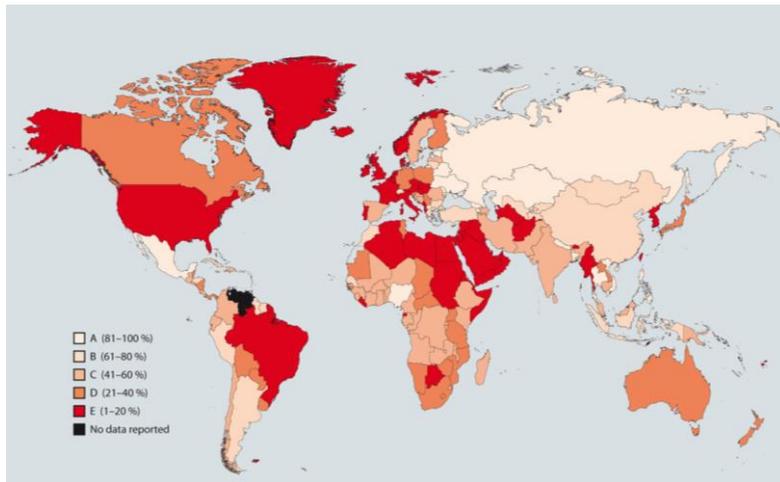




AIDSAccountability
International



AAI Scorecard Development

An Introduction

2015

Holding Leaders Accountable



AIDSAccountability
International

Scorecard Framework

In collaboration with experts on each subject matter, known as the Development Team, AAI develops the parameters of the new scorecard. We have done scorecards on diabetes, workplace programmes, health of men who have sex with men, HIV, women and lesbian, gay, bisexual and transgender people's access to health, and sexual and reproductive health and rights.

The first step is to develop a Framework, which helps us to understand how the issue is currently measured and examined by others, how we would ideally like to see the issue measured. This framework also provides us with a lens: human rights versus epidemiological, global commitment versus national commitment for example.

The DT draws up the Framework in two consultative meetings. At AAI we call this our Development Team. We would expect about 8 people on this team.

The methodology we apply differs from one to the next but is often based on several national indicators. With the DT we examine what indicators we will use and the rationale behind each indicator. We then also include an analysis of what each indicator truly measures and the limitations of that indicator as well as the related data.

The data included is often either United Nations or national survey data. We often examine policy and legal environments, budgets and financing expended, service provision/programming being done, and implementation and impact. That would be for holding governments accountable. We can also assess how much funds, funding partners are putting towards the issue and how high up on their agenda it is. We could also assess civil society response and the work being done by UN bodies and other stakeholders such as parliamentarians.

Implementation Guide

Next an Implementation Guide is developed by AAI to help understand the rationale behind each indicator, as well as what each indicator measures and the data limitations. A questionnaire is developed at the same time for use for quality data collection. The questionnaire can be developed with country level constituencies. The DT also has input on the Questionnaire.

Workshops on how to complete the questionnaire can be run if necessary, otherwise AAI can also complete the dataset, depending on the scorecard. The Questionnaire is often completed at country level by national experts at a round table. This step is very important and fits very closely with AAI's Framework Step 2: Dialogue. The impact of collaborative and collective input creates significantly better buy-in and ownership, and thereafter use of the scorecard as an advocacy tool. This step also allows for safe spaces for civil society to engage with other stakeholders in a neutral space organised by AAI, to discuss, debate and exchange ideas on the core issues of the scorecard. Often in these spaces stakeholders learn a lot about the experiences and perspectives of the others and sharing this knowledge leads to better health outcomes

and responses. Further commitments can also often be solicited during these workshops to address the previously unknown challenges that various parties are facing. AI focuses on ensuring that debate is lively but constructive, and transparency is quickly followed by dialogue and action. Focussing only on problems without moving forward to solutions is unconstructive and is not the methodology used for our workshops.

These Questionnaire Completion workshops can be run by AAI or a partner, whomever is best placed. How to complete the questionnaire in a way that captures comparative and accurate information is guided by the Implementation Guide thus sometimes making AAI presence unnecessary. Country level teams who will host, facilitate and lead on completion of questionnaires at country level are very valuable and make the reach of the scorecards much greater.

AAI then uses the data collected to analyse and produce the scorecard. AAI collates, verifies and validates the data, often going back to country level for more info etc. When the data is considered satisfactory, AAI then does the analysis and produces the draft scorecard. This draft is then sent back to country level and to the DT for feedback, before a final version is completed.

Scorecard Grades

AAI places countries in five broad 'grades', from A to E. The grade is based on the percentage reported by the country according to the following formula: A (81-100%); B (61-80%); C (41-60%); D (21-40%); E (0-20%) – from A (very good) to E (very poor). If a country has not reported on a particular element then the score will be marked as ND for No Data and because the value of knowing what the circumstance of your epidemic is paramount to informing and constructing your response, these indicators are given a numerical value of 0.

Score	Grade
81-100 %	A
61-80 %	B
41-60%	C
21-40%	D
0-20 %	E
No data submitted = 0%	ND

Conversely though sometimes the lower the percentage, the better the health response is. For example, this kind of situation happens for example when we examine HIV prevalence. We want lower percentages.

Score	Grade
0-5 %	A
6-10 %	B
11-15%	C
16-20%	D
>20%	E
No data submitted = 0%	ND

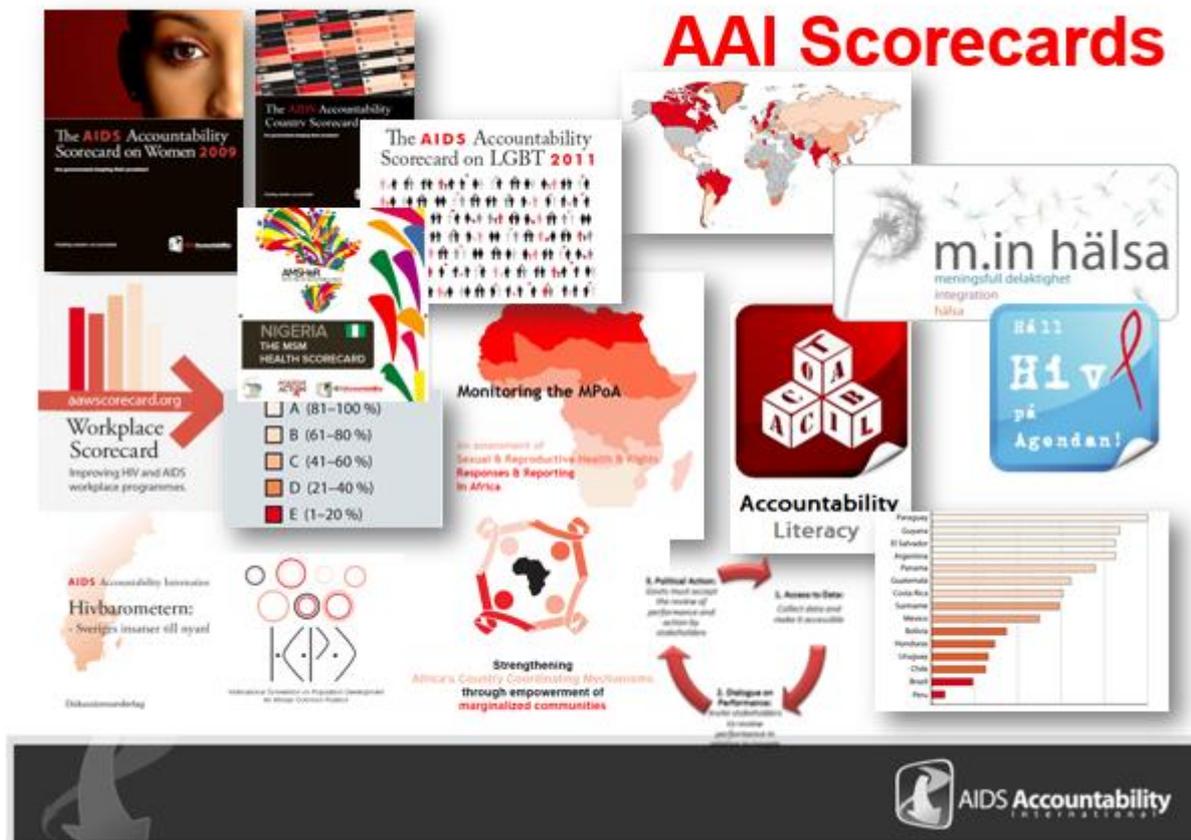
Data Limitations

As part of the analysis AAI interrogates the limitations of the data, examining how it was collected, by whom, where, and when for example. All this info and other available information guides the analysis of the data and conclusions of the scorecard.

Lessons Learned and Recommendations

The analysis invariably can include Recommendations and Lessons Learned, not only from the development team, but the data collection level partners and AAI staff too.

Previous Scorecards



[Read more here](#)

AAI in Brief

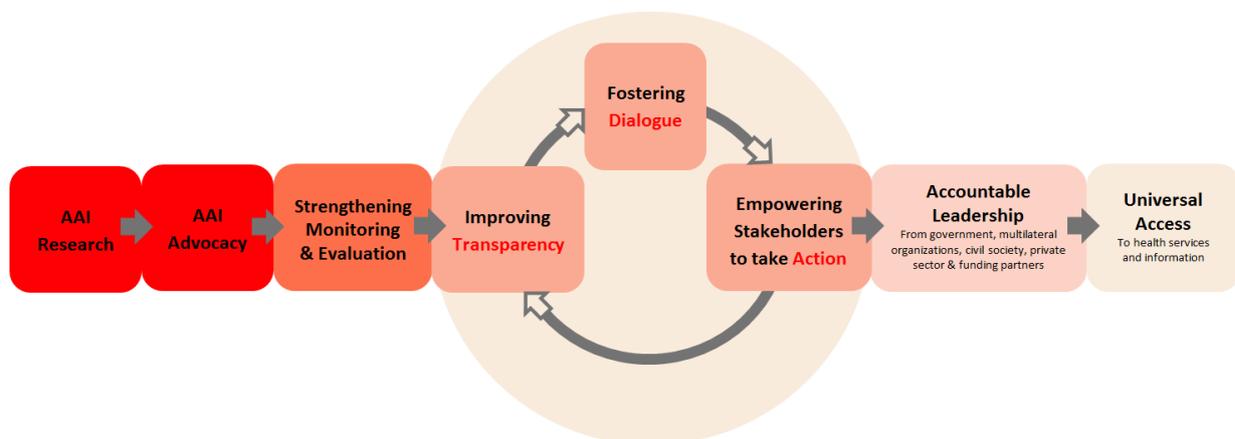
Lots of talk, but what about action?

Stronger leadership is required in order to ensure that universal health rights and services are provided that are accessible, affordable, acceptable and quality in nature. This also requires impact mitigation programmes to the people who need them, and rights and services that are catered to the needs of those who are most marginalized by society, policy or otherwise.

AIDS Accountability International (AAI) believes that an effective way to ensure stronger leadership and more assertive action is to hold leaders accountable for the formal commitments they have made in the health response. We function as a small, strategic, responsive think tank focused on research and advocacy that prides ourselves on doing only needs-based work. We are and work with dynamic thought leaders and are constantly trying to work ourselves out of a job as we achieve results and get others to respond to our demands for accountability. We are aware of the potential of negative side-effects of working in this area and take all measures to ensure we are accountable and thorough in our work. Quality is key to our success.

About AAI

AIDS Accountability International (AAI) was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. Our work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases, and we work on holding all leaders accountable, such as business, civil society, funding partners and bi and multi-lateral development organizations.



AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health. We conduct only needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by governments. We also conduct our own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared. AAI focuses on inclusion of the most marginalized in much of our work and has global reach with an African focus.

Accountability Framework

Our Approach to Accountability

AAI believes that strong and accountable leadership is necessary to ensure effective responses to health challenges.

We base our projects on a basic three-step framework for accountability. The framework suggests a way to ensure that the principle of accountability in the response to health is translated from rhetoric into a set of actionable governance steps. We do this by increasing transparency, fostering dialogue and empowering stakeholders to take action to improve the response. The framework can be applied to national governments, private sector and other stakeholders.



1. Transparency

The dialogue on accountability cannot start unless stakeholders including people living with, affected by and vulnerable to HIV, have sufficient and equal access to the relevant data on the national response collected in periodic reviews. Further, it is essential that this data is presented in a way that enables civil society and other key stakeholders to engage with it and draw conclusions from it.



2. Dialogue

The meaningful involvement of civil society in the response to HIV and AIDS is a key principle for accountability. With evidence from the periodic reviews, the opportunity should be given for stakeholders to discuss the performance in relation to commitments, and set goals and targets. The reviews should ensure the broadest possible engagement and representation of women and people living with, affected by and vulnerable to HIV.



3. Action

Access to data and dialogue between stakeholders are no ends in themselves but should determine which forms of action are necessary. Where the responsible stakeholder, e.g. government, accepts responsibility for poor performance in some aspect of the response, it should take action to improve that performance. Where civil society and other stakeholders disagree with plans to remedy poor performance, civil society stakeholders should take political action to try increase the leverage of their demands for accountability and fulfilment of commitments.

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