs. DtG has a good resistance profile and minimal side effects, and those using it are able to achieve viral suppression faster than those using Efavirenz. Because of these characteristics, DtG was welcomed by people living with HIV in Kenya and preferred over Efavirenz, which had been used as the first line of treatment in Kenya before DtG was introduced. However, in June 2018 the World Health Organization (WHO) advised against the use of DtG for adolescent girls and young women of reproductive age, after a study from Botswana showed that it may cause neural tube defects (NTD) at conception or during early pregnancy¹.

By the time WHO issued this warning, Kenya had already started administering DtG to women living with HIV. The country subsequently withdrew the use of DtG for women of reproductive age (15-49). Communities of women living with HIV in Kenya were highly concerned that they had not been consulted on this decision, which would fundamentally affect their right to choose their treatment options (regardless of their age) and their ability to make decisions regarding their reproductive lives.

The change process

In June 2018 communities of Women Living with HIV (WLHIV) came together from different organizations and raised concerns to the National AIDS & STI Control Programme (NASCO) on the issue of access to DtG for women of reproductive age. However, soon it was clear that these attempts were unsuccessful.

In July 2018, AfroCAB—a network of community HIV treatment advocates across Africa—mobilized thirty women from different African countries to attend the Stakeholder Meeting of African Women Living with HIV in Kigali (13–14 July, 2018), to deliver a statement of their demands with respect of access to DtG². PITCH partner, NEPHAK (Kenyan Network of People Living with HIV and AIDS) joined AfroCAB at the Kigali meeting, along with other organizations from Kenya including PITCH's partner organization, the Ambassadors for Youth and Adolescents Reproductive Health Programme (AYARHEP). They were also joined by other PITCH partners from Zimbabwe and Uganda. One of the demands put forward by the coalition was that they wanted to be involved when decisions affecting WLHIV are being made.

¹ <https://www.aidsmap.com/news/jul-2019/dolutegravir-safety-pregnancy-risk-lower-first-reported>

² <http://www.afrocab.info/meetings/past-meetings/>

During the 2018 AIDS Conference (23–27 July, 2018) in the Netherlands, PITCH partners AYARHEP, Kenya Sex Worker Alliance (KESWA), and Bar Hostess Empowerment and Support Program (BHESP) joined a protest of WLHIV at a WHO-organized meeting on guidelines for HIV treatment. The messages presented included:

- “We want DtG for all now”
- “Stop discriminating against women”
- “Do not deny us, WLHIV, access to DtG regardless of our childbearing potential”
- “Strengthen HIV and SRH services to ensure access to DtG together with acceptable, available, affordable, and accessible contraception”
- “Do not force WLHIV to take a particular medication”
- “Clearly communicate the short- and long-term side effects of ARVs to enable us to make informed decisions”
- “Involve us, the WLHIV, in local, national, and global discussions and decisions regarding HIV treatment options”

Upon return to Kenya, in August 2018, NEPHAK started strategizing and implementing an advocacy campaign, directing its efforts towards the NASCOP of the Kenya Ministry of Health (MoH) as the main advocacy target. NEPHAK was joined by its members, PITCH partners AYARHEP, Y-Plus Kenya, Women Fighting AIDS in Kenya (WOFAK), LVCT Health, BHESP and KESWA) and other CSOs (e.g. the SRHR alliance). KESWA was involved in the planning and execution of the advocacy campaign; AYARHEP, Y-Plus Kenya, and WOFAK contributed to the mobilization of young women and girls living with HIV/AIDS at the community level, and BHESP was involved in the mobilization of young sex workers. LVCT Health engaged with women in hospitals and treatment centres and was involved in lobbying at the level of the National Technical Working Group and GFATM. KELIN supported the campaign by helping AYARHEP in drafting a petition directed at NASCOP, the MoH, and WHO.



Towards the end of 2018 and after receiving training on community dialogue from AfroCAB, PITCH partners in Kenya organized meetings with women and girls and CSOs on a community level to discuss their fears regarding DtG. They also brought in medical experts to respond to these fears by providing information. Through this community dialogue, a broad range of girls and young women (including

female sex workers) were informed and empowered to engage in the advocacy. Funded by PITCH, AYARHEP worked to strengthen the capacity of adolescent girls and young women to advocate for increased access to equitable and rights-based HIV treatment in order to enhance their meaningful engagement. AYARHEP conducted a survey among adolescent girls and young people on their perceptions of DtG and used the results to mobilize public support by sharing key messages on the need for the government to reinstate DtG guidelines and conduct sensitization meetings with stakeholders on the reinstatement. Other partners working at the community level were also able to generate evidence and mobilise adolescent girls and young women within the communities to gather evidence for the national DtG advocacy campaign. PITCH enabled them to cover the costs for young people to attend these meetings. Moreover, WOFAK, partnering with other women led CSOs like Young Women Against AIDS (YWAA), utilized county stakeholder forums to advocate for a DtG regimen for all adolescent girls and young women with HIV and other SRHR issues, under the slogan *every woman every child counts*.

PITCH partners likewise were actively engaged in online campaigns, mainly through Twitter, and were able to mobilize a lot of online discussion. Over the course of these social media campaigns, a clear message emerged that women want choice and to be able to decide about their medication and reproductive lives for themselves. Journalists were also engaged to make the campaign visible and to convey correct information related to DtG more broadly.

On 10 April, 2019, with support of PITCH Funds, a peaceful march was organized by AYARHEP, WOFAK, BSHEP, KESWA, and Y+ Kenya demanding that the directive prohibiting the use of DtG by women of childbearing age be rescinded by the Ministry of Health. For this purpose, a petition covering the below issues was developed:

- Revise the cautionary measures that were barring women from access to DtG;
- Withdraw the consent form that women had to sign to access DtG;
- Revise the clinical guidelines on working with DtG at the community level and at health facility level;
- Provide HIV treatment literacy in all the forty-seven counties for women to understand their treatment well.

NASCOP agreed to address the demands presented in the organizations' petition (see above), starting with a revision of the caution on the use of DtG.

In parallel with this process, in July 2019 at a conference in Mexico, WHO lifted the caution/advisory on the use of DtG after additional research from Botswana found that the risk of NTDs was less than originally suspected. The communication from WHO was followed by consultations between the Kenyan Ministry of Health and other key stakeholders, including WLHIV and civil society organisations. Updated guidance was subsequently issued by the Kenyan Ministry of Health on 25 July 2019. The new guidance was sent to all concerned parties across Kenya's forty-seven counties, namely: County Executive Committee Members of Health; County Chief Officers of Health; County Commissioners; and County AIDS and STI Coordinators.

On 9 August, 2019, in a follow-up to the Ministry of Health, NASCOP updated its guidelines on DtG, sending a notification to facilities which lifted the restrictions and allowed consenting women of a child-bearing age to be given DtG as a first line of treatment.

Lessons learned

The success of the DtG campaign in Kenya shows above all that unity is strength. By engaging in the campaign jointly, the different organisations (including PITCH partners) were able to amplify their

voices. In particular, the empowerment and strong engagement of the community in the process was a success factor in the campaign. Young people not only actively engaged in evidence generation and important activities like the march but also played a key role in the social media campaign—which made the advocacy particularly powerful. Finally, the advocacy work around DtG raised a number of issues that partners had not been taking as much interest in previously, such as the diagnostic care of young people living with HIV, aspects of early infant diagnostics, kidney tests, and liver tests, to show that the welfare of the patients is being upheld. The advocacy also created a ripple effect for issues affecting other people living with HIV. The other lesson was had Kenyan civil society and communities not organised themselves and lobbied the Kenyan MoH/NASCOP, then when the WHO changed their guidance in July 2019, in response the MoH may not have actively consulted Kenyan civil society.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaïre van Arkel, Maurizia Mezza, Lingga Tri Utama, and Awuor Ponge (national consultant).



STORY OF CHANGE: MOZAMBIQUE

Recognition of Transgender Women as a Key Population in Mozambique

The context

Within the Lesbian, Gay, Bisexual and Transgender (LGBT) communities in Mozambique, transgender people represent the group which faces the most violence, stigma, and discrimination. This is particularly the case for transgender women, and therefore, they are also at higher risk of contracting HIV.

PITCH partner, LAMBDA, fully realized this situation and conducted a research in 2017 on the Political, Economic, and Social Situation of LGBT People in the Cities of Maputo, Beira and Nampula (LAMBDA 2017). In this research it was shown that transgender women in Mozambique encounter severe barriers in accessing healthcare services and, facing socio-economic exclusion. The study also demonstrated how social vulnerability and employment barriers push individuals into sex work, which in turn results in higher risk of HIV for transgender women.

The problem

In Mozambique there are no specific public policies or laws that cover LGBT communities. Despite the recommendations given by WHO to recognize transgender people as one of key population in HIV/AIDS¹, this was not the case in Mozambique. In the Mozambican National Strategic Plan for HIV/AIDS 2015–2020, which established guidelines for intervention packages and services to be offered to different population groups, the Ministry of Health (MoH) recognized only four key populations, in which transgender people were excluded and transgender women were mentioned as part of MSM. Despite commonalities experienced by key populations, each group has specific needs and thus it is important to promote approaches which respond to the particular characteristics of each group.

“The needs and challenges of transgender women and MSM are different, and need to be addressed differently. This was the problem.” (PITCH CFP).

The lack of recognition and representation of transgender people had a big impact on the focus of the services for HIV prevention, care, and treatment, as well as the availability of funds and general support for this group. Moreover, the exclusion had a severe impact on self- and social stigma, as well as on the recognition of a transgender movement.

¹ <https://www.who.int/hiv/pub/guidelines/keypopulations/en/>

The change

Prior to joining PITCH in 2017, LAMBDA had started advocacy activity to sensitize Mozambican civil society and government on transgender people's rights and needs, as well as to the differences between transgender women and MSM. LAMBDA is also part of the Technical Working Group of the National AIDS Council (CNCS), constituted within the framework of the process for preparing Mozambique's HIV/AIDS COP (Country Operational Plan) and funded through PEPFAR. The CNCS plays a key role in the process of policy making and direction for the administration and implementation of multi-sectorial, HIV-related programs. Despite LAMBDA's advocacy work as a member of the CNCS with the National AIDS Council and the Ministry of Health, the CNCS was not able to develop research, programmes, and activities focused on transgender women due to the fact that they were not recognized as a key population by the country's MoH.

PITCH started in 2017 in Mozambique and supported transgender women by providing funds for activities that focus on or contribute to address the needs of transgender women. PITCH partners Pathfinder, the National Platform for the Rights of the Sex Workers², and LAMBDA, unified their voices and focused their efforts on strengthening the capacity of transgender women, while also working to sensitize wider society on the needs and challenges faced by transgender women. This represented an important intervention, prior to pursuing more active engagement with the National AIDS Council and the Ministry of Health. Under PITCH, the following advocacy activities for transgender women were conducted:

- In 2017, LAMBDA were able to develop and share a key study about the needs of transgender, bisexual and lesbian women, which was published on the newspaper IKWELI. This has increased the visibility of transgender women at country level.³
- With the support of PITCH, the National Platform for the Rights of Sex Workers organized training for health workers to address stigma toward transgender people and transgender sex workers. This national platform is considered a community led movement. The platform carried out activities in different regions of the country through its 23 focal points and trained health workers in health and safety, community mobilization, SRHR, stakeholders engagement, and the reporting system ONA. By using ONA, the focal points were able to produce reports of their activities as well as the challenges experienced by the transgender community, sharing them with the Ministry of Health and Ministry of Interior during regular monthly meetings. And as of 2019, transgender sex workers began to systematically report cases of violence, through monthly reports, with support from the focal points of the Platform for the Rights of Sex Workers.
- On the 28th, 29th, and 30th of October 2019, all PITCH partners worked together organizing a Universal Health Coverage (UHC) workshop in Maputo on "Putting Key Populations and Vulnerable Groups at the Core of UHC". The main objective of the workshop was to raise awareness on UHC and, within the UHC, to discuss the barriers faced by KPs in accessing health service quality (such as discrimination and the misrepresentation of transgender people). Representatives of UNDP-Mozambique, the

² The National Platform for the rights of Sex Workers consists of 9 members, of which 2 international organizations (Pathfinder and MSF) and 7 national organizations (ICRH-Mozambique, Tiyane Vavasate, Ungagodoli, Abevamo, Amodefa, Muleide and LAMBDA) and 18 focal points at the provincial level.

³ PITCH Mozambique country report 2017.

Ministry of Health, the National AIDS Council, the Maputo National Health HQs and CSOs, attended the workshop. Prior to the workshop, all PITCH partners joined efforts conducting several informal advocacy activities, such as networking “in the corridors”, in order to engage the Government representatives, ensuring their participation. During this workshop, on October 29, 2019, the Representative of the National Platform for the Rights of Sex Workers and the President of Tiyane Vavasate (PITCH sub-grantee Community-Based Organization) contributed to the plenary session on “Rights and Duties of Key Populations”. Barriers faced by sex workers in accessing health services including of transgender women were discussed.

“The representatives of all communities were present and speaking at the round tables. We didn’t have a representative of MSM speaking on behalf of a transgender women but rather a transgender woman speaking for herself about her problems” (PITCH CFP).

During the UHC workshop, the National STI/HIV Programme Focal Point of the MoH of Mozambique, Dr. Jessica Seleme, publicly committed to include transgender people in the key populations of the next National Strategic Plan for HIV/AIDS (2020–2024). The recognition of transgender women as a key population is the result of a long and complex process, in which PITCH partners contributed together with other organizations and programmes, meaningful engaging with the government. In December 2020, the National Strategic Plan for HIV/AIDS was approved and finalised, with the needs of transgender women reflected as committed to by Dr. Seleme, with transgender women no longer included in the same population group as men who have sex with men.

Significance

The recognition of transgender women as a key population is a milestone in the history of transgender people in Mozambique, which empowers the movement in general. The change has encouraged community engagement. For instance, on the 1st of December 2019, as part of the celebrations of the International HIV/AIDS world day celebration, the Maputo Council invited for the first time a transgender woman at the roundtable on “*Stigma and Discrimination within the key population*”⁴.

The constitution of a transgender movement today, was a work that PITCH leveraged, formed a more visible group of transgender women and they are now in the process of creating a specific movement for transgender women.

The recognition of transgender women supported also the allocation of resources by the MoH for specific prevention, care, treatments, and mitigation services targeting specifically towards transgender women. The inclusion of transgender people in Mozambique’s next National Strategic Plan for HIV/AIDS has also been used to inform the Global Fund’s process of drafting their annual plan for 2020.

Lesson learned

The combination of the advocacy carried out by the focal points of the National Platform for the Rights of Sex Workers; the participation of PITCH in the process of developing the National Strategic Plan for HIV/AIDS (2020–2024); and the planning and implementation of the UHC

⁴ PITCH Mozambique country report 2019.

workshop lead successfully to the inclusion of transgender people in the National Strategic Plan for HIV/AIDS. This showed PITCH partners the value and impact of collaboration. Organizations such as LAMBDA, Pathfinder International, ACAM, UNIDOS, MULEIDE, COALIZAO, and REPSSI worked together and from their coordination efforts started seeing substantial change in terms of advocacy for the key populations. By maximizing single efforts, joint advocacy strongly contributed to achieving the goal of equal access to HIV-related services.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsInHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, Marianne Brittijn and Jacinta Tiago (national consultants).



STORY OF CHANGE: MYANMAR

Medicine for All: An Advocacy Strategy for Equal Access to Lifesaving Medicines

Introduction

In 2020, AIDS is no longer seen as a death sentence. A variety of prevention options and treatments are available which allow people living with HIV (PLHIV) to have a good quality of life. However, not everyone has the possibility of accessing these medications and limited access to HIV medicines is one of the key drivers of health inequity.¹ One accessibility issue that is too often overlooked is the role of patents. Medications which are protected by patents tend to be expensive, as pharmaceutical companies try to recoup their research and development costs. If laws regarding Intellectual Property for lifesaving medicine are mishandled, medication becomes more expensive, imports slow down, and bureaucratic burdens increase. The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) is an agreement between member nations of the World Trade Organization (WTO) that sets out minimum standards for the protection of intellectual property, including patents on medicines. There is growing concern and evidence that implementing the TRIPS Agreement patent rules might restrict access to affordable medicine for people in developing countries, particularly for HIV/AIDS, tuberculosis, and malaria.

The problem

Between January and May 2019, the Myanmar Parliament approved four intellectual property (IP) laws, in line with the TRIPS agreement. Among these, the Patent Law was approved on the 11th of March 2019. This law provides protection for inventions related to products and processes that meet certain requirements, including lifesaving medicines. The Patent Law was designed by the Intellectual Property Department under the Ministry of Education and administrated by the Directorate of Patents of the Intellectual Property Office under the Ministry of Commerce. Despite the fact that the Patent Law also affects the prices and distribution of medications, the Ministry of Health and Sport (MoHS) was not invited to participate in the final stages of the process of developing this law. After the approval of the Patent Law and during the by-law development process, communication gaps emerged between the MoHS and the Ministry of Education to participate in by-law development process.

This suggests that the law may have run the risk of excluding important health-related issues and considerations. “The Patent Law is made at the benefit of the economic development in Myanmar” (Myanmar CFP). Myanmar’s creative and entertainment business industry demanded the government have IP laws and a patent system, highlighting the importance of having such laws to welcome foreign investments. However, as discussed above, placing patents on medicines risks increasing their prices, making them inaccessible to KPs and other vulnerable parts of the population. This is an important issue for everyone, but it is particularly pressing for PLHIV, whose lives depend on treatment access.

¹ *The Global Action Plan for Healthy Lives and Well-being for All*

For instance, potential patent restrictions could increase the price of anti-retroviral therapy (ART) which would in turn have a negative impact on PLHIV's health. The MoHS is aware of these sensitivities given its responsibility for the National AIDS Programme, while the Ministry of Education has collaborated with MoHS as part of the law drafting process on the specific needs and potential ill effects of the Intellectual Property legislation on medication accessibility. However, the MoHS has not been able to continuously participate in the by law development process and in the enforcement of the Patent Law.

Communities expressed concerns related to the level of participation of MoHS in the by-law development process, as well as the enforcement of the Patent Law, particularly the provisions related to TRIPs flexibility on access to medicines during the legislative transition process. The involvement of MoHS when organizing the Intellectual Property Rights Central Committee, in accordance with the approved Patent Law was critical for ensuring legal authorization to supervise and allow or refuse the granting of mandatory licenses on patent of medicines after the graduation of Myanmar from its Least Developed Country status in the near future. This is why organizations advocating for the health and rights of People Living with HIV (PLHIV) pushed to get the MoHS involved in the by-law review process.

“All other related ministries were involved in the Intellectual Property by law development process but not MoHS. Without MoHS, we were concerned that it would be difficult to have access to ART and other medicines. Without MoHS in the by-law process, the PLHIV community won't have a voice. MoHS can protect and work for PLHIV community” (CFP).

The change process

The PITCH partner Myanmar Positive Group (MPG) structured an entire advocacy strategy which focussed on the importance of involving MoHS in the by-law process of the Patent Law. On the 15th of February 2019, before the official publication of the proposed legal text, MPG organized a multi-stakeholder consultation meeting in Yangon to discuss the Patent Law with organizations like U Hla Tun Cancer Foundation and Liver Foundation. Following this meeting, on the 16th of February, PITCH partners formed a Community Advocacy Working Group to provide coordinated technical assistance on the law. The organizations involved included Alliance Myanmar, MPG, Myanmar Positive Women Network (MPWN), Myanmar MSM & TG Network (MMTN), Myanmar Youth Starts (MYS), SWiM, AMA, and other members of the Community Network Consortium on HIV (CNC) such as MINA, 3N and NDNM and technical partner UNAIDS. During a regular advocacy visit to Peoples' Parliament Health and Sport Development Committee, the chairperson of MPG together with leaders of CNC advocated to push forward the community's concerns about the limited use of TRIP flexibilities and MoHS involvement in the Patent Law bill. On the 14th of June 2019, the Community Advocacy Working Group presented the same advocacy points to the MoHS and at the Department of Patent and Copyright (part of the Intellectual Property Department).



In June 2019, MPG then formed the Access to Medicines Community Working Group with sixteen organizations. The new working group was composed by core members of the original Community Advocacy Working Group, PITCH partners MPWN, MMTN, MYS, SWiM, and AMA, as well as HIV networks, nine community organisations (including Hepatitis C, Tuberculosis and Cancer community groups), and five NGOs/UN institutions. This working group held meetings in Yangon on the 9th of September and 8th of October 2019 to discuss the progress of advocacy on access to medicine for reducing patent-related barriers. They reviewed the draft legislation and developed concrete advocacy points that were brought to the attention of the Intellectual Property Department (IPD), the National AIDS Programme (NAP), and the Bill Committee during the by-law process of the Patent Law.

The advocacy points included a call for some leeway for drugs, essential for key populations, in line with the TRIPS agreement, to ensure the import of medicine whenever needed. During this process, MPG received flexible investment funding through PITCH, allowing this partner organisation to support members of the Community Advocacy Working Group with training on the TRIPS agreement and public health. This flexible investment funding allowed MPG and working group members to participate in different activities related to patent law advocacy. One example includes MPG's participation in the "Reinvigorating Global Health Agencies to Address Intellectual Property and Access to Medicines" training in Paris on the 10th and 11th of December 2019. The travel costs for MPG to travel to Paris were provided by meeting organizer STOPAIDS.

On the 4th of February 2020, the working group organized a meeting with the Department of Patent and Copyright (part of the Intellectual Property Department) of the Government of Myanmar to highlight the importance of involving the MoHS in the by-law process. Finally, on the following day during a high-level meeting in Naypyidaw, the Intellectual Property Department announced that it would involve the MoHS in the by-law review process of the Patent Law.



Significance

The involvement of the MoHS in the Patent Law by-law review process is a great success not only for PLHIV, but for all groups whose lives depend on medicines. The MoHS did not originally assign a representative in the Patent Law by-law development process carried out by the Ministry of Education's Intellectual Property Department, which was why the involvement of the Community Advocacy Working Group was so important. The MoHS was expected to ensure that health-related concerns are taken into account in decisions regarding medicine price and distribution, avoiding the possible negative impacts of the Patent Law on affordable access to life-saving medicine. Additionally, PITCH partners expect to be closer to the Patent Law review process because of the positive relationship they were able to establish with the MoHS. This achievement is particularly important for MPG and all PITCH partners more broadly because it shows their ability to successfully engage with advocacy targets and establish trusting relationships with them.

Lessons learned

This process was not only a success, but also a great learning journey. MPG and the other PITCH partners strengthened their advocacy capacities by setting up a complex advocacy strategy. They articulated their efforts with a number of CSOs, NGOs, and members of the government to ensure equal access to HIV treatment, learning that sometimes advocacy capacity alone is not enough. *"Intellectual Property rights and its related laws are very difficult to understand for those who do not have the background knowledge."* (PITCH CFP)

At the beginning of the advocacy process, many members of MPG and the other PITCH partners were not familiar with the IP laws and Property Rights and thus faced difficulties. *"We had to review the patent laws in other countries and had to digest the inputs from the law experts to participate in the discussion. It was not easy as we are not familiar with the patents and 'IP law things.'"* (PITCH Implementing Partner).

Partners learned that technical knowledge is key in advocacy and that they need more resources and people to support advocacy strategies from a legal framework.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by Results in Health team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Frederike Engeland (national consultant).



STORY OF CHANGE: NIGERIA

How PITCH Partners Secured Government Approval and Support to Commence with Comprehensive Harm Reduction

The context

In Nigeria, the prevalence of drug use has been estimated at 14.4% of the population, in 2018 according to the report on “Drug Use in Nigeria” (UNODC 2018). The same study reported that around 80,000 drug users reported having injected drugs, and nearly half of the people who injected drugs people who inject drugs reported that they had used a needle already used by someone else.¹ The HIV prevalence amongst people who inject drugs is 3.4%, higher than the national average of 1.4%. These numbers could be decreased with the implementation of a comprehensive harm reduction approach to public health, recommended by WHO as the most effective means of HIV prevention and care services for people who inject drugs². Harm reduction is a public health approach and a movement for social justice that aims to minimise the negative health, social, legal, and economic consequences of substance use. For instance, needle and syringe programmes (NSP) aim to prevent the transmission of HIV and other infectious diseases by providing sterile injection equipment, information, and education.

The problem

Comprehensive harm reduction services have always been opposed by the government in Nigeria, especially needle and syringe programmes (NSP), opioid agonist treatment (OAT) and the use of Naloxone for overdose management.

“In Nigeria the government wasn’t comfortable allowing the distribution of needles to people who use drugs because they still had this traditional view that if you give people needles you are encouraging drug use.” (country focal point (CFP) Nigeria)

The rejection of harm reduction methods was so strong that in 2014 the federal government refused to request funding for harm reduction from the Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund) as part of the 2014–2019 grant cycle, which subsequently led to the Global Fund refusing to disburse any funds for Nigeria’s HIV grant. The Global Fund required that funding encompass harm reduction programmes and because the Nigerian Government refused to implement NSP and OAT, and to make Naloxone available, the release of funding was unable to proceed. A huge stock of Naloxone was imported and has remained locked away to this day. Many civil society organizations have advocated for the implementation of NSP and OAT, to make Naloxone available, but their efforts have been fragmented.

¹ UNODC (2018), “Drug use in Nigeria” https://www.unodc.org/documents/data-and-analysis/statistics/Drugs/Drug_Use_Survey_Nigeria_2019_BOOK.pdf

² https://www.who.int/hiv/pub/idu/IDUIT_2017.pdf?ua=1

The change process

In 2017, efforts to realize a harm reduction programme intensified and became more coordinated.

“I think what really pushed the conversation around harm reduction was when PITCH came. At that time, I knew SFH (Society for Family Health) was doing some work around harm reduction, but it wasn't part of the narrative at that point. We were still very much not talking about it. We saw it as something that wouldn't work in Nigeria. But I think with the funding and the support and the level of technical expertise that was supported for the partners, the conversation around harm reduction was able to change.” (PITCH Implementing Partner)

The PITCH programme started supporting partner organizations through technical trainings on harm reduction and capacity strengthening for the generation and use of evidence in advocacy strategies. Funding was also made available to help partners to organize and host meetings between organizations and external stakeholders.

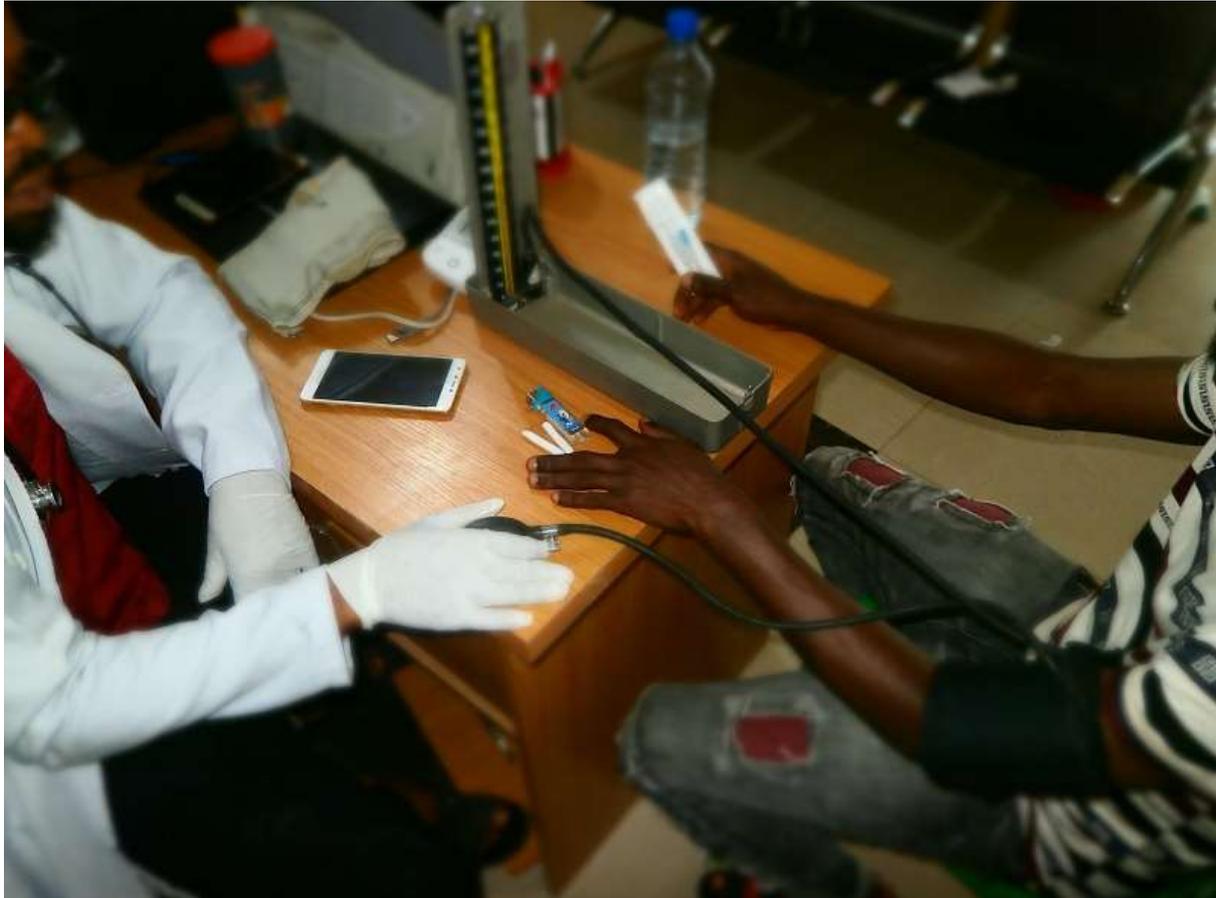
For instance, in 2018 a training as part of the PhotoVoice project was organised with a focus on using photography as an advocacy tool. *“We have learned the use of photovoice, which I always say is one of the greatest tools that can be used in advocacy,”* said one of the PITCH Implementing Partners in Nigeria. PITCH partners used the PhotoVoice training to produce advocacy materials together with people who inject drugs community members, exploring the importance of harm reduction and the need for a public health response to drug use in Nigeria. *“Photovoice is a very critical activity that generated a lot of ideas and strategies for partners during the advocacy work,”* the Nigerian CFP added. By using the visual material produced using the photovoice technique, PITCH harm reduction partners were able to secure time with stakeholders like the Federal Ministry of Health (FMoH), the National Agency for the Control of AIDS (NACA), and federal law enforcement agencies. Bringing the images to the attention of key members of the FMoH allowed them to see the experience of people who use and inject drugs and how comprehensive harm reduction could inform the national plan. In 2017 and 2019, two members of PITCH partner organization YouthRise (Youth Research Information Support and Education) and CIND (Community Intervention on Drugs) also attended the “Harm Reduction Academy³,” gaining technical knowledge and skills³ to implement in their advocacy work.

Partnerships and collaboration have been additional ingredients fundamental to the success of the advocacy work. Since the beginning of the PITCH programme in Nigeria, in 2017, YouthRISE, DHRAN (Drug Harm Reduction Alliance Network), and CIND started working together on common actions and goals to push for the approval by the federal government of a government funded harm reduction programme. During PITCH implementation, the three PITCH partners also established contacts with important external stakeholders such as NACA, FMoH, the Global Fund, and the Society for Family and Health (SFH) (a primary recipient of the Global Fund's support). During 2018, PITCH partners YouthRise, DHRAN, and CIND conducted advocacy to push forward a harm reduction programme. From August to November 2018, PITCH funded a series of consultation meetings with members of NACA, the Federal Ministry of Health, law enforcement agencies, the Global Fund and people who use and inject drugs, which resulted in the development of a concept note. The concept note, developed by the stakeholders mentioned above, provided evidence about the life threatening situation of people who

³ Harm Reduction Academy is a global learning, dialogue and skills building course established with the vision to end AIDS and Hepatitis C among people who inject drugs

inject drugs in Nigeria, showing the relevance of a comprehensive harm reduction programme in order to fight the HIV pandemic. It outlined a clear timeline and the steps that would need to be taken in order to build up stakeholder consensus, develop a strategic plan and mobilize resources, with the objective of facilitating the implementation of a comprehensive harm reduction programme.

“YouthRISE has been instrumental in ensuring that decision-makers have a good understanding of the situation moving the conversation and policy-making decisions on the criminalization of drug users towards providing the required medical support.” (Federal Ministry of Health)



On the 17th of May 2019, Minister for Health Dr. Isaac Adewole approved the concept note and the inauguration of a National Technical Working Group (NTWG) on Drug Demand and Harm Reduction. The NTWG is a multi-stakeholder technical working group headed by the Federal Ministry of Health with CSOs (including PITCH partners), representatives of academia, and drug user representatives. As a consequence of the commitment to develop a comprehensive harm reduction programme, in September 2019, a mixed delegation, including government officials, CSOs, and drug user networks, conducted a study tour to Kenya to gain knowledge on harm reduction practices and strategies. The PITCH partners YouthRise, DHRAN, and CIND were part of the delegation, with funding provided by PITCH and the Global Fund. During the tour, the delegates visited NSP and OAT program sites and held strategic meetings with key government officials, political leaders, NGOs implementing the harm reduction programmes, and service beneficiaries, in Nairobi (16th & 17th) and Mombasa (18th -20th). Key lessons from the study visit included the importance of strong collaboration between all stakeholders, the necessity of an enabling legal environment, as well as the importance of integrating

harm reduction programmes with already existing programmes such as on HIV/drug dependence management⁴.

By the end of 2019, PITCH partners had already received needles and syringes while Frontline AIDS funded a consultant who designed and implemented a training package on NSP and opioid overdose management. Training was carried out in four locations in Nigeria. However, the COVID-19 pandemic in caused delays in implementation in 2020. The FMOH also agreed on a research protocol to support the Global Fund funded NSP pilot in three sites, which was launched in the second half of 2020.

Significance

The approval of the concept note and the creation of the NTWG were two milestones in Nigeria, and an important step in the global state of Harm Reduction. Nigeria is the tenth country in Sub-Saharan Africa to implement NSP, after Benin, Kenya, Mali, Mauritius, Mozambique, Senegal, Sierra Leone, South Africa and Tanzania Mainland (Global State of Harm Reduction 2020), and its government NSP programme is the first that will be entirely drug user led in the world. Additionally, for the first time in Nigeria, a multi-stakeholder technical working group has been established headed by the Federal Ministry of Health with representatives of CSOs (including PITCH partners), and drug user networks, all serving as members, to discuss issues related to drug use and HIV.

Lessons learned

PITCH partners worked closely with multiple partners in order to succeed in securing government approval and support for implementing comprehensive harm reduction in Nigeria. The story of this important success is one of collaboration, commitment, and unity. *“Changing mindset requires a lot of effort”* (PITCH implementing partner), and without unifying and coordinating strategies and goals, it would have not been possible to be heard by the government or to achieve a change as major as implementing a comprehensive harm reduction programme in Nigeria.

Additionally, all partners acknowledged that the technical capacities they gained in the field of harm reduction, as well as increased ability of generate and use strong evidence through the Photovoice, played a key role in the process.

“I learned that capacity is very important in advocacy. You need to have the technical knowledge of the field in which you are doing advocacy to explain why it is important” (PITCH implementing partner).

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Oluwatoyin Oyekenu (national consultant).



⁴ Report of Nigeria Study Tour to Kenya on Harm Reduction Program (2019)

STORY OF CHANGE: UGANDA

Access to Medication Assisted Treatment (MAT) for People who Use Drugs in Uganda

The problem

In Uganda, drug use is criminalized by the Narcotic Drugs and Psychotropic Substances Act. People who use drugs face a great deal of discrimination and stigmatization, which reinforces their vulnerability to HIV arising from the use of shared needles and injection equipment. A strong taboo exists on the issue of drug use and, until a few years back, government officials claimed it was not an issue of concern in Uganda. At the same time, arrests of people who use drugs by the police are common. People who use drugs are often perceived as mentally ill and taken against their will to Butabika National Mental Health Hospital in Kampala as an alternative to detention. The treatment that was being used at the hospital was poor, medicines were often not available, and not at all adapted to the situation and specific needs of people who use drugs. Essential harm reduction services were likewise lacking in the country and knowledge about harm reduction was low.

“There was no medicine in Butabika. You find that the treatment given did not have any connection with the problem being experienced by the person. This meant that someone would have been taken to Butabika hospital (not to get better) to further worsen his/her situation.” (Participant of a FGD with people who use drugs community member)

The change process

With the funding and other support from PITCH, the Global Fund, and others,¹ Uganda Harm Reduction Network (UHRN) actively engaged in advocacy for Medication Assisted Treatment (MAT²) for people who use drugs in Uganda. The advocacy for MAT took place with advocacy for Needle and Syringe Programmes (NSP), starting in 2017. As part of the campaign, UHRN developed a host of advocacy materials for policy makers and other duty bearers, including MAT and NSP fact sheets, posters, study reports, and presentations. A report³ on size estimation of people who use drugs for Mbale and Kampala, produced by UHRN and Community Health Alliance Uganda (CHAU) in 2017, with support of the Global Fund, was used as important evidence to counter the discourse of officials claiming that drug use is not a big issue in Uganda.

A key component of UHRN’s advocacy strategy was the sensitization of community members on reducing the stigma towards people who use drugs, including MAT and NSP. In January and February

¹ In the advocacy for MAT, UHRN also received support from various other parties besides PITCH and the Global Fund, such as CDC Uganda and the Open Society Initiative for Eastern Africa (OSEA).

² Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (<https://www.samhsa.gov/medication-assisted-treatment>)

³ [http://fileserver.idpc.net/library/UHRN%20Annual%20Report%202017%20\(3\).pdf](http://fileserver.idpc.net/library/UHRN%20Annual%20Report%202017%20(3).pdf)

2019, a core team of grassroots PITCH harm reduction community activists—men and women who use drugs—was subsequently mentored and supported by UHRN to champion community-led advocacy. Until recently, access to official meetings and opportunities to articulate their issues was very limited for key populations in Uganda. UHRN facilitated the participation of community activists in the meetings of the district AIDS Committee, Ministry of Health Key Populations Technical Working Group (TWG), and Uganda AIDS Commission’s HIV Prevention Committee, enabling them to lobby for the consideration and adoption of harm reduction interventions and supportive policy frameworks. In addition, through other PITCH supported campaigns such as “Harm Reduction Works⁴” and “Support Don’t Punish⁵”, and the generation and dissemination of evidence using photovoice, UHRN was able to amplify key messages being made by community activists representing people who use drugs when targeting policy makers and law enforcement officials.



In support of the advocacy campaign, UHRN also facilitated the anti-narcotics police commissioner to attend the harm reduction academy, and for Ministry of Health and Uganda AIDS Commission staff to attend a harm reduction conference in Kenya. During these learning visits, policy makers, law enforcement, and other government officials from Uganda were exposed to harm reduction best practices and examples of successful implementation of harm reduction programmes in Kenya, Tanzania, China, and Portugal. Delegates from the Ugandan government were also supported by PITCH to attend regional and international conferences and trainings, including the International Harm Reduction Conference 2019 in Portugal and the International AIDS Conference 2018 in the Netherlands. Back in Uganda, these same law enforcement and government stakeholders effectively

⁴ Harm Reduction Works campaign aims of changing attitude amongst policy makers and other duty bearers to embrace & promote harm reduction interventions (NSP & MAT) and efforts to address PWID’s stigma and discrimination in Uganda.

⁵ Support Don’t Punish campaign is a global advocacy campaign that raises awareness of the harms being caused by the war on drugs (<https://supportdontpunish.org/event/harm-reduction-now-more-than-ever-support-dont-punish/>)

engaged in the campaign for MAT as participants in radio and TV talk shows, for instance by drawing attention to the need for a human-centred harm reduction programme in the media.

PITCH partner HRAPF (Human Rights Awareness and Promotion Forum) made their lawyers available to support people who use drugs in their fight. In 2016, HRAPF and UHRN had already joined forces to make an analysis of the Narcotics Act to showcase its gaps, which was also used as evidence in the advocacy for harm reduction services. In 2018, the PITCH Country Focal Point (CFP), together with a group of PITCH partners (UHRN, Sexual Minorities Uganda/SMUG, and Coalition for Health Promotion and Social Development/HEPS Uganda), met and negotiated with the Minister of Health and Permanent Secretary of the Ministry of Health prior to the PEPFAR Regional Retreat Meeting in Johannesburg to support the establishment of a MAT clinic in Uganda. During the Regional Retreat Meeting in Johannesburg, a representative of SMUG, a PITCH partner from the LGBTIQ community, represented the issues of harm reduction and a proposal for a MAT clinic.

The sum of all these efforts led to a breakthrough in MAT at the onset of 2019, when the Ministry of Health's Key Populations Technical Working Group installed a multi-sectoral National Taskforce for MAT. Through its participation in the taskforce, in March and October 2019, UHRN was able to contribute to the development of Uganda's first ever guidelines for harm reduction and standard operating procedures for MAT. In support for this initiative, also in 2019, PEPFAR (through CDC Uganda under CoP 2019) committed funds to supporting the establishment of the first MAT site at Butabika National Mental Referral Hospital. The opening of the clinic took place on the 15th of September 2020 and the formal launch is scheduled to be held at the start of October 2020. The constructive working relationship between PEPFAR and the Ugandan Ministry of Health helped support this process.

Significance

With the establishment of the first MAT site in the country, people who use drugs in Uganda have their own dedicated clinic where they can receive tailored treatment by trained professionals. Community members perceive drug addiction withdrawal more positively with MAT available and perceive the rehabilitation process with less fear. MAT also gives people who use drugs ownership over their decisions as to when and how they begin to withdraw from their treatment, as it supports voluntary rehabilitation. It is expected that the availability of MAT will also contribute to strengthening adherence to treatment.

“One now feels that it's not a struggle to leave drugs. So now one only needs determination to leave drugs. Otherwise we are no longer afraid to leave drugs; thanks to MAT.”

(Participant of a FGD with people who use drugs community member)

People who use drugs had long been excluded from the Ugandan government's consultations on the country's HIV response while the prospect of introducing harm reduction interventions was highly contested in Uganda. In light of this, the Ministry of Health has taken a bold step with the rollout of roadmaps for the development of harm reduction guidelines and the startup of the first MAT site at the Butabika National Mental Health Hospital. This is a big win for PITCH partner UHRN and all harm reduction advocates, allies, and communities of people who use drugs. It has laid a strong foundation for further harm reduction programming in Uganda. Additionally, the increased access to advocacy meetings and spaces for community activists is an achievement on its own.

Lessons learned

A number of important lessons can be learned from the successful advocacy for MAT in Uganda. Looking back, UHRN feels that winning peer trust was crucial to the success of the campaign. The trust from fellow people who use drugs in allowing them to serve as representatives in strategic places and their consensus as a community on their advocacy requests greatly strengthened the advocacy's effectiveness. The involvement of community members as paralegals, speaking for themselves in advocacy meetings and fora, has likewise been very effective. Knowledge about their rights as people who use drugs, resulting from capacity strengthening and networking, enabled them to be bold while advocating more strategically. Also, the sensitization of key stakeholders through exchange visits and the subsequent engagement of these stakeholders as allies was very effective in the advocacy for MAT. The visits helped to transform the attitudes of policymakers, who subsequently started to accept the existence of key populations in Uganda. Policymakers could then understand that the specific needs of these populations must be responded to in order to achieve HIV/AIDS related goals. Lastly, the coalition that was built among PITCH implementing organizations was an important asset in the advocacy campaign. This is for instance illustrated by the concerted advocacy efforts of PITCH partners before and during the PEPFAR Regional Retreat Meeting in Johannesburg.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Patrick Sando (national consultant).



STORY OF CHANGE: UKRAINE

Recognition of Women Who Use Drugs in Ukraine as a Distinct Vulnerable Group

The problem

People Who Use Drugs face a great deal of stigmatization in Ukraine. Contrary to what the Ukraine Government declares¹, drug use is not yet decriminalized. At least 83% of people convicted for drug-related crimes serve sentences for illegal drug possession without intent to sell (art. 309 of the Criminal Code of Ukraine)². Women Who Use Drugs are a particularly marginalized community; their social stigmatization as drug users is reinforced by their gender.

According to a coordinator of the Ukrainian Union of Women Who Use Drugs (VONA), only about 25% of people who use drugs participating in harm reduction programmes in Ukraine are female. There is a resulting common but false belief that women who use drugs practically do not exist in the country. In reality, this figure is a reflection of the discrimination and stigmatization faced by these women. Female drug users likewise face the discriminatory aspects of clause 164 of the Family Code of Ukraine, which states that a person can be deprived of his/her parental rights in case of alcohol or drug addiction. The discriminatory elements of the Family Code together with social stigmatization, including by medical professionals, seriously hamper the access of women who use drugs to harm reduction services, such as Opium Substitution Therapy (OST) and Anti-Retroviral Therapy (ART), and to other medical services. When accessing services, including maternal care, engaging in OST can lead to the deprivation of parental rights by the Social Service or Service on Children Affairs. The pressure and fear of being disclosed and losing their children results in the community of women who use drugs being very closed and facing strong self-stigmatization. Also, within the wider community, the stereotype exists that female partners of male drug users should be clean from drugs, leading to denial and concealment of women who use drugs in the community. Their stigmatization, isolation, and limited access to information about their human rights make women who use drugs and who also experience domestic violence additionally vulnerable.

The change process

In 2017, PITCH partner Hope and Trust conducted a first-time study on barriers to accessing HIV, SRH, and medical services in Ukraine faced by female drug users. The two-stage survey generated important evidence to counter the misconception that women who use drugs are rare. Informed by the study

¹ Statement of the Ukraine Government at the 30th meeting of UN CESCR in Geneva, Switzerland.

² <http://aph.org.ua/en/news/every-11th-convicted-person-in-ukraine-punished-for-the-drugs/>

findings, advocacy demands were formulated, with the intention of addressing changes in the Family Code and the introduction of a gender-sensitive approach to harm reduction programs and OST. In the same year, Hope and Trust started mobilizing communities of women who use drugs. A number of mobilization visits were carried out to harm reduction and OST projects in different regions of Ukraine to assess the availability of potential community leaders representing women who use drugs and engage with them. With the support of PITCH, and in partnership with the Alliance for Public Health (as part of the Global Fund project), Hope and Trust organized a series of training sessions and workshops for women who use drugs under the name "Advocacy School" which covered various subject such as reducing stigma and self-stigma; and included mobilization of the community in different regions, involvement of local activists, and community representation in local governments. In addition, thanks to PITCH and an effective partnership with the International Renaissance Foundation, paralegals were trained to support women who use drugs as part of the "Public Advisors" initiative. This training of the paralegals was funded by the International Renaissance Foundation, while PITCH contributed through the mobilisation of activists and the engagement of external experts as part of this training, including Ukraine's Deputy Minister of Social Policy, Nataliya Fedorovych and Oksana Huz (a legal specialist and lawyer from Ukrainian Women Lawyers Association "JurFem"). Moreover, activists also got the opportunity to participate in trainings and internships which gave them experiences in public speaking and argumentation when dealing with opposition.



In November 2017, during the preparations for the First National Forum of people who use drugs, a group of women who use drugs expressed the need to have a separate space in the Forum in order to discuss their particular needs. As a result, Hope and Trust, in partnership with USAID as part of the "HIV Reform in Action" project organized a pre-forum day called "Voice of a Woman". It was the first

time that such a group of women who use drugs gathered and discussed their needs and the ways to address these needs and set goals. Moreover, in order to be able to voice their own problems and advocate for their own needs, the group of women who use drugs declared the establishment of the first community-based organization of women who use drugs: the Ukrainian Network of Women Who Use Drugs (UNWUD/ VONA). Between 2017 and 2018, Hope and Trust provided technical assistance for the formal registration and institutional development of VONA. The majority of male drug users initially responded to the actions of the women with incomprehension. It took more than a year to sensitize the community of men who use drugs to the need for and purpose of the creation of a separate women's organization.

With the support of PITCH (through Hope and Trust) VONA activists began participating in various relevant events and meetings on behalf of both the women who use drugs and the broader community. They conducted activities with the media to raise the profile of women who use drugs. For instance, VONA was also invited to be a co-organizer of the Women's March on March 8, 2018. Moreover, with PITCH funding, VONA conducted awareness and training activities for medical professionals to address the stigma and discrimination of women who use drugs by health care professionals. In 2018 this involved a number of regional meetings with medical personnel as part of the technical assistance visits, while an extension of the training was also carried out in 2019. Within their districts (Sumy and Kahrkiv Oblast), VONA members got actively engaged in government decision-making spaces, including the local government Coordination Councils on HIV/TB. The participation of the women in these Coordination Councils was in particular an important step in increasing the visibility and voice of the community of women who use drugs. Hope and Trust observed that women's access to OST has improved in districts with VONA members in the local Coordination Councils, inter-alia by the introduction of a quota for women to be enrolled in treatment and by removing barriers for women with children or special conditions (for example, women with TB). With the help of PITCH and the advocacy carried out by Hope and Trust, the number of women receiving OST in five regions in Ukraine (Sumy and Kharkiv, Poltava, Donetsk, Odessa and Chernivtsi) increased significantly. For example in Donetsk region, between May 2017 and December 2020, the number of women receiving OST increased from 53 to 107. Across the five regions, the figure increased from 348 to 510 between 2017 and 2020. Such a significant increase in the number of women receiving OST in Donetsk region was made possible through collaboration between PITCH partners Our Help and Hope and Trust.

Activists representing women who use drugs also lobbied for their participation in Ukraine's National Parliament's Committee on Human rights, National Minorities, and Interethnic Relations' Working Group—responsible for the development of a national policy on reduction of stigma and discrimination of women from vulnerable groups. After finding out that the working group did not consult the community of female drug users and did not consider them to be vulnerable women, Hope and Trust and VONA sent an official letter to the Working Group depicting a detailed description of the rights violations typically experienced by women who use drugs in Ukraine. As a result, they were invited to the working group's meeting in September 2018 where they discussed these rights violations. After this meeting, the Working Group agreed that these problems of stigmatization and discrimination do in fact differ from the issues faced by women living with HIV more generally and went on to recognise the existence of women who use drugs as a separate group with distinct experiences of stigma and discrimination. This also led to the invitation of Hope and Trust's president to give a speech on the rights of women who use drugs in the parliamentary hearing in the *Verkhovna Rada* (Parliament of Ukraine).

On October 10, 2018, the president of Hope and Trust spoke at the Parliament hearings on “Preventing and Countering Discrimination of Women from Vulnerable Social Groups” in front of Members of Parliament. During this parliamentary hearing, a significant outcome for the community of women who use drugs was realized. During this hearing, Deputy Minister of Social Policy Nataliya Fedorovych stated that the rights of women from vulnerable populations must be protected. For the first time during discussion of vulnerable populations, she mentioned the rights of female drug users as a separate group of vulnerable women. Previously, PITCH carried out advocacy in the Ukrainian Parliament’s Human Rights Committee, at which Deputy Minister Fedorovych was present, on the issue of women living with drug dependence, as well as in meetings of the inter-factional MPs association "For Equal Rights". The Deputy Minister's speech on 10 October 2018 was at least partly informed by the PITCH advocacy carried out at these earlier meetings. At the end of the parliamentary hearings, the Ukrainian Parliament recommended to revise article 164 of the country’s Family Code, a discriminatory provision that stigmatizes and discriminates women in vulnerable groups, particularly women who use drugs. Hope and Trust and VONA still have to continue their advocacy works as up to date, no concrete progress has been made yet towards amendments.

Significance

The statement from the Deputy Minister of Social Policy at the parliamentary hearings on Preventing and Countering Discrimination of Women from Vulnerable Social Groups is considered to be a big achievement considering the high level of stigmatization of women who use drugs in Ukraine society. In the Ukrainian Parliament, women who use drugs are usually only mentioned in a negative context. It was the first time women who use drugs were mentioned as a separate group of vulnerable women in a similar space and that a high-level political stakeholder called for the protection of their rights. The statement is seen as a benchmark in the recognition of women who use drugs, which has already contributed to other important achievements in the recognition of the community. In 2020, for instance, women who use drugs were identified as a separate group in the Ukrainian’s government’s Global Fund grant application process for the harm reduction program funding periods to follow, which indicated the recognition of the community by the government.

Moreover, as a result of the creation of the women who use drugs movement in Ukraine and the inherent empowerment of the movement’s activists, the advocacy by female drug users has gained a great deal of strength in the past few years. A powerful example of this is the shadow report that VONA, together with the Ukrainian Network of People Who Use Drugs and the European Harm Reduction Association, produced and submitted to the United Nations Committee on Economic, Cultural and Social Rights (CESCR) in April 2019. At the 30th meeting of UN CESCR in Geneva, Switzerland (March 6, 2020), an activist from VONA presented the shadow report in an emotional speech about discrimination and stigmatization of people who use drugs in Ukraine. Subsequently, the UN Committee gave clear recommendations to the Ukrainian government for the development and implementation of a policy on people who use drugs which would address decriminalization, applying a human rights-based approach and making efforts to reduce stigma and discrimination against drug users.

“My own life story is an easy story to show all the drawback and pitfalls of our Ukrainian drug policy against people who use drugs. I was imprisoned for having seven tabs of ephedrine with me, the dose which is quite small even for single consumption, let alone distribution. My speech was only my life story, but it touched the audience considerably—they were simply astonished at the reality in contrast to the situation reported in the official report.” (VONA activist on her speech at the meeting of UN CESCR)

Lessons learned

The institutionalization of this movement has been crucial to increasing the visibility and strengthening the voice of women who use drugs. Being an official body representing this community has enabled the participation of women who use drugs in high-level meetings and roundtables, including in parliamentary hearings. To do this, overcoming self-stigma has also been essential. Following the empowerment and mobilization of women who use drugs, self-stigma decreased, which allowed a group of female drug users to tell their stories—an important strategy in VONA’s advocacy work. Support from established organizations, such as Hope and Trust and other similar organizations like PITCH partners Convictus Ukraine, Meridian, and Our Help, has also been an important factor contributing to the development of the first organization advocating for women who use drugs.

“The more we unite, the more we speak, the more partnerships we have, the louder our voice is and the more chance to make changes.” (Local VONA coordinator)

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaïre van Arkel, Maurizia Mezza, Lingga Tri Utama, and Mariia Samko (national consultant).



STORY OF CHANGE: VIETNAM

Modelling a Standard Voluntary Community-Based Drug Addiction Treatment in Vietnam

The problem

In Vietnam, the number of people returning to drug use after completing drug addiction therapy remains high¹. An important factor influencing this trend is that the therapy provided in the country's drug addiction treatment facilities often fails to offer a comprehensive treatment package, one which includes medical treatment, socio-psychological therapy, and support toward social inclusion. This comprehensive approach is acknowledged in World Health Organisation and UN Office on Drugs and Crime international standards as the most effective evidence-based means of treating drug use².

Traditionally, healthcare centers in Vietnam only offer vaccinations, carry out prevention work and treat relatively common diseases such as Tuberculosis and Malaria. They were neither used to nor equipped to work with people who use drugs. People who use drugs were normally sent to compulsory detention centers, which are run by the Ministry of Labor, Invalids and Social Affairs, rather than the Ministry of Health. In order to be able to launch a new model of treatment and therapy for people who use drugs, the Center for Supporting Community Development Initiatives (SCDI) first had to advocate for a more progressive approach to be adopted by health care staff when treating people who use drugs. It was essential that a more progressive approach would see a reduction in cases of stigma and discrimination, with people who use drugs being seen increasingly as patients with equal rights to access the services that they need.

Vietnam's National Programme of Drug Rehabilitation Renovation Plan 2013 – 2020 introduced a model of voluntary drug addiction treatment units³. However, a lack of technical capacity both at the Department of Social Vices Prevention (DSVP – the national government department responsible for drug addiction rehabilitation) and among local authorities across Vietnam prevented the majority of provinces from adequately implementing the plan. Implementation was further hindered by a lack of adequate budget allocation.

In 2014, Center for Supporting Community Development Initiatives (SCDI; later PITCH partner) helped the DSVP and the Bac Giang Provincial People Committee⁴ to pilot a first community-based drug

¹ For example, in Ninh Binh province [2017], 60% recurrent use soon after leaving the drug addiction treatment facilities, and 90% recurrent use one year after leaving the facilities; in Vinh Phuc province [2016], 90% of drug users returned to the drug addiction treatment facilities for another treatment

² The international guidelines for substance use disorder has specifically listed these interventions as being effective and evidence-based https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf

³ http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=2&_page=1&mode=detail&document_id=171574

⁴ The executive arm of the province Bac Giang government

addiction treatment unit in the Bac Giang province. In 2015, the model was expanded to Khanh Hoa and Ba Ria Vung Tau provinces.

The treatment units are located in commune and ward⁵ health centers and are managed by representatives of the Commune and Ward People's Committees (the administrative authorities at the commune and ward levels), health centers, social workers, and the police. Initially, many commune and ward health centers were reluctant to provide services to People Who Use Drugs (PWUD). Roles and responsibilities were not clearly defined and delegated, and the services were not properly integrated into the daily working schedules of health staff, who also lacked technical expertise and had not received training to provide appropriate care to PWUDs. Moreover, the treatment units were not properly supplied with the necessary medication to support people with drug addiction.

The change process

SCDI implemented a number of interventions between 2016–2020 to support the community-based voluntary drug addiction treatment, care, and counseling model. In the initial phase, SCDI focused on analysing drug use and addiction, drug addiction interventions, local resources, and drug addiction treatment needs in all five of the provinces involved. SCDI also organized workshops with DSVP, leaders of the Commune and Ward People's Committees, health centers, volunteers, and police officers in the local areas in order to sensitize them to science-based drug addiction treatment approaches and to start planning for the model's pilot phase. Moreover, SCDI invited international experts on harm reduction and voluntary drug addiction treatment to support the development of the model.

Between 2016 – 2020, SCDI collaborated closely with the five provincial Commune and Ward People's Committees to agree upon all necessary arrangements, such as the establishment and organization of the treatment units and the service provision procedures. Through workshops and on-the-job trainings, a lot of technical support was provided by SCDI to the Commune and Ward People's Committees to strengthen the capacity of the drug addiction treatment units and to provide basic drug addiction treatment services, including therapeutic guidelines, operational guidelines, and counseling skills. SCDI also facilitated exchange visits between units in different participating provinces to exchange knowledge and organize study tours for government bodies in other provinces, with the objective of expanding the model to these provinces. As a result, SCDI signed an MoU with the government bodies in the provinces of Lao Cai, Da Nang and Ben Tre in August 2020, to technically support the introduction of the model in the respective provinces. SCDI also conducted diverse communication to sensitize and build support for the model within communities, by using loudspeakers, television and newspapers as well as by engaging in dialogues at schools and in the community directly.

With the support of PITCH, since 2016, SCDI has been actively providing technical assistance to the government's Commune People's Committees and Ward People's Committees to establish an effective coordination and implementation mechanism for the voluntary drug addiction treatment model, while building the capacity of staff to transform their approach from control and management to addiction counselling and treatment. SCDI was the only organization who promoted the voluntarily community-based treatment model during that time. The first voluntary community-based drug addiction treatment unit was established in March 2016 in Khanh Hoa province (Phuong Son health center). Up to 2020, a total of 58 units were established in five provinces in Vietnam (Bac Giang, Khanh Hoa, Ba Ria Vung Tau, Ho Chi Minh City, Ben Tre, Da Nang, Lao Cai and Hanoi), providing care to approximately 3000 people who use drugs.

⁵ Communes and wards are two types of third-level administrative subdivisions.

Once the health care staff at some of the treatment units received patients with substance use disorders, they gradually became increasingly compassionate towards the patients and their situation. Patients also felt respected and cared for in the treatment units, which was also new to them. The combination of the mutual connection between health staff and patients and the evidence-based interventions represents the key to the effectiveness of the model. As a result, health care staff have since started to advocate themselves for an expansion of the model, within their province and within other provinces. Between 2016 - 2018, the models remained stable in the provinces of Khanh Hoa, Ba Ria Vung Tau and Bac Giang. The provinces shared their success story in community-based addiction treatment in multiple forums, including an annual workshop organized by DSVP, in advocacy workshops with the National Assembly, and workshops organized by SCDI. They themselves became ambassadors of the model. With their encouragement, other provinces requested SCDI's support to implement the same in their area. One of the most significant successes is that Hanoi became one of the area to implement the model after witnessing its effectiveness in the provinces of Khanh Hoa and Ba Ria Vung Tau.



The organizational structure of the treatment units, being embedded in local health centers, is expected to contribute to the sustainability of the model. Since commune health staff are running the units, additional expenses for facilities or human resources are minimal. To further ensure their sustainability, SCDI advocated for adequate budget allocation to the treatment units from the government. This was partially successful; in 2019 the government allocated funds to cover the operational expenses of fourteen existing units and four that were newly established. In Ba Ria Vung Tau, the provincial DSVP agreed to allocate the full budget for running the treatment units and SCDI is no longer providing financial support. In addition, in the province of Khanh Hoa, the advocacy for budget allocation was initially successful and the government took over the costs. The medicine used for detoxification is in the list of controlled medicine that only the addiction rehabilitation centers and psychiatrists can prescribe. According to regulations, the community treatment units are not permitted to buy these medicines. SCDI used to be able to buy the medicine with support of local DSVP and the Department of Health. However, a recent change of leadership in the Khanh Hoa provincial DSVP has

undermined the ability of the DSVP to negotiate these terms with the national level Department of Health. Staff costs, office supplies, and communication activities are still being covered from the provincial budget. In the other provinces, advocacy for budget allocation has not yet been successful.

Significance

Across the 44 treatment units, comprehensive treatment could be offered to people who use drugs in five provinces. This has contributed to a measurable improvement in care for people who use drugs in those areas. According to SCDI, on average each unit provides services to about ten patients per month. The number of clients depends on the location and the experience of the unit's staff. For example, Phuong Son unit in Khanh Hoa province attracts 20- 30 clients per month, while 50km away in Cam Thuan the treatment unit only attracts as many as three clients per month. The clients come to the units voluntarily and can be anyone who is using drugs and is seeking treatment.

Unit staff and clients consider the model to be highly relevant, as it responds to the needs of people who use drugs and provides treatment that is totally voluntary and self-initiated. The accessibility of the community-based units is seen as one of their main strengths. People who use drugs can visit the units at any time without coercion, and the units give them a fair chance to rebuild their lives. The model allows for the mobilization of existing resources in the community (human resources, facilities, community solidarity) and supports the families of people who use drugs to help them rebuild their lives. The fact that the model sets out to intentionally foster linkages with the families of people who use drugs during treatment is very significant. People who seek treatment are also supported by the units in finding employment opportunities. Where possible, patients stay with their family during treatment while earning an income for themselves. This increases their resilience and reduces the risk of relapse. The continuation of support after detoxification, in particular support for social inclusion, is furthermore seen as a particular strength of the model in helping clients not to return to drug use. According to the former Head of Khanh Hoa DSVP, the rate of successful treatment in the Khanh Hoa province is at least 50% after one year.

Since the launch of these units, SCDI also observed a reduction in stigma against people who use drugs among the health staff involved, local authorities (such as the People's Committees and police), families, and communities. Likewise, there was a reduction in the self-stigma among people who use drugs. Treatment unit staff observed that after learning about the unit and the treatment, local people and family members started encouraging people who use drugs to seek treatment services. They also observed an increase in health-seeking behavior among people who use drugs; while at the beginning unit staff needed to seek clients by asking local authorities and community leaders, most of the clients now come to the unit by themselves.

“Nowadays, more and more staff of local authorities understand that drug addiction is a mental disease that can be cured, not a social evil that needs to be punished.” (Healthcare worker at one of the units in the Khan Hoa province)

By building the capacity of both the local governments and of health workers in the concerned provinces, SCDI has laid an important foundation for a shift from compulsory drug addiction treatment to community-based voluntary treatment in Vietnam. The successful implementation of this model has also provided important evidence to policy makers and local leaders about the feasibility, efficiency, and effectiveness of a voluntary drug addiction treatment approach. The allocation of provincial funding to the units is perceived as a sign of commitment to this model by the government.

Lessons learned

PITCH partner SCDI learned that the successful implementation of this model requires effective collaboration mechanisms and support from various stakeholders (i.e. health sector, DSVP, local authorities, and police). Sensitizing all parties involved to create a common understanding of drug addiction as a mental disease that can be treated and cured has likewise been crucial to the success of the model's implementation. Based on this experience, unit staff who were consulted feel that sensitization should be a core component of any future drug prevention policies and programming. Moreover, the model requires a strong investment in capacity building to ensure that health staff are able to provide their services effectively.

Advocacy for funding from local authorities has been successful in increasing provincial budget contributions to the operation of the model. At the same time, SCDI also learned that provincial level advocacy did not lead to uniform results across provinces. Hence, future advocacy should have an increased focus on the central government level to ensure comprehensive funding for the model.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Nguyen Thi Nhat Hoai (national consultant).



STORY OF CHANGE: ZIMBABWE

KP Friendly Public Health Services in Zimbabwe

The problem

In Zimbabwe, members of key populations often face stigma and discrimination when accessing public health services and facilities. For example, adolescent girls and young women are often unable to access health services without being asked many questions or for consent from a parent or caregiver. When men who have sex with men (MSM) seek health care, the first thing that a health provider often wants to know is how they ended up in a situation where they are seeking sex with other men, with the implication that doing so indicates an illness. Sex workers are asked to bring their partners when accessing certain sexual reproductive health (SRH) services and the situation is even worse for male and trans sex workers as they can be shamed and called names in these centres. Meanwhile, the criminalization of people who use drugs has forced them to go underground, denying them access to health services due to their fear of detention or arrest. This has contributed to increased cases of depression and mental health concerns among key population communities. Many prefer to access private health care, which is very expensive, or go to clinics run by civil society organisations (CSOs), instead of visiting public health clinics. Key population friendly health services are too often funded and provided by international organisations, which is not sustainable.

Beyond stigma and discrimination, the general acceptance and acknowledgement of key populations by the government, health workers, and the public is limited. Most care providers in Zimbabwe do not have the appropriate capacity to work with and offer services to key populations, and also often demonstrate stigmatising and discriminatory attitudes. In addition to the poor quality of services provided, there is evidence that key populations' health concerns are being neglected, with some reports of fatal cases. The Ministry of Health and Child Care (MoHCC) in Zimbabwe has previously stated that transforming health facilities to become more inclusive of key populations would be beyond their capacity, claiming insufficient funding to do so. In addition, the relationship between CSOs and the MoHCC has not been easy, since CSOs have been primarily responsible for raising awareness on the provision of key population-friendly health services.

In light of the situation described above, PITCH partners Pow Wow, Zimbabwe Civil Liberties and Drug Network (ZCLDN), Zimbabwe Young Positives (ZY+), Gays and Lesbians of Zimbabwe (GALZ) and Zimbabwe National Network of People Living with HIV (ZNNP+) jointly advocated with the MoHCC to transform health services in an effort to make them more friendly toward and inclusive of key populations.



The changes

The National Key Populations Forum¹ is a platform where CSOs working with key populations can meet and converse. It was established in 2017, by several CSOs including GALZ, SAfAIDS, Batanai HIV & AIDS Service Organisation (BHASO), Pow Wow and Sexual Rights Centre (SRC), with the aim of achieving a more positive level of engagement with the MoHCC. All PITCH partners working with Key Populations groups in Zimbabwe are members of this forum. Through this platform, CSOs discuss the activities they carry out with the aim of securing access to health services for key populations, while engaging and advocating with MOHCC, calling for public health facilities to provide more key population friendly services.

Despite their engagement with the National Key Populations Forum, the MoHCC acknowledged that the task of providing KP-friendly health services was too broad for them to implement alone. PITCH partners as members of the National Key Populations Forum continued their advocacy on this issue through their engagement in the forum and beyond, on key populations related issues in Zimbabwe. Examples of their activities are:

- From 2018, ZCLDN continuously advocated for the implementation of a key populations minimum service package, harm reduction services, opioid substitution therapy (OST), and needle syringe programmes (NSP), and worked to convince policy makers to decriminalize drug use. ZCLDN also conducted sensitization workshops to stimulate debates surrounding the

¹ Only CSOs who identify themselves as KP organizations are part of this forum. For instance, many organizations working for AGYW do not consider themselves as KP organizations and thus are not members of this forum.

disproportionate effects of the HIV/AIDS pandemic for people who use drugs and other key populations. ZCLDN worked to engage people who use drugs from the surrounding communities, amplifying their voices, and empowering them to demand appropriate health services. ZCLDN also nominated champions to push the agenda in the parliament of Zimbabwe. In 2018, a motion was passed to revisit the national frameworks for responding to drug use in Zimbabwe so that they could be more in alignment with the promotion of human rights (especially the right to health).

- Since 2017, GALZ participated in policy spaces including the development of Zimbabwe's first National Key Populations HIV and AIDS Implementation Plan in 2019 and pushed for the inclusion of MSM and transgender people in the National KP specific Implementation Plan, a process that ran from December 2019 to February 2020.
- Since 2017, Pow Wow has advocated for issues affecting sex workers and access to public health services through the different key population forums at MoHCC. They have also engaged with the parliamentarians to raise awareness about the challenges that sex workers face in accessing healthcare and about sex workers' lived experiences.

In addition, there was also pressure from the Global Fund and PEPFAR on the provision of key population-friendly health services at public health facilities. Other factors were the decriminalization of same sex marriages in countries like Angola, Botswana, and Mozambique, as well as lobbying from the Southern African Development Community (SADC) for universal health coverage, which implies inclusion of all key populations. The government of Zimbabwe also committed to address the needs and rights of young people (in response to the UNAIDS Eastern and Southern Africa commitment which began in 2013), given that as a member of the African Union, the government has an obligation to comply with its plan of action² for 2019 to 2023 which stipulates minimum health service packages for people who use drugs.

Given the above-mentioned situation, the MoHCC in 2018 reached out to members of the key populations forum, including PITCH partners, to ask them to cooperate with the government in developing a package of training guidelines for key population-friendly service provision in the public health care system. This training package includes three separate documents:

- 1) a manual for the training of healthcare providers;
- 2) guidelines for the provision of a minimum service package for Key Populations; and
- 3) guidelines to support the work of healthcare providers.

The development of the manual was a participatory process and was initiated by GALZ and other CSOs collecting evidence and documentation on key population-friendly service provision. Following their launch, MOHCC started operationalizing the training guidelines. PITCH partners including BHASO, FACT, GALZ, SRC and ZCLDN assisted the MoHCC in providing training for health workers in the provision of key population-friendly services. The MoHCC not only wanted the key population Forum to take the lead on developing the manual but also requested that they assist in operationalizing the manual and training the health workers on how to use it.

In Zimbabwe, the MoHCC considers themselves to be technical experts and has not always been receptive to CSO involvement in providing guidelines for the health sector. However, this changed in June 2018 when the MoHCC invited civil society to participate in the development of the Key Populations training package. The invitation shows that there has been progress in terms of

² https://au.int/sites/default/files/newsevents/reports/36768-rp-aupa_on_drug_control_2019-2023_final_with_foreword_-_english_.pdf

recognizing CSOs as true partners. This involvement also represented an acknowledgement of the needs of key population communities when accessing health services. It also provided an opportunity to define the content of the key population friendly services and to identify what action would need to be taken in order to achieve equality of access to those services for key populations. As of mid-2020, the MoHCC officials are still calling on CSOs to explain how best to work with key populations:

“...So, our intention to be part of the training of health care workers is basically to demystify some of the issues, like the position of the law towards people who use drugs. And these are their rights, like the right to access to health services...” “... I think that training was also an eye opener and I think now they also improved the standard procedures in connecting people, looking into issues of drugs and in most cases, when patients actually come out and say to the health personnel that they take drugs. I mean, the first thing they will be told is to quit, but sometimes that is not the best approach in all the cases. I hope that the training can demystify a lot of misconceptions that were held against people who use drugs...” (PITCH implementing partner in Zimbabwe)

PITCH partners (BHASO, GALZ, SRC, SAFAIDS, ZCLDN) in Zimbabwe responded to the invitation by providing the requested evidence – documents on KP friendly health services. They welcomed the invitation to be involved in developing the guidelines and to provide training for health workers.

Examples of involvement of PITCH partners in this process:

- GALZ had been advocating for the inclusion of MSM and transgender people in the Zimbabwe National HIV AIDS Strategic Plan since before the beginning of PITCH in 2016. When advocating with the MoHCC, GALZ used the data on the national HIV/AIDS epidemic, collected by UNAIDS, to justify the need to focus on the provision of key population-friendly services, as key populations were disproportionately affected by the epidemic.
- ZY+ used the results of their review of key influential and strategic documents, which started in 2017, on service provision for adolescent girls and young women who have been abused, and on issues such as age for marriage consent, sexual consent, and consent for accessing sexual and reproductive health services, to advocate for revisions to the existing guidelines for health workers.
- ZCLDN presented evidence and documentation from other countries pointing to the benefits in engaging people who use drugs in improving public health interventions.
- ZYP+ provided the government with background documentation that can be used to improve the provision of health services for sex workers and adolescent girls and young women.
- Pow Wow provided their contribution through the National Key Populations Forum to address the gaps that exist in public healthcare facilities.

Significance

At the time of the development of this Story of Change (in mid-2020), the MoHCC has transformed its structure, and a specific coordinator for key populations has been appointed. The staffing at MoHCC has since improved and the focal person for key populations in the National AIDS Council was involved in making sure that CSOs were effectively consulted on the changes taking place. Currently, PITCH partners and others as part of the National Key Populations Forum are pushing for the decentralization of the structure across the country and for a key populations officer at each provincial hospital. Since June 2018, the manual for key population friendly health service is available both online and as a hard copy and is being used to train health care workers³. The MoHCC is now working to ensure that it is

³ The manual can be found here: https://www.avac.org/sites/default/files/u3/KP_manual_healthproviders.pdf

now safe for key populations to receive health services without discrimination. The MoHCC piloted the training of healthcare providers on KP friendly service delivery in 30 healthcare centres in Harare, Bulawayo, Masvingo and Mutare. Through scorecard assessment by PITCH partners FACT and GALZ, key population communities have confirmed that they now find the services offered by these healthcare centres to be more accessible and friendly than before this pilot training was rolled out. SFAIDS (PITCH CFP), ZCLDN, and GALZ were each cited in the acknowledgement sections of the training package, and were among a number of technical experts that advised the MoHCC on the development of the training package.

Lessons learned

In initiating and participating in the above changes, the following lessons were learned:

- a. The importance of doing evidence-based advocacy activities, including documenting one's own activities and making use of evidence when planning the advocacy;
- b. Creating visibility at different forums. Various members of key population organizations actively participated in forums, advocating for the realization of KP-friendly health services in government health facilities. The development and publication of position papers on important platforms and in the media was additionally helpful;
- c. Working in collaboration with other key population organizations and jointly advocating for the same issues had an amplifying effect;
- d. Engaging service providers in understanding the issues to do with the rights of key populations, and also the services that need to be rendered to these people, was also key;
- e. The use of a mosquito strategy at the beginning, making sure that a lot of noise was made regarding the need to have a guide to ensure that there was national coverage of the reference document, was also crucial to the success of this advocacy work.

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Annex 13 Positive Unexpected Outcomes

The characteristics overview of the eight positive unexpected outcomes is shown in the table below:

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
7	On 11th December 2018, Hon. Sabina Chege, the Chairperson of the Parliamentary Committee on Health in the National Assembly, in a meeting held at the Laico Regency Hotel, Nairobi, publicly acknowledged that problematic drug use is a health issue rather than a criminal issue and promised that she would work towards decriminalization of drug use in Kenya.	Criminalisation of drug use limits access to healthcare for PWUD. This public proclamation has helped to initiate debates towards policy change at National level. There is a debate initiated by Hon. Sabina Chege on modern healthcare systems where drug use and rehabilitation fall under the Ministry of Health, and with an intent to transfer the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) to the Ministry of Health. This one is with a view to making harm reduction just one of the treatment options just like rehabilitation. We are also in the pipeline of coming up with a Harm Reduction Bill.	In September 2018, Voices of Community Action and Leadership (VOCAL) conducted one-on-one follow up meetings with the Parliamentary Committee on Health which led to the public declaration meeting on 11th December 2018. The build-up and preparation meetings were hosted by VOCAL (PITCH partner) in Parliament Buildings. VOCAL did give relevant and timely information to the Policy makers, especially the statistics, to help the Champion advance the agenda - this feeds into her knowledge. PITCH also advised the Champion on how the harm reduction idea links with other development blueprints in the country like the Kenya Vision 2030 and also linkages with the Sustainable Development Goals (SDGs). Actually, VOCAL has acted	Kenya	PWUD	Member of Parliament	Change in Policy	<ul style="list-style-type: none"> • Lobbying and meeting with stakeholders: parliaments • Other technical assistance: think-tank to policy maker

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
			as the Think Tank to the Policy-maker.					
18	On 24th May 2019, a three-bench Judge at the Constitutional High Court in Nairobi determined Kenya's first ever Petition that challenged Sections 162 & 165 of the Penal Code Laws of Kenya that criminalises same-sex relationships in addition to being inconsistent with the Constitution of Kenya 2010. More specifically: the law criminalises private & Public consensual adult same- sex intimacies & relationships with prison terms of up-to 14 years.	The Petition received wide media coverage thus creating visibility on the existence of the queer community in Kenya and their rights thereof. The hearing, having been heard in open court by a three bench-judge, opened up the space for discussions on the rights of the LGBT and key populations, how their rights are violated as a result of the punitive laws and how they are unable to access HIV prevention and treatment services as a result of the punitive laws. The Petition has been included in the University of Nairobi School of Law new curriculum as the main case study in Equality & the Law Unit.	In July 2019, PITCH facilitated the legal fees for the Counsel/Attorneys/Lawyers that argued the first ever decriminalisation Petition 150 of 2016 in Kenya. PITCH funded the Litigation Collective Meetings and advocacy meetings that birthed strategies for the Decriminalisation Petition.	Kenya	LGBTI	Inter-governmental organisation	Change in Practice	<ul style="list-style-type: none"> • Financial support: legal fees • Networking and collaboration: legal aid

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
19	On 23 September 2017, the Kenya Medical Association (KMA) issued a press statement to condemn forced anal testing and classified it as a torturous act.	Following the press statement there was a decrease in reported number of cases of forced anal testing from 15 cases to 3 cases. The ruling affirmed the dignity of the two Kenyan men who were subjected to these horrific examinations, and it reinforced the understanding that the constitution applies to all Kenyans, regardless of their sexual orientation or gender identity.	<p>* In 2015, two gay men were charged under section 162 of the Penal Code for their perceived sexual orientation. NGLHRC represented them from the Resident magistrate's Court, to the High Court to the Court of Appeal from 2015 to 2018.</p> <p>* On 3rd May 2017, the Office of the Director of Public Prosecution was petitioned to do away with the case. A petition that gathered over 500 signatures between January to March 2017.</p> <p>* In July to August of 2017, PITCH facilitated the brainstorm sessions which resulted in finding a Champion, Dr. Brian Bichanga, who advocated to the Kenya Medical Association to Issue a statement that condemned forced anal testing.</p> <p>* In the entire of 2017, ISHTAR, HOYMAS, NGLHRC, KMA, MAAAYGO and KESWA implemented the # ** _stopforcedexaminations_** online campaign and produced IEC materials on forced anal testing.</p> <p>* On 3rd May 2017, the campaign against forced anal testing build a</p>	Kenya	LGBTI	Network	Change in Relationships	<ul style="list-style-type: none"> • Networking and collaboration: a champion at Kenya Medical Association • Other technical assistance: legal • Public awareness/campaign events: Online campaign

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
			large network of allies such as Kenya Human Rights Commission, Human Rights Watch among others.					
35	In August 2019; a Key Population (KP) focal person Dr. Sam Kaswar, who is a health worker from Mukono general Hospital, started including LGBT inclusive health service delivery lessons in the Continuous Medical Education (CME) sessions for health workers in Mukono general hospital; Uganda.	Being a Key population focal person at the health facility means that the KPs have an experienced person who is knowledgeable about KP issues to serve the KPs at the facility. This is since LGBT community is not accepted in many communities in Uganda, many LGBT persons especially transgender women found it difficult to access friendly services in Mukono district and they had to travel to Kampala to access the needed services.	PITCH partner TEU conducted community outreaches in different hotspots in Mukono and noted that transgender women had to travel to Kampala for health services. TEU organized a training on Sexual Orientation, Gender Identity and Expression (SOGIE) on 20th February 2019; where 10 health workers from Mukono general hospital, including Dr Sam Kaswar, participated. TEU used the commemoration of the transgender day of visibility (this day happens on March 31th annually). Through this interface we noticed attitude change among health workers. This was noticed through the M&E follow ups that were done by the M&E officer of TEU.	Uganda	LGBTI	Health worker	Change in Relationships	<ul style="list-style-type: none"> Capacity building: health workers
74	In November 2018, in New York, the UN System Chief Executives Board for Coordination (CEB) – a	The groundbreaking Common Position clarifies the support of the entire UN system for harm reduction and decriminalisation, building on	The issue of UN system-wide coherence has been something that IDPC and other partners have included in their advocacy reports, briefings and messages for the last	Global Level	PWUD	Inter-governmental	Change in Policy	<ul style="list-style-type: none"> Lobbying and meeting with stakeholders: policy makers and UN officials

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
	body representing all 31 UN agencies – met and agreed the first ever UN System Common Position on Drugs. The Common Position seeks to ensure that the entire UN system speaks with one voice on this issue, and includes explicit endorsements of harm reduction and decriminalisation for people who use drugs, and strong references to human rights and the SDGs.	the various levels of support from individual UN agencies prior. Although not legally binding, the Common Position means that at the international, regional and national levels, all UN representatives and officials should be echoing this position and promoting it to governments and other audiences. In turn – if proactively implemented – this will have a positive impact on service access and the lives of people who use drugs.	ten years. With the core funding contributed by PITCH, IDPC have continued to raised this issue in our interactions with policy makers and UN officials, through informal meetings, CND side events, formal dialogues, numerous publications, and in our role as Secretariat for the UN Strategic Advisory Group (SAG) on drugs.			organisatio n		<ul style="list-style-type: none"> Publications
92	On 12 July 2019, at the UN High Level Political Forum (HLPF) in New York and straight after the PITCH side event, Mr Raka Pamungkas, third secretary of the Permanent Mission of Indonesia to the UN,	It was the first time for the PITCH country focal point in Indonesia to have a meaningful dialogue with a representative from the Indonesian Foreign Ministry on these issues and directly in response to the concerns Baby had raised in her intervention during the side event. The	PITCH (Aidsfonds) and FSP (MPact) organized an in-person workshop in Indonesia in January 2019 to build the Indonesian CFP and selected civil society organizations’ capacities on Universal Health Coverage and the SDGs and MPact provided tailored coaching, technical support, and guidance through to July 2019 to Indonesian civil society to	Global Level	AGYW, PWUD, SW, LGBTI	Governme nt - national	Change in Relationships	<ul style="list-style-type: none"> Lobbying and meeting with stakeholders: the Indonesian Permanent Mission Publications: Voluntary National Review (VNR) parallel report. Capacity building: CFP, CSOs

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
	<p>invited the PITCH country focal point (CFP) for Indonesia, Baby Rivona, for an informal dialogue to further discuss the implementation of the SDGs in Indonesia. During that informal conversation that took place immediately, the Indonesia Representative recognized the importance of equal access to HIV-related services, SRHR, and reduced discrimination as necessary for the achievement of the Sustainable Development Goals, and promised to raise these issues with the Indonesia government with support of documentation to be</p>	<p>concern being that official Indonesian government 2019 reporting on progress to achieve the 2030 Agenda, including the Target to end AIDS by 2030, failed to meaningfully consult communities. (a civil society parallel report highlighted these gaps).</p> <p>A Foreign Ministry representative engaging the PITCH CFP for dialogue represents a significant change, because engagement on these topics (particularly at the Foreign Ministry level) is unprecedented. The establishment of this communication created a new opening for future collaboration between Baby, who represents many platforms on key populations, and Indonesian government representation at the UN. Unfortunately, due to practical issues, no concrete</p>	<p>produce a Voluntary National Review (VNR) parallel report. This report provided an advocacy framing for the Indonesian CFP to approach and share her concerns with the Indonesian Minister of National Development Planning and a delegate from the Ministry of Foreign Affairs, after their presentation on the Indonesia VNR at the HLPF, shortly before the PITCH side event of 12 July. At the PITCH side event of 12 July 2019, the Indonesian CFP spoke on challenges to accessing HIV-related services. The representative of the Indonesian Permanent Mission attended the side event unexpectedly and followed up with the Indonesian CFP immediately to have a meeting.</p>					

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	sent by Baby Rivona about the mini study about young people and SRHR in Papua.	collaboration plans yet have been articulated since.						
118	On December 6, 2019, the City Council of Maputo City (Dr. Maira Mara) invited the representative of the Mozambican National Platform for the Rights of Sex Workers to be one of the panelists in the discussion on Stigma and Discrimination of Key Populations, organised by the municipality as part of the celebrations of International HIV/Aids Day.	This is an important result because it was the first time that a transgender person was invited by representatives of local government in Maputo, to be presenting as a panelist at a public meeting at which government participants were in attendance (60 people attended the panel discussion).	During the workshop on Universal Health Coverage, organized by PITCH in Maputo, from 29-30 Oct 2019, contacts and information on the National Platform for Sex Workers Rights were exchanged with the National STI/HIV Programme Focal Point of the Ministry of Health of Mozambique (Dr. Jessica Seleme), who was the intermediary for the invitation to be made to the Representative of the National Platform for the Rights of Sex Workers by the Municipal Council of Maputo to participate in the meeting.	Mozambique	SW	Government - local	Change in Practice	<ul style="list-style-type: none"> • Lobbying and meeting with stakeholders: MoH, Municipal Council
127	(2nd outcome for story of change) On 6 March 2020, at the 30th meeting of the UN Committee on Economic, Social and	Recommendations from the UN CESCR to the Government of Ukraine open a broad range of opportunities to the community of PWUD for advocacy and promotion of	In 2017-2018, PITCH partner CF “Hope and Trust” conducted a two-stage survey of barriers to access SRHR and health services that existed for WWUD. According to the results, most barriers were in the	Ukraine	PWUD	Inter-governmental organisation	Change in Relationships	<ul style="list-style-type: none"> • Research/analysis: SRHR & WWUD • Capacity building: WWUD • Lobbying and meeting with

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
	<p>Cultural Rights (UN CESCR) in Geneva, Switzerland the UN CESCR publicly recommended to the Government of Ukraine to consider decriminalization of drug possession for own use, apply human rights-based approach, and make efforts to reduce stigma and discrimination of people who use drugs.</p>	<p>decriminalization of PWUD at the high level of decision-making in order to ensure equal and full rights for PWUD in Ukraine.</p> <p>The speech from the woman who uses drugs lifted the curtain over the real problems of PWUD and WWUD in the context of socio-economic situation of PWUD in Ukraine which contradicted the data of the official report of the Ukrainian delegation. Following the speech, specific questions to the official delegation of Ukraine were formulated. Thus, the subjects that had usually been silenced were raised then. The official delegation from Ukraine was put under pressure.</p>	<p>discriminating norms of laws and regulations of Ukraine, e.g. in the Family Code of Ukraine (deprivation of parental rights of PWUD and OST patients); there was also indirect discrimination through gender-insensitive approach to organizing harm reduction and OST programs.</p> <p>In 2017, in scope of "Advocacy School" (co-financing from GF programme) and in 2018 in scope of "Civic Advisors" program (co-financing from IF "Renaissance") CF "Hope and Trust" was building capacity of WWUDs in mobilizing the community in the regions and involving local activists, representing community at advisory bodies of local self-government authorities, fighting stigma and self-stigma. As the result, WWUD became visible, could apply their skills at meetings, speak to public, and talk openly to politicians at different levels. On 24-26 November 2017 with technical assistance of CF "Hope and Trust" "All-Ukrainian Association of Drug-Dependent</p>					<p>stakeholders: UN CESCR</p> <ul style="list-style-type: none"> Community mobilization: formation of VONA

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			<p>Women” (VONA) was created and became one of the strategic partners for PITCH.</p> <p>In 2019, the European Harm Reduction Association (EHRA) involved strategic PITCH partners CF VOLNA and CF VONA in their work on a shadow report to UN CESCR as the main PWUD organizations. In early 2020, EHRA, CF VOLNA and CF VONA selected Yanina Stemkivska as the speaker for the meeting of UN CESCR, as she was a WWUD activist with experience of public speaking, certain media status and an interesting life story. During the UN conference, she gave an emotional speech about discrimination and stigmatisation of people who use drugs.</p>					

Annex 14 Negative Unexpected Outcomes

The overview of the six negative unexpected outcomes is shown in the table below:

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
102	In January 2020, more than 300 of the 450 deputies of the Parliament of Ukraine established interfaction association "Values, Dignity, Family" and expressed their readiness to accept the Swedish model as the model to fight prostitution in Ukraine.	The result is a regress preventing sex workers from achieving equal labour, socio-economic and health rights, and is a threat to the process of decriminalization of sex work, which can nullify all efforts of the SW community in promotion of decriminalization. The COVID-19 crisis has changed the priorities of the "Values, Dignity, Family" Parliament deputies and the issue of "sex work" is currently not on their agenda. There is no public information about their activities in this field.	PITCH partner CO "LEGALIFE-UKRAINE" has been able to create a sustainable SW community with strong leaders who openly advocate and lead public activities to defend equal labour, socio-economic and health rights of sex workers. Stepping up informational, educational and advocacy activities of PITCH partner CO "LEGALIFE-UKRAINE", such as: 1) creation (2019) of an independent information and communication resource https://legalifeukraine.com/uk/ — a "voice of the community", 2) informational and awareness-raising activities in social and traditional media, attending shows and giving interviews on TV and radio. 3) organization of/participation in annual public events/marches	Ukraine	SW	Government - national	Change in Policy	<ul style="list-style-type: none"> • Lobbying and meeting with stakeholders (on protecting the rights of SWs) • Community mobilization (creation of SW community, march) • Public awareness/ca mpaign events (radio, TV, photo exhibition, film)

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			<p>dedicated to the International Sex Worker Day on March 3, attended by sex workers and representatives of partner organizations.</p> <p>4) holding round table meetings on protecting the rights of SWs and changing the legislation of Ukraine (2018-2019), as well as the First International Conference on SW Rights in Ukraine (17-18 December 2019, Kyiv) attended by representatives of Ukrainian and international human rights organizations, sex workers from Ukraine, representatives of the Ministry of Interior and the National Police of Ukraine;</p> <p>5) in 2018, creating and holding a photo exhibition “Her Story” telling life stories of SWs.</p> <p>6) Filming (2018) and demonstration (2018-2019) of documentaries about SWs: “The White Dane”, “Such a Work”, “Crossroads”, and organization of display of the films in the cities of Ukraine; a three-</p>					

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
			<p>episode video project “I Am a Sex Worker and I Like It” (2019), and a number of advocacy videos targeting general population; as well as a number of other events provoked interest of society and politicians in the topic of sex work and rights of sex workers. The media have been increasingly more often organizing discussions where experts and authorities had to give public comments and/or answer journalists’ questions on the subject. At the same time, activities of PITCH partner CO “LEGALIFE-UKRAINE” causes negative reaction (including aggression) from abolitionists who dispute SW community’s position and the term “sex work” itself as an alternative occupation, actively promoting the Swedish Model as the most socially acceptable model of fighting prostitution in Ukraine.</p>					

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
12	In October 2018 at their Afya House Offices, NASCOP discriminated against People Who Use Drugs (PWUD) by excluding them from an important meeting that took place between November and March 2019 after the plans to conduct a national survey on key populations by use of biometrics - the Integrated Biological and Behavioural Surveillance (IBBS) system - was rejected by the key population groups in Kenya.	This discrimination has led to increased stigma towards the Kenya Network of People who Use Drugs (KENPUD). The key populations, especially persons who use drugs had genuine concerns that should the kind of data that was sought land in bad hands, they could even be criminalised or be denied VISAs to the USA once identified as drug users.	Initially, PWUD organisations were approached by NASCOP to accept the national survey using the biometric identification of KPs. In absence of information on the repercussions that this identification could have, they readily accepted. NASCOP then used this acceptance to convince the other KPs. KENPUD, upon realising the dangers of the national survey, then mobilised a spirited campaign to provide the information to all the PWUD organisations on the risks associated with the biometric system, and they also had to pull out of an earlier agreement to be identified using the IBBS system. NASCOP had initially received huge funding from CDC to conduct this study. With the refusal to participate in an exercise that they had initially agreed to, it left NASCOP and their donor CDC in a very awkward situation.	Kenya	PWUD	Government - national	Change in Relationships	<ul style="list-style-type: none"> Public awareness/campaign events organized by KENPUD on realising the dangers of the national survey
131	On 19.04.2019, during the presidential	In Ukraine, every 9th convicted person is convicted	In 2016-2018, PITCH partners CF “Hope and Trust”, “Convictus	Ukraine	PWUD	Government - national	Change in Policy	<ul style="list-style-type: none"> Lobbying and meeting with stakeholders

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
	elections and 4 days before end of his term, the President of Ukraine signed the Law no 2617-VIII which increased fines and length of sentences for possession of small amounts of drugs.	for drug possession. That is why raising the limits for possession of drugs for personal use is a very important initiative freeing hundreds of thousands of people from criminal prosecution. Instead, the new Law of Ukraine no. 2617-VIII seriously worsens the situation of people who use drugs; it actually criminalizes drug possession and use even more, opening opportunities for corruption for law enforcement bodies. This, in turn, limits the rights of PWUD and becomes a significant barrier for accessing HIV-related services (OST, harm reduction).	Ukraine”, “Our Help”, “Meridian” and newly created (2017) All-Ukrainian associations of PWUD (VOLNA) and WWUD (VONA) conducted series of public events and advocacy meetings with representatives of authorities and the National Police at the national and local levels on decriminalization of drug users. On 20.04.2018, members of the Committee of the Parliament of Ukraine, who are oponents of PWUDs' decriminalization and supporters of obligatory rehabilitation, developed a draft law 7279d, which significantly increases punishment for possession of small amounts of drugs. As a response, on 18.05.2018 VOLNA and other partners registered an alternative draft law 8379 in the Parliament of Ukraine and conducted a set of advocacy actions aiming at boosting the adoption of the suggested law. This draft law was supported by the Parliament in the first reading, yet then it was					(with representatives of authorities and the National Police) <ul style="list-style-type: none"> Public awareness/campaign events conducted by VOLNA and VONA on decriminalization of drug users.

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
			recalled during the President's pre-election race. Instead, on 22 November 2018 the draft law 7279-d was adopted by the Parliament. (In December 2019 CF VOLNA, ICF "Alliance for Public Health" together with the State Institution "Center for Mental Health and Monitoring of Drug and Alcohol Abuse" and other partners appealed to the President of Ukraine regarding vetoing the draft law no. 7279-d.)					
140	Between July to August 2019, in Harare Zimbabwe religious fundamentalists formed a pressure group to bar the proposed marriage bill on the basis of advanced rights for gay couples.	This outcome draws back the efforts by PITCH partners in attaining equal and full rights for key populations. Sentiments from religious fundamentalists have increased levels of stigma and discrimination against LGBTI which has resulted in fear of the community accessing SRHR services in public health facilities.	In the sensitizations held with Parliamentarians by PITCH partner GALZ in November 2018, the LGBTI persons highlighted the challenges they experience in accessing SRHR services and other legal services such as inheritance. In November 2018, GALZ in partnership with PITCH partner FACT facilitated a dialogue with 30 religious leaders drawn from Manicaland in Zimbabwe. Some participants in the dialogue expressed	Zimbabwe	LGBT	Communities	Change in Relationships	<ul style="list-style-type: none"> Lobbying and meeting with stakeholders (sensitizations held with Parliamentarians and dialogue with 30 religious leaders drawn from Manicaland)

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
			discontent of acceptance of LGBTI in the legal and SRHR service legal provision spaces.					
21	In October 2018, the Kenyan President, Uhuru Kenyatta while speaking in Nandi County, condemned same sex marriage . He stated that as a country, Kenya would not bow to pressure to legislate same-sex marriages as a condition to receive donor funding.	This led to increased level of stigma and discrimination against key population which in turn discouraged key population from accessing Sexual and reproductive health right services from the public health facilities. This action also led to increased cases of violence and hate crimes reported to the National Gay & Lesbian Human Rights Commission, Legal Aid Center and other partners.	PITCH LGBTI partners and allies: National Gay and Lesbian Human Rights Commission (NGLHRC), Gay and Lesbian Coalition of Kenya (GALCK) and Nyanza, Rift Valley, Western Kenya network (NYARWEK) in 2016 all through mid 2019, conducted advocacy meetings and a campaign to repeal section 162 and 165 of the Penal Code about decriminalisation same sex relationships which is contradicting the 2010 Constitution. The judgement continued to be postponed hence the campaign took a long time and attracted wide media coverage, visibility and conversations around the LGBTQ+ Societies throughout that period. (Eventually, the judgement was delivered on 24th May 2019 and the law was maintained).	Kenya	LGBT	Government - national	Change in Policy	<ul style="list-style-type: none"> • Lobbying and meeting (advocacy meeting), and • Public awareness/campaign events to repeal section 162 and 165 of the Penal Code about decriminalisation same sex relationships

ID	Outcome Description	Significance Description	Contribution Description	Country	KP or AGYW	Type of social actors who changed	Type of behaviour changed	Type of PITCH contribution
54	<p>On January 15, 2019, Mulyadi, a member of the Regional Representative Council (DPRD) together with approximately 100 people from the Islamic Defenders Front (FPI), raided the secretariat of OPSI Riau (PITCH partners) located in Pekanbaru, Riau Province.</p>	<p>The raid carried out by a member of DPRD and members of FPI who also brought mass media to expose the situation was carried out because OPSI Riau was considered a hotbed of LGBT (Lesbian Gay Bisexual Transgender) and sex workers who were considered as a source of disaster for the people of Riau.</p> <p>The action taken by this person aims to close the OPSI Riau secretariat and stop all forms of activities carried out by OPSI Riau including advocacy and outreach to key populations related to HIV health issues and sexually transmitted infections (STIs) as well as human rights violations experienced by the sex workers. This is a form of limiting spaces for civil society organizations that</p>	<p>From September to December 2018, OPSI Riau often conducted activities that were attended by the management and members of the organization which consisted of 3 genders (women, men, and transgender). These activities include strengthening the capacity for sexual and reproductive health rights (SRHR) and strengthening human rights in the context of sex workers including internal meetings of members and administrators of the OPSI Riau. This raises suspicion for DPRD members (Mulyadi) as well as FPI officials that the OPSI Riau as an organization is a hotbed of LGBT and sex workers.</p>	Indonesia	SW	Member of Parliament	Change in Relationships	<ul style="list-style-type: none"> Capacity building activity raises suspicion for DPRD members (Mulyadi) as well as FPI officials that the OPSI Riau as an organization is a hotbed of LGBT and sex workers.

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		<p>struggle to protect the rights of sex workers from 3 gender types because, after the raid, staffs were afraid and felt threatened for their safety, being attacked by FPI that uses religious dogma to lead public opinions towards stigmatization of sex workers. The raid took place even though the OPSI Riau has provided evidence of institutional legality from the Directorate General of National Unity and Politics of the Ministry of Home Affairs (Kesbangpol), the Ministry of Home Affairs at both the city and provincial levels.</p> <p>After the raid, on January 18, 2019, representative of OPSI Riau reported the situation to the Head of the Kesbangpol Pekanbaru City, Mr. M. Yusuf. After the meeting, Mr. M. Yusuf clarified to the media that OPSI Riau is a legal</p>						

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		<p>organization engaged in health and HIV issues and registered in the city Kesbangpol No: 220 / BKBP-BID.IDIOLOGI / LK.V / 2018/6 and Provinces with No: 220 / BKBP-BID.IV / O4 / II / 2018 / 183b who regularly submits its activity reports and financial reports semesterly to the city and provincial Kesbangpol. After this meeting, the OPSI Riau secretariat was able to operate normally again.</p>						