KPI C1 – Community Engagement Survey

GFAN Call
15 May 2024
What this slide deck covers:

- Background: What is KPI C1?
- What are we measuring?
- How are we measuring KPI C1?
- Results from First Survey: *Satisfaction with Funding Request Development*
- Second Survey: *Satisfaction with the grant making process*
- Tentative timeline for Surveys.

* for countries that submitted in W1-3
KPI C1 aims to measure the level of satisfaction of communities with their engagement across the grant cycle in all countries eligible to receive a Global Fund allocation.
What are we measuring?

Through desk review and community consultation, community engagement is measured through the following elements to determine progressive depth of engagement:

1. **Voice**
   - Whether a community feels able to let their opinions and feelings be known and taken into account by those making decisions that affect them.

2. **Attention**
   - Whether a community experiences decision-makers as listening to what they are expressing with their voice.

3. **Understanding**
   - Whether a community experiences decision-makers as trying to understand their perspective.

4. **Action**
   - Whether a community experiences decision-makers as valuing their input to adjust a course of action (decision-making).

5. **Partnership**
   - Whether the experience of the community has built a durable improved understanding and provides a foundation for further relationship.
How are we measuring KPI C1?

To effectively measure KPI C1, we have launched the newly developed

**Community Engagement Satisfaction Survey**

designed to comprehensively measure satisfaction across three key grant stages, aligning with our commitment to promoting and enhancing inclusive and sustained community involvement.
KPI C1 Performance Summary
Results from First Survey

- **KPI C1 result:** 68% (N=883). The KPI target for funding request development stage is not met.

- It is important to note that the reported results are based on a reasonable but poorly distributed sample size for the FR development process at Windows 1 through 3 only.

- As such, it is not yet possible to make definitive conclusions regarding relative levels of satisfaction of across key variables such regions, disease, and across/between the diverse range of communities who responded to the survey.

- Observations can be made on the following slides, however with the above noted limitations recognised.

*Count of respondents for survey: N=1,194. Count of respondents who reported engagement in FR development: N=883.*
- Emerging is a potential variation in levels of satisfaction across regions.

- Communities from countries in **High Impact Asia** and **LAC** reported the **highest level of satisfaction** at 75.3% (N=82) and 74.4% (N=26) respectively, compared to EECA and SE Asia which achieved 62.9% (N=55) and 57.9% (N=16).

- At this stage and until a complete data set is available, the number of countries submitting to Windows 1-3 from each region needs to be considered before making any conclusions, as does variability in the number of responses from countries included in the current cohort.

### KPI C1 Performance Summary

#### Regional Variations

<table>
<thead>
<tr>
<th>Region</th>
<th>Average Satisfaction Score</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>South East Asia</td>
<td>57.9%</td>
<td>16</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>62.9%</td>
<td>55</td>
</tr>
<tr>
<td>High Impact Africa 1</td>
<td>66.4%</td>
<td>138</td>
</tr>
<tr>
<td>High Impact Africa 2</td>
<td>66.4%</td>
<td>326</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>68.2%</td>
<td>30</td>
</tr>
<tr>
<td>Southern and Eastern Africa</td>
<td>68.4%</td>
<td>91</td>
</tr>
<tr>
<td>Western and Central Africa</td>
<td>69.2%</td>
<td>119</td>
</tr>
<tr>
<td>Latin America and Caribbean</td>
<td>74.4%</td>
<td>26</td>
</tr>
<tr>
<td>High Impact Asia</td>
<td>75.3%</td>
<td>82</td>
</tr>
</tbody>
</table>

**Average satisfaction score by region**
In terms of disease components, communities engaged in the development of malaria and RSSH components reported the highest satisfaction levels with 72% (N=127) and 71% (N=51) followed by TB 69% (N=112), HIV/TB 67% (N=221). Communities who engaged in development of HIV components reported the lowest level of satisfaction 64% (N=292).

Should this trend remain evident at the portfolio level, it will be important to understand whether such variations are the result of ‘lower expectations’ of communities engaged in malaria, or a material difference in the degree to which GF processes facilitate their engagement.

The ELO commissioned thematic evaluation planned for late 2024 may provide this opportunity.
Community respondents reported the highest levels of satisfaction with the overall process 69.5% (Q1, N=883) but dropped to 64.5% (Q4, N=883) when asked how their opinions were recognized and used in the development of funding requests.

The divergence here likely reflects the complexities of ‘being satisfied’ in different aspects related to community engagement.

**Key: Survey Questions**

- **Q1**: How satisfied was your community with that consultation process?
- **Q2**: To what extent were you satisfied with the opportunities your community had to share their priorities, opinions, or viewpoints during the development of the country’s Global Fund Funding Request?
- **Q3**: How satisfied was your community with the way their priorities, opinions, and viewpoints were shared with decision-makers?
- **Q4**: How satisfied was your community with the way that decision-makers recognized and used their opinions and viewpoints in the development of the Funding Request?
- **Q5**: How satisfied was your community with the degree of influence their contribution had in the development of the Funding Request?
- **Q6**: To what degree did your engagement in the Funding Request process provide an opportunity to build trust with decision-makers?

Average satisfaction score by question
N=883

<table>
<thead>
<tr>
<th>Question</th>
<th>Satisfaction Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>69.5%</td>
</tr>
<tr>
<td>Q2</td>
<td>68.5%</td>
</tr>
<tr>
<td>Q3</td>
<td>67.0%</td>
</tr>
<tr>
<td>Q4</td>
<td>64.5%</td>
</tr>
<tr>
<td>Q5</td>
<td>66.3%</td>
</tr>
<tr>
<td>Q6</td>
<td>67.4%</td>
</tr>
</tbody>
</table>
- Within disease components there are provisional variations in satisfaction evident within communities. For example, **people who use drugs reported a lower satisfaction score with the overall process of 59% (N=46) compared to 64% (N=292) for all respondents whose communities engaged in HIV components.**

- Importantly, 67.4% of respondents reported that their community’s engagement in the Funding Request process provided an **opportunity to build trust** (Q6) with decision-makers however this was only 59% for people who use drugs and 55% for trans and gender diverse communities (N=30). This warrants further focus in subsequent reporting and in thematic evaluations as it implies that potential longer term and broader benefits to communities in terms of legitimacy and access are evident even in contexts where their direct and immediate influence over GF processes has been sub-optimal.
- **311 out of 1,194 respondents** indicated their community was not consulted in FR development.

- Communities with the highest proportion of respondents reporting that they were **not consulted in FR development** are people with disabilities (57% of 23 respondents); young people (46% of 56 respondents) and mobile populations, migrants and displaced people (45% of 22 respondents).

- The most common reason stated for non-engagement (37%, 115 of 311 respondents) was **lack of awareness of the process** (see graph)

### Count of: Which of the following statements best describes why your community was not engaged in the development of the Global Fund Funding Request process?

- Other and/or multiple reasons
- My community was actively excluded by other stakeholders
- My community would have engaged but lacked the capacity to do so
- My community would have engaged but lacked the resources to do so
- My community would have engaged but was not informed sufficiently in advance
- My community was aware of the process but not invited to engage
- My community was not aware of the process

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other and/or multiple reasons</td>
<td>8</td>
</tr>
<tr>
<td>My community was actively excluded by other stakeholders</td>
<td>22</td>
</tr>
<tr>
<td>My community would have engaged but lacked the capacity to do so</td>
<td>22</td>
</tr>
<tr>
<td>My community would have engaged but lacked the resources to do so</td>
<td>27</td>
</tr>
<tr>
<td>My community would have engaged but was not informed sufficiently in advance</td>
<td>30</td>
</tr>
<tr>
<td>My community was aware of the process but not invited to engage</td>
<td>87</td>
</tr>
<tr>
<td>My community was not aware of the process</td>
<td>115</td>
</tr>
</tbody>
</table>
Here is the Second Survey...

https://forms.office.com/r/aMKNMLd7f8

Please scan this QR code or click the link
Tentative Survey Timeline...

Tentative timeline for the surveys:

- W1-3 Funding Request survey. *(Completed December 2023 to January 2024).*
- W1-3 Grant-Making survey, May 2024  - **deadline 16 June 2024**
- W4-6 Funding Request survey, November 2024
- W4-6 Grant-Making survey, May 2025
- W1-6 Grant Implementation survey, September 2025
Regional Learning Hubs

ANGLOPHONE AFRICA: EANNASO
Focal Point: Glory Chagama
chagama@eannaso.org
Website & Newsletter

FRANCOPHONE AFRICA: RAME
Focal Point: Ida Savadogo
cat@rame-int.org
Website & Newsletter

ASIA-PACIFIC: Seven Alliance
Focal Point: Chinmay Kumar
chinmaykumar@sevenallianceap.com
Website & Newsletter

MIDDLE EAST AND NORTH AFRICA: MENAHRA
Focal Point: Elias Al Aaraj
eaaraj@menahra.org
Website & Newsletter

EASTERN EUROPE AND CENTRAL ASIA: EHRA
Focal Point: Ivan Varentsow
ivan@harmreductioneurasia.org
Website & Newsletter

LATIN AMERICA AND THE CARIBBEAN: VIA LIBRE
Focal Point: Anuar Luna
c1.plataformalac@vialibre.org.pe
Website & Newsletter
Thank you

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