

The PEPFAR Local Capacity Initiative Evaluation Methods in Ghana

Mary Freyder, MPH, LMSW
Samuel Essah, MS

The Local Capacity Initiative (LCI) strengthened the capacity of civil society organizations (CSOs) to support policy advocacy, with the ultimate goal of improving health services for key populations (KPs) affected by the HIV epidemic.¹ The United States President's Emergency Plan for AIDS Relief (PEPFAR) funded the initiative from 2013–2018 to help local CSOs create an enabling environment for PEPFAR's objectives.

The United States Agency for International Development (USAID) funded a local partner to implement the People

for Health project in Ghana between 2015 and 2020. People for Health implemented interventions that strengthened CSO capacity and mobilized citizen groups to advocate better health services. LCI funding supported the integration of KP-specific interventions in the general health policy advocacy strategy of People for Health. Key population citizen groups included men who have sex with men (MSM), sex workers, and people living with HIV (PLHIV). MEASURE Evaluation, which is funded by USAID and PEPFAR, conducted an evaluation of People for Health in Ghana in 2019.

¹ Key populations include men who have sex with men, sex workers, people who use injectable drugs, and transgender people.



This brief provides an overview of the most significant change (MSC) methods used to evaluate the People for Health project in the Greater Accra and Eastern Regions. A separate brief presents the findings from the evaluation.²

The evaluation of People for Health described the mechanisms by which policy advocacy engagement supported uptake of quality health services. People for Health consisted of multilevel interventions to sensitize and mobilize citizen groups to engage with the healthcare system. This bottom-up approach relied on emergent strategies and intermediate results that are extremely susceptible to such external factors as the political environment and outcomes that are difficult to measure.³ Policy advocacy programs must be highly flexible so they can meet unanticipated needs and benefit from unexpected opportunities. To accommodate these and other complex elements of the initiative, the case study evaluation was implemented retrospectively using intensive, participatory, qualitative methods coupled with the MSC technique.

Evaluation Design

LCI built the advocacy capacity of CSOs in 14 countries, based on the following theory: if an international donor can foster an enabling environment that empowers local CSOs to support KP advocacy to local and national health system administrators, KPs' access to good-quality HIV services will improve. Advocacy is any legal process that attempts to change government or private-sector policy.^{4,5} It requires an act on behalf of a population to secure or retain social justice.⁶ As policy has become more international and multileveled, and civil society has become more diverse, the need for diverse advocacy activities has also increased. Specific strategies respond to differing social, cultural, institutional, and economic circumstances. The following are tactics that CSOs deploy

to share their knowledge and expertise: building and participating in coalitions, grassroots organizing, messaging campaigns aimed at educating and engaging the public, and direct lobbying.^{7,8,9}

Evaluating a policy advocacy program requires a study design that accounts for a wide range of tactics or activities. Some of these tactics will be known at the outset of a program, and others may emerge in response to an opportunity. Programs are considered complex when they tackle a problem with a broad spectrum of activities, owing to low certainty or lack of agreement on how to solve the problem.¹⁰ Complex programs are necessarily flexible and responsive and require complex impact evaluation methods. Historically, complex programs have lent themselves to retrospective methods of evaluation using case studies that gather emergent outcomes and plausibly tie them to interventions, using triangulation.

The LCI evaluation in Ghana is a case study grounded in a participatory ethos and employing qualitative methods—specifically in-depth interviews and focus group discussions (FGDs). The MSC technique was used in the interviews and FGDs because the program design called for the collection of emergent, bottom-up interventions and outcomes.

The LCI evaluation employed methods carefully tailored to the complex context and program. A strong theory of change shaped the study design. Figure 1 illustrates the LCI theory of change used in Ghana called the Participatory Monitoring and Evaluation Framework. This framework has four steps. First the project improves policy literacy using media and community sensitization sessions. Then, the project assists citizens with gathering evidence and engaging in policy dialogue using that evidence. And finally, the program supports citizens in monitoring the responsiveness of stakeholders.

² Freyder, M. (2019). The PEPFAR Local Capacity Initiative evaluation findings in Ghana.

³ USAID. (2013). Discussion note: Complexity-aware monitoring. Monitoring and evaluation series. Version 2.0 December 2013.

⁴ Baumgarten, L. (2004). Building capacity for public policy advocacy. Paper presented at Enhance2004.

⁵ Roebeling, G. & de Vries, J. (2011). Advocacy and policy influencing for social change. Sarajevo, Bosnia and Herzegovina: Technical Assistance for Civil Society Organizations (TACSO).

⁶ Donaldson, L. P., Matthews, V. E., & Washington, M. M. (2007). Advocacy by nonprofit human service agencies: Organizational factors as correlates to advocacy behavior. *Journal of Community Practice*, 15, 139–159.

⁷ Baumgarten, L. (2004). Building capacity for public policy advocacy. Paper presented at Enhance2004.

⁸ Sandfort, J. (2011). Enabling & constraining advocacy practices through human service networks. Paper presented at: Public Management Research Association Conference 2011; Syracuse, NY, USA.

⁹ Sandfort, J. (2012). Analyzing the practice of nonprofit advocacy: Comparing two human service networks. Washington, DC, USA.

¹⁰ USAID. (2013). Discussion note: Complexity aware monitoring. Monitoring and evaluation series. Version 2.0 December 2013.

Figure.1 Participatory Monitoring and Evaluation Framework

Evaluation Aims

The People for Health evaluation set out to achieve the following three aims:

1. Describe changes in the advocacy capacity and practices of CSOs in response to training and mentorship provided by People for Health.
2. Understand group member perceptions about healthcare, including patient rights and responsibilities, access to services, and quality of services.
3. Assess the influence that sensitization activities supporting Ghana's patient rights charter¹¹ (policy literacy) have on citizen participation in health policy planning and programming (monitoring and advocacy) among different citizen groups.

Methods

For the evaluation, we used the MSC technique to collect and select change stories related to the People for Health project. In-depth interviews and FGDs were conducted in the Greater Accra Region and the Eastern Region, because the project addresses general, HIV, and KP citizen groups in these regions. Interviewees met the following criteria:

1. They were exposed to at least one People for Health

¹¹ <http://www.ghanahealthservice.org/ghs-subcategory.php?cid=2&scid=46>

policy advocacy intervention that focused on the patient rights charter. (There is no limit to the number of exposures to project interventions.)

2. They were able to participate in a two-hour interview followed by two one-day FGDs.

Interview participants were divided into three groups: providers, KPs, and general. We interviewed 29 people: 11 providers who were healthcare workers, focal persons, or CSO workers; 8 KP members who were female sex workers or MSM; and 10 citizen group members who were women, youth, or PLHIV. Twenty-one of the interview participants joined the focus groups. Participants provided a change story in their interview and agreed to share their stories in a daylong series of FGDs. First, the participants shared their stories; then the group ranked the stories by domain, providing criteria for their rankings.

The interviews were audio-recorded with the subjects' permission. Interview notes and transcripts were analyzed using NVivo, which was used to deconstruct and categorize data and synthesize themes. All traditional interview material and all stories of change underwent a theme analysis. Codes were developed a priori based on the research aims and in vivo as the analysis progressed.

Interview notes, rather than audio recording, captured information from FGDs. During the FGD, storytellers shared their stories of change collected in the

semistructured individual interviews. Additional data and participant analysis were collected during the FGD through the rankings and the discussions about criteria for the rankings.

The MSC methods used in this evaluation yielded data related to program outcomes, mechanisms of change, change makers, and attribution for change. Themes from the traditional interview module include access to healthcare services, exposure to People for Health activities, and social and healthcare challenges faced by female sex workers and MSM.

Lessons Learned

The intensive, participatory, qualitative inquiry, coupled with the MSC technique, provided an opportunity for learning that can improve future evaluations examining complex programs. The study succeeded in addressing complexity. Most significant change is a good way to identify unexpected changes. It is a good way to identify what is important to vulnerable groups at the time of data collection. It can be used to evaluate bottom-up initiatives that do not have predefined outcomes. The study included disenfranchised groups as well as mainstream groups accessing and providing healthcare. Everyone can tell stories about events they think were important, and the study was deeply participatory. The study's approach encouraged participatory analysis and data collection, because people have to explain why they believe one change is more important than another.

