

PITCH

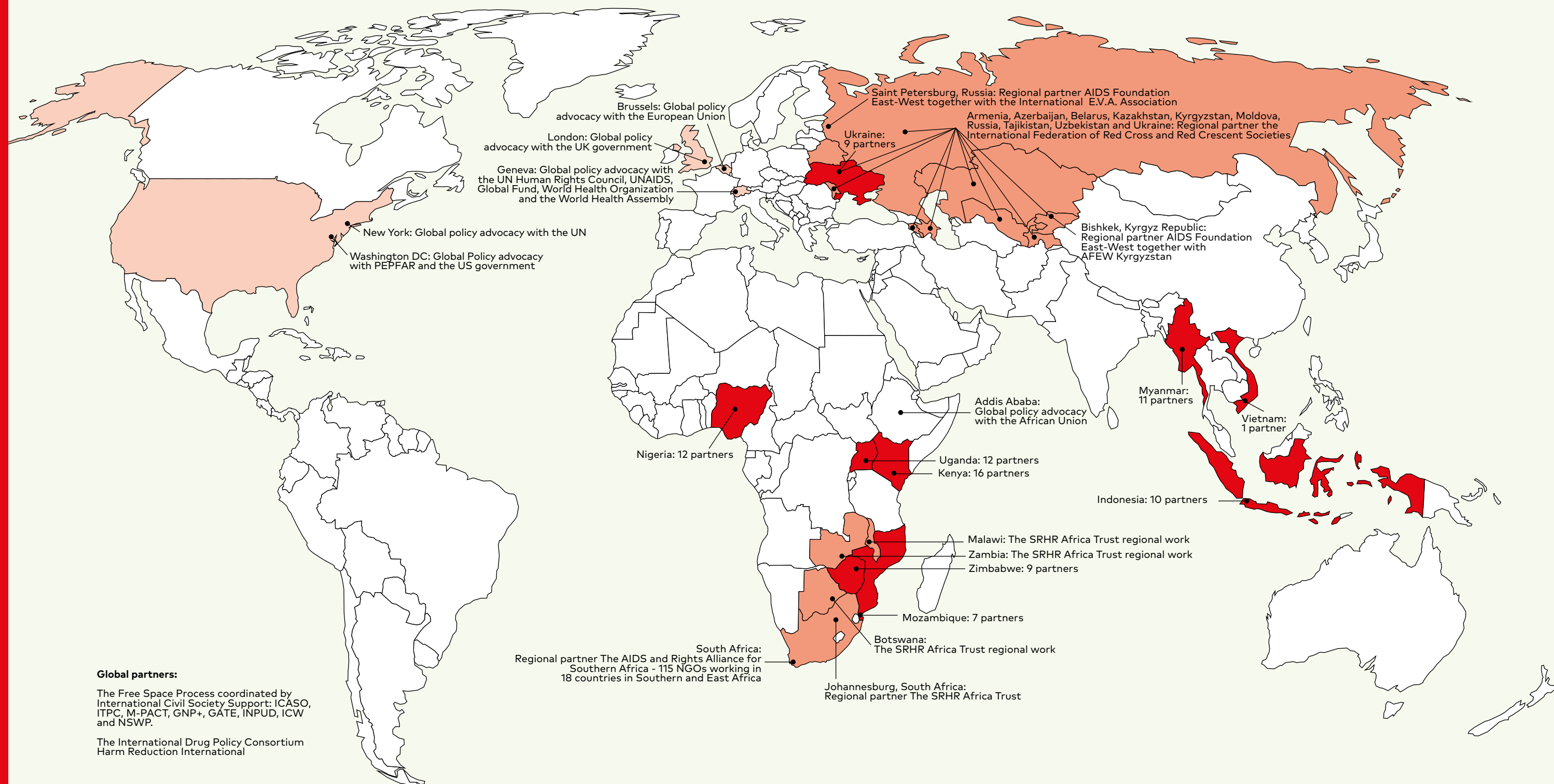
FIVE-YEAR REFLECTION



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PITCH COUNTRY MAP





A blueprint for collective action

By Mark Vermeulen, executive director of Aidsfonds, and Christine Stegling, executive director of Frontline AIDS

As PITCH's donor and global partner, the Dutch Ministry of Foreign Affairs now has the evidence to show others how civil society can be protected and strengthened – never has the world needed this knowledge more.

As we write in April 2021, some rich nations appear to be exiting the worst of the COVID-19 crisis, just as a severe new wave is devastating some low- and middle-income countries – and the pandemic's secondary effects are only just emerging. Since the pandemic began our partners have been reporting increasing rights

“Since the pandemic began our partners have been reporting increasing rights violations and eroding social protections and livelihoods, with those most marginalised worse affected”

violations and eroding social protections and livelihoods, with those most marginalised worse affected. At the same time, the space for civil society to hold the powerful to account is more squeezed than ever before, as many governments are using emergency legislation to silence dissenting voices. All across the world we've seen how health systems are not strong enough to cope with a pandemic of this scale, and in many countries the vast majority of domestic health resources are being used to respond to COVID-19.

All of this is very bad news for marginalised communities most affected by HIV. When UNAIDS releases its 2021 data, it is highly likely that more people will have gotten ill and died due to AIDS, more people will have contracted HIV, and there will be fewer resources for the HIV response than was forecast before the pandemic.

“By showing other governments and donors the evidence from PITCH, the Dutch government could help drive a global political movement that sees the value of investing in community-led advocacy to strengthen and protect civil society and in turn strengthen health and social systems”

The need for a strong civil society to hold governments to account has never been greater – and this is where the insight generated by PITCH, and the movements it has created and strengthened, has real value to add. By showing other governments and donors the evidence from PITCH, the Dutch government could help drive a global political movement that sees the value of investing in community-led advocacy to strengthen and protect civil society and in turn strengthen health and social systems.

All the evidence suggests this would be one of the smartest ways to get the world back on track to meeting the Sustainable Development Goals, and to stop the next pandemic from causing the same level of devastation as COVID-19 is doing. And, ultimately, it is this deeper investment – not just putting medicines or condoms in people's hands – that is going to end AIDS.

A different approach

In any epidemic the most marginalised are the most vulnerable because of structural inequalities. Now is the time to ask how we can work more collectively to address the socio-economic issues that lead to poor health outcomes for so many people, and how more collective ways of working can be resourced.

PITCH provides a blueprint for meaningfully addressing the intersectionality that is now so desperately needed, and will be more important than ever for responding to the challenges that lie ahead for the rest of this decade and beyond.

That the Dutch Ministry of Foreign Affairs had the vision and courage five years ago to invest in an HIV programme that solely focused on community-led advocacy is commendable. In the HIV response, civil society is often only considered in the context of service provision for marginalised populations. But PITCH has not entered into service delivery, instead it has supported communities to gain the confidence, skills and tools they need to improve social, policy and legal environments – which are fundamental to ensuring marginalised communities can access services that are actually effective – and for ensuring governments and donors meet the service and resource commitments they have made.

Central to this has been the programme's focus on community ownership and flexibility. Community-led organisations have set their own advocacy strategies and activities, united by the common goals of PITCH's theory of change. They have also been able to adjust their activities

as they see fit, to respond to the changing contexts in which they operate.

In the past, there has been a tendency in the HIV response to fight for the voice of a particular community to be heard. Although this is still important – each community has its own unique identity and experiences after all – these voices become more powerful when they are brought into collectives. There is strength in numbers; in governments understanding that an issue does not just affect one group, but all those who are not being reached or considered. Not only has PITCH strengthened, and broadened, national key population movements, it has been able to carry shared advocacy goals and strategies beyond national borders in a way that has really strengthened regional and global movements.

Short-term pain, long-term gain

There is no denying that addressing structural inequalities requires harder and more complex programming than biomedical interventions. Anything that brings about real social change is bound to be messy and complex, but the long-term return on investment is huge: what stands to be gained is a far more meaningful and sustainable type of transformation.

“**Addressing structural inequalities requires harder and more complex programming than biomedical interventions. Anything that brings about real social change is bound to be messy and complex, but the long-term return on investment is huge**”

PITCH has shown what is possible when you work at the crossroads of different populations, human rights and public health agendas. But if we want to continue this movement we must convince other governments and donors to invest in what is needed to create systemic change – and that's long-term investment in community-led advocacy.

Measuring systemic change can be difficult, and it is often the lack of robust evidence that convinces donors their money would be better spent elsewhere. Frontline AIDS and Aidsfonds have been trialling different methodologies to evaluate social impact for many years, but in PITCH we have developed one unifying method that can measure the impact of advocacy in different regions, with different communities, advocating around different issues, but towards the same goals of systemic change. This is the first time both organisations have evaluated change in this way and it has enabled us to make social impact much clearer than ever before.

The evidence tells us that PITCH has been a success. It shows that real impact does not just come from providing immediate healthcare or commodities, but by focusing on long-term structural change.

At this critical time, there is a real need to carry forward what PITCH has started, and for that we need torchbearers to convince others to invest in advocacy and to do it in this way. The stakes of what could be gained or lost have never been greater – but the solutions are in our hands.



INTRODUCTION

An incredible journey

By PITCH programme manager Marcel Vaessen, Aidsfonds and Lucas Hendriksen, programme lead at Frontline AIDS

In this five-year reflection you will hear from the people whose experiences are testimony to the many ways PITCH has inspired, transformed and connected HIV responses across the world.

By focusing on advocacy and investing on such a large scale in community organisations, networks, platforms and people, the partnership has supported movements to form within and across countries. These movements have changed laws, policies, practices and mindsets – and the daily lives of marginalised people have improved as a result.

PITCH provides compelling evidence that community-led advocacy is crucial for an effective HIV response

PITCH provides compelling evidence that community-led advocacy is crucial for an effective HIV response. Its focus on building the skills needed for effective advocacy has led to numerous advances, big and small. Through each win, marginalised people have created more enabling environments, and their access to HIV and sexual and reproductive health services has improved. For the communities that have brought about these changes, the power and influence they have been able to wield has been inspiring and transformational, for them and for others.

The journey many advocates and organisations have gone on in the past five years has been

incredible to witness. Many advocates have gained new skills in key areas such as political campaigning, responding to rights violations, fundraising and communications, and have grown in confidence as a result.

Creating connections

The movement building that PITCH has helped to bring about in each of the nine programme countries has been transformative in many ways. PITCH has been instrumental in seeing a diverse range of community organisations support one another and display solidarity. As every group has its own specific set of needs and issues, this has not always been easy. But time and time again we have seen different communities work together to amplify each other's voices – both within PITCH and in coalitions beyond the programme.

PITCH has not just built movements within countries but created useful, long-lasting connections across national borders, both within regions and globally.

Key to this have been our cross-country learning exchanges where PITCH partners have gained practical knowledge on ways to improve marginalised people's access to effective HIV, harm reduction and sexual and reproductive health services. Some exchange visits included government officials and other decision-makers.

PITCH has been instrumental in seeing a diverse range of community organisations support one another and display solidarity

These trips have contributed to some state entities moving away from punitive policies towards more public health-based approaches.

The diverse nature of PITCH's advocacy has been wonderful to see. Partners have been out in the streets – protesting and picketing – but they have also gained access to influence national, regional and global policy-making processes. The professionalism and insight community-led organisations have demonstrated has led to PITCH being recognised and respected by key international institutions, such as the United Nations, the Global Fund and PEPFAR.

PITCH's flexible approach, one that acknowledges that advocacy cannot always be planned and that opportunities and challenges will arise that need quick responses, has helped organisations to be more agile and effective.

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Transforming perceptions

By opening up constructive dialogues with decision-makers, collecting and presenting robust evidence, and mounting successful public-facing campaigns, PITCH partners have brought about a greater understanding of the lived realities of marginalised people.

More organisations representing marginalised people now sit at tables where decisions that impact the HIV epidemic are being made, including government ministries, technical working groups, national aids councils, Global Fund country coordinating mechanisms, parliamentary



committees, health, education and law enforcement bodies and village councils.

Community organisations are being more regularly consulted in national policy processes and in the development of key national guidelines for health workers, educators and the police. An impressive number of influential figures are now openly championing the rights of marginalised people.

The future

The advocates who have developed through PITCH will undoubtedly take their skills and passion forward. But in a climate of declining finance for HIV responses, some of the community organisations that are now so well placed to bring about social change may struggle if they do not receive further investment.

Community advocacy is in a much better place than it was five years ago in each programme country. For this we must give gratitude to all those who have contributed to PITCH – their unwavering positivity and determination has propelled PITCH to its many successes – and express our utmost solidarity for the challenges that lie ahead.



COUNTRY REFLECTION INDONESIA

Confidence and collaboration

Baby Rivona, PITCH country focal point in Indonesia, reflects on the incredible journey that PITCH has taken partners on – one that has seen key populations in Indonesia gain influence locally, nationally and internationally.

My experience of being an activist in the HIV response for 18 year shows me that PITCH was very different from other programmes. Often, donors want quantity rather than quality. But PITCH knew to put the quality first, with the numbers coming after.

The global team at Aidsfonds and Frontline AIDS are also different: they come back to me anytime I have a problem or I want to share, and I felt we were equal partners. When I work with them I can be myself: an activist. I am so proud to be part of PITCH. On a personal level it has influenced me very strongly.

Learning journeys

PITCH invested a lot in increasing capacity, not only for PITCH partners and country focal points (CFP), but also at the global level. We all learnt together.

Partners in Indonesia have really learnt from each other. One organisation may be weak on evaluation, say, but the other may be strong, so they can

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mentor each other. I have been very proud to see the partners coming together in this way.

Every six months all partners met for report validation meetings, and each time I saw how capacities had increased. The first year, we took a long time to do the reporting, there were many arguments, but they became less and less until we were simply working as one. We became very close, like a family.

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Growing in confidence

Some community organisations have really surprised me in how they have developed. Some were very new, such as the young people national network and the PITCH LGBTQI+ partner, so they learned from the rest of us how to do advocacy. First of all, people from these organisations were quiet; they felt they didn't know anything. Now they can dare to speak with confidence and have really good results. The youth network, for example, was involved in advocacy that led to the Indonesian government increasing the age of marriage for females to 19, bringing it in line with the age of marriage for males.

I have also grown in confidence. Now I present at the global events. First I thought 'who am I to speak at the European Union or in front of the UN?' But PITCH assisted me from the beginning, always coaching and supporting me.

As a CFP, PITCH opened up doors for me to approach my government that were previously closed. During international meetings PITCH gave me the space to connect with national decision-makers who are sometimes difficult to meet in Indonesia.

2016

Government drives increasing hostile sentiment against LGBTQI+ people and sex workers



2017

Partners join coalition that contributes to rejection of petition to Constitutional Court fast-tracking criminalisation of LGBTQI+ people



PITCH generates first-ever analysis of how HIV-related issues are included in the Universal Periodic Review cycle 1 and 2



2018

Ministry of Health includes entry for provision of HIV and SRHR education in schools in national budgets, including sessions developed by partners



PITCH partners join National Alliance for Reform of the Criminal Code. Through ICJR, their recommendations to reform the penal code were accepted



Inti Muda, ICJR and Independent Youth Alliance win legal challenge to increase legal age of marriage for women to 19



Putting learning into action

I have also seen communities increase their influence, particularly with local governments. For example, in 2019 new sex work regulation came in and districts were rushing to close brothels so we responded quickly to protect them.

PITCH's sex work partner came to one district and gave evidence from a study it had developed, showing that if you close the brothels it will be very hard for sex workers to access HIV services. This worked; that district did not close the brothels. The real achievement is not that the brothels are still open; the achievement is the way the sex workers did the advocacy, how they collected evidence, built relationships, and made their case.

PITCH has become a leading voice on universal health coverage (UHC) in Indonesia. We have built understanding among communities about why it is important and gained access to national decision-making spaces. UNAIDS has asked us to share what we did on UHC, so we will also be contributing to the global conversation.

Looking to the future

PITCH has come to an end but we will continue to push forward on certain key areas. For example, developing a voluntary national report on the sustainable development goals to challenge the government, and continuing to work with others to stop changes to the Penal Code, which will violate so many rights if it passes.

When we developed PITCH's 2020 work plan, we developed a theory of change for another 5, 10 and 25 years and invited other networks to input. From this we have developed a crosscutting future strategy and identified funding opportunities. We have already got some small funding, and we will keep going until we have support for all that we need to do to continue the fight.

“First I thought ‘who am I to speak at the European Union or in front of the UN?’ But PITCH assisted me from the beginning, always coaching and supporting me”



Indonesian partners at PITCH Learning Event 2019 by James Duong

2019

Partners play key role in tripartite meetings between Dutch embassy, UNAIDS and NGOs. The meetings are a safe space for key populations to meet and discuss sensitive issues



Campaign against reform of Penal Code, started by PITCH partners, grows into national movement - new bill postponed



Rumah Cemara's proposal to refocus narcotics law from punishment to rehabilitation of people who use drugs included in national mid-term development plan



2020

PITCH advocacy leads to SRHR Papua Movement and inclusion of SRHR in school curriculums, Christian religious education, and training of health workers



After recommendations from ICJR, the Ministry of Law and Human Rights releases 38,882 prisoners, including people who use drugs, as a COVID-19 prevention measure



PITCH partners successfully advocate for take-home methadone, which has never previously been permitted in Indonesia



Wanja Ngure by Hanna Hrabarska



COUNTRY REFLECTION

KENYA

'PITCH has lit a fire'
From the Universal Periodic Review to the increased visibility of key and vulnerable community groups, Wanja Ngure, PITCH country focal point in Kenya, reflects on PITCH's impact, and how the fire it has lit can be kept alive.

The flexibility that came with PITCH really stood out for me. We have been able to accommodate emerging trends and support innovation

We have seen groups led by adolescent girls and young women really create a space within the HIV movement

The flexibility that came with PITCH really stood out for me. We have been able to accommodate emerging trends and support innovation. The programme has helped community organisations see where they're going in achieving their advocacy plans with much ease. Advocacy is about being both reactive and proactive. And when you are working with government, reaction at times matters; it is what works.

Advocating for domestic resources can be scary. You really need to have your facts right, and you need the economic evidence. Getting grassroots organisations to do this, and do it well, is not easy, but PITCH has lit a fire and really created momentum. I believe these organisations will keep this fire burning now PITCH has ended.

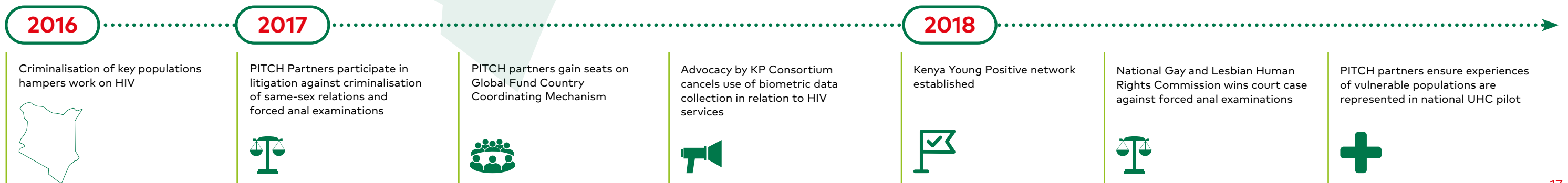
Developing skills
A number of community organisations that started small in terms of their advocacy have grown so much in the last five years. For example, we have seen groups led by adolescent girls and young women really create a space within the HIV movement. Their campaign to enable women of reproductive age to access the antiretroviral drug Dolutegravir is a good example of what they have achieved. They are also now really effective on social media. For me, this clearly shows how strengthening community organising can create change.

The representation of trans people has also advanced a lot, with PITCH's support and the support of other donors. The Trans Alliance conducted a study on the issues that affect trans people and included local authorities and clinics in the research process to ensure they accepted the outcomes. This evidence has helped them secure inclusion in national key population guidelines and in the Kenya AIDS strategic framework.

The Key Population Consortium, which started with a PITCH grant, has really brought key population networks together. The consortium has grown a lot; it feels like it has been in existence for the last 20 years, and it is engaged with a lot of serious advocacy work.

Watching PITCH partners contribute so much in the UPR process was exciting. Seeing them go to different diplomatic missions and getting recommendations accepted by the government was extremely beautiful

Defending human rights
Working on the Universal Periodic Review (UPR) has made me very proud of the communities involved. This was the first time most of them engaged with the UPR. The UPR is not an easy process to understand, but it is a great way to



hold the government accountable for protecting human rights, especially for criminalised populations. Often, international instruments scare community organisations so they shy away or they will pay a consultant. But in this case, the communities – coordinated by a few key partners and myself – did most of the work themselves. We have documented a lot of lessons and best practices from the process so that others in civil society can learn from our experience.

At first we were quite surprised at the hostile attitudes of some of the mainstream civil society organisations working on the UPR. But we worked to change this and eventually ended up collaborating with them. Watching PITCH partners contribute so much in the UPR process was exciting. Seeing them go to different diplomatic missions and getting recommendations accepted by the government was extremely beautiful. But States accepting recommendations is one thing; getting them to invest in what they have committed to do is another, so this advocacy must be continued.

Pathways to funding

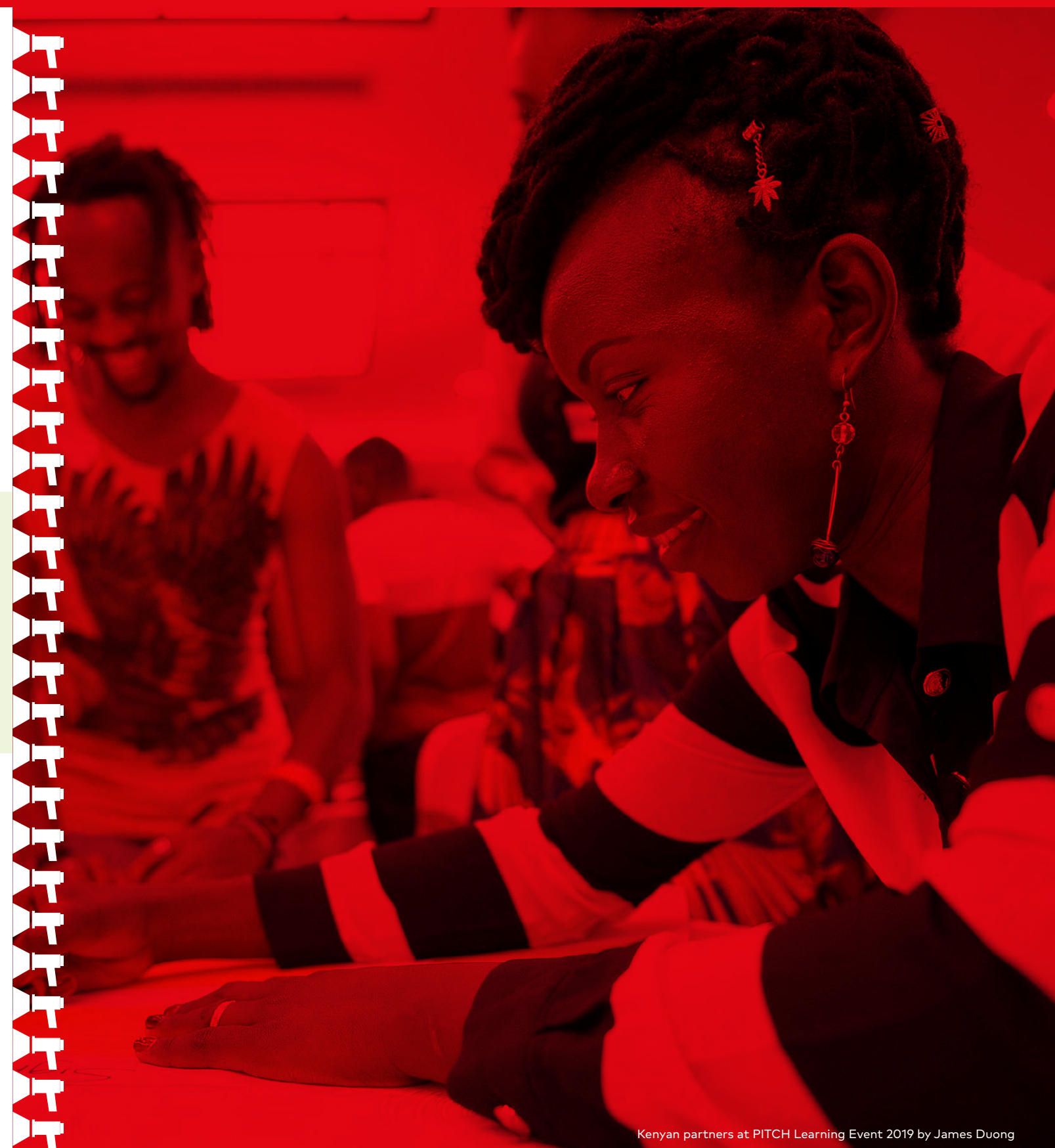
Communities came together and worked closely with PITCH's global team for a number of funding initiatives. They were supported to engage in advocacy around the Global Fund's funding request, for instance. The Key Populations Consortium had a team of writers working on this and also influenced the selection of principal recipients.

PITCH also equipped partners to advocate for universal health coverage (UHC) and engage with health financing processes. Partners gathered a lot of information about what is happening

“In advocacy, we celebrate even the smallest wins, but advocacy is a continuous process that needs continuous investment”

nationally on UHC, as well as at the African Union and globally, and this was key for their advocacy. We trained community advocates to understand health financing and how it affects them then held roundtable discussions on the issue between members of parliament, key populations and mainstream civil society. All of this will help marginalised people access HIV and SRHR services.

In advocacy, we celebrate even the smallest wins, but advocacy is a continuous process that needs continuous investment. Yes, we have achieved many things with PITCH's support, but we have not yet 'ended' AIDS, people still don't have their full rights, and not everyone can access the HIV and SRHR services they need. To get there, we must continue to influence the rules and policies that shape our worlds.



Kenyan partners at PITCH Learning Event 2019 by James Duong

2019

Kenya's High Court does not repeal its anti-homosexuality law - section 162 of the Penal Code



Partners achieve success as Ministry of Health allows use of Dolutegravir by women as a first-line ARV treatment



WHO Director General gives support to calls from partners for inclusion of key populations in UHC policies



2020

The National Transgender Advocacy Network influences national technical guidelines for implementation of HIV/STI programmes



PITCH partners part of UHC pilot whose results informs recommendations to government and technical agencies



KELIN's draft policy and bill against gender-based violence embraced by Kisii county's Assembly Members and the Executive



COUNTRY REFLECTION

MOZAMBIQUE

'If you want to go further, go with others'

D'bora de Carvalho, PITCH country focal point in Mozambique, on how the programme helped to build unity, passion and skills – and has resulted in marginalised communities becoming more influential.

There's an African proverb that says 'if you want to walk faster go alone, but if you want to go further go with others'. This sums up PITCH in Mozambique in many ways.

“The fact that people have started to mobilise more broadly across different groups is one of the programme's biggest achievements”

There have been many advocacy wins, but the fact that people have started to mobilise more broadly across different groups is one of the programme's biggest achievements.

When I joined PITCH some of the organisations involved were unaware of certain subjects such as harm reduction or issues relating to sexual orientation, gender identity and expression. It has been interesting to see a more common understanding develop between communities and a sense that some things are cross-party issues. When each community was fighting alone not all of its contributions were being reflected in decision-making spaces. But now that everyone

“The government has been developing a new national strategic plan for HIV, and all the community-level organisations were involved. They provided quality inputs and were genuinely listened to”

is speaking with the same language, saying 'we' instead of 'I', they are making their voices heard. Because this is a large group, stakeholders are increasingly providing what communities need.

The government has been developing a new national strategic plan for HIV, and all the community-level organisations were involved. They provided quality inputs and were genuinely listened to.

I truly believe this kind of two-way communication will continue, despite PITCH ending.

Building capacities

I am passionate about personal and organisational development and PITCH has really delivered here. Community-led organisations are developing and implementing targeted advocacy. Before, civil society organisations would advocate on behalf of marginalised communities, but now communities do this themselves.

Now, for instance, we have the Sex Workers' Rights Platform, which developed an influential UN shadow report on discrimination against women. People who use drugs are also more organised. They are participating in different law enforcement and Ministry of Health forums. Before, most police officers and parliamentarians saw people who use drugs as outsiders, but some now take a human rights perspective.

Transgender women are also engaging with parliamentarians, explaining their challenges and proposing solutions. The Ministry of Health and the National AIDS Council have committed to including transgender women in the new national

2016

The country has limited experience in working with key populations in their HIV response



2017

Registration requirements and funding conditions impede operation and development of civil society, particularly key population groups



2018

Partners' work with police results in 1,137 rape cases being recorded, allowing victims to access health care and perpetrators prosecuted



Partners' advocacy results in repeal of decree that mandated the transfer of pregnant school-girls from day to night classes



Partners hold monthly meetings between police and a sex workers' platform to discuss and address violence



2019

Law Against Forced Unions - one of few laws generated between civil society (including PITCH partners) and parliament - is approved



Partners UNIDOS and SIDA gain commitment of the Global Fund to support expansion of harm reduction activities to Beira in 2020



HIV strategy rather than categorising them as men who have sex with men. This is really beautiful to see; three years ago there wasn't really a trans movement in Mozambique at all.

The PITCH family

Some of the community advocates call me mother! But now they lead and I follow, which is very satisfying to see. When COVID-19 broke, for instance, I saw the skills PITCH has helped to develop put into action. Community-led organisations were really pro-active and flexible. They developed position papers outlining how to focus PITCH's advocacy and documented COVID-19-related rights violations.

PITCH enabled advocates to share and learn from other countries, which has been so important. Through learning exchanges they have been able to see that it is possible to implement harm reduction even when people who use drugs are criminalised. Inviting law enforcement and government officials to join these trips has created greater understanding among them and helped to pilot harm reduction in Mozambique.

The global team at Aidsfonds and Frontline AIDS have been fantastic in connecting advocates to regional and global policy debates. It is not often we are able to influence decision-making in such spaces. This has led to many things; PITCH partners are now the frontrunners on universal health coverage in Mozambique, for instance.

It is not easy to coordinate a multi-country, multi-level project, but PITCH created a common vision without leaving country-specifics behind.

“PITCH created a common vision without leaving country-specifics behind”

Sustainability

What PITCH has brought about will not be forgotten. This has been such a learning process. I have seen how good it is to participate in a programme that can transform minds. It is clear that I have been part of something wider, and it really makes me proud.

“Continued investment is needed so we can maintain continuity and capitalise on what we have worked so hard to build”

It is important that community-led organisations have the necessary resources to maintain the important relationships they have built. Advocacy is a long-term process; yes, we have connected the dots but we cannot say everything will now be fine. New challenges will arise and the people holding positions of power will change. Continued investment is needed so we can maintain continuity and capitalise on what we have worked so hard to build.



Focal points of the national sex worker platform and beneficiaries meet with police officers to discuss the safety of sex workers in Moatize, Tete, May 2019.

2020

PrEP services to provinces of Manica and Nampula are expanded, following pressure from civil society with leading role from LAMBDA



Partners secure inclusion of transgender people in the new HIV strategic plan



Partners secure promise from Ministry of Health to include civil society in development of 2020-2035 health sector financing strategy



PITCH advocacy leads to the Police Academy including harm reduction and key populations in their human rights curriculum



PITCH partners secure large budget increase from the Global Fund to support services for people who use drugs and men who have sex with men



Transgender community establishes Mozambique's first trans-led national organisation, MovTransDeMoz





Roanna van den Oever, Lloyd Dembaire and Twinomujuni Annita by James Duong

BUILDING A MORE INCLUSIVE APPROACH TO GENDER

Roanna van den Oever from Aidsfonds and Luisa Orza from Frontline AIDS reflect on how PITCH's approach to gender changed the way organisations work, including the consortium itself.

Gender inequality has long been recognised as the driver of the HIV epidemic, so taking a gender-responsive approach – one that looks to change gender inequitable policies, norms and practices – is not new. But PITCH operationalised a more inclusive definition of gender.

A common mistake equates 'gender' with 'women'. PITCH moved away from this. While recognising that women (in this case, adolescent girls and young women) are most impacted by gender inequality, PITCH used an intersectional approach to address the violence and discrimination experienced by others due to patriarchal norms. These norms underpin the criminalisation of sex work, stop a teenage girl from accessing condoms, cause women who use drugs to be more stigmatised than men, and sanction violence against trans people.

An evolution

PITCH became more gender responsive as it developed. In 2017, we established a gender

taskforce. First on the agenda was to review the programme's architecture, such as its monitoring and evaluation framework and theories of change, to ensure gender was considered.

Later on, the taskforce became the gender working group. We recruited country focal points (CFPs) and partners to join, resulting in representation from Mozambique, Uganda, and Vietnam. This helped to ensure what PITCH was doing on gender responded to on-the-ground realities.

Around a fifth of PITCH partners were women-led – a significant proportion

Diverse capacities

In 2018, we surveyed CFPs and partners and found differing levels of gender awareness and expertise, which needed different types of support. Around a fifth of PITCH partners were

women-led; a significant proportion. That's not to say other partners weren't working on gender, but this was a huge resource.

We invited CFPs to join an HIV advocacy workshop in India that included gender sessions, and ran a popular introductory webinar series. At partners' requests we provided gender training workshops in Nigeria, Indonesia, Zimbabwe and Ukraine, and ran smaller sessions in Uganda and Myanmar.

Visibility

Whenever there was a programme-wide project or event or partners came together – be it reporting, work planning, the annual policy summit, midterm reviews – gender would be flagged.

We created short memos to suggest ways of approaching each process with gender in mind.

These efforts made gender-responsive approaches more visible, and requests for support increased. Requests included technical support to design gender-based research – for example, one organisation examined the links between gender-based violence and HIV among trans women – or to ensure advocacy on a traditionally 'key population' issue, such as harm reduction, took gender into consideration. We also provided financial support for gender-related activities, such as advocacy events and conference participation to showcase partners' work.

Impact

PITCH partners have changed harmful gender norms and practices, improved legal and policy environments, and changed individual mindsets in numerous ways. The activism in Kenya, Uganda and Zimbabwe on access to Dolutegravir for women of childbearing age led by groups of adolescent girls and young women stands out. So too does the work in Indonesia that brought the marriage age for adolescent girls in line with boys, and efforts in Kenya to challenge the [criminalisation of same-sex conduct](#). Many advocates and organisations are now considering gender in ways they weren't before.

We also saw a marked, systematic increase in the quality of reporting on gender. This came after a

specific section on gender was added to PITCH's reporting and work plan templates. This doesn't mean partners weren't reporting on gender before but it was often buried.

PITCH partners have changed harmful gender norms and practices, improved legal and policy environments, and changed individual mindsets in numerous ways

A global-level legacy

PITCH has changed the way Aidsfonds and Frontline AIDS work on gender.

There is now a deeper understanding on the need for different teams within our organisations to work more closely together to understand how gender intersects with other factors of vulnerability experienced by most marginalised populations. Through PITCH we have developed a growing set of gender tools that will be used in future programmes to work across teams.

New programmes will include a gender working group and a gender strategy from the start. In retrospect, PITCH would have benefited from this, but the fact that PITCH has paved the way for others is an important legacy. These efforts will help to ensure future programmes are more gender responsive.

But there also needs to be a stronger politicisation around the concept of gender, one that moves beyond a focus solely on women and girls and their access to family planning or STI services to tackle the gender norms and practices that do harm to us all.

PITCH has changed the way Aidsfonds and Frontline AIDS work on gender



COUNTRY REFLECTION

MYANMAR

Taking community-led advocacy to a new level

Yan Win Soe, PITCH country focal point in Myanmar, on how PITCH's flexibility, alongside its focus on capacity building and innovation, has resulted in lasting change.

I have been truly impressed by how PITCH has changed community advocacy. Many PITCH partners used to perceive advocacy as conducting sensitisation without looking for actual change. PITCH has improved this. Now they are setting the advocacy agenda and know how to adapt their asks to the political or social context.

PITCH has provided new ways of working that have strengthened the impact of our advocacy. We have more friendly relationships with many decision-makers, such as parliamentarians, police and healthcare providers. We have also succeeded in better documentation of rights violations. In the law courts, the judges used to send our lawyers away without listening to the witnesses or the client. Now that has changed thanks to our advocacy.

Responding to changing priorities

One of the greatest things I have taken from PITCH is how important flexibility is to successful advocacy. For policy and legal reform we have to deal with the government, and we often have to adapt quickly to succeed in our interactions with them. PITCH understood this and gave us the flexibility to respond to the situation. We couldn't have really imagined or planned for COVID-19, for example, but PITCH supported us to adapt our advocacy very comfortably.

Celebrating wins

There have been many advocacy wins supported by PITCH. We have succeeded in the development of a new bill that aims to protect and fulfil the rights of people living with and affected by HIV. Although we don't yet have concrete data, community feedback suggests our campaigns have helped to reduce the general public's stigmatisation of people from marginalised groups.

Something of great significance that has come about with PITCH's help is the government's agreement to implement community-based care and treatment for people who use drugs, in partnership with Alliance Myanmar and with UNODC. Myanmar's national drug policy has a

“Something of great significance that has come about with PITCH's help is the government's agreement to implement community-based care and treatment”

powerful influence in the region so the fact that it is following UNGASS recommendations is very important.¹

Innovation

PITCH has also helped us engage in new and innovative areas in a way that no other programme has. PITCH partners have been the first to engage on certain issues and are now leading the way.

For instance, PITCH built the capacity of Myanmar Youth Stars to engage with the government's youth policy, which now recognises young sex workers, young LGBTIQ+ people and young people who use drugs as young people who need special

“PITCH partners have been the first to engage on certain issues and are now leading the way”

¹ UNODC stands for the United Nations' Office on Drugs and Crime. UNGASS stands for the United Nations' General Assembly Special Session.

2016

Increased representation of CSOs and key populations in policy development, including a law on the rights of people living with and affected by HIV



2017

AMA brings first sex worker case against police to court - setting a legal precedent to protect sex workers' rights



Partner Myanmar Youth Stars actively participated and influenced the country's first national youth policy, which explicitly addressed young key populations



2018

Partners ensure drafts for drug and sex work regulation legislation debated in parliament include health-focused language



Partners contribute to development of new national drug policy, focusing on support instead of punishment



Advocates secure commitment of Ministry of Home Affairs, Department of Social Welfare and Mon State parliament to build drug rehabilitation centre



attention. This is a major step forward as government stakeholders have to follow this framework.

We have led on the submission to the universal periodic review in Myanmar for key populations. Before PITCH, community advocates wouldn't have thought to use documentation on rights violations to advocate for anything beyond the local level.

We also became the first group in Myanmar's HIV response to engage with universal health coverage (UHC). By committing to UHC the government has committed to leave nobody behind, with no exceptions, and this is something we can use. We are now engaged with the civil society organisations that are leading on UHC advocacy in Myanmar. The issues that most affect marginalised people were not on their agenda before but they are now.

Learning from other countries

The opportunity to have a connection with other PITCH countries, through for instance the annual policy summits and the cross-country workshops, has been very important. In Myanmar we were living in a closed country for a long time so issues relating to democracy and human rights are still new to us.² Some of the other PITCH countries have more experience in these areas and we have been able to learn from them what kind of approaches work to make change happen.

² This article was written at the end of 2020, before the military coup in Myanmar.

PITCH's legacy

I believe community advocacy will continue to increase its impact in the coming years. The government is now embarking on a new five-year term, and the learning supported by PITCH could help it perform better to protect marginalised people's rights. But it is crucial we continue our advocacy to ensure this happens.

PITCH has understood the need for sustainability very well. The evidence-based advocacy skills and other technical resources can be used even after PITCH ends. Another strategy of PITCH has been to develop strategic partnerships, which means partners can still move forward even if they do not have the funding. These are beautiful things and a true legacy of PITCH.

PITCH has helped to develop strategic partnerships, which means partners can still move forward even if they do not have the funding



Myanmar partners at PITCH Learning Event 2019 by James Duong

2019

For the first time, police officers and administrators in Mon State participate in 'Support. Don't Punish' event by partners



Partner Mahamate gets green light for advocacy pilot on national and township level to decriminalise drug use



UPR report submitted to the Human Rights Council includes cases of rights violations using the REAct human rights monitoring tool



2020

New methadone centres were opened in two townships serving more than 100 people who use drugs



PITCH advocacy contributes to new bill to protect the rights of people living with HIV and key populations and their families



PITCH provides legal support to sex workers facing pressure and violence from their partners to continue working during COVID-19





COUNTRY REFLECTION

NIGERIA

There is a mightiness that emerges when people work together

Anthony Nkwocha, PITCH country focal point in Nigeria, celebrates the collaborative power that PITCH has built, not only within Nigeria but across regions and continents.

“Through PITCH people realised they are more similar than they are different, and when they realised this they saw the need for collaboration”

“When people collaborate they bring different expertise, qualifications, contacts and audiences with them. This is what PITCH’s ‘unboxing’ has done”

What PITCH has done is to ‘unbox’ people. Before, people put themselves in silos. But they began seeing that what affects you also affects me. Different barriers may hinder access to services, but the underlying issue is access. Through PITCH people realised they are more similar than they are different, and when they realised this they saw the need for collaboration.

There is a Nigerian saying that the crowd is mighty; that mightiness emerges when people work together. When people collaborate they bring different expertise, qualifications, contacts and audiences with them. This is what PITCH’s unboxing has done. People are pooling their resources and are having a bigger impact.

Speaking with one voice

I saw this mightiness during the campaign against police harassment of sex workers, which PITCH started. We gathered on the streets of Abuja and online, and we spoke with one voice.

“The inspiration we got from being a family of nine countries was huge”

Many sex workers are adolescent girls and young women, and sex workers may also use drugs. Amongst them are also trans people. So it’s all mixed. We are all one. It wasn’t just sex workers being harassed, it was all of us. Now incidents of harassment have drastically reduced. This approach really achieved change.

Seeing similarities

PITCH also built unity within the region. Working with Southern Africans and East Africans came with a lot of friction at first, but we started realising we are confronting the same things in terms of health and HIV. The problems we are trying to solve require similar solutions with some contextualising.

“PITCH helped partners build the capacities they need. This is one of its greatest achievements”

We also saw similarities with what’s happening in Myanmar, Indonesia and Vietnam, even Ukraine. The inspiration we got from being a family of nine countries was huge. We could bring in knowledge from places where certain systems are working, where certain laws are favourable. Aidsfonds and Frontline AIDS’ expertise must also be acknowledged; I would encourage anyone working on HIV and sexual and reproductive health and rights to find ways to create such an alliance.

2016

Nigerian government lacks political commitment, and stalls on following through with a rights-based approach to sexual and reproductive health



2017

EVA trains youth advocate groups to advocate for legal framework that supports lowering age of consent to access HIV services



Partners successfully halt challenge to remove judges’ discretion on drug possession law, allowing a reduced maximum prison term of 25 years



2018

Partners’ advocacy grows for lowering the age of consent for accessing HIV testing services to 14 years of age



With support from the Global Fund, harm reduction services are set to begin in 2019



2019

Abuja Federal Court ruling leads to reduction in both police brutality and arrests of sex workers



“PITCH actually looked at the structures that restrict access to healthcare, and it allowed people to work creatively to find solutions, taking into consideration their own context”

Capacity building with purpose

I am proud to say I was central to forming PITCH's capacity strengthening taskforce, which got everyone involved to assess what skills needed building.

Partners' requirements differed greatly so we grouped things together. Some wanted to learn about budget advocacy, for example, while others wanted to engage on universal health coverage, proposal writing or resource mobilisation. There was a need to build capacities on gender responsiveness, monitoring and evaluation, online campaigning, and on engaging with the UN, law enforcement, public health and other domestic stakeholders. PITCH helped partners build the capacities they need. This is one of its greatest achievements.

Focusing on human rights

There is no way we can make progress in the HIV response without looking at human rights. PITCH actually looked at the structures that restrict access to healthcare, and it allowed people to work creatively to find solutions, taking into consideration their own context.

For instance, before 2018 Nigeria did not have a needle and syringe programme. Now we are piloting one. This is not all down to PITCH, but PITCH is responsible for the targeted advocacy and perseverance that got the programme up and running.

PITCH has also done a lot to push for under-18 girls to access SRH and HIV services without parental consent. One state's commissioner of health has instructed all state healthcare providers to allow access regardless of age or gender, which we are using as a springboard for more advocacy.

When it comes to LGBTQI+ rights, the Nigerian government remains crude. But we have been able to use the Universal Periodic Review to bring in state-level changes to address gender-based violence and HIV-based discrimination, both of which will improve things for these communities.

We've made great strides with state and national governments and are now involved in reviewing the laws and funding mechanisms that will be used to implement universal health coverage.

Future fears

If PITCH was to continue for another five years we could achieve a lot. It would not result in Nigeria repealing laws on same-sex conduct or drug use, but it would help us find creative ways around these bottlenecks so that HIV and SRHR services are accessible to those who need them.

Without PITCH, I fear our efforts will be rolled back. There are people who are against us and their funding hasn't stopped. If we leave the stage, they will occupy it. It will be like a rolling stone going down a mountain. Even if the stone

doesn't want to roll those who are anti-SRHR will push it down, and there won't be anything to stop it.

“Without PITCH, I fear our efforts will be rolled back. There are people who are against us and their funding hasn't stopped”



Photo by YouthRISE

2020

Partners join successful call for National Council on AIDS to expand lowered age of consent for HIV testing to SRH services



Partners secure strong commitments on harm reduction, decriminalisation and human rights in African Union Plan of Action on Drug Control (2019-2023)



Minister of Health approves needle and syringe pilot programme following partners' input into national concept note for harm reduction



Commitment was made to lower the age of consent to access services at the national level



PITCH partners representing people who use drugs contribute to needle and syringe pilot



PITCH advocacy leads to an expansion of harm reduction services for female sex workers





COUNTRY REFLECTION

UGANDA

How empowered communities and better connections have brought about change

Gracias Atwiine, PITCH country focal point in Uganda, reflects on the major wins and momentum achieved through PITCH – and how the creation of the Uganda Key Population Consortium, which unites all marginalised groups, will be one of the programme's lasting legacies.

“Passionate community advocates have emerged due to PITCH mentoring them, giving them space to make mistakes, and helping them to learn along the way”

PITCH has enabled communities to lead advocacy. Passionate community advocates have emerged who have gone from lacking confidence to addressing national and international fora. This has been due to PITCH mentoring them, giving them space to make mistakes, and helping them to learn along the way.

This is different from when I started working on harm reduction four years ago. I used to drive 70km out of Kampala to have meetings because every time we had one in the city people would be arrested. Indeed, at the beginning of PITCH, many were scared to appear in public for fear of arrest. But we have worked with policymakers

“More policymakers and stakeholders understand key and priority population issues, listen to what communities are saying, and are eager to provide solutions”

and law enforcement to change their negative attitudes. Community members now express themselves, and they are being listened to and equally respected.

Creating champions

We now have champions within the Ministry of Health, the Uganda AIDS Commission (UAC), police and law enforcement. More policymakers and stakeholders understand key and priority population issues, listen to what communities are saying, and are eager to provide solutions. This

has been gratifying because we are now able to influence policy.

Take, for example, how the police through the Ministry of Internal Affairs have written guidelines for police officers in relation to arrests and handling of people who use drugs. They are the ones saying, ‘we have been manhandling people who use drugs, detaining them instead of referring them to treatment’.

I saw this change in attitude demonstrated recently in relation to COVID-19. The Minister of Health and the Minister of the Presidency made statements criticising police actions after a group of young LGBTQI+ people were imprisoned under the pretence of flouting COVID-19 restrictions. Largely, the top-most people in law enforcement no longer support arrests and harassment of key population groups in Uganda. Some arrests are still happening, but this tends to be from law enforcement officers who have not been trained on the issues.

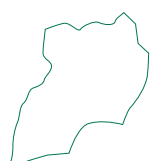
PITCH has also funded policymakers, health and law enforcement to accompany advocates to visit other countries, including Kenya, Vietnam and Ukraine. It has been magical what these trips have been able to change. I have seen policymakers come back with different perspectives and go on to support key population-programming in Uganda.

Celebrating change

Trips relating to harm reduction, alongside many other advocacy activities, led to a breakthrough whereby the Ministry of Health and the UAC, in partnership with PEPFAR, opened the country's first medication-assisted treatment clinic and developed standard operating procedures and national guidelines for harm reduction.

2016

Sexual reproductive health and rights are severely restricted



Sex workers face laws that inhibit their rights, working conditions and quality of life

2017



The 2016 NGO Act makes it difficult to acquire or renew licences for partner organisations



UHRN advocacy results in support from Ministry of Health for new needle and syringe programme and medically-assisted therapy



Partners gain seats on Country Coordinating Mechanism, resulting in more funding for key populations

2018



Through PITCH's support the Uganda Key Population Consortium is established



Partners advocate for revision of treatment guidelines. Women living with HIV of any age can access Dolutegravir and contraceptive options



Following advocacy by partners, PEPFAR commits US\$10 million to support key population organisations

“Without further investment in community advocacy the visibility that has been built will gradually fade”

Another major win has been the way organisations led by adolescent girls and young women have really put themselves on the map through their successful campaign to enable women of reproductive age to access the antiretroviral Dolutegravir.

The renewal of UAC's key population priority action plan and framework has been equally significant. Both explicitly mention transgender people and people who use and inject drugs, whereas previous documents did not. They also outline a minimum service package for each key population. The documents will guide health workers on how to treat key and priority populations and are also being used in Uganda's Global Fund application.

For me this is a big achievement – it means beyond PITCH we have something we can feel and touch that will lead to better health outcomes for marginalised communities.

Lasting connections

Establishing the Uganda Key Population Consortium (UKPC), which is now officially registered as an NGO, is one of PITCH's greatest legacies in Uganda. This has been absolutely transformational. Instead of having different key

population groups competing, the consortium has brought everyone together.

The government respects UKPC as one of the key structures that unites all marginalised groups in Uganda. The consortium also makes it easy for international donors to reach key populations. PEPFAR has committed US\$10 million to fund key population programmes for the next two years, and this money will be used far more effectively because of UKPC's oversight role.

Maintaining the momentum

The momentum PITCH has built is really starting to bite; we are moving to a critical stage of influencing policy change in many areas. But if the pressure goes down due to a lack of investment it will eventually die out. Yes, advocates will be able to keep talking about the issues that affect them, but without further investment in community advocacy the visibility that has been built – through meetings, dialogues, sensitisations – will gradually fade. With further support we would see change coming sooner. If there was continuity we could do so much.

“Establishing the Uganda Key Population Consortium is one of PITCH's greatest legacies in Uganda. This has been absolutely transformational”



PITCH partners in Uganda

2019

Reintroduction of the Anti-Homosexuality Bill triggers police raids, arrests, and violence including killing of 5 LGBTQI+ people



Partner UNYPA creates movement of young people, leading to nationwide increase in participation in sexuality education



The draft Sexual Offences Bill 2019 includes amendments to decriminalise sex work as proposed by partner HRAFP



2020

District political leadership commits to increase its health budget to include provisions for youth-friendly health services



Advocacy results in people who inject drugs being included in new national key population definitions and recognition of transgender people as high-risk population



PITCH UHC4ALL campaign secures commitment from Ministry of Health to include the most vulnerable and underserved populations in UHC



PITCH advocacy leads to Ministry of Health allowing people living with HIV access to multi-month dispensing of ARVs for up to six months during pandemic





UNIVERSAL HEALTH COVERAGE: GAINING A SEAT AT THE TABLE

Graphic by Diego Lopez

Marielle Hart at Aidsfonds and Seb Rowlands at Frontline AIDS describe how momentum on universal health coverage advocacy built, resulting in some partners becoming leading civil society voices on UHC in their countries.

In recent years, universal health coverage (UHC) has gained global political momentum. It has become the frame under which global health is discussed at the UN, and increasingly by governments.

At first, UHC was mainly discussed from a biomedical point of view. It focused on public health systems and paid little attention to community responses, social issues and rights, despite much rhetoric on leaving no one behind. But criminalisation, for instance, needs to be considered in UHC because it will continue to stop marginalised communities from accessing healthcare, as will stigma and discrimination.

UHC is increasingly framing how government- and district-level decisions on health plans and budgets are made. We worked with PITCH partners to influence these conversations to ensure these plans truly meet the needs of affected communities.

Country focal points became UHC experts. They developed expertise on UHC advocacy, and went on to support civil society partners in their countries and other PITCH countries to engage with the issue

A growing issue

PITCH's UHC advocacy began in 2016 when the Sustainable Development Goals (SDGs) were adopted. This is when governments, who had committed to achieving UHC as part of the SDGs, began to examine how to implement it.

Many PITCH partners were unaware of how important it had become to influence national UHC agendas so that marginalised communities were represented. Even among those who were aware, there wasn't much information in countries about what was happening so knowledge was fairly basic.

The awareness kept building. More and more PITCH partners proactively took up UHC within their agendas

Igniting advocacy

What really ignited partners' UHC advocacy was being involved in research on the potential impact of UHC on HIV and marginalised communities, which we conducted in 2018 with the London School of Hygiene and Tropical Medicine.

Country focal points (CFPs) from five PITCH countries were involved in the research from the start. They developed expertise on UHC advocacy and went on to support civil society partners in their countries and other PITCH countries to engage with the issue.

Another catalyst was the UHC workshop in Vietnam at the end of 2018 where the research was presented. This really mobilised people; attendees could see how important this agenda was becoming.

After this, in-country capacity building began in earnest, and the awareness kept building. More and more PITCH partners proactively took up UHC within their agendas. Of particular note was the work of Rights Alliance for Southern Africa, which coordinated the Southern Africa regional UHC work, including a workshop for 50 activists in partnership with PITCH, Health Gap and UNAIDS.

PITCH partners developed a far greater awareness and understanding on UHC, which has translated into an impressive ability to speak about the issue. This will undoubtedly gain greater traction for issues affecting marginalised communities being included in national UHC discussions as they progress.

Reframing the conversation

PITCH has made an important contribution to the global UHC agenda. Through its recommendations, policy briefs and research, it has demonstrated to key policymakers that you cannot achieve UHC if you do not consider social barriers, stigma and discrimination, human rights, and the role of civil society in reaching marginalised people.

Baby Rivona, the CFP in Indonesia, went to the UN High-Level Political Forum on the SDGs after attending a PITCH SDG capacity-building workshop. As a panellist at a PITCH side event she was extremely outspoken about the gaps LGBTQI+ people and others in Indonesia face in accessing healthcare. Two Indonesian government representatives heard her speak and met with her afterwards. This was the first time the Indonesian government had opened the door for civil society partners to talk with them about these sensitive issues. It also helped to position PITCH as a civil society UHC expert in Indonesia. PITCH partners in Ukraine have also become strong UHC advocates and very influential. PITCH partners in Kenya are leading the way in bringing the HIV perspective to UHC, and PITCH partners in Uganda are heading in the same direction.

Young advocates have also really engaged with the issue. PITCH worked with youth-led programme READY+ on the joint campaign READY4UHC to build young people's understanding on UHC and ensure their concerns were represented in PITCH's UHC agenda. At the 2020 World Health Assembly, young activists from the campaign gained attention by organising a Twitter chat on the importance of including trans youth in UHC conversations.

In the coming years we hope to see marginalised communities gain a firm seat at the table in broader health discussions so that, when UHC is finally rolled out, it really is inclusive. PITCH has made inroads here but further investment in UHC advocacy is needed to protect the gains made and ensure the concerns of marginalised groups continue to be heard.

COUNTRY REFLECTION

UKRAINE

The power of the PITCH family

Anton Basenko, PITCH country focal point in Ukraine, on how PITCH created a unified family of marginalised communities, which went on to have national influence at a pivotal time in the country's HIV response.

I always say my son is a great example of PITCH's success. He was born in 2019, a healthy and happy baby. My wife and I are living with HIV, both with drug use experience, and I'm on substitution therapy. We wanted to have a baby for years but could not conceive, and it was illegal for people from our communities to receive in vitro fertilization (IVF) or to adopt.

Anton Basenko by Hanna Hrabarska

PITCH helped to change this. The programme supported organisations run by people who use drugs to form a national network. It also provided a unique focus on sub-groups of people who use drugs – women and young people – and from this the Ukrainian Network of Women who Use Drugs was established.

Research done by the network revealed the massive challenges women who use drugs face when trying to access sexual and reproductive health (SRH) services, and the discrimination they experience from medical staff. The network joined forces with the national network of women living with HIV to advocate for improved access to SRH services. This campaign used our case as an example of the struggles people can go through when trying to become parents, and it successfully changed the laws on adoption and IVF.

PITCH partners' efforts have made a real difference to people's lives. My wife and I are living proof of this; our son was born after we finally accessed IVF

Although advocates are still fighting to change outdated articles in Ukraine's Family Code – which state that parents with a diagnosis of drug or alcohol dependence can have their children taken away, regardless of how well they look after them – their efforts have made a real difference

Now everybody collaborates with everybody; they train one another and share knowledge and experience

to people's lives. My wife and I are living proof of this; our son was born after we finally accessed IVF.

Coalitions for change

PITCH has given me a family in another way: by creating a strong sense of unity among marginalised communities. In the beginning, groups had separate advocacy asks, but PITCH helped them see the benefits of building a coalition with a common agenda. Now everybody collaborates with everybody; they train one another and share knowledge and experience.

At big events, like Support. Don't Punish or Kyiv Pride, this unity is now very visible. All the communities stand together as one. The PITCH family will fundraise and keep working together in the future. In a sense, this has been its biggest achievement.

All the communities stand together as one

A pivotal moment

PITCH began at a timely moment in Ukraine's HIV response. It was 2017 and we were a year away from transitioning from mainly Global Fund support to domestic funding. People who use

2016

While civil society try to decriminalise sex work, parliament is hesitant to consider the draft law on legalising sex work



2017

Partners advocate for improvement of access and quality of sexual reproductive health and rights services, including women living with HIV



Partners gain seats on Country Coordinating Mechanism, resulting in more funding for key populations



2018

Prior to 2019 presidential elections, radical nationalist movements attack LGBTQI+ organisations and clinics



Partners successfully advocate for revision of the Family Code, securing parental rights protection for people who use drugs



Sex workers and women who use drugs can now access maternity services in some cities



“PITCH helped us to win three seats on the CCM, one for each community”

drugs, sex workers, and men who have sex with men were all trying to gain access to the country coordinating mechanism (CCM). In Ukraine the CCM is not just the mechanism to coordinate Global Fund grants but is the official advisory consultative body to the Cabinet of Ministers on national HIV and tuberculosis programmes. At this time only a representative of people living with HIV sat on the CCM. Key population groups, such as sex workers, did not have access. By unifying key population groups, connecting us to international networks and providing technical support to inform our advocacy, PITCH helped us to win three seats on the CCM, one for each community, and paved the way for other groups, such as trans people and prisoners, to gain seats

“Candidates who are openly from key populations represented leading political parties”

in subsequent years. This was the start of key populations becoming meaningfully involved in influencing national decisions on HIV and SRH services, just as these services came under full government control.

Changing attitudes

PITCH has also helped to improve public attitudes

towards key populations in Ukraine. Journalists now represent key populations in more humane ways and police harassment is falling.

Local elections that took place in 2020 show how far we've come. Candidates who are openly from key populations represented leading political parties. This is not only a success in terms of realising the rights of people from marginalised communities to stand, it is also an acknowledge-

“I believe decriminalisation will happen if we keep investing in community-led advocacy”

ment from political parties of the need to include such candidates in their movements.

Decriminalisation hopes

Much has changed since PITCH began. When the community representatives took a seat at the CCM (I represent people who use drugs) we joked it meant that, finally, two people from the sex worker and drug use communities had been 'legalised'. The CCM has established working groups to examine decriminalising both populations, so our joke is starting to feel like it could become reality for all community members. I believe decriminalisation will happen if we keep investing in community-led advocacy. Decriminalisation depends on many factors, not only the legal framework. There has to be an attitude shift within the general population, which has begun but will take more work. If we had PITCH for five more years I think we would get there.



PITCH partners use learnings from a communications for advocacy training to target stakeholders. © Anton Basenko for Alliance for Public Health

2019

Partners contribute to new strategy and set service coverage goals in national strategy on HIV, tuberculosis, and viral hepatitis



Global Fund transition to domestic funding sees Ministry of Health sign over 70 contracts with NGOs for key population services



President commits to SDG 3 after joint action from HIV and tuberculosis parliamentary platform, led by partner Alliance for Public Health



2020

For the first time, HIV-service organisations receive state funding for HIV prevention programmes for men who have sex with men



Representative from PITCH partner Meridian becomes member of the Commission of the National Tuberculosis and HIV/AIDS Response Council



Drafting of legislation to decriminalise sex work starts and is partly the result of advocacy by Legalife-Ukraine





COUNTRY REFLECTION

VIETNAM

A tremendous growth

PITCH country focal point in Vietnam Lai Thanh Hang, describes how community activists have grown in skills and confidence, and how improved relationships with policymakers have led to important policy change.

PITCH has helped us do advocacy more strategically. Before, advocacy was ad hoc and would only relate to policy around a particular service. But with PITCH, from the very beginning we knew which advocacy goals we wanted to achieve, what evidence we needed to document, and how we wanted to engage stakeholders.

Because we did things strategically we could collect lessons learned. This will be PITCH's legacy. To change policies, we need a long-term plan and these lessons will be so valuable for our advocacy for the next five years.

I see a tremendous growth among community activists due to PITCH, not only in their capacities but in their commitment to fight for their communities

Capacities and commitment

I see a tremendous growth among community activists due to PITCH, not only in their capacities but in their commitment to fight for their communities. In PITCH's first year, activists were afraid of engaging with policymakers. They never thought they would sit at the same table as high-level officials, not when they are considered to be a 'social vice'.

PITCH has provided many opportunities for community leaders to stand before the policymakers of government programmes and talk about the issues that affect them. They have improved so much and become strong advocates for their communities. I have also learnt a lot. The 'Communications for Advocacy' online course has been very useful, for example, because we do communications every day, in every campaign.

Gaining respect

I remember one sex worker activist who was afraid at first and didn't like to talk. But she gained confidence after PITCH built her capacities.

We asked her to present at a conference about the direction of the government sex worker programme, attended by many policymakers and international and local NGOs. She spoke from experience, explaining what the issues with the current policy were when they have to walk the street. One police boss stood up and said she didn't have the right to say that the police harass sex workers. He was very aggressive, but she just stayed calm and listened. After he finished, she explained that it's not all the police, but it is a situation that happens. Then she said she had been invited there to represent her community, and her voice should be respected. I was so proud of her.

Reducing the role of the middleman

I have seen changes in the way policymakers interact with community advocates. Before, key populations would be brought to a consultation by an NGO, and the NGO would speak for them. This is rare now. The community activists are more confident to speak directly with policymakers. This is bringing more connection between the communities and the policymakers; the middleman role of the NGOs has really reduced. Now community activists will be directly invited by different government departments to attend a consultation, rather than being invited by the NGOs.

Before, the government attitude was 'okay, we have some people representing HIV high-risk

2016

Upcoming law on HIV and AIDS aims to prevent transmission and eradicate stigma and discrimination towards women living with HIV



2017

Partners gain government commitment and collaboration to develop health insurance mechanisms that address key populations' needs



Through global advocacy, the director of partner SCDI becomes the NGO member for the UHC 2030 steering committee



CSO registration requirements and funding conditions impede the operation and development of civil society, particularly key population groups



2018

SCDI secures inclusion of chapters on prevention and treatment of addiction, and harm reduction interventions in medical settings in revised drug control law



Domestic funding has been made available for community-led services for sex workers in 15 provinces



PITCH advocacy leads to new decree allowing people without (or who don't want) identity cards to access social health insurance



groups who have to come', but they weren't really involving them. Now the policymakers feel comfortable to listen to communities and discuss the issues with them.

The community activists are more confident to speak directly with policymakers. This is bringing more connection between the communities and the policymakers; the middleman role of the NGOs has really reduced

Advocacy wins

Advocacy supported by PITCH has led to some important changes. In Hanoi and Ho Chi Minh City police officers can now refer people who use drugs for an assessment, which examines their health, legal and socio-economic needs, rather than sending them to compulsory rehabilitation. This is a huge step towards community-based harm reduction, which we hope to see rolled out further.

PITCH has also supported successful advocacy on universal health coverage, which means many people from marginalised communities can now access Vietnam's social health insurance scheme, even if they cannot afford to contribute or do not have the correct identification papers.

The funding gap

Not having funding purely for advocacy will leave a big gap in many areas.

For example, PITCH helped us secure agreement for community-led services for sex workers to be publicly funded and piloted in all the country's provinces. But we do not have the resource to intensively work with each province so we won't be able to ensure this is genuinely community-led.

The LGBTQI+ community is also at an important point. A draft act to ensure transgender people are legally recognised is now on the Ministry of Health's agenda and will be submitted to the National Assembly in 2021. But we lack investment to really push it all the way.

We need to find new resources to continue our advocacy work so that more policies can be changed to improve marginalised people's lives.

Community-led services for sex workers are to be publicly funded and piloted in all the country's provinces. But we do not have the resource to intensively work with each province



Vietnam optie SCDI-Workshop with People Police Academy by SCDI

2019

PITCH advocacy leads to the government adopting guidelines ensuring people living with HIV have health insurance and can access HIV services



Advocacy from SCDI leads to the Vietnam Administration on AIDS Control agreeing to a pilot for take-home methadone



Hanoi's People Committee approves pilot for police to refer people who use drugs to health-based needs assessment over punitive approaches



SCDI successfully contributes to government's new guidelines on addiction treatment counselling



2020

PITCH advocacy leads to amended health insurance law to include key populations and those without identification in early 2021



SCDI advocacy leads to Ministry of Health authorising pilot to allow take-home methadone in three provinces over the next two years



SCDI becomes technical partner to the Ministry of Health's legal department to finalise draft law on gender affirmation





COUNTRY REFLECTION

ZIMBABWE

Key populations are now at the table

Lloyd Dembure, PITCH country focal point in Zimbabwe, on how PITCH has united a fragmented movement, forged relationships between marginalised communities and those in power, and enabled community representatives to gain seats in decision-making spaces.

“We have been able to unite communities, show the common ground, and focus the agenda”

PITCH presented a unique opportunity for marginalised communities to come together and collaborate. Before PITCH, the key population community in Zimbabwe was fragmented. Different communities were not that comfortable working together.

“There are more LGBTQI-led groups engaging at national level than ever before. The trans community is being recognised as a separate group from men who have sex with men”

A lot of this was down to resources; there was a sense among groups that they were competing against one another. But quarterly PITCH meetings helped to build a sense of solidarity. We have been able to unite communities, show the common ground, and focus the agenda.

Accessing decision-making spaces

Because key populations are criminalised it isn't easy for them to connect with government bodies, but through PITCH marginalised groups are now present in important national spaces. There are more LGBTQI+-led groups engaging at national level than ever before. The trans community is being recognised as a separate group from men who have sex with men. At the same time, a more united LGBTQI+ community is engaging with policymakers, religious groups, and Zimbabwe's national human rights

commission. Parliamentarians are actively inviting the LGBTQI+ community to contribute, asking for further understanding so they are able to present the issues within parliament.

Adolescent girls and young women are working with gatekeepers, such as traditional leaders and senior local government officials. In Bubi district, these efforts have led to an HIV and sexual reproductive health clinic manned by young staff being established, and a dedicated pharmacy for young people is also due to open. The success here shows other districts what is possible.

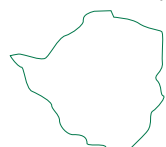
People who use drugs were not previously considered in Zimbabwe's HIV response. But PITCH included groups led by people who use drugs, which has resulted in representatives from this community sitting on HIV technical working groups and even working on the next national HIV strategy. People who use drugs have contributed to the new draft of Zimbabwe's Drugs Master Plan, and it will include harm reduction for the first time.

Other firsts include a government-approved national key population implementation plan and

“People who use drugs have contributed to the new draft of Zimbabwe's Drugs Master Plan, and it will include harm reduction for the first time”

2016

Treatment Literacy Manual acknowledges men who have sex with men as key population, and impact of criminalisation on service uptake



2017

Change in presidency from Mugabe to Mnangagwa means possibility of less restrictive policies and a broadening of civil society space



Partners gain seats on Country Coordinating Mechanism, resulting in more funding for key populations



Global Fund issued grants specifically for men who have sex with men and sex workers for the first time



2018

Partners' advocacy leads to specific requirements for key populations in the minimum public health service package, improving services in 22 sites



PITCH efforts lead to religious leaders providing sexual reproductive health and rights information in churches



Partners convince law enforcement agencies about the need to address sexual violence against female sex workers



a healthcare provider manual, which will sensitise healthcare providers on delivering services for key populations. These are huge steps forward.

Global connections

PITCH helped us take advantage of some key global issues, such as universal health coverage (UHC).

“Now we have a shared understanding and a collective voice, one that is pushing to ensure UHC includes marginalised communities”

It was during the PITCH policy summit when this issue was first brought to light. Other PITCH countries were at a more advanced stage of engagement so we were able to learn from them.

Afterwards, we probed to see where Zimbabwe was at and discovered the government had already begun work, without any civil society input. But through our advocacy, the Ministry of Health invited us to participate in national UHC conversations. Communities and civil society did not know what UHC was so we mobilised them. Now we have a shared understanding and a collective voice, one that is pushing to ensure UHC includes marginalised communities.

A focus on finance

PITCH helped us to create greater understanding among community organisations about the bearing resources have on service access.

We have been able to build a movement that extends beyond PITCH in which partners participate in various budgetary processes, such as sub-national budget consultations. With support from PITCH's regional partner ARASA, we have targeted key influencers, such as portfolio committees and key figures in finance, health, industry and commerce, and have successfully lobbied for increases to health allocations from the national budget. We need to keep pushing to ensure marginalised groups receive more resources, especially from domestic sources. Through capacity building, PITCH partners now know how to advocate for LGBTQI+ groups to receive funds from the National AIDS Levy, for instance, but we need further investment to support this work.

Support is also needed so advocates can push for better data on key populations. PITCH supported progress here; we now have population size estimates for men who have sex with men and transgender women, for example, but the data is not comprehensive enough.

Another key area is community system strengthening. PITCH helped movements of sex workers and young people to register as official organisations with clear governance and organisational structures. More needs to be done to ensure other key population networks can do the same and have a greater presence, not only in the major towns but also in rural areas.

Although there is much to do, key populations are now at the table. Ensuring they stay there and their issues remain on the agenda is a battle that lies ahead.

“We need to keep pushing to ensure marginalised groups receive more resources, especially from domestic sources”



World Aids Campaign march in Zimbabwe by Lloyd Dembure 2017

2019

Partners' advocacy results in National Key Populations HIV and AIDS Implementation Plan (2019-2020) including transgender people and people who use drugs



PITCH advocacy helps ensure the national AIDS strategy outlines a minimum service package



Partners join call leading to parliamentary commitment to draft bill on lowering age of consent for accessing SRH and HIV services



Ministry of Health commits to expand access to PrEP for sex workers during a dialogue organised by PITCH partner BHASO



2020

PITCH partners participate in Global Fund proposal writing process, resulting in increase in grants for key populations and adolescent girls and young women



The Zimbabwe Sex Workers Alliance's participation in civil society shadow report to CEDAW leads to greater inclusion of sex workers into the wider human rights movement



Advocacy by ZCLDN results in Ministry of Health endorsing a national strategy to address the control of licit and illicit drugs and provide harm reduction activities at national level



MAKING THE UNIVERSAL PERIODIC REVIEW WORK FOR MARGINALISED COMMUNITIES

Kenyan HIV activists who participated in the 35th Universal Periodic Review pre-session in Geneva to bring civil society's voice on Kenya's human rights progress

For many PITCH advocates, the universal periodic review (UPR) is no longer an intimidating and abstract process. Through capacity building, many more key population-led organisations have joined broader social justice UPR movements and are using the process to push governments to better respect the human rights of marginalised communities.

The UPR is a UN mechanism whereby each Member State has its human rights records reviewed by other UN countries. It provides a good opportunity for advocates to hold governments accountable for the progress they are making in repealing and replacing laws, policies and practices that violate rights.

But despite growing consensus that realising the human rights of all people, including those who are marginalised and criminalised, is key to ending AIDS, the UPR is often underutilised by HIV activists. Many are simply unaware of its

existence or feel daunted by what is perceived to be a complex process.

PITCH has helped to change this. Many PITCH partners now have a good understanding of what the UPR is and how to engage with it and are using it as an effective advocacy tool. By engaging with UPR cycles for their countries, PITCH partners have forged useful connections with broader human rights movements and regional and global partners.

Building skills

PITCH organised an online training series to increase partners' awareness of the UPR and how to use it to lobby governments to protect and promote the rights of the marginalised communities. This outlined the different stages of the UPR, which happens in UN Member States every five years, and how to influence the process.

PITCH partners were supported to develop country-specific UPR roadmaps to outline how they would get involved with their country's next UPR cycle

PITCH partners were supported to develop country-specific UPR roadmaps to outline how they would get involved with their country's next UPR cycle, for instance, by contributing to or creating UPR shadow reports or by using evidence-based advocacy to influence embassies that were making recommendations to their governments. This roadmap also helped PITCH partners establish which coalitions in their countries were already working on the UPR and how to work with them. From this, PITCH partners began to raise awareness about the UPR process within their communities – mobilising advocates with information on why the UPR is important, how to get involved, and key dates for doing so.

Stories of success

PITCH partners have generated evidence on the UPR and HIV for all target populations, particularly in relation to people who use drugs. Community advocates are now using this evidence to push for government action on human rights.

In Myanmar, PITCH partners created the first UPR shadow report to include key populations, based on evidence of a range of rights violations they had documented. The shadow report is being reviewed by global UPR watchdog [UPRinfo](#) and will be published by the organisation in 2021.

In Nigeria, PITCH partners have used the UPR to advance the rights of LGBTQI+ people. During the last cycle, they raised issues on gender-based violence and HIV-related discrimination with country missions in Geneva and embassies in Nigeria, which some included in their recommendations to the Nigerian government. The Nigerian government has moved to implement a number

of these recommendations in each state, which LGBTQI+ advocates are using to push for greater access to HIV services.

In Kenya, PITCH partners broke down barriers that were put up by some human rights organisations working on the UPR that were initially reluctant to work with criminalised groups. Through careful relationship building, PITCH advocates gained a place in the civil society UPR coalition, which included key populations-related issues in shadow reports for both the mid-term review of Kenya's second UPR cycle, and its third cycle in 2020. Issues highlighting key and vulnerable communities' unequal access to HIV and sexual and reproductive health and rights services (SRHR), with explicit reference to sexual orientation, gender identity and expression, were taken up by other countries in their recommendations to the Kenyan government and were accepted.

The UPR is no longer intimidating for many PITCH advocates who are using it to hold their governments to account to better respect, promote and fulfil their rights. This, and their presence within broader social justice movements that utilise the UPR, is helping the issue of unequal access to HIV and SRHR services move up national political agendas. It is also helping to increase global visibility of the impact rights violations have on the sexual and reproductive health of marginalised communities.

The UPR is no longer intimidating for many PITCH advocates who are using it to hold their governments to account to better respect, promote and fulfil their rights

REFLECTING ON THE PITCH THEORY OF CHANGE

This analysis provides an overview of the results reported on by PITCH partners over the course of the programme, in line with the outcomes presented in the original theory of change. Partners have reported on progress in line with this theory of change using a set of 25 performance indicators.

Country partners have planned and reported on the results of their work in line with the most relevant outcomes in their country-level theories of change. Global Policy and Regional Programme partners have used the programme's global theory of change to support their work planning and reporting throughout the programme. Some partners have not used the same outcomes in their theory of change for each year of the programme where their strategic priorities have changed. This has meant that in some years there have gaps in available results data, while in other years we have noted that some partners have only started to work in line with certain outcomes very late in the programme. Although this has made the process of analysing and interpreting the results data more challenging in some cases, the flexible nature of this process has allowed partners to adapt their work in response to changing contexts, and were supported, rather than held back by, their theories of change.

Short-term outcome 1: (Self) Stigma addressed

Significant progress has been made in tackling stigma and discrimination in several countries. However, only in a small number of countries (i.e. Indonesia, Mozambique, and Zimbabwe) is there evidence of more progressive attitudes among decision-makers having a 'trickle-down' effect on

the experiences of communities. It is also clear that in some countries (e.g. Kenya and Zimbabwe) experiences of stigma and discrimination have fluctuated dramatically, often in response to changes in countries' political and social context.

Partners in **Indonesia, Mozambique, Myanmar, and Zimbabwe**, across each key population and with adolescent girls and young women, have been able to have the biggest impact when influencing the attitudes of decision-makers (see Indonesia and Mozambique examples below). Over the past five years, partners in these countries have most often demonstrated that their advocacy targets (e.g. policymakers and service providers) now either often, or nearly always, show respect or a supportive attitude towards key populations and adolescent girls and young women.

In **Uganda** and **Ukraine**, while progress has been made in influencing decision-makers, partners working with sex worker communities have continued to document high levels of stigma and discrimination. Meanwhile, by 2020, partners in **Kenya** and **Mozambique** were both reporting significant improvements in the experiences of communities that they work with, particularly among adolescent girls and young women and the LGBTQI+ community.

Partners generally reported positive results in line with indicator S1.3. This is especially the case in **Indonesia** and **Zimbabwe**, where partners working with adolescent girls and young women have demonstrated that PITCH has contributed to this community often experiencing positive attitudes, behaviour, and expectations from people in their lives.

Short-term outcome 2: Advocacy agendas set

The progress in line with this outcome is encouraging. In several countries, PITCH has had a significant impact in setting the policy agendas of governments at different levels. There is room for reflection and learning around how strategies can be adapted in order to more effectively influence policy agendas in certain countries, but for a programme of this scale and complexity this was anticipated.

Partners working with all key populations and adolescent girls and young women in **Indonesia** and **Zimbabwe** reported that by 2020 their advocacy led to a significant influence over the agendas of their advocacy targets, achieving key results and securing follow-up. This has also been the case for partners in **Nigeria** and **Uganda** working with LGBTQI+ communities, adolescent girls and young women, and people who use drugs, as well as for partners in **Mozambique** and **Ukraine** working with people who use drugs and sex workers.

Short-term outcome 3: Enhanced capacity to capture evidence

The number of partners self-reporting improvements in their ability to capture evidence in support of their advocacy, citing lived experiences of doing so, is impressive. It is the commitment of many partners to work with smaller community-based organisations to share the expertise that

they have developed as part of PITCH. The volume of evidence documented, in support of partners' advocacy, has also been remarkable, as has the diversity of the evidence documented. In many ways this has helped to demonstrate the ability of partners to fully understand their context, their advocacy targets, and the evidence that would prove most effective in enabling them to achieve the breakthroughs they are hoping to achieve for their communities.

Capacity-strengthening activities have extended beyond the organisations formally contracted as part of the PITCH programme. Smaller community-based organisations in countries such as **Nigeria, Vietnam** and at the **regional programme** levels have participated in PITCH-funded trainings and other capacity-strengthening opportunities. There have also been some cases of overlap, where country partners in **Kenya** or **Uganda**, for example, have demonstrated improved capacity to capture evidence both as part of their country-level advocacy work as well as when working with global policy colleagues on the HIV prevention shadow reports.

Partners have carried out surveys, interviews, documented human rights violations, reviews of social media activity, and analysed existing studies and reports. This resulted in nearly 400 pieces of evidence, which has gone on to inform largely successful advocacy, with partners in **Indonesia, Myanmar** and **Ukraine** reporting the most evidence generation between 2018 and 2020.

Dutch Ministry of Foreign Affairs Dialogue and Dissent Strategic Partnership indicator	PITCH indicator	2017	2018	2019	2020
DD5 # of CSOs with increased L&A capacities	S3.1 # of country partners with improved capacity to capture evidence aligned to their advocacy work	303	108	169	199

Short-term outcome 4: Engagement among stakeholders intensified

We are confident that short-term outcome 4 has been successfully achieved, evidenced by the diverse range of stakeholder engagements that PITCH partners have not only actively participated in, but also led on. Evidence of increased skills and confidence to engage in advocacy has also been made available across the countries of intervention.

Over the course of the five-year programme, partners' ability to confidently participate in meetings with decision-makers, public fora and symposiums has increased exponentially, with partners having documented over 2,700 relevant meetings and other events they have participated in as part of PITCH.

The number of partners from the nine countries, regional programmes and the global policy programme that have self-reported and demonstrate improved capacity to engage with stakeholders has increased from 0 in 2017, to 71 in 2018, to 102 in 2019, to 464 in 2020.

Short-term outcome 5: Local and national groups connected to regional and global bodies (e.g. African Union, ASEAN, Global Fund, UNAIDS)

Only a small number of partners found it useful to plan and report on their work in line with this outcome, and this is partly reflected in the financial reflections' section of this publication. Instead the majority of partners planned and reported on their work in line with short-term outcomes 2 and 3, medium-term outcome 2, and long-term outcomes 1 and 2. In the future, it will be critical to ensure that outcomes that are not being regularly used within the context of work planning and reporting are reviewed and potentially withdrawn from the theory of change where they fail to add value.

There have been exceptions. The International Drug Policy Consortium (IDPC) has reported in line with indicator S5.1 since 2018. In 2020, they have been engaged in key meetings of the UN Commission on Narcotic Drugs, with recommendations sometimes granted and integrated into relevant policy development processes. Free Space Process (FSP) members ICASO and ICSS have also reported on this. In 2020, they and other partners were involved in key processes, including discussions around Global Fund allocations, the Global AIDS Monitoring process, and the ACT-Accelerator partnership, launched by WHO and partners.

Medium-term outcome 1: Inclusive coalitions organised

PITCH has fully achieved medium-term outcome 1. The majority of the coalitions involving PITCH partners were formed in 2018, allowing these to grow in their effectiveness and impact insofar as the delivery of their advocacy strategies are concerned.

The number of country coalitions operating with a joint advocacy strategy guiding their planning and implementation of their advocacy has increased from 4 in 2017, to 99 in 2018, to 103 in 2019, to 101 in 2020. There is a relatively even spread across the nine countries, and with two forming in 2019 in line with ARASA's work at the regional level in **Mozambique** and **Zimbabwe**.

Partners in **Indonesia, Mozambique, Nigeria, Uganda, Ukraine** and **Zimbabwe** have for the most part reported the highest levels of success. This demonstrates that opportunities for advocacy have been successfully identified, with strong engagement by the coalitions, and with advocacy results achieved but with follow-up required in order to sustain the results into the long-term.

Medium-term outcome 2: Advocacy targets engaged

PITCH partners have been very active in making submissions to advocacy targets in an effort to influence decision-makers. For most partners, their experience of participating in national strategy and policy formulation processes has been positive and beneficial, enabling them to influence policy. Meanwhile, in at least three countries, partners have documented examples where engagement with advocacy targets has resulted in public displays of support on the part of the decision-maker for the health and rights of key populations; something certainly to be celebrated.

Dutch Ministry of Foreign Affairs Dialogue and Dissent Strategic Partnership indicator	PITCH indicator	2017	2018	2019	2020
DD4 # of advocacy initiatives carried out by CSOs, for, by or with their membership/ constituency	M2.2 # of advocacy submissions made by partners to influence decision-makers	298	459	458	402

Medium-term outcome 3: Demand for services and rights increased

The indicators that were developed for the purpose of measuring progress toward this outcome (number of rights violations cases against key populations brought to court, and the number of detentions and arrests of key populations) have not always allowed the programme to monitor the extent to which the demand for services and rights has increased. On reflection, the reporting from partners in line with these indicators tells us more about the extent to which key populations are free to enjoy their fundamental human rights in PITCH countries.

Despite this, the figures that have been reported by PITCH partners in recent years do provide a helpful insight into the extent to which key

Partners have in general reported high levels of success when engaging in local and national strategy and policy formulation. This has particularly been the case with partners working in **Indonesia, Mozambique, Uganda, Ukraine, Vietnam** and **Zimbabwe**, where most partners have reported being involved in every stage of the development of key policies, legislation and budgets, with their policy recommendations having sometimes being granted.

populations and adolescent girls and young women experience arbitrary arrests, detention, and appear in court. In **Myanmar**, since 2017, partners have reported 174 cases of rights violations against sex workers being brought to court, compared with 92 cases in **Uganda** in 2020 alone. Partners in **Myanmar** documented as many as 883 detentions or arrests of sex workers since 2017, decreasing in 2019, but then increasing again in 2020.

In **Zimbabwe**, partners documented 130 arrests or detentions of people who use drugs, but then recorded a significant reduction in 2020, with 30 arrests or detentions documented.

Medium-term outcome 4: Dutch MoFA, DFID and other change champions jointly utilise evidence and real-time intelligence to influence global policy and funding

The majority of PITCH partners have chosen not to provide narrative reporting on their work in line with this outcome, and this is partly reflected in the financial reflections section of this publication. The exception has been the EECA regional programme partners, who reported on four change champions in this respect in 2019.

In many ways, the lack of engagement of this outcome represents something of a missed opportunity. Global Policy partners have worked with ASEAN, AU, DFID, Dutch MoFA, Global Fund, PEPFAR, UNAIDS and WHO throughout the programme when advocating for changes in policy or for increased funding allocations to support the HIV response with key populations and adolescent girls and young women.

Short-term outcome 4, medium-term outcome 2, and long-term outcome 1 have been used more often by global policy and regional programme partners to measure this change

Long-term outcome 1: With critical mass of support, civil society holds governments to account, uses evidence from constituencies, shapes an effective funded national HIV response, and reduces barriers to services

PITCH has generally been successful in enabling civil society organisations to hold governments to account for their responsibilities in contributing to a funded HIV response and a reduction in barriers to services. Although in many countries partners have continued work ahead of them to ensure that governments deliver on and implement their commitments to key populations and adolescent girls and young women, it does seem that in several cases this implementation is

taking place. There are strong indications that capacity to hold governments to account has improved in each PITCH country. Although this appears to be higher in some countries than others, it is also worth noting that in other countries partners reported improved capacity earlier in the programme. This could suggest that by the final year of the programme, some partners felt that, although their capacity was not further improving, they were still well positioned to hold their government to account in line with this outcome.

Partners in **Indonesia** working with adolescent girls and young women, and partners working with people who use drugs in **Uganda**, have reported that the decision-makers they have carried out advocacy with are now actually implementing these new laws, strategies and plans.

In the majority of countries, partners have reported increasing levels of political commitment for HIV and sexual and reproductive health and rights (SRHR) services on the part of their advocacy targets. Many partners reported in 2020 that decision-makers now demonstrate a high-level of interest in the issues and priorities raised by key populations and adolescent girls and young women in relation to SRHR, gender-based violence and HIV. This is reflected in relevant national and local policies and laws, strategies and plans, with clear commitments made by decision-makers to implement these laws, strategies and plans.

Long-term outcome 2: Enabling legal and policy frameworks that are adequately resourced and implemented

PITCH partners have significantly contributed to new policies being approved by advocacy targets of new policies, while also contributing to the blocking and retraction of harmful new bills and policies and the implementation of new policies, laws and strategies.

Over the course of the programme, the number of new policies formally proposed and accepted that country and global policy partners contributed to were reported as 84 in 2017, 34 in 2018, 42 in 2019, and 52 in 2020. The number of policies that PITCH partners contributed to being formally blocked or retracted in 2017 was 6, in 2018 was 12, in 2019 was 14, and in 2020 was 4. The number of policies, laws and strategies that partners contributed to being implemented was 54 in 2017, 21 in 2018, 38 in 2019, and 38 in 2020.

This certainly indicates that legal and policy frameworks that address the needs and rights of key populations and adolescent girls and young women have been established. The resourcing of these frameworks has not been clearly documented using these indicators, however reporting does suggest overall that partners have been able to increase national commitments to funding services, while also influencing funding decisions at the Global Fund, PEPFAR and elsewhere.

PICKING UP MOMENTUM: HOW BUILDING MOVEMENTS AND COALITIONS WERE CENTRAL TO PITCH

From civil society movements campaigning for change, to the establishment of coalitions focused on specific policy agendas, working through partnerships has been the cornerstone of PITCH since its inception.

Partnerships at country level

From the start, PITCH set out to create the space for civil society organisations to form new partnerships with one another in each of the nine programme countries. At the start of the programme, many country-level partners only worked with organisations supporting the same communities or working on similar themes and issues. As a result, new working relationships between partners had a slow start. To support each other and strengthen their voice in advocacy, partners that worked with different key population communities and adolescent girls and young women were encouraged to work together on advocacy initiatives. The value of exploring and capitalising on synergies between partners working with different communities was gradually recognised as being a game changer for these partners' advocacy activities and campaigns. Country focal points were key in supporting and facilitating partners to work together, while partners received coaching and support from country coordinators at Aidsfonds and Frontline AIDS. By 2018 and into 2019, partners started to engage with their peers as part of the annual

work planning process, jointly strategising and implementing advocacy activities, while also seeking opportunities to publicly express solidarity towards each other.

In Uganda, the Key Population Consortium has been instrumental in creating opportunities for more enhanced and better coordinated collaboration among civil society organisations and key population communities. This has enabled the consortium to secure funding through PEPFAR's Key Population Investment Fund and obtain a grant for community-led monitoring. In Nigeria, partners working with key population communities united to support sex workers across the country after a series of arbitrary arrests in 2019.

Partnerships across countries, regions and global policy levels

Collaboration between the country, regional, and global policy levels was also slow to evolve, largely because many country partners did not have the knowledge or experience to identify the linkages between country-level work and global policy work. This was exacerbated by the fact that collaboration between PITCH partners working at the global policy and country levels was often ad hoc, lacking strategic focus. Global policy partners sometimes assumed that country

partners had a certain prior level of knowledge regarding certain UN and EU policy processes, resulting in missed opportunities to influence these policy processes. A turnaround came when PITCH advocacy on the universal health coverage agenda helped to connect PITCH advocacy in New York and Geneva with country partners in Ukraine and sub-Saharan Africa. Moreover, a concerted effort was made to strengthen the capacity of country partners, for example, at a UHC exchange event in Vietnam in November 2018 and at the regional universal health coverage and HIV workshop in Johannesburg in December 2019.

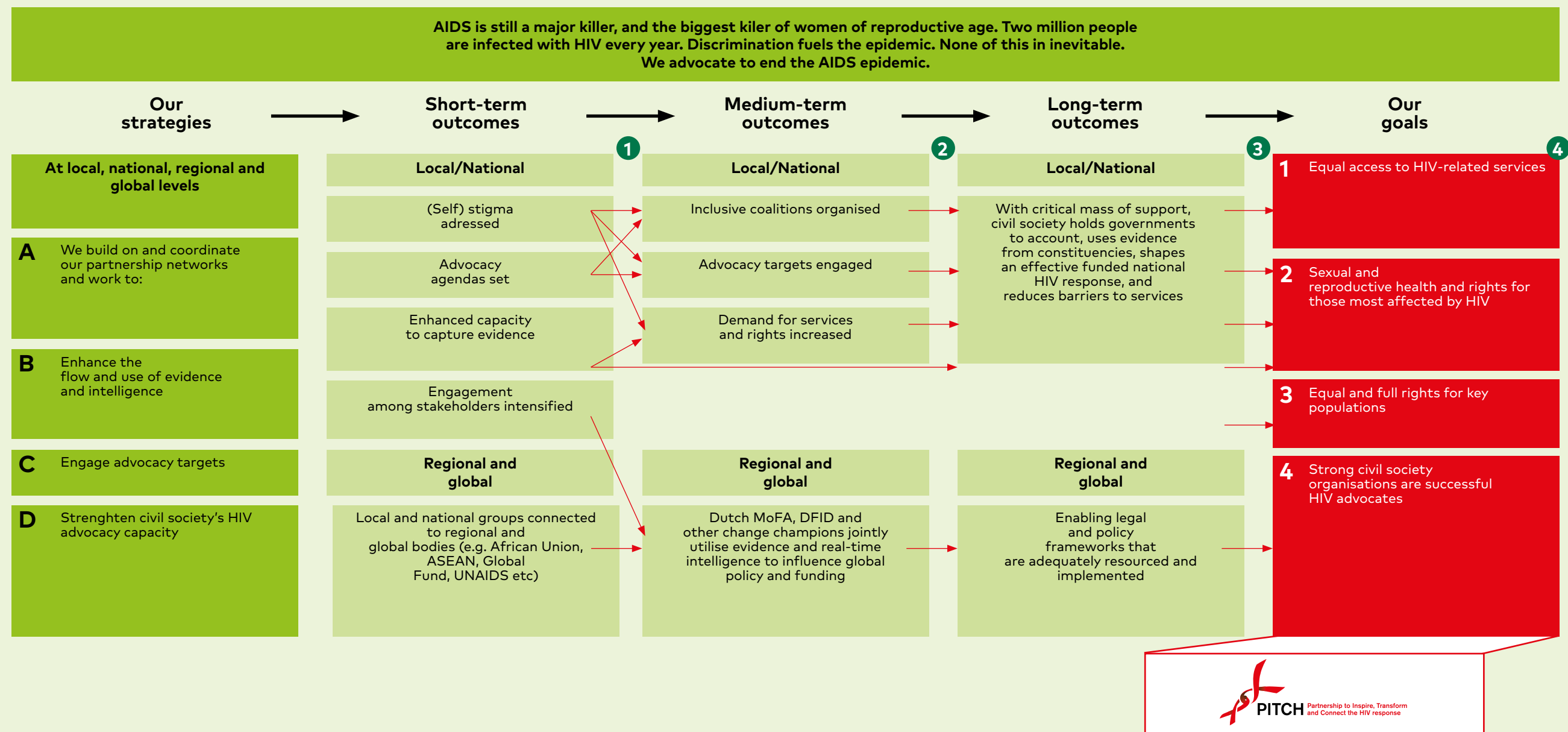
Similar challenges existed between country and regional programme partners in the Southern Africa and EECA regions. Working relationships prior to PITCH between country and regional programme partners (e.g. through membership of regional networks) helped connect the advocacy work of these partners. For example, ARASA has carried out effective advocacy on the status of HIV prevention with the Southern African Development Community with important input from PITCH country partners in Mozambique and Zimbabwe. In terms of collaboration and partnership building between PITCH country partners and the Dutch embassies, partners generally found embassies to be supportive of their advocacy work and actively supporting their goals. In some countries, contact between the embassy, PITCH partners and country focal points was more ad hoc than strategic, leaving some potential opportunities for collaboration unfulfilled.

Conclusion

The ability to debate, negotiate and compromise in an inclusive and constructive way is paramount when managing and coordinating a partnership the size and scope of PITCH. As reflected on by the PITCH external evaluation team in 2020, some programme stakeholders perceived that challenges in reaching agreement at the governance level on the programme's structure caused delays in implementation of activities.

Aidsfonds and Frontline AIDS staff have taken many steps since the programme's inception phase to adapt and improve systems and processes, whether this relates to budgeting, work planning, or strategic decision-making in the PITCH Board. This has allowed for smooth and satisfactory decision-making processes at all levels. The experience of coordinating PITCH has shown how critical it is for organisations embarking on a long-term partnership to invest time and resources in familiarising themselves, at an in-depth level, with their mutual governance structures, strategic priorities, visions on the partnership and financial procedures. This investment is truly paramount for the success of programmes like PITCH.

PITCH THEORY OF CHANGE



The success of this partnership assumes that:

- > We can capitalise on the changing spirit, nature and methods of activism
- > Service delivery continues to provide evidence of bad, good and best practise
- > Civil society is not suppressed to the point of no longer being able to function

Key risks related to this theory of change are the:

- > World power shifts that undermine human rights
- > Growing conservatism and fundamentalism
- > Political instability and fragility
- > De-prioritisation of the AIDS response

FINANCIAL REFLECTION

Analysis of financial investments versus achieved results

This is an analysis of how the cumulative funding allocated to PITCH's expected outcomes relates to the outcomes that were harvested as part of

the data collection process for the end term evaluation. The table below shows the outcome of this analysis.

Outcomes	Funding Expenditures 2016-2020			Number/% of harvested outcomes that contributed to PITCH expected outcomes		
Outcome S1	€ 4.444.036	14.2%	52.2%	28	7.8%	43.1%
Outcome S2	€ 3.937.949	12.6%		44	12.3%	
Outcome S3	€ 2.966.558	9.5%		22	6.2%	
Outcome S4	€ 3.172.637	10.1%		54	15.1%	
Outcome S5	€ 1.785.557	5.7%		6	1.7%	
Outcome M1	€ 2.978.660	9.5%	29.8%	19	5.3%	38.1%
Outcome M2	€ 2.758.205	8.8%		60	16.8%	
Outcome M3	€ 2.002.108	6.4%		53	14.8%	
Outcome M4	€ 1.590.869	5.1%		4	1.1%	
Outcome L1	€ 2.465.627	7.9%	18.0%	41	11.5%	18.8%
Outcome L2	€ 3.164.746	10.41%		26	7.3%	
	€ 31.266.955			357		

Funding analysis

Between 2016 and 2020, a total amount of EUR 31,137,465 was spent on the 11 expected outcomes. More than half of this was spent on short-term outcomes, 30% was spent on medium-term outcomes and 18% was spent on long-term outcomes.

The distribution of funds versus outcomes might seem surprising at first glance, as one might have expected that more funding would have been allocated to long-term, more comprehensive outcomes. One explanation of the actual distribution is that activities that were implemented under outcomes S1-S5 and (to a slightly lesser extent) outcomes M1-M4 are often relatively expensive, as they might require the assembly of large groups of people (travel,

accommodation and per diem expenditures, for example), whilst the long-term outcomes are often framed as the results of activities that were implemented under S1-S5 and M1-M4, and tend to encompass a limited number of activities, hence the lower direct expenditures. Additionally, partners budgeted for activities in line with short- and medium-term outcomes throughout the programme duration, but the emphasis for budgeting for activities in line with the long-term outcomes was mostly in the final two years of the programme (2019 and 2020).

Harvested outcomes analysis

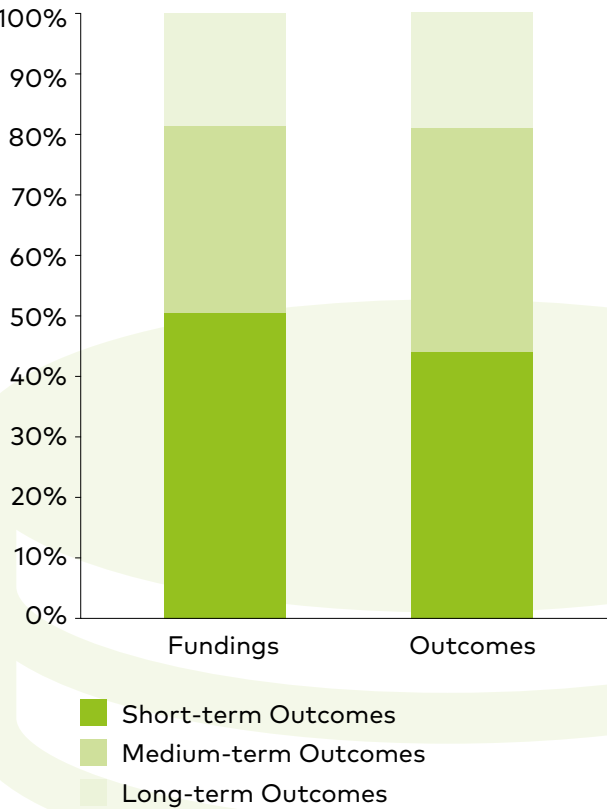
Based on a database that was populated by Results in Health (RiH), the consultants who conducted the PITCH end term evaluation, an analysis has been made on how the harvested

outcomes contribute to the expected outcomes. Each of the 123 harvested outcomes can contribute to one or more expected outcomes, and accordingly 357 contributions are recorded. As the table to the left shows, the harvested outcomes contributed 43% to short-term expected outcomes, 38% to medium-term outcomes and 19% to long-term outcomes.

Cross-analysis between funding and results

When comparing the funding (see graph below: left-hand column) to the contributions by the harvested outcomes (right-hand column), the analysis is as follows:

- Short-term outcomes: **52%** of the funding triggered 43% of the expected outcomes
- Medium-term outcomes: **30%** of the funding triggered 38% of the expected outcomes
- Long-term outcomes: **18%** of the funding triggered 19% of the expected outcomes



Similar to the overall funding analysis, at a first glance this cross-analysis conveys that investments in short-term outcomes have generated less value for money than investments in medium- and long-term outcomes. However, this can be explained by the fact that activities implemented under short-term outcomes have created conditions for medium- and long-term outcomes to be achieved. As such, activities that have contributed to the realisation of short-term outcomes can be viewed as an effective investment in establishing the conditions required to achieve medium-term and (to a lesser extent) longer-term outcomes.

Limitations of this analysis

While the comparison of funding versus outcomes provides us with a fair overview of what partners were able to achieve during the PITCH partnership, there are some limitations to this analysis:

- Categorisation of activities as contributing to short-, medium- or long-term expected outcomes was done by implementing partners themselves. As such, this has been a subjective exercise that might have been applied differently between partners and countries.
- The data collection methodology applied by RiH does not necessarily generate a complete picture of all outcomes – some results might not have been identified by implementing partners during the data collection phase and would therefore not be included in the database of harvested outcomes. The database of 123 harvested outcomes is a good representation of the most significant outcomes.



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