BUILDING A ROBUST TRANSNATIONAL COALITION

THE COALITION TO BUILD MOMENTUM, POWER, ACTIVISM, SOLIDARITY AND STRATEGY (COMPASS)

FEBRUARY 2021

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Executive Summary

The **Coalition to build Momentum, Power, Activism, Strategy & Solidarity (COMPASS)** in Africa was launched in 2017 with the objective of using data-informed, transnational activism to increase civil society impact on health and HIV-related policies, budgets, programs and participatory engagement approaches between government, funders, implementers and people living with HIV and their allies. COMPASS initiated this work in three focus countries (Malawi, Tanzania and Zimbabwe). COMPASS is based on a theory of change model (Annex B) which drew on the actual, ongoing experiences of the groups which developed the COMPASS approach in conducting collaborative, transnational activism, with a specific focus on the PEPFAR COP processes. This theory of change asserted that sharing tactics, skills and strategies regionally within East and Southern Africa and internationally between the Global North and the Global South would catalyze the development of strategic and iterative country-led campaigns leading to measurable impact on policies, programs, funding allocation and targets to improve health and save lives.

Since 2017, COMPASS has tested this theory of change by implementing and iterating nearly fifty unique campaigns, in addition to advancing, and securing action on, hundreds of advocacy priorities in the context of PEPFAR annual country planning processes and Global Fund grant development. The outcomes and impact of this advocacy have been presented at AIDS 2020 and in other COMPASS documents, and a comprehensive results summary is forthcoming in 2021.

A coalition's external impact is only one component of its strength. In order for transnational activism and advocacy to flourish as it must in the context of globalized health issues and budgets that intermingle investments from and reflect the priorities of the Global North and the Global South, it is crucial to understand how coalitions feel, function and grow over time. This case study was designed to gather additional in-depth learnings about these aspects of transnational coalition work. It, like other components of the COMPASS MERL plan described below, has been designed to inform both future COMPASS work and other transnational activist efforts.

The overarching aim of this case study was to generate and share learnings about COMPASS across three broad areas - Partnerships, Mechanisms the Support Coalition Work, and Strategies for Impact – with the intent to strengthen the "health," or effective functioning of the coalition and its work together. The approach was guided by four main objectives to:

- Describe the COMPASS transnational activism model
- Highlight experiential successes of the model and its implementation since inception
- Highlight experiential challenges of the model and its implementation since inception
- Recommend key elements required for a truly healthy coalition – what to start, stop and continue to optimize impact – to inform future COMPASS work and other transnational activist efforts.

The case study approach utilized the following methods:

- A desk review of COMPASS documents to help describe the transnational model and provide background for developing case study tools.
- Group and individual discussions, using a standardized discussion guide including topics such as: coalition formation; partnership dynamics; inter-coalition communication; reflection and planning; and strategy and impact.
- Coalition Health (C-Health) Scorecard (see Box 1) – a quantitative tool with comment boxes to allow for qualitative input or explanation of response choices, designed to rapidly assess coalition members' experiences, to be used for improving the quality of experience, processes, performance, and impact.

Top-Line Findings

- COMPASS enabled partners to achieve more impact together than they would have achieved if they had not been a part of COMPASS.

- COMPASS delivered on its aim to strengthen the use of data and evidence at country-level to achieve impact, transforming the way CSOs implement campaigns.

- COMPASS generated a strong sense of a shared vision for transnational activism as reported by the majority of respondents; however, ongoing work is required to fully articulate, evolve, gain buy-in and deliver onthat vision.

- The transnational model facilitated strong relationships between country and global partners, and between country partners and AVAC; however, more could be done to share strategies, tactics and to learn from each other particularly as it relates to building South-South partnerships.

- Operationalizing a shared vision requires ongoing attention to power dynamics, modes of communication, and equity in decision making.

- Key population groups including gay men and other men who have sex with men, transgender people, people who use drugs, and women in all their diversities experience challenges in conflict resolution, respectful, rights-based communications within activist spaces, and solidarity in agenda development.

- A country-centered approach led to communication channels that felt strong and functional for country-based groups and the program coordination teams (AVAC and MERL), but left gaps for other partners not based in the focal countries.

- Partners overwhelmingly stated that COMPASS had effective mechanisms built-in for reflection and planning to enhance in-country strategy and impact.

Key Recommendations for Building a Robust, Resilient Transnational Coalition

- Co-create with coalition members a clear set of principles for working together that address issues of inclusion, equity, diversity and power dynamics at the outset.

- Build in mechanisms to build, review and evolve both the shared vision of the coalition and the practical structures supporting execution early and often.

- Iterate communications platforms with coalition member feedback.

- Regularly document coalition challenges and strategies used to address challenges. Continue to monitor whether problems persist or improve, and revise strategies as needed to appropriately resolve ongoing issues.

COMPASS Case Study Approach

The overarching aim of this case study was to generate and share learnings about COMPASS across three broad areas - Partnerships, Mechanisms the Support Coalition Work, and Strategies for Impact – with the intent to strengthen the "health," or effective functioning of the coalition and its work together. The approach was guided by four main objectives to:

- Describe the COMPASS transnational activism model
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The case study approach utilized the following methods:

- A desk review of COMPASS documents to help describe the transnational model and provide background for developing case study tools.
- Group and individual discussions, using a standardized discussion guide including topics such as: coalition formation; partnership dynamics; inter-coalition communication; reflection and planning; and strategy and impact.
- Coalition Health (C-Health) Scorecard (see Box 3) – a quantitative tool with comment boxes to allow for qualitative input or explanation of response choices, designed to rapidly assess coalition members experiences, to be used for improving the quality of experience, processes, performance, and impact.

Box 1. Coalition Health and the C-Health Scorecard

The C-Health Scorecard was developed based on the theory of social capital, defined as "the networks of relationships among people who live and work in a particular society, enabling that society to function effectively."[1]

Social capital involves the effective functioning of social groups through interpersonal relationships; a shared sense of identity and understanding; agreed upon norms and values; and trust in each other leading to cooperation, transparency and reciprocity. Social capital has been used to explain the improved performance of diverse groups, the growth of entrepreneurial firms, superior managerial performance, and the value derived from forming strategic alliances.[2]

The C-Health Scorecard drew from resources that apply the theory of social capital to building and assessing network health.[3] Using this theory application, the MERL team developed the scorecard in a participatory fashion with the aim to measure COMPASS coalition health, starting with feedback collected during the 2019 Strategy Lab, and subsequently in collaboration with COMPASS program management, with review by, piloting with, and incorporating inputs from representatives from each of the COMPASS Country and Global Partners.

[1] https://www.lexico.com/en/definition/social_capital
[2] https://www.socialcapitalresearch.com
[3] https://networkecology.org/network-health/

The case study findings incorporate data from group discussions with 55 individuals (9 AVAC staff members, 10 global partner and 37 country partner representatives), and 52 responses to the C-Health Scorecard (7 AVAC staff members, 9 global partner and 36 country partner representatives). Of the C-Health Scorecard responses, 39% had been involved in COMPASS since 2017, 29% since 2018, 17% since 2019, and 15% since 2020.

Figure 1. C-Health Scorecard Participants

Partner Category	Group Discussion	Scorecard
AVAC	9	7
Global Partner	10	9
Country Partner: Malawi	8	9
Country Partner: Tanzania	16	14
Country Partner: Zimbabwe	12	13
Total	**55**	**52**

Top-Line Findings

- **COMPASS enabled partners to achieve more impact together than they would have achieved if they had not been a part of COMPASS**. Across the coalition, the majority of partners (71% of AVAC staff, 66% of country partners, and 67% of global partners) reported that they have achieved more impact in influencing national HIV responses by being a part of COMPASS, while the remaining reported they made greater strides in influencing national responses than they would have done without being a part of COMPASS. In qualitative interviews, members reported achieving more advocacy wins, and gained standing as advocates in their countries. Partners are overwhelmingly enthusiastic about continuing to be a part of COMPASS in the future.
- **COMPASS delivered on its aim to strengthen the use of data and evidence at country-level to achieve impact, transforming the way CSOs implement campaigns.** 90% of country representatives indicated that COMPASS partners in their country effectively used evidence in strategy design and implementation of coalition activities.
- **COMPASS generated a strong sense of a shared vision for transnational activism as reported by the majority of respondents; however, ongoing work is required to fully articulate, evolve, gain buy-in and deliver on that vision**: 100% of AVAC staff, 74% of country partners and 78% of global partners reported having a "shared vision" for the work. However, 22% of global partners and 11% of country partners stated that partners weren't clear on the vision, and 15% of country partners stated that there is no shared vision or that they understand but do not agree with the vision.
- **The transnational model facilitated strong relationships between country and global partners, and between country partners and AVAC; however, more could be done to share strategies, tactics and to learn from each other particularly as it relates to building South-South partnerships**: 63% of those surveyed said that roles and responsibilities between country and global partners were well defined and acceptable; 80% of country partners stated that roles and responsibilities between AVAC and country partners were acceptable and well-defined; this fell to two-thirds for global partners reflecting on AVAC's role. 100% of global partners and 97% of country partners reported that they benefit from engaging with one another. During focus group discussions and in open-ended questions in the Scorecard, several country partners expressed a desire for more opportunities to build South-South partnerships.
- **Operationalizing a shared vision requires ongoing attention to power dynamics, modes of communication, equity in decision making:** When asked on the scorecard whether country-level priorities define or partially define COMPASS-supported campaigns, 100% of AVAC staff, 89% of global partner and 91% of country partner respondents said they did. Much of the data from qualitative data collection supported this. In spite of the intensive, multi-platform engagement described above, which attempted to emphasize country-partner driven agendas, some individuals indicated through focus group discussions that the transnational activism model could do more to put country context first and rely more on the expertise or direction of country partners. Furthermore, some individuals indicated that the decision-making and strategic direction felt skewed toward and by AVAC and other partners from the global North. This was particularly reflected in sentiments shared about AVAC's role as grant maker.
- **Key population groups including gay men and other men who have sex with men, transgender people, people who use drugs, and women in all their diversities experience challenges in conflict resolution, respectful, rights-based communications within activist spaces, and solidarity in agenda development.** Launching a coalition with a clear statement of principles, definitions of commitments to mutual accountability for rights-based work and speech and solidarity (which can simply mean saying nothing on an issue with which you disagree) requires attention and specific action at the beginning and throughout a coalition lifecycle. In qualitative interviews and in open-ended questions on the Scorecard, there was a sense among some partners that COMPASS/AVAC was not clearly articulating or holding partners accountable enough to acting within shared values and principles, in particular as it relates to homophobia and anti-LGBTQ+ sentiments.
- **A country-centered approach led to communication channels that felt strong and functional for country-based groups and the program coordination teams (AVAC and MERL), but left gaps for other partners not based in the focal countries.** Some country partners expressed frustration about having to share the same information across several platforms/partners, and by some global partners for the need for greater coordination and strengthened communication. The majority of country partners characterized AVAC as always or often

encouraging them to contribute and collaborate on grant-making, appreciating a great deal of autonomy and flexibility in the grant-making process.

- **Partners overwhelming stated that COMPASS had effective mechanisms built-in for reflection and planning to enhance in-country strategy and impact**. When asked about COMPASS MERL on the Scorecard, country partners overwhelming stated (83%) that COMPASS had effective mechanisms built-in for reflection and planning to enhance in-country strategy and impact. MERL tools, especially the C-CAAT and SPARC were well appreciated by country-partners for internal learning and evaluation. However, these tools are geared toward evaluating country-level campaigns and potentially useful strategies. Global partners expressed that results from C-CAATs and SPARC assessments were not shared in real time, and only 25% stated that the built-in mechanism were effective on the Scorecard. Strategy Lab was highly appreciated among all COMPASS members.

Key Recommendations for Building a Transnational Coalition

The case study findings generated key recommendations for how COMPASS can work together as a coalition in its next phase, to build on successes and address identified challenges. Additionally, these findings offer lessons learned more broadly for the establishment of similar transnational coalitions, based on the COMPASS experience. The key recommendations for building a transnational coalition both for COMPASS and for the design and structure of future transnational coalitions are outlined below, followed by operational recommendations specific to the COMPASS coalition.

- **Co-create with coalition members a clear set of principles for working together that address issues of inclusion, equity, diversity and power dynamics at the outset.** Explicitly stating expectations for how people will treat each other, address issues of gender, sexual identity, race, education level and other realities is critical. Findings from the case study suggest that early challenges across these areas could have been avoided, mitigated or addressed by having a guiding document or social contract created by and signed onto by all members of the coalition, and formal mechanisms for ensuring accountability to this contract. Part of this process includes the need for engaging coalition members in difficult conversations around power dynamics, differences of opinions, and disagreements to promote mutual accountability.
- **Build in mechanisms to develop review and evolve both the shared vision of the coalition and the practical structures supporting execution early and often**. Clarify and check in on how the roles of "technical support," "grant manager," "campaign lead"—or other categories—feel to members, and the ways in which mechanisms for making and managing grants do or do not facilitate wider team involvement in strategic conversation between partners with expertise who are not also involved in the funding component of the work.
- **Iterate communications platforms with coalition member feedback**. If information isn't flowing, in spite of existing channels for it to move through, then pause, check, iterate and set milestones for improvement. To meet the needs and address communications challenges across a complex, multi-country, and culturally diverse coalition, COMPASS tried and adapted several approaches to ensuring effective communications channels over the three-year period, and found strengths and challenges with each approach. It is critical that such approaches evolve with feedback solicited from partners.
- **Regularly document coalition challenges and strategies used to address challenges. Continue to monitor whether problems persist or improve, and revise strategies as needed to appropriately resolve ongoing issues.** Many of the issues that emerged at the time of the coalition health scorecard were

present, and received attention, in the pre-award phase and/or the first months of coalition work. The C-Health case study highlighted ways in which prior approaches had not adequately addressed or resolved these issues. As the case study showed, "checking in" must be supplemented with additional means of problem-solving and conflict resolution. In an effort to interpret findings from this case study, it became clear that some challenges in particular around communications, inclusivity and accountability and power dynamics persisted in spite of many efforts to address and resolve them, while in other cases efforts led to reported improvements. Through intentional documentation and follow-up throughout COMPASS and now through the C-Health Scorecard and case study process, we have learned this cannot be a one-off activity, but an ongoing approach for continual strengthening of coalition health as coalitions evolve over time with new, changing and expanding membership and scopes of work.

How COMPASS is Using the Findings:

- **The key action in response to the above-stated findings within COMPASS was the decision to form task teams to take on and co-create solutions to the key gaps identified.** Coalition members suggested the formation of these task teams in response to preliminary case study findings shared in September of 2020, with the task teams formed in October and November of 2020. Teams are chaired by COMPASS coalition members, include representation by AVAC, and are focusing on: Ensuring a shared vision and values; enhancing communications; and promoting South-South collaboration. Individuals have committed to developing practical approaches to addressing: the need for greater respect and inclusivity as it relates to key populations; power imbalances between AVAC, global North and global South partnerships and how to prioritize country-level expertise; and the need for improved communications across the coalition. The task teams were established in late 2020; their utility will be explored and documented via ongoing MERL.

  In addition, in 2021 COMPASS began convening a broadly representative strategic planning working group that led on the development of the strategic framework for the next phase of COMPASS (COMPASS 2.0, anticipated to launch in December 2021) and will be tasked with defining African partner-led governance and grantmaking processes in COMPASS 2.0 and beyond.
- **To help optimize COMPASS's ability to capitalize on each partner's strengths and enhance learning:**
  - Develop a Partner Matrix outlining roles, expertise, and capacity of each partner to enhance opportunities for collaboration.
  - To supplement structures and approaches generally driven/led by AVAC, COMPASS will invest time, energy and intention in creating the space for in partner-driven and -designed planning and reflection opportunities which might include country-specific and global advocacy/topical sessions to enhance assessment of impact, review of strategies and tactics from lenses of culture, conflict style and political context, and South-South spaces for cross-coalition learning and support.
  - Ensure engagement of global partners earlier in the country partners' campaign decision-making/planning processes – not to drive decision making, but to understand where their assistance is most needed, and to avoid duplication of efforts or conflict later on in the process.
  - Carefully select the number/magnitude of campaigns to avoid being overly ambitious and to invest in a potentially smaller number of campaigns that feed into multi-year goals to ensure impact. Track continuity from year to year.
  - Establish a learning agenda at the start of COMPASS 2.0
    - Identify the key skills, strategies, tactics etc. partners would like to learn in 2.0, and develop a training plan to address these learning objectives
    - Collect data on campaigns from the start and ensure a process of continuous learning, reflection and sharing on outcomes and lessons-learned across the coalition
- **To streamline and enhance efficiencies and transparency in grant-making and administration:**
  - Ensure that each partner is capacitated to use reporting templates, with requirements/expectations clearly outlined, and training provided, so that every partner, including new partners, know what is expected of them
  - Consider establishing a grants review committee to consider priorities and how funding will be allocated with increased transparency

In-Depth Findings

The overarching aim of this case study was to generate and share learnings about COMPASS across three broad areas:

1. Partnerships
2. Mechanisms the Support Coalition Work
3. Strategies for Impact

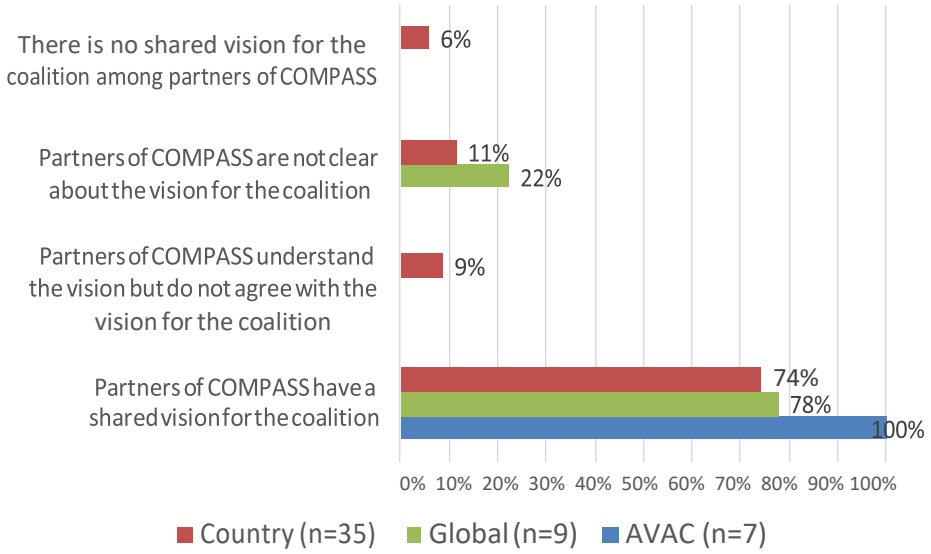
Navigating Vision, Roles and Decisions Across the Coalition: Grantmaker/Grantee, Global North/Global South, Country-based and Global partners

The first section of the case study research focused on COMPASS partnership formation, roles and responsibilities, and the degrees to which inputs, priorities and decision-making were shared across the coalition. These questions were designed with the recognition that power dynamics affect all coalitions, whether they exist in a single community in a single geography or span the globe. The survey's quantitative findings were generally positive insofar as partners from country and global groups reported on role clarity, satisfaction with their voices being heard and their priorities influencing courses of action. Nuances emerged in the focus group discussions (FGDs) and qualitative interviews as detailed below.

Shared vision

As highlighted above, an important indicator of coalition health is a shared sense of identity, understanding, and vision. According to findings on the C-Health Scorecard, COMPASS generated a strong sense of a shared vision among members; 100% of AVAC staff, 74% of country partner and 78% global partner respondents agreed with the statement on the scorecard that "partners of COMPASS have a shared vision for the coalition" (figure 2). As one country partner stated, "*I think it's always been clear as we've moved over the years, that we have an agenda and that agenda has been clearly defined, and we understood what we were doing as partners…so we've moved with a shared vision."*

Figure 2: Perception of COMPASS Vision

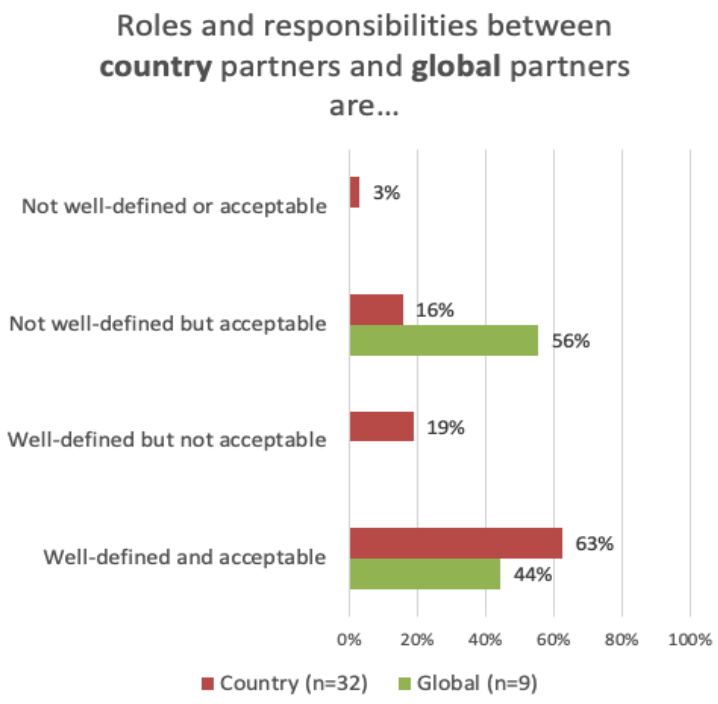


In spite of these overall positive findings, however, the same data indicated that 22% of global partners and 11% of country partners perceived that partners aren't clear on the vision, and 15% of country partners perceived that there is no shared vision or that they understand but do not agree with the vision. Qualitative feedback provided some insight into these nuanced responses. One sentiment expressed by several global partners was that vision was clear, but that the steps or path to achieve this vision were less clear. For example, *"the founding documents explained (at-length) the*

ideal 'what' of COMPASS, but that the 'how' was lacking." Another noted that, *"I do think there are different ideas on how to achieve it (the vision), particularly around key population priorities within each country response."* Another perspective articulated was that there is a clear vision generally, *of "collaborative working with country-led coalitions prioritizing work",* however *"the cross-COMPASS mutual advocacy work on broader strategy is less clear."*

There was also an understanding that buy-in to the vision varies among partners due to a variety of factors, including geographic location, time within the coalition, and sub-group membership/identity. As one AVAC staff member put it, *"I think overall partners have a shared vision for the coalition, but some partners are more bought into the coalition vision or working within the coalition structure than others."* Country partners mostly expressed positive statements including that the vision *"has always been clear,"* that the coalition has *"done a good job to bring together the team in synergy,"* while appreciating the COMPASS leadership for being *"flexible and strategic"* in working towards the vision. Others acknowledged that the process of coming together from varied backgrounds to get behind a shared vision is complex. One country partner stated that *"In the beginning, most people felt they knew and understood what the vision is*" but that as implementation got underway *"goals constantly shifted"* with *"COMPASS partners in each country pursuing different programs without any commonality."* Another country partner noted that it takes time to *"understand what the goal of COMPASS is"* and that there was *"a lot of back and forth on implementing activities."* Thus, while partners as a whole expressed positive feelings about the COMPASS vision, ongoing work is required to fully articulate, evolve, gain buy-in across the coalition and deliver on that vision. The COMPASS model has facilitated strong relationships between country and global partners, and between country partners and AVAC. As shown in the figures below (figures 3-5), 63% of those surveyed said that roles and responsibilities between country and global partners were well-defined and acceptable; 80% of country partners stated that roles and responsibilities between AVAC and country partners were acceptable and well-defined; this fell to two-thirds for global partners reflecting on AVAC's role. Furthermore, 100% of global partners and 97% of country partners reported benefitting from engaging with one another. Qualitative data revealed many instances of partners appreciating the opportunities and experiences of working together, as indicated in Box 4 on quotes from country partners.

Figure 3: Roles and Responsibilities, country and global partners



Box 2: Country Partner Reflections on COMPASS Relationships

- *I think our strength has also been drawn from the North-South relationship. It really surprised me when [global partner] was taking us through what we need to know, which we didn't know…that kind of information cannot be accessed locally.*
- *To say the truth, the partners I worked with and I really treasure up to today, having worked with them, have been the COMPASS partners…It's like each and every one has filled a particular role.*
- *It's important to acknowledge that the coming in of AVAC (COMPASS), to support [our country coalition], helped escalate a lot of the issues that [we] were already dealing with…the support that came from AVAC really enabled us to engage more closely with communities that are working around HIV and the response.*

Figure 4: Roles and Responsibilities, country partners and AVAC

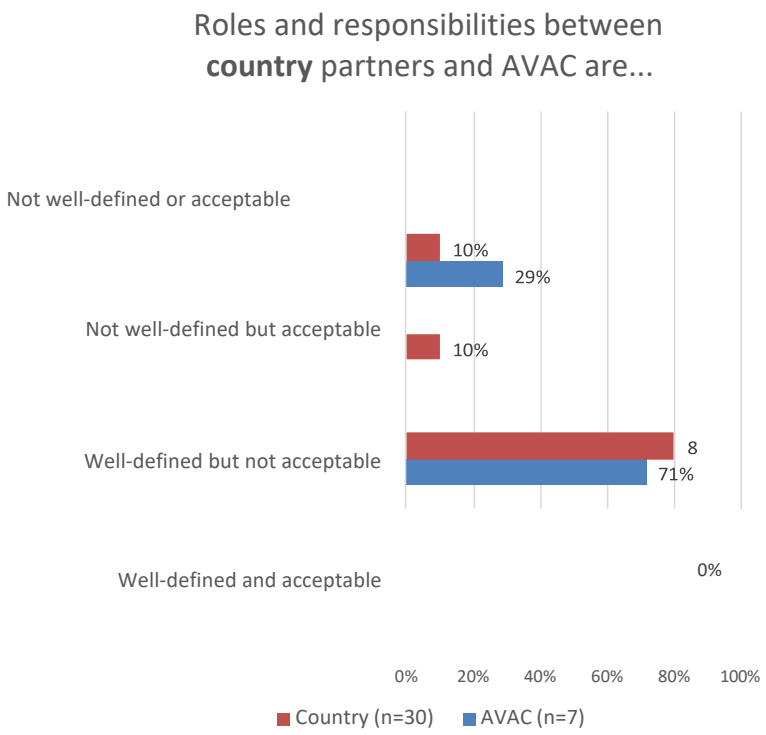
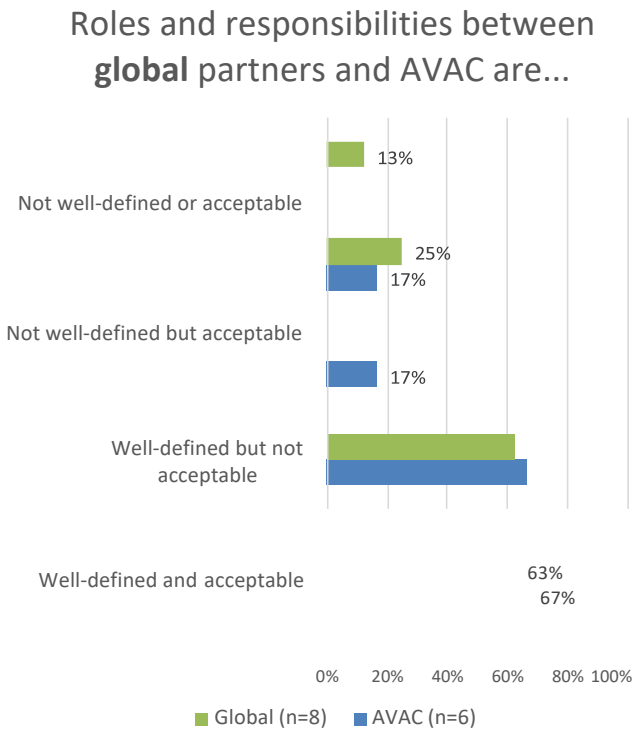


Figure 5: Roles and Responsibilities, global partners and AVAC



Furthermore, qualitative findings also highlighted that the benefits from partnering were not only in one direction; while country partners benefitted from support from global partners, global partners also benefitted from engagements with country partners. For example,

> *We talk a lot about, 'what TIAT/A do the country partners need'? Maybe we should be also much more vocal about how the country partners are supporting that. That advocacy that the global North partners are doing or the work that the global North partners are doing because they're getting so much from the information that we learn on monthly calls where the partners are reporting back. I think that's been a really important piece of what COMPASS has achieved on both sides.* (AVAC)

> *There's this capacity building idea where the global North partners are building the capacity of the global South partners, and I think COMPASS is trying to get beyond that in acknowledging that both North and South partners are learning from each other and sharing with each other. And that the global North partners are also getting as much from it as the global South partners are which I think is kind of unique and an important sort of dynamic within development and global health.* (AVAC)

In spite of these positive findings, however, it is important to note that 22% of global and country partners each felt that roles and responsibilities were either well-defined but not acceptable, or not well-defined nor acceptable. Qualitative findings showed that experiences between and among COMPASS partners were not always uniform. For example, one country partner shared, *"There are some global partners that have been very useful in their support, and the gap they cover in our context is desired and needed, and not imposed."* However, they continued to say, *"the same cannot be said for all partners."* Another noted that, "*There is a need for global partners to put nationals in front so country contexts are not obscured."* Furthermore, global partners expressed that the definition and optimal leveraging of

roles was not always there. For example,

> *We have moments of brilliance, but I think over the three years there has been a huge lag in the definition of roles and responsibilities.*

Sometimes there was not adequate information sharing about each global partners' activities, so some initiatives/contributions were not promoted.

And from AVAC:

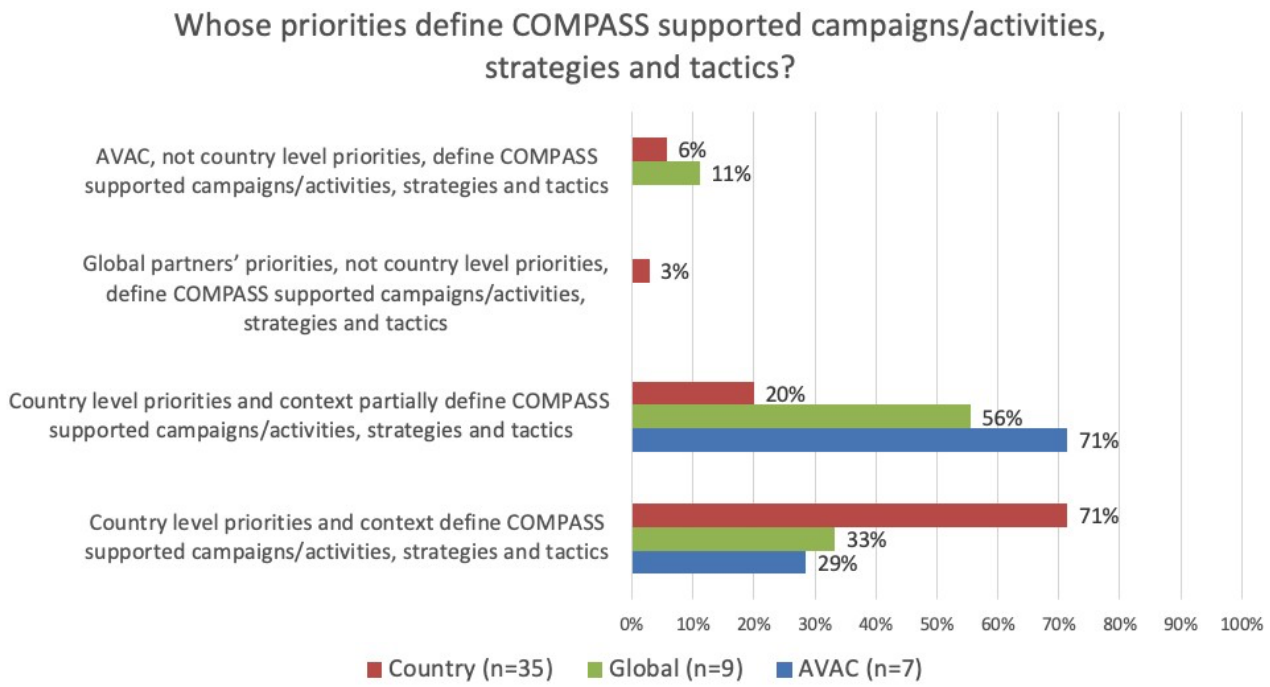
> *My ideal answer would be "sometimes well-defined, sometime acceptable." I think AVAC could do more by creating a toolkit that clearly outlines everyone's roles within COMPASS…I think some country partners are satisfied with the roles and responsibilities vis a vis AVAC, whereas others are not as happy with the role AVAC plays in defining/approving campaigns and defining the process of coalition expansion.*

These nuances in partner dynamics are explored further below.

Power dynamics, modes of communication, equity in decision making

A foundation of the COMPASS model is that priorities and campaigns are country-identified and country-led. When asked on the scorecard whether country-level priorities define or partially define COMPASS-supported campaigns, 100% of AVAC staff, 89% of global partner and 91% of country partner respondents said they did (figure 6).

Figure 6: Whose Priorities define COMPASS supported campaigns, activities, strategies and tactics



Much of the data from qualitative data collection supported this, as evidenced by these quotes from country partners:

> *When you talk to the tactics, who decides the tactics is our own plan and our organization which we have, because we have the technical support from the East African community, and then we have the technical team within COMPASS, which is supporting us.*

I like the flexibility within the coalition that you are able to work with specific groups, specific advocacy goals if you have to, and you are not bound to really do what HQ expects you to do or wants you to do. You have the freedom to do what you want to do, as long as the end goal speaks to the broader objective of the coalition.

Given AVAC's role as both a grant maker and technical partner, the score card specifically examined the level of influence that AVAC had on coalition and country-led decision making. As expressed by one AVAC staff member, *"I think this is inevitable that AVAC suggestions may be considered more important by partners given that AVAC is (perceived as) the donor."* Responses to the scorecard showed that 86% of country partner respondents said they would be likely or somewhat likely to consider AVAC's suggestions (as a grant maker and technical partner) as more important than suggestions made by other partners (figure 7) (compared to 63% of global partners stating the same, Figure 8). Qualitative data on this, however, was mixed, with most partners expressing the ability to navigate these complexities, and a few partners from one country highlighting important issues related to potential imbalances in power dynamics.

I understand that AVAC is our (grant maker) and technical partner, but I won't say that their suggestions are more valued than other global or country partners.

It all depended on the issue. We were not being forced to buy into ideas from AVAC. We were given room to think outside the box. AVAC has always respected views from local partners.

Interviews/focus groups with country and some global partners revealed that challenging power dynamics were perceived to be more salient or the experience of one particular country context, as represented in the following quotes made by these country partners.

The option of having "no choice to suggest" is not available (on the scorecard), but most times it feels like there is very little choice when 'suggestions' have been made by AVAC. There is not conversation, there is an expectation to do what is expected.

I went to a strategy lab, the last strategy lab, looking at the agenda and asking myself why this? Who determined the agenda? Who set the priority? There were a lot of things that should have been done through consensus building that we never put for consensus building. If we are calling it a coalition, then there needs to be a process where coalition members come in and say, this is my priority, this is my priority. And sometimes we may not agree with it, but if the bigger need is something else, then we need to figure out how do we concentrate on what people have pulled and determined as their need.

As with other feedback on communications channels and mechanisms for ongoing learning, strong feelings about gaps in leadership and opportunities for South-South communication emerged in spite of efforts to provide participatory, partner-owned spaces. This is a key learning and may reflect that fundamental issues of power and power dynamics required attention at the outset and throughout COMPASS, so that specific operational interventions designed to redistribute power did not feel adequate to the concerns which were raised by some, but not all, of the COMPASS partners.

Figure 7: Country partners and AVAC's suggestions

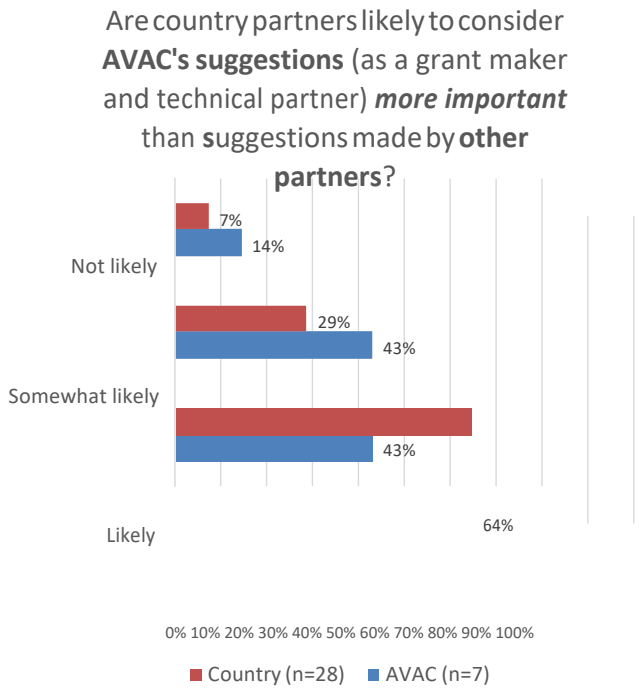
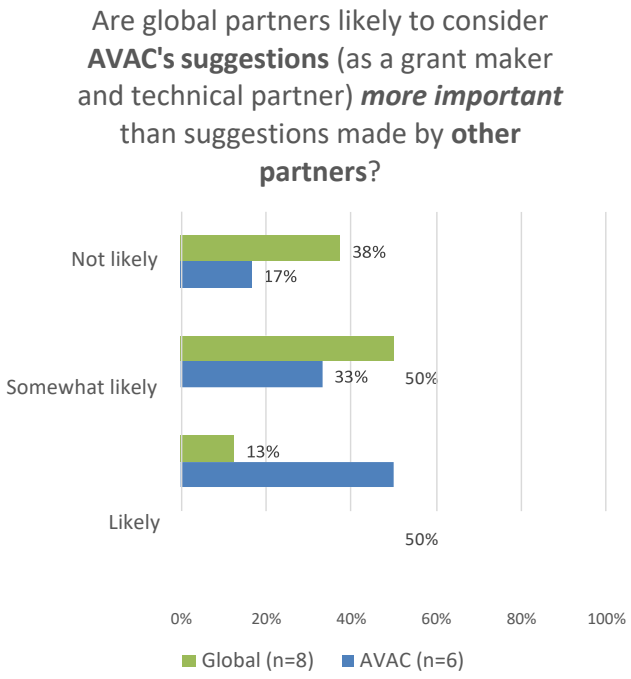


Figure 8: Global partners and AVAC's suggestions



In a few instances through focus group discussions and in the scorecard comments there was a sense that the transnational activism model could do more to put country context first and rely on the expertise or direction of country partners, as articulated by the following quotes.

> *Sometimes, some of the global partners had less respect of the country context. This led to a feeling for existence of top-down relationships. Somehow, this compromised country partner tactics and advocacy efforts.*

> *People have been on several occasions made to change what they felt were the priorities of the countries. The AVAC team did not help perfect those, but rather steering partners in a "preferred direction" despite that not always being what country partners wanted. In some cases, the help of global partners was offered in redirecting attention versus strengthening the priorities of the country coalitions.*

While these are critical concerns, the majority of comments from country partners focused on appreciating the support from global partners as strategic allies in delivering on country priorities with the overarching sentiment that country level priorities drive country level advocacy, even if AVAC and other global partners may propose priorities that are strategically important from a global or regional perspective.

> *As much as possible, country partners take the front role while global partners play the behind the scene role on national advocacy. Global partners are like producers of a play, while nationals are actors; seen prominently by the audience which to me makes good role strategy."* (Country Partner)

A common theme across the Scorecard comments and many of the interviews, especially among country partners, was the desire for more opportunities to build South-to-South partnerships, enhanced collaborations, and more frequent exchanges. These findings also prompted reflection about how better to match structures with perceived

needs. Monthly calls centered on country updates and discussion questions, WhatsApp forums, topic-specific and general internal lists did not meet this need adequately. Some of these South-to-South learning opportunities were perceived as useful and positive, as described in the quotes below. However more work needs to be done to build channels of communication that meet expressed needs:

*Even from the African perspective where I know where Zimbabwe is because I can go through their COP, I know where Uganda is, because they can tell us how they started the community led monitoring… the internal African relationship of CSOs under COMPASS, I think is something I would not want us to lose. If anything, we need to build on that. (*Country Partner)

*We learn from experiences of how other countries are doing these things, because these things are not new. It's not that we're doing the new thing, but the other we call the best practicing country has been doing these advocacies since then. So, we just see how other countries were doing and then we impart to our knowledge and do it. (*Country Partner)

Key populations

Although the C-Health scorecard didn't ask specific questions about the inclusiveness of the COMPASS coalition as it relates to key populations, this topic came up often in group discussions and in the comments section of the scorecard. While overall the majority of country partners (83%) felt their coalitions surfaced and dealt with conflict effectively, representatives from key population groups expressed experiencing various forms of discrimination from coalition members, such as being side-lined and not invited to meetings. Other country partners expressed it like this:

It is challenging for my organization to engage through the coalition because we have been experiencing stigma from some members of the coalition to the point that some members called us out that we need prayers and are promoting an abomination in the country.

Previously, I requested that if we are in the coalition, everyone has to understand what is LGBT, MSM and sex worker…They have to understand this knowledge of sexual orientation and gender identity, because even when we were in Malawi last time, there was stigma coming from our fellow new coalition members.

There was a sense among some global partners that in at least one instance, COMPASS/AVAC did not do enough to hold partners expressing homophobic or anti-LGBTQ+ sentiments accountable to acting within shared values and principles. Subsequent to this event, COMPASS intentionally expanded to incorporate more KP groups and to ensure mutual support across the coalition for work on critical issues; Virtual Strategy Lab 2021 included a section on diversity and human rights to enhance the ongoing conversation.

*I think, as a whole, I would really like to see more engagement of trans organizations across the three countries. And I know that was pointed out at the last strategy lab as well, that there weren't many trans people that were participating. (*AVAC)

In the long run, something that we need to avoid is dismissing the conversation (about the inclusion of LBTQ+ issues) due to religious beliefs that do not conform, especially when it is relevant and needs to be discussed at the table. (Country Partner)

I think there's appreciation of the diversity that is within the COMPASS partnership…they are quite open, and flexible enough to make sure that all voices and issues are tabled and agreed upon as a collective. Despite the fact that,

*initially, we couldn't really find a space where we felt MSM and LGBTI could really drive the agenda, but I think what we are doing now is something that all the partners have a buy in. (*Country Partner)

*[Representing] transgender and intersex community, our voices were not heard, but now we have opportunities to be in different platforms on national level. (*Country Partner)

Summary of Findings: Navigating Vision, Roles and Decisions Across the Coalition

- COMPASS generated a strong sense of a shared vision for transnational activism as reported by the majority of respondents; however, ongoing work is required to fully articulate, evolve, gain buy-in and deliver onthat vision.
- There was generally positive feedback about relationships between country and global partners, and between country partners and AVAC. However, some partners and AVAC staff emphasized that country partners' expertise and contribution to global partners' work wassometimes unrecognized or undervalued.
- According to AVAC and global partners, country-level priorities drive country level advocacy, although AVAC and other global partners may have proposed priorities that were strategically important from a global or regional perspective. Among country partners, however, they were not always autonomous in defining tactics, feeling pressure to align with the direction AVAC or other global partners suggested.
- At country level, there was a tendency to weigh AVAC's suggestions heavily (potentially due to their dual-role as grant maker), and a stated appreciation of North-South collaborations, with a greater focus on South-South collaborations desired.
- Conflict resolution is an ongoing challenge, both within countries, and across the coalition broadly. There have been conflicts within countries due to differences in country-level execution, especially where KPs are concerned.

Mechanisms that Support Coalition Work: Communication channels, grant making, MERL and reporting

The mechanisms and infrastructure which support COMPASS coalition work can build or break trust, and are closely tied with efficacy, accountability and impact; therefore, these mechanisms directly affect Coalition Health. In both the quantitative and qualitative components of the coalition health score card and group discussions, the MERL team asked about the processes that guide and support the way that COMPASS partners work with each other, including communication channels, grant-making and financial reporting, and the way COMPASS monitors, evaluates and learns from its efforts (MERL) to enhance impact.

Communication Channels

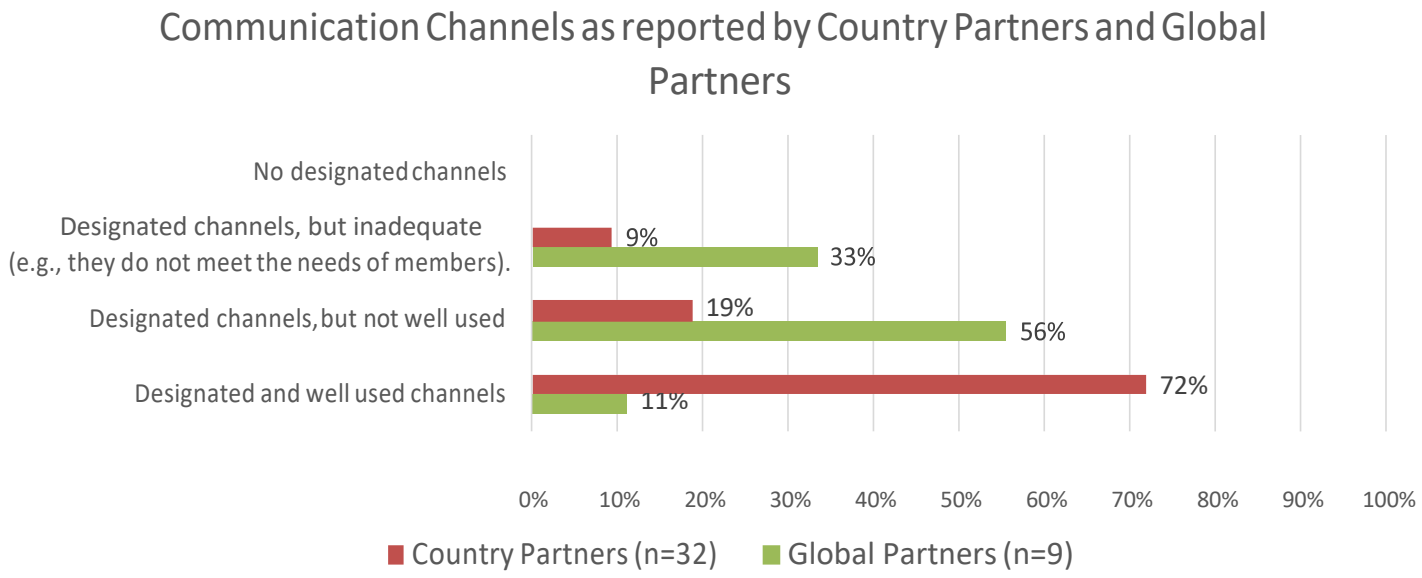
The majority (72%) of COMPASS country partners reported that communication channels were strong and working well, (figure 9). Global partners, however, reported a different experience, with 89% stating that designated channels were not well-used or they were inadequate. AVAC staff seemed to acknowledge these differences with their responses to the same question, with 86% stating that designated channels are working and are well used by country partners, but only 50% stating the designated channels were well used by global partners (figure not shown).

As detailed in the introduction, AVAC has established a variety of channels through which AVAC and partners communicate with each other, including developing and sharing monthly reports submitted to the donor; regular COMPASS-wide and country specific calls; WhatsApp groups for a wide range of topical issues and concerns; and a full COMPASS WhatsApp group and COMPASS listserv for all coalition members to quickly share information.

In spite of these efforts, some country partners expressed frustration that they are called upon to share the same information repeatedly, *"you are asked to share something that is…in a monthly call but also expected to have a call with global partners on the same and still write it in a report, and share with fellow implementers."* Some also felt

that the monthly calls are not all that functional, *"we may need to consider splitting per country so that they are effective and useful."* Several global partners as well as AVAC emphasized that while communication between global partners was less-than-ideal in the beginning stages of COMPASS, this notably improved over time with the efforts described above. Still, to one global partner, these improvements felt like *"too little, too late."* Global partners also expressed the need for enhanced platforms that allow for "in-depth engagement" and improvement in the "coordination and sharing" among global partners.

Figure 9: Communication channels, country and global partners



Grant-making

As described in detail in the introduction, AVAC is the prime grant recipient for COMPASS, and serves as the overall finance and grants manager for the coalition. Original coalition partners were invited to participate in COMPASS, based on ongoing work in the region. Additional partners have been brought into the coalition over the three-year period, as was built into the program design, to ensure inclusivity and full representation of key population groups, youth and women. AVAC makes grants to partners based upon receipt and approval of workplans and accompanying budgets. COMPASS partners formally report on grants bi-annually, with financial and narrative reports submitted.

Given the inherent power dynamics embedded within the coalition based on the structure of this sub-granting mechanism, the C-Health scorecard asked about AVAC's decision-making process on grant-making issues with both country and global partners. Among country partners, the majority (89%) stated that AVAC always or often encourages country partners to contribute and collaborate, while 99% of AVAC staff stated that they often or sometimes encourage these contributions.

In qualitative interviews, several country partners expressed a great deal of autonomy and flexibility in the grant-making process. One first-time sub-grantee described AVAC's grant-making processes *"considerate and flexible"* while another said, *"What we also appreciated about the entire [grant-making] process is the liberty they [AVAC] actually gave us to be able to design a program, or to conceptualize a program of our own design. To be able to communicate to them what we believe the context is, and have them respond to that context."*

While the majority of sentiments were positive, some issues arose in the context of coalition expansion—a process undertaken in Years 2 and 3 of the COMPASS project. Bringing in additional resources for new partners required both country-level coalition management by local partners, a grant-making component managed by AVAC, and technical and strategic support offered by the range of global partners. In Malawi and Zimbabwe, the country coalitions developed the call for proposals and the criteria for partner selection in partnership with AVAC, which

sought to align the grant-making processes with this coalition-led work. In Tanzania, where the coalition was loose and newly-formed, AVAC developed the call for proposals with partner input, but it was not launched under the auspices of the existing Tanzanian coalition.

This had mixed results, with some partners who had expressed early interest in selecting and conducting programmatic management of additional partners stepping back as the process moved forward, indicating that taking a leadership role felt destabilizing to coalition dynamics. In this situation, AVAC's continued role as grant maker and manager was seen as facilitating coalition growth. However in another instance, in which a jointly-developed call for proposals and timeline shifted at country level in ways that complicated and delayed the grant making proces, the steps to course correct led to tensions within COMPASS. An additional challenge, over the course of this process of coalition expansion, was that an Africa-based partner who was positioned to take over sub-granting was subjected to the expanded United States Mexico City Policy, and the coalition took the decision that the burden of enforcing this policy per the requirements imposed on non-US partners was too onerous to justify the shift.

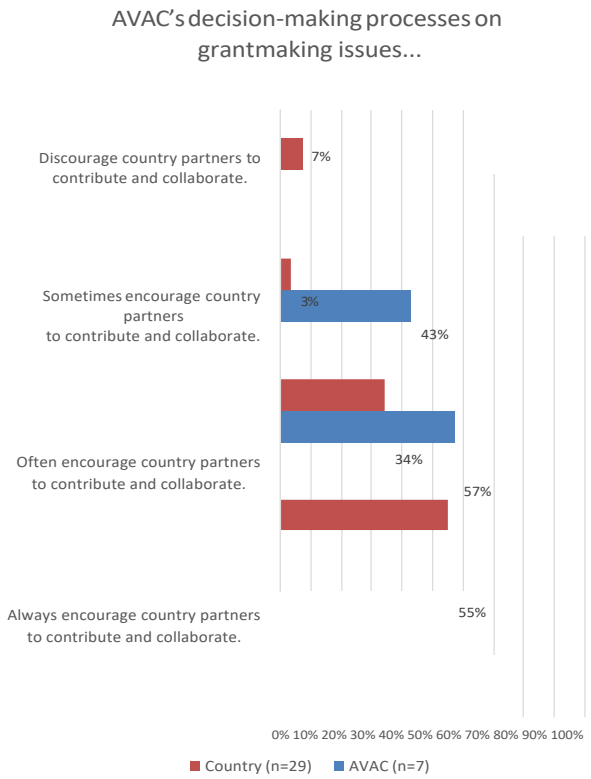
Feedback from partners on the coalition expansion process reflected these challenges.

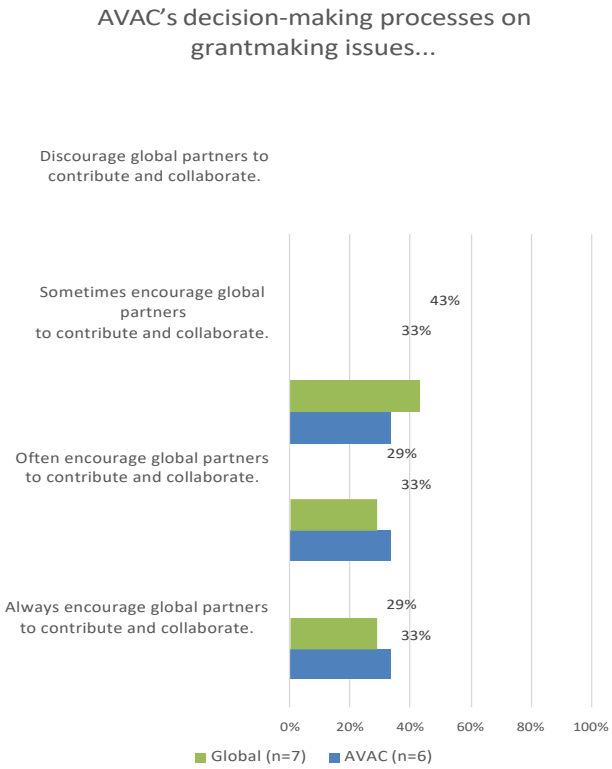
One partner felt that *"Most of the time, they (AVAC) determine the priorities, the call, the selection, how it should work, and who would work."*

Group interviews also revealed that grantmaking can cause tension in-country: *"Locally the challenge is always about resources. When one entity receives money at the expense of others (and I chose the word "expense" selectively)…some of them felt we were taking space that belonged to them."*

Among global partners, responses were fairly evenly distributed across the categories of AVAC *"always, often and sometimes"* encouraging contributions, with no respondents stating that AVAC discouraged contributions or collaborations. One global partner described the grant-making process as *"very slow"* with *"the speed at which workplans and budgets are approved is not the best."* AVAC staff acknowledged both the "power dynamics" inherent in their role as grant-maker and what they view as a collaborative approach*: "AVAC again has the final say, but there are a lot of conversations that go into that final strategic action plan…informed also by previous discussions among the coalition."*

Figures 10 and 11: AVAC's decision-making processes on grantmaking issues, country and global partners





AVAC has also made efforts to simplify and streamline the budget and financial reporting templates over the course of the grant, aiming to strike the right balance between simplicity and appropriate accountability.

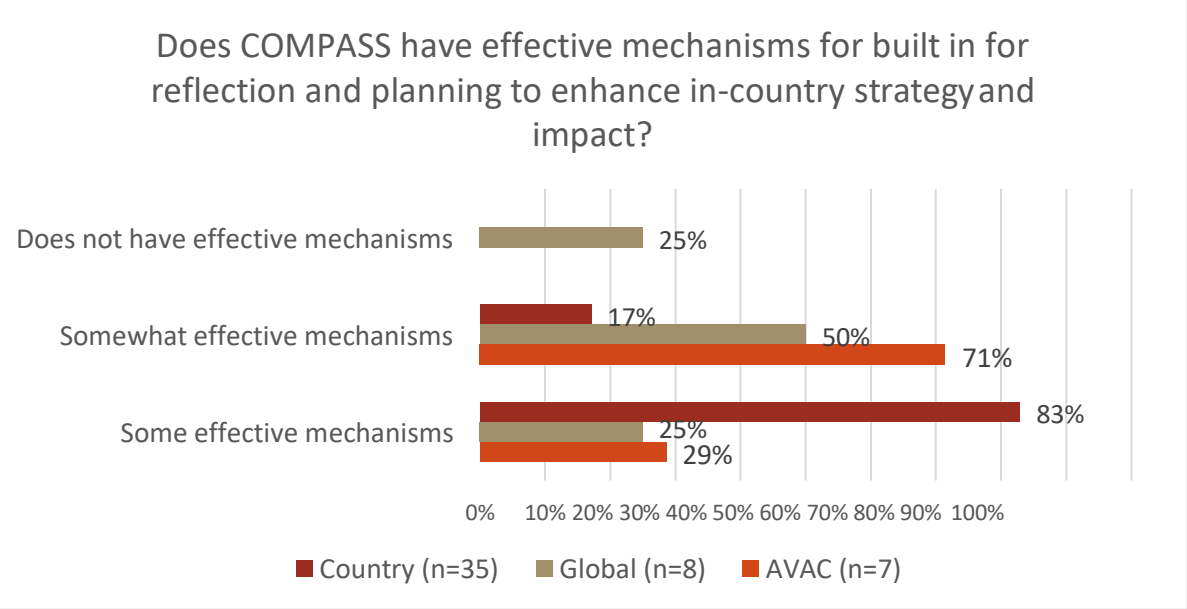
Some of the partners were finding it difficult to really answer most of those templates, so we narrowed it down…to a more simplified version. But now what we are finding is that there's a little bit of disconnect between what we want to see and … There's still room to improve in terms of clarity. What we need is kind of regular updates, on the phone with them, walking through with them, talking to them more, I think is helpful. (AVAC)

Reflection, Planning, Evaluation and Learning

As described in detail above, the program and MERL teams have collaboratively developed a number of processes and tools to support reflection, planning, evaluation and learning within COMPASS. COMPASS provides a variety of ways for partners to come together, reflect on and plan their work, and share learnings with others. Two tools/processes are used specifically to evaluate and share the impact of the work: the **COMPASS-Campaign Advocacy Assessment Tool (C-CAAT) and the Simple Participatory Assessment of Real Change (SPARC)**. One of the most important mechanisms within COMPASS is the annual "Strategy Lab" where all partners are convened for several days to reflect on the previous year, plan the work ahead, and identify impacts and areas for continued growth.

When asked about these mechanisms on the Scorecard, country partners overwhelming stated (83%) that COMPASS had effective mechanisms build-in for reflection and planning to enhance in-country strategy and impact.

Figure 12: Mechanisms for reflection and planning



Country partners indicated strong enthusiasm in particular for the C-CAAT and SPARC tools and processes, as shown in the following quotes:

In terms of evaluation, the setup of and SPARC training, which happened in [our country], and the ongoing support and memos to review our work progressively to show our input was very vital…Sometimes the questions [that] were coming back, were helping us to rethink about how we can improve and shape our objectives.

Well, I think the [C-CAAT] tool is quite helpful in the sense that it simplifies, or it makes it easy for people to be able to identify wins in advocacy agendas…But not just identify them, but also rate them in terms of priority, and in terms of relevance to the advocacy work that we have been doing.

I also realize that there could be other organizations in other countries that are doing similar campaigns that we're doing [here]. It would be good to have that exchange of ideas and seeing how they are also managing the terrain. The terrain might be different, but the strategy the same.

"For example, the C-CAAT, the SPARC, we never had these tools before and it gave us an opportunity to evaluate ourselves, what we have done, what we have achieved. Those tools, for us, it's useful and we are using them to proceed with our implementation.

However, these tools are geared toward evaluating country-level campaigns. Global partners expressed that results from C-CAATs and SPARC assessments were not shared in real time, and only 25% stated that the built-in mechanism were effective on the Scorecard. As one global partner put it, *"The MERL team is collecting information quite regularly, but we don't always get to discuss the implications in depth."* Another stated, *"I wouldn't characterize COMPASS processes as 'built-in'. Beyond the strategy lab which is once a year, I miss the regular …reflection and checking in moments of all partners to enhance planning and reflection as advocacy evolves- somewhere along the way partners are lost."* And finally, *"WhatsApp and mailing lists and monthly calls are not enough to go in-depth into issues and engage partners effectively especially across the board and cross learning and sharing across countries and contexts."*

All partners expressed enthusiasm about Strategy Lab, and some wished it could be more frequent or longer:

*The Strategy Lab sessions were useful for reflections, common planning, learning and sharing of experiences to improve in-country strategies and coalition objectives. (*Country Partner)

*Strategy Lab is an important piece…but should be …longer to accommodate more reflection and planning discussions." (*AVAC)

*The in-person retreats are very useful for reflection and planning. (*Global Partner)

*COMPASS reflection and planning (at Strategy Lab) is heavily supported with think tanks and technical people which results in in-country strategies making impact. (*Country Partner)

Summary of Findings: Mechanisms that Support Coalition work

- Communication channels seem to be strong and working between AVAC and MERL and country partners, but with gaps as it relates to global partners. Frustration was expressed by some country partners about having to share the same information across several platforms/partners, and by some global partners for the need for greater coordination and strengthened communication
- The majority of country partners characterized AVAC as always or often encouraging them to contribute and collaborate on grant-making, appreciating a great deal of autonomy and flexibility in the grant-making process.
- Country partners overwhelming stated (83%) that COMPASS had effective mechanisms built-in for reflection and planning to enhance in-country strategy and impact. MERL tools (e.g., C-CAAT and SPARC) were well appreciated by country-partners for internal learning and evaluation. However, global partners expressed that results from C-CAATs and SPARC assessments were not shared in real time and expressed that more could be done to share impacts of campaigns and potentially useful strategies.

- Strategy Lab was highly appreciated among COMPASS members, with reflection and planning processes beyond strategy lab seen as less effective overall.

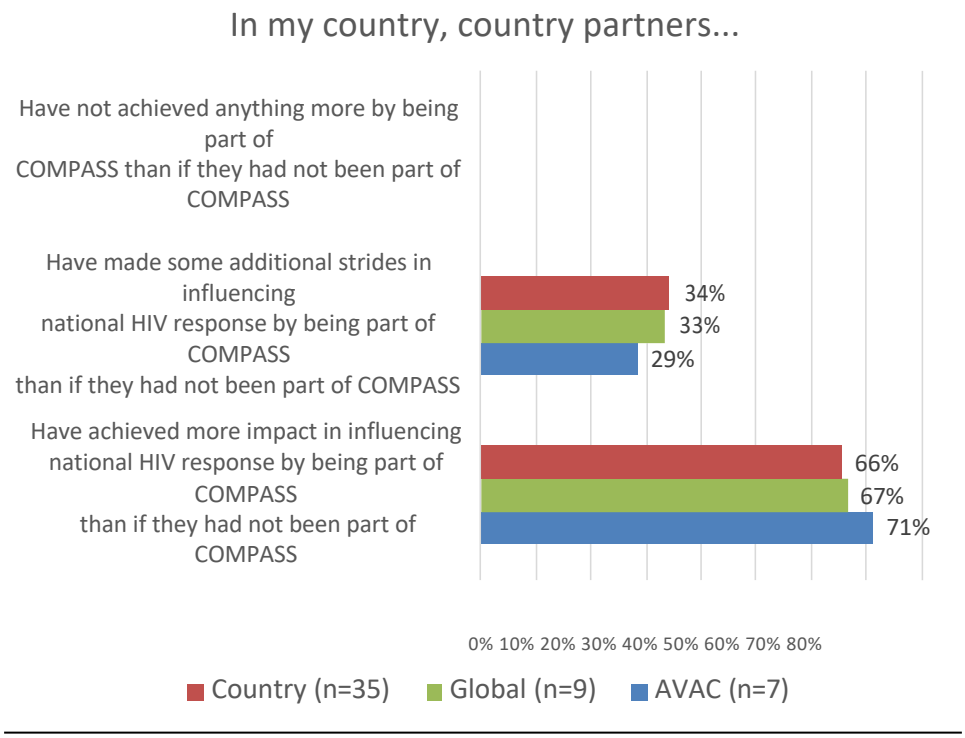
Transnational Work as a Means to Increase Impact

The final sections of the survey and of the FGD interview guide asked partners to consider how the coalition contributed to impact on in-country and global advocacy efforts, and the use of evidence in carrying out advocacy campaigns.

Overall impact of COMPASS

Across COMPASS, the majority of partners (71% of AVAC staff, 66% of country partners, and 67% of global partners) reported that they have achieved more impact in influencing national HIV responses by being a part of COMPASS, and the remaining reported they made greater strides in influencing national responses. Members achieved more advocacy wins and gained standing as advocates to affect change. While the COMPASS model has met certain challenges, partners are overwhelmingly enthusiastic about continuing to be a part of COMPASS. As one country partner put it, *"I can say COMPASS, it's like a Superman movie."*

Figure 13: Impact of COMPASS



Capacity building and use of evidence

Partners highlighted the benefits of the North-South collaborations, in particular how these collaborations have helped build greater capacity among country partners to leverage and use data as evidence in their advocacy efforts. 100% of country partners reported being able to effectively use evidence, transforming the way they design and implement campaigns. While the scorecard did not specifically ask whether partners were more likely to use evidence as a result of joining COMPASS, several participants indicated in focus group discussions or open-ended questions that this was indeed the case.

Figure 14: Use of Evidence to Influence HIV Response

> *Looking back to where we are coming from to where we are today, we can sense some difference in the way we engage. For instance, we now ensure that our issues are supported with data. (*Country Partner)

> *I think…what [our organization] really appreciated from COMPASS was capacity building around results-based monitoring and evaluation, and I think that training actually helped [us] to understand and also answer the "so what's" in terms of doing monitoring and evaluation on the ground, actually seeing the change and impact of our work. So, for us, we have gained a lot of leadership skills, training, how to do our own budget and having what we call the evidence. Because, mostly without evidence you can't bring an issue to the top we'll discuss without evidence. (*Country Partner)

In addition, partners reported improving their own or their organization's leadership, networking, and general advocacy skills. One country partner described how, prior to COMPASS, CSOs in their country were considered *"noisemakers,"* adding that after joining COMPASS, they learned to speak key stakeholders' language and *"had a full understanding of what it takes to bring an advocacy point across to the partners."*

> *The approach that we've taken for the past three years has been, they could be partners. We can talk a language and they could understand us. So, we've used very, I would say, subtle ways of pushing it, in a way that they start realizing that what the CSO is saying is actually true, without necessarily being too confrontational about it. (*Country Partner)

> *I feel like I've really grown my network. I have grown my individual skills, advocacy skills. I feel like interacting with diverse groups of partners has broadened my open-mindedness and readiness to learn from others and take chances when they come, because they part and parcel of my growth. (*Country Partner)

Country and Global-level impacts of North-South Collaborations

Over three-quarters (78%) of country-partners reported that North-South collaborations had strengthened country-level capacity to implement effective campaigns, a strong indicator of success for the transnational activism model (Figure 15). However, only 33% of global partners held the belief, although the remaining 67% of global partners felt that North-South collaborations had "somewhat strengthened" country-level capacity. In the words of one global partner:

> *I think the added value is the money to get the work done which partners lacked, and the shared expertise and access to global support team to help and support. So, it's a middle ground, there has been somewhat strengthening with money and resources and extra knowledge and support that ensures, CSOs are not worried about where are we going to get the money to do XYZ, they are focused on getting the job done, which helps a lot.* (Global Partner)

Figure 15: COMPASS Collaborations

While feedback on COMPASS's effectiveness in country-level advocacy was largely positive, country and global partners noted some missed opportunities. In the words of one global partner, "*We've had some exhilarating moments where things have coalesced, but I think we've missed opportunities*." One country partner affirmed that the COMPASS model had faced challenges but characterized them as *"teething problems"* and affirmed the overall effectiveness of the model.

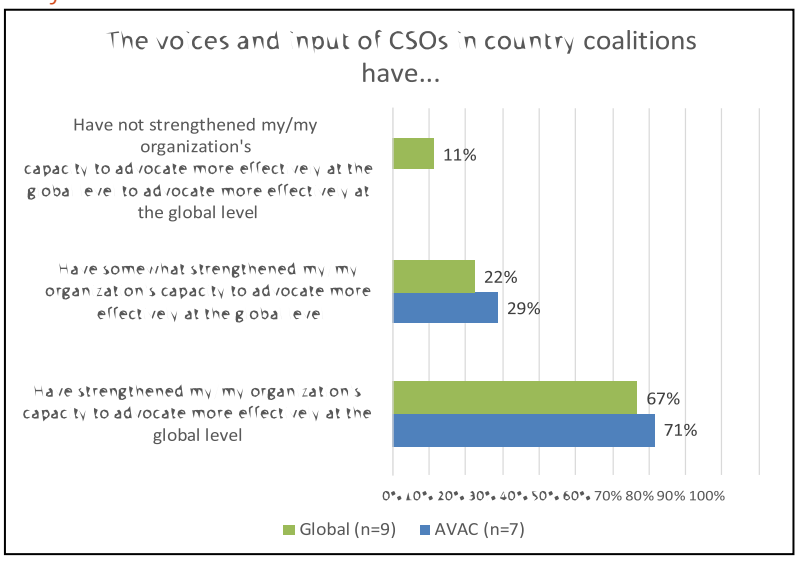
Still, each country-level coalition had notable achievements over the three-year period, and the majority of country partners described successfully drawing on the strength and diversity of COMPASS partners to further their advocacy agendas, as evidenced in the quotes below.

I think (the) Malawi U=U (campaign) was fantastic. I think that we changed the index testing conversation, 100% changed the index testing conversation. That was all COMPASS. There is a KVP forum in Tanzania because of COMPASS and that's like the counterfactual. You take away COMPASS, there is no KVP Forum. There might be U=U, but I don't know that Civil Society Advocacy Forum, that Malawian Civil Society would be in the leadership role that (it) is (in), and you've done these interviews. You take away COMPASS, I don't know that there's a national conversation about age of consent in Zimbabwe. (AVAC)

COMPASS has taught me to do "business unusual." It's tough but rewarding as stakeholders can see results. It has also helped unify CSO voices in stakeholder engagement never experienced before. The critical thing has been the North-South relationship for doing advocacy that can be measured for impact. (Country Partner)

They say, if you want to go fast, you go alone. But if you want to go far, go together. I think we are stronger together. We get to learn from each other's strengths. It's about creating synergies and partnerships, collaborations that can give us the results that we want. Once you are with a strong team to move with, you realize that your momentum is increased, your focus is increased. (Country Partner)

Figure 16: Input of CSOs



It is notable that the North-South collaborations were not seen to benefit the country-level only, but overall global advocacy efforts, providing some indication of the benefits flowing in a bi-directional way. Seventy-one percent of AVAC staff and 67% of global partners responding to the scorecard indicated that working closely with CSO's on-the-ground, and leveraging their expertise and experience, has strengthened their (global partners') organizations' ability to advocate on a global level. Notably, however, 11% of global partners felt that engaging with CSO's had not improved their capacity to advocate on a global level. According to one global partner, *"I see glimmers of this… but think there are a lot of missed opportunities."*

Focus group discussions revealed that country-level partners appear to be more conscious of the value of their contributions to global-level work, although some global partners, including AVAC, affirmed the value of CSO's expertise.

> *The COMPASS coalition has absolutely connected global partners with key concerns at the country level, and enabled us to more effectively advocate at PEPFAR RPMs.* (Global Partner)

> *There's this capacity building idea where the Global North partners are building the capacity of the Global South partners, and I think COMPASS is trying to get beyond that in acknowledging that both North and South partners are learning from each other and sharing with each other. And that the Global North partners are also getting as much from it as the Global South partners are which I think is kind of unique and an important sort of dynamic within development and global health. (AVAC)*

Summary of Findings: Transnational Work as a Means to Increase Impact:

- Both country and global partners say they achieved more by being part of COMPASS. Global partners were able to connect with first-hand information from country level CSOs, and, country coalitions have been bolstered by the technical support and insights of AVAC and global partners, particularly related to engaging with PEPFAR and the Global Fund.
- There is enthusiastic agreement that the transnational activism model has led to greater impacts at both country and global level, with opportunities to strengthen the bi-directionality of work moving forward by bolstering South-to-North and South-South transfers of expertise.
- COMPASS has made country efforts stronger in terms of advocacy capacity and CSOs engagement. The emphasis on using data/evidence has transformed the way CSOs implement campaigns.

Conclusion

This was the first step in identifying COMPASS successes and areas that could benefit from strengthening, reflecting on experiences of its inception and its first three years of operation. The key findings and recommendations, as described in detail above, will be invaluable to the COMPASS transnational activism model and work as it moves into its next phase of operation. In addition, these learnings can broadly inform the establishment of similar transnational coalitions, based on the COMPASS experience. COMPASS MERL will continue to use and engage members through the use of the C-Health Scorecard into the next phase of COMPASS, incorporating a "health check" on a periodic basis to monitor progress over time, and to help ensure the health of the coalition as the model and partnerships evolve.

Global health is at a pivotal, perhaps unprecedented moment, as COVID-19 brings new resources and focus to 'health security,' with wealthy nations using power and resources to secure commodities and shore up systems for their own citizens, even as low- and lower-middle income countries struggle to secure vaccines and medications, and watch as ground is lost in hard-fought gains against HIV, tuberculosis, unplanned pregnancies, gender-based violence, anti-LGBT stigma and discrimination. In this context and for the foreseeable future, transnational activism that seeks to hold funders in the Global North and South accountable for actions, investment and programs that prioritize all people, and especially those most likely to be left behind. In this context, the C-Coalition Health Case Study seeks to offer lessons both for this specific ongoing coalition and to the broader field of advocacy in issues that affect the health and wellbeing of the global community.

Annex A: Building a Transnational Coalition for a Globalized Context

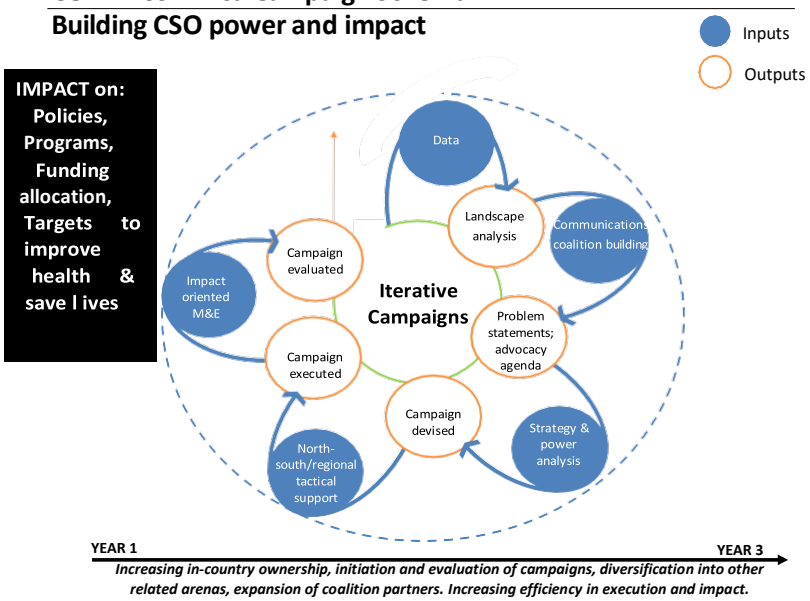
The **Coalition to build Momentum, Power, Activism, Strategy & Solidarity (COMPASS)** in Africa was launched in 2017 with the objective of using data-informed, transnational activism to increase civil society impact on health and HIV-related policies, budgets, programs and participatory engagement approaches between government, funders, implementers and people living with HIV and their allies. COMPASS initiated this work in three focus countries (Malawi, Tanzania and Zimbabwe). COMPASS is based on a theory of change model (Annex B), which drew on the actual, ongoing experiences of the groups which developed the COMPASS approach, in conducting collaborative, transnational activism, with a specific focus on the PEPFAR COP processes.

This theory of change asserted that sharing tactics, skills and strategies regionally within East and Southern Africa and internationally between the Global North and the Global South would catalyze the development of strategic and iterative country-led campaigns leading to measurable impact on policies, programs, funding allocation and targets to improve health and save lives (see COMPASS Campaign Schema, Figure 1).

The transnational activism design was further informed by an assessment of the pre-requisites for effective advocacy and activism at an historic moment within global donors of HIV programs. Global donors of HIV programs, including PEPFAR and GFATM, and national governments were using data to make and justify most decisions about HIV funding at country and global levels, and many advocacy groups were also receiving funding for service delivery or demand mobilization from the funders who were also the focus of the activism. COMPASS thus sought to build a framework within which such groups could build skills in data analysis and/or build ongoing partnerships with allies focused on using data, and in which groups were supported in taking bold, audacious stances *vis a vis* decision-makers. COMPASS launched with a clear principles and commitments to mutual accountability for rights-based work and speech and solidarity.

The outcomes from this work have been presented at the AIDS2020 International AIDS Conference and summarized in two case studies to date at www.avac.org/compass, with more analysis forthcoming in 2021. This case study was developed specifically to examine how members of the coalition have experienced the establishment of and participation in COMPASS over the last four years, in particular as it relates the "health," or effective functioning, of the coalition in terms of partnerships and coalition formation; mechanisms supporting the work; and building campaign strategies for achieving impact. At a moment when global health and global health security agendas emphasize the interconnectedness of pandemics across the globe, it is essential to understand the challenges and strengths of the COMPASS transnational coalition approach, for addressing the ongoing AIDS pandemic and for addressing future challenges.

Figure 1: COMPASS Campaign Schema



*Box 1. Who's Who in the COMPASS Partner Landscape**

AVAC is a global partner in COMPASS; it also serves as the finance and grants manager for the coalition, making and managing the 25 subgrants (among 26 partners) that support coalition work.

Country partners are in-country civil society organizations working within country-level coalitions to develop and implement campaigns. They also provide expert knowledge on the local context with global partners in support of global and regional advocacy efforts.

Global partners are organizations engaged in advocacy at global and regional levels. The majority of COMPASS global partners are registered in the United States; however, two have Africa-based staff, and two are based in the region (Uganda and Zimbabwe). They learn from and provide technical support to country partners, and act as allies in critical spaces as needed and requested by country coalitions.

*See on Annex C for a full list of partners

COMPASS Structure

AVAC is the main grant recipient from the Bill and Melinda Gates Foundation (BMGF) for COMPASS and serves as the overall finance and grants manager for the coalition. The original design of the COMPASS model and strategy, including the strategic action plan, three-year framework, and structure, were jointly developed by organizations in Malawi, Tanzania, Zimbabwe, and the United States who had a history of impactful ad hoc collaboration at national and global levels.

Recognizing that this group could build power and have greater impact with additional resources, COMPASS formalized these collaborations, and these organizations became the first core members of COMPASS (please see Box 1 for a further description of the partner landscape and Annex C for full list of partners as of December 2020). At the outset, the coalition adopted a "country team" based approach which involved core country-level activists and advocates along with COMPASS members who were not based in the country but who had relevant skill sets. Those partners who were not based in Malawi, Tanzania or Zimbabwe, had differentiated roles—with amfAR focusing on data analysis; AVAC on primary prevention, strategy and tactics; CHANGE on sexual and reproductive health and rights; Health GAP on strategies and tactics; ICW Eastern Africa on SRHR and Tanzania coalition growth; MPact on key populations health and human rights; and PZAT serving as a MERL hub.

Additional partners have been brought into the coalition over the initial three-year period, as was built into the program

Box 2. COMPASS Planning and Reporting Tools

Workplans are developed at the beginning of each reporting period, designed to promote implementation and success of COMPASS campaigns (as outlined in SAPs).

Route-finders serve as the primary internal semi-annual reporting and planning tools that partners engage with and submit to AVAC for program planning, documentation towards results reporting, and consolidation across program activities.

Strategic Action Plans (SAPs) are developed by partners along-side workplans, and they define campaign goals, objectives and tactics, serving as source documents against which campaigns are assessed throughout the year.

COMPASS-Campaign Advocacy Assessment Tools (C-CAAT) help to identify, describe, and analyze progress of COMPASS campaigns through participatory reflection, engagement, evaluation and planning, feeding into semi-annual and annual reports and promoting fine-tuning of campaign strategies and tactics.

Simple Participatory Assessment of Real Change (SPARC) is a participatory evaluation approach, based on "outcome harvesting." SPARC helps partners collectively identify what has changed in the field or among target stakeholders, and whether and how COMPASS campaigns have contributed to those changes.

Budget and financial reporting templates facilitate and simplify the process of creating and reporting against budgets and ensure a standard approach to financial reporting aligned with AVAC and funder requirements.

design, to ensure inclusivity and full representation of key population groups, youth and women.

Partner work centers on "campaigns," which use situational analysis and evidence from funders, implementers and civil society to set specific objectives and align strategies against them. The "campaigns" often reflect input from the diverse array of COMPASS partners, though operationalizing the country team approach and clarifying roles and communications channels is a growth area—as discussed below.

Once a strategic action plan for a campaign has been developed, AVAC makes grants to partners based upon receipt and approval of workplans that utilize a strategic action plan format—along with accompanying budgets. COMPASS partners formally report on grants bi-annually, with financial and narrative reports submitted.

COMPASS and Monitoring, Evaluation, Results and Learning

COMPASS began with a comprehensive plan for conducting monitoring, evaluation, results and learning (MERL), designed to support the development of strategic campaigns, document results, and share outcomes and lessons learned across the coalition to inform and improve the ongoing work. The program and MERL teams collaboratively developed a number of tools to support grant and program management, and evaluation and learning within COMPASS (see Box 2 for descriptions of tools). Based on the reporting generated through these tools and regular calls with and among partners, COMPASS provides a monthly summary of program activities and outcomes to the donor and compiles comprehensive interim and annual reports. Planning and reporting tools have evolved over time, based on use and feedback on how to simplify, streamline and better support partners. (See Annex D for a summary of COMPASS Communication Mechanisms)

Figure 1: COMPASS Africa Theory of Change

PROBLEM STATEMENT: Persistent rates of new HIV diagnoses and poor health outcomes for people living with HIV continue at current levels and/or increase as a result of insufficient funding, inefficient allocation of resources, non-rights-based responses, and an HIV response that has, across sectors, grown accustomed to a status quo/business as usual approach. *COMPASS Africa address this via a Theory of Change with these outputs and outcomes leading to impact (below).*

Impact

Comprehensive high-impact, evidence- and rights-based HIV programs that reduce incidence, morbidity and mortality.

cannot be achieved without

Long-Term Outcome

Bold, sophisticated and international North-South, regional and national-coalitions defining, pursuing and iterating an agenda that sets out and achieves improved solutions to key problems at community, country and global levels via iterative campaigns that include tailored training, nimble, flexible and swift execution, intentional monitoring and evaluation, and strong communications. *[See the schematic diagram on the next page for the iterative campaign cycle.]*

The success of these campaigns both depends on and reinforces

Short- and Medium-Term Outcomes

1. Right information: Improved civil society understanding and use of timely, accurate data on program performance.
2. Right targets: Improved civil society use of all available leverage points within (and outside of) structures and individuals that hold decision rights and accountability for relevant outcomes.
3. Right partners: Interconnectedness of and open, robust communication channels linking civil society from capital cities/urban centers to subnational units and with key allies in private sector, faith-based community, government, funding and implementation space.
4. Right strategies: an advocacy ecosystem that captures and disseminates best practices, successes and challenges.
5. Right resources and roles: sufficient investment in civil society and the broader HIV/AIDS response and timely, responsible and accountable action taken by other stakeholders invested in the IMPACT .

These outcomes are achieved via

Outputs

1. Strengthened local ownership and leadership of change agendas: In-country individuals and organizations that create and own advocacy agendas inclusive of training needs, inputs from Northern partners, and roles of in-country actors (NGO and non-NGO);
2. Strong data infrastructure: systems for collecting, sharing and responding to data on key outcomes that are accessible to and used by all stakeholders, including civil society;
3. Power-structure-driven analysis: a common framework for analyzing the landscape that needs to change and setting out to change it.

Annex C: Full COMPASS Partner List (Year 3)

Organization Name	Country
CEDEP/MANET+ - Centre for Development of People/Network of People Living with HIV/AIDS	Malawi
COWLHA - Coalition of Women Living with HIV and AIDS	Malawi
JONEHA - Network of Journalists Living with HIV	Malawi
LITE - Lesbian, Intersex, Transgender and Other Extensions	Malawi
MANASO - Malawi Network of AIDS Service Organizations	Malawi
BMF - Benjamin Mkapa Foundation	Tanzania
CENTA - Center for Public Health and Social and Economic Rights Advocacy	Tanzania
DWWT - Dignity and Well-being of Women Tanzania	Tanzania
NACOPHA - National Council of People Living with HIV and AIDS	Tanzania
Sikika	Tanzania
TaNPUD - Tanzania Network of People Who Use Drugs	Tanzania
TAYOA - Tanzania Youth Alliance	Tanzania
amfAR	United States
Health GAP	United States, SA, Uganda, Kenya
ICWEA - International Community of Women Living with HIV/AIDS East Africa	United States
CHANGE - Center for Health and Gender Equality	United States
MPACT	United States
ACT - Advocacy Core Team	Zimbabwe
BHASO - Batanai HIV and AIDS Support Group	Zimbabwe
GALZ - Gays and Lesbians Zimbabwe	Zimbabwe
My Age Zimbabwe	Zimbabwe
PZAT – Pangaea Zimbabwe AIDS Trust	Zimbabwe
UAN - Umzingwane AIDS Network	Zimbabwe
Youth Engage	Zimbabwe
ZiCHIRe - Zimbabwe Community Health Intervention Research	Zimbabwe
ZNNP+ - Zimbabwe National Network of People Living with HIV	Zimbabwe
AVAC	United States

Annex D: COMPASS Communications Mechanisms

Several mechanisms have been put in place within COMPASS to facilitate communication, sharing and learning across the coalition, including:

- AVAC shares the **monthly reports** submitted to the donor with all partners, including detailed, specific, real time updates by each country that can be used as the basis for tracking peers' work (as well as seeing how it was presented to funder).
- AVAC convenes **monthly COMPASS calls**. In advance of these calls, AVAC frequently holds a call with country partners to solicit agenda items and provides prompts help catalyze sharing of best practices and/or challenges among partners.
- Coalition members have created **WhatsApp groups** for a wide range of topical issues and concerns – from ad hoc groups convened in advance of and to help influence specific meetings opportunities (e.g., COP review meetings), to ongoing country-specific groups conducted in local languages. AVAC also manages a full COMPASS WhatsApp group where meeting times, zoom links and COMPASS-wide informational posts quickly share information, and an **all-coalition COMPASS Google group**, as well as a number of **topic-specific Google groups**, such as HIV and sexual and reproductive health integration.

AVAC has worked across the coalition to develop an increasingly streamlined process by which global partners are aligned with country partners for check-ins and support developed based on early experiences of country partners receiving multiple requests for the same information, and to ensure linkages to optimize in-country and global advocacy efforts. This includes frequent and collaborative technical assistance provided by AVAC and other global partners as requested by country partners, with AVAC program support point people frequently making connections between countries and global partners to learn from or gather experience from one another. AVAC convenes coalition-wide reflection and annual work planning through an **annual Strategy Lab,** conducted first in 2017 in Zimbabwe, in 2018 and 2019 in Malawi, and in 2020 virtually over zoom (because of COVID-19 travel restrictions and safety measures).