

Technical Approach paper

Strategic partnerships for co-ordinating the AIDS response: lessons emerging in Zambia



Zambia's National HIV Strategic Framework recognises the significant role and contribution of civil society, including in prevention, treatment, care and support, impact mitigation, mainstreaming and advocacy. Since the early 1990s, with the increased availability of funding, there has been a ten fold increase in the number of civil society organisations (CSOs) working in HIV in Zambia – involved in a wide range of roles.

This expansion of capacity in the civil society sector represents an important opportunity as Zambia moves forward towards universal access. Ambitious HIV targets will only be reached through partnership building between the public, civil society and private sectors. At the same time the rapid growth and diversity of the civil society sector represents an increasing challenge for the coordination of an effective response by Zambia's National AIDS Council (NAC).

Zambia's response to HIV and AIDS

Zambia continues to experience a mature HIV epidemic with adult prevalence remaining high at 16%. It is widely acknowledged that substantial progress has been made, especially with the scale up of anti-retroviral treatment to reach more than 149,000 people. However this represents only 51% of women and men in need, and much more remains to be done to scale up all aspects of the HIV response. The country is deeply affected by HIV and continues to face serious challenges in addressing the epidemic, including gender inequality and other drivers that enhance vulnerability. For example, infection rates among young women aged 15-24 years are 4 times higher than those for young men in the same age group (Government of the Republic of Zambia 2008).

The National HIV/AIDS, STI, TB Council (NAC), and its Secretariat, was established by an Act of Parliament in 2002, with a mandate to coordinate and facilitate the multi-sectoral response to HIV. The National HIV and AIDS Strategic Framework 2006-2010 (NASF) sets out the framework for government and its partners to work together in addressing the pandemic. It recognises key roles for civil society in all areas of the national response from prevention, treatment, care and support, impact mitigation, mainstreaming and decentralisation, to monitoring and evaluation, coordination and advocacy.

The NAC is developing a unique and systematic approach to defining and enabling civil society's contribution to the national response. Supported by the DFID funded STARZ programme, the structured process includes agreeing service delivery performance guidelines, in consultation with civil society, and supporting a capacity building strategy to help implement the guidelines and achieve better results. By making the approach explicit and transparent, the NAC is ensuring a shared framework for mediating dialogue, participation and partnership building with civil society. Stakeholders are also taking into account the varied roles of civil society, recognising that this approach to partnership is best suited to organisations involved in service delivery, rather than advocacy activities, which need to be carried out independently.

Since the establishment of the NAC, coordination of the HIV response has become increasingly complex with the adoption of challenging universal access targets and significant increases in resources, partners and funding modalities. In support of the coordination and leadership of the national response, the NAC has fully embraced the “Three One” Principles, together with the Global Task Team recommendations and other initiatives for enhancing harmonisation and alignment to national priorities. These initiatives recognise the critical importance of engaging and maximising the contributions of all partners, including civil society, in the scale up of the national response.

Since the early 1990s, with the increased availability of funding, there has been a ten fold increase in the number of civil society organisations (CSOs) working in HIV in Zambia. The most rapid increases have occurred since 1999 (Birdsall & Kelly 2007). Zambia’s civil society is vibrant and active (Sanz Corella et al 2006). This expansion of capacity in the civil society sector represents an important opportunity as Zambia moves forward towards universal access. It is recognised that ambitious HIV targets will only be reached through partnership building between the public, civil society and private sectors. At the same time the rapid growth and diversity of the civil society sector represents an increasing challenge for the coordination of an effective response by the NAC.

Since 2004, the NAC has been drawing upon technical assistance and support provided by the DFID-funded Strengthening the AIDS Response Zambia (STARZ) Programme to support the strengthening of capacity and structures for more effective coordination and meaningful involvement of civil society as essential components of a scaled up national response¹.

Civil society and the NAC

CSOs were among the first to respond to the HIV pandemic, with community level initiatives being set up as early as 1986 (Birdsall & Kelly 2007). The NASF describes civil society as including national and international Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), Faith-Based Organisations (FBOs), the media, the trade unions, traditional healers, people living with HIV (PLHAs) and youth structures or groups. CSOs involved in the HIV response are far from homogeneous and range from umbrella organisations to grassroots associations.

The NAC considers the benefits of strong partnerships with CSOs to be:

- maximising sectoral comparative advantage;
- maximising efficient, effective, equitable and improved distribution of resources (human, as well as financial resources);
- improved outreach, coverage and inclusivity – including identification and addressing of gaps;
- harnessing creativity, flexibility, complementarity, effective communication channels and networks; traditional knowledge and expertise;
- improved transparency, accountability, grassroots and community-based monitoring, consultation, participation and “buy-in”;
- provision of comprehensive, flexible, responsive, targeted and culturally sensitive services.

(NAC Zambia 2007).

Roles and functions of civil society

It is widely acknowledged that civil society has an important contribution to make in reducing poverty, complementary to the role played by government and “is considered to play a significant role in strengthening the multi-sectoral response to HIV, TB and STIs” (NASF 2006-10). Areas for civil society involvement in HIV include: building voice and accountability; service provision and; promoting awareness and understanding of development through advocacy (Siamwiza 2007).

1 The STARZ Programme (2004-2009) is a DFID funded programme managed by an HLSP-led team. STARZ supports Zambia’s NAC in its work across the public and private sectors and civil society.

Civil society has a clear comparative advantage in undertaking activities relating to prevention, treatment adherence, home based care (HBC) and support for orphans and vulnerable children or OVCs (UNAIDS 2006). In Zambia the Society for Family Health provides around 30% of voluntary counselling and testing (VCT) services whilst almost all HBC and OVC support services are provided by CSOs (Siamwiza 2007). Civil society has also demonstrated an important role in extending services to hard to reach or underserved communities, developing innovative or best practice responses, facilitating community consultation and policy dialogue, as well as capacity-building and information/ skills exchange.

Some CSOs are also beginning to play an important advocacy role and build mechanisms for greater accountability and voice within the general population. For example, the Network of Zambian People Living with HIV/AIDS (NZP+) and the Treatment Advocacy and Literacy Campaign (TALC) advocates for PLHAs and marginal groups whose needs have been overlooked. Others identify areas that have not been adequately appreciated or addressed by decision-makers. For example, the Prison Fellowship of Zambia has integrated HIV information into its work of bringing spiritual comfort to prisoners.

Civil society funding

The funding environment for CSOs is changing. Unlike some neighbouring countries, the NAC in Zambia does not channel resources to civil society. Traditionally, civil society has accessed resources directly through bilateral and multilateral donors in the form of off-budget project support. For example, in 2006 the US Government's President's Emergency Plan for AIDS Relief (PEPFAR) channelled resources to non-governmental AIDS service organisations as part of a US\$ 216 million programme of support to Zambia. Support to civil society through the Community Response to HIV/AIDS (CRAIDS) project, under the World Bank's Second Multi-Country HIV/AIDS Programme, is scheduled to end this year. However, in line with the government's Joint Assistance Strategy, many donors are now channelling support through Joint Financing Arrangements (JFAs) and Direct Budgetary Support (DBS).

NGOs, CBOs and FBOs also receive funding through grants from the Global Fund to Fight AIDS, TB and Malaria (GFATM), with US\$ 346million being approved for Zambia's HIV response under Rounds 1 and 4. The Church Health Association of Zambia (CHAZ) and the Zambian National AIDS Network (ZAN) have been principal recipients for the Global Fund since 2004, disbursing funds to FBOs and secular CSOs respectively. In recent years, CHAZ and ZAN have also signed up to JFAs with bilateral donors. Whilst CHAZ and ZAN have been highly effective in disbursing resources to HIV CSOs, some experience this successive narrowing of funding sources as challenging. It is perhaps notable that a recent National AIDS Spending Assessment for Zambia reported a 52% drop in funding available for HIV CSOs between 2005 and 2006, a decline tentatively attributed to changes in the prevailing aid architecture and transitions in the resource environment.

The role or function that civil society is fulfilling can influence available funding sources. The majority of HIV related civil society funding is for activities related to service delivery. Advocacy/watchdog roles are more likely to be supported from regional and international sources.

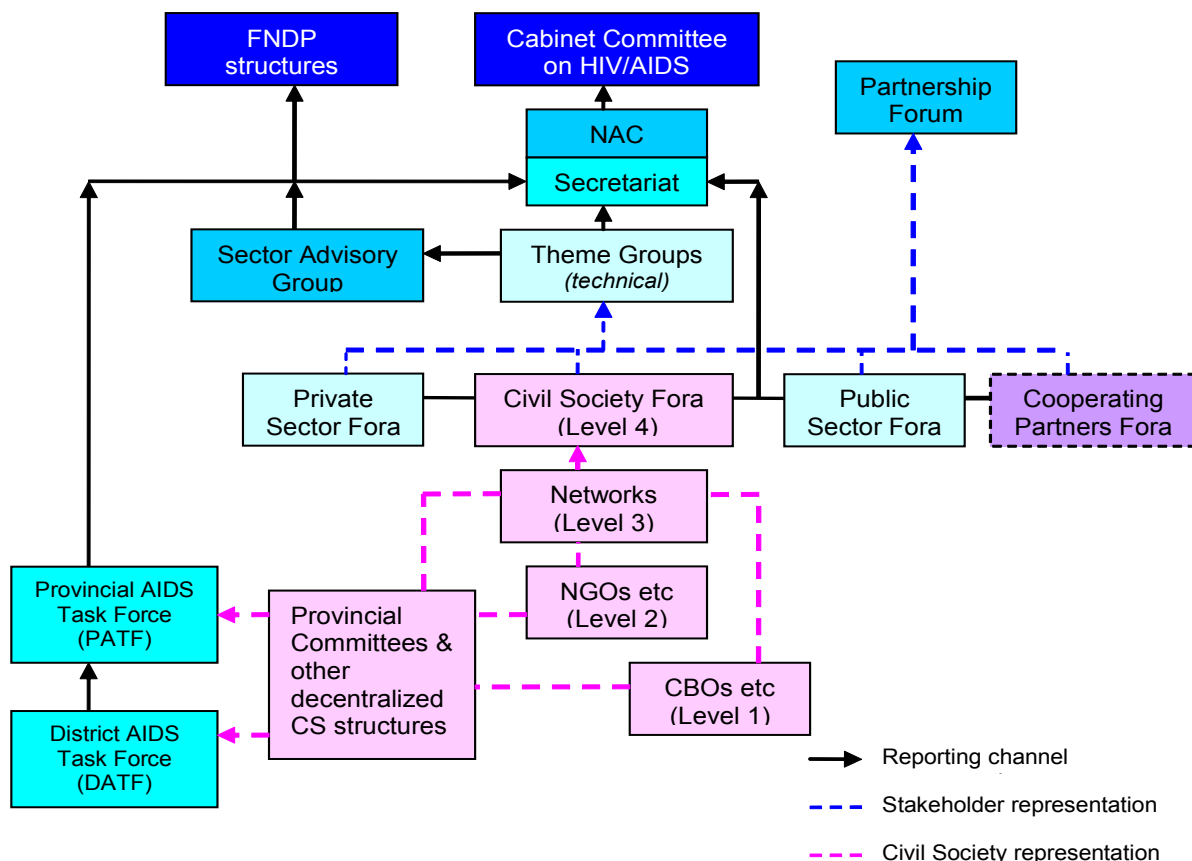
Involvement in governance and coordination

Since 2004, the NAC has made significant progress in the inclusion and representation of civil society in governance and coordination structures for the HIV response (see Figure 1). Civil society representation in the Council's structure is now firmly established, as is civil society representation in the Country Coordinating Mechanism (CCM) for the GFATM, for which the NAC provides secretariat support.

There is also strong civil society participation in the NAC's technical 'Theme' Groups (which monitor progress in implementing the NASF), as well as in the HIV and AIDS Sector Advisory Group (which monitors progress in implementing the Fifth National Development Plan or FNDP) and the Partnership Forum (a high-level forum for information exchange, cross-sectoral dialogue and advocacy). In addition, the NAC has been working systematically with key civil society structures (such as network and umbrella organisations, FBOs and gender groups) and constituencies (such as PLHAs, youth and

people with disabilities) to strengthen mechanisms for self-coordination, consultation and information/ data exchange at national and decentralised levels.

Fig.1: Integration of civil society coordination structures into the NAC operational structure



Some challenges in enhancing NAC-civil society partnerships

In Zambia, the coordination of civil society is considered to be primarily the responsibility of civil society itself. The NAC’s mandate is to coordinate and monitor the activities of civil society relating to the HIV response under common policy direction and the NASF 2006-10. As the NAC has sought to strengthen its partnerships with civil society, and involve civil society in coordination efforts, a number of key challenges have emerged. These are outlined below:

- In Zambia, civil society has little experience of operating as a coherent sector, especially within the field of HIV. The very definition of civil society remains dynamic and contextual, whilst advocacy and activism is frequently interpreted in terms of political opposition. The regulatory environment for civil society is evolving and, at the present time, does not lend itself to partnership building across sectors. Within the field of HIV, changes in the funding environment have increased competition for resources, limited the potential for programmatic approaches (Students Partnership Worldwide 2006) and, some have argued, increased fragmentation.
- Within the civil society sector, there are very few umbrella or network organisations that have strong decentralised systems for communication, consultation, feedback and democratic election of representatives. Moreover, there are minimal technical and financial resources available for strengthening these systems.
- The fragmented, project-based nature of many civil society initiatives can make it difficult to

establish, and roll-out, the national technical support, capacity building and quality assurance programmes essential for effective service delivery within the context of the NASF 2006-10.

- Competition for resources, lack of integrated approaches, weak monitoring and evaluation (M&E) capacity, diversity and wide dispersal of CSOs make it difficult to create an interface between civil society and the national HIV M&E framework. The lack of quantified or collated M&E data from civil society creates challenges for planning and review. It also means that the contribution of civil society to the national response is often underestimated and it is difficult to argue for appropriate resource allocations to the sector.
- The NASF 2006-10 is not explicit about the role of civil society, or the nature and conditions of engagement between NAC and civil society. This has led to some ambiguity about the appropriate role of civil society in the national response, potential areas of comparative advantage and opportunities for strategic partnership between sectors. Similarly, structures for reporting, accountability, data exchange and participation are not well defined. In consequence, all of these areas are subjects of repeated debate, deliberation and negotiation.
- Successful coordination and partnerships are also compounded by different understandings of “coordination”, “representation” and “participation”. Different interpretations exist. For some CSOs, coordination is about regulation and control, whilst for others the emphasis is on facilitation or information exchange. Some are genuinely interested in representing their constituents, whilst others see representation as a means to access resources (or information about resource availability).
- Many CSOs, including established national NGOs, international NGOs and FBOs, have strong allegiances that extend regionally and internationally. For many, their core business is not HIV and/or their range of activity may extend beyond the scope of the NASF. For these organisations, engagement with the “Three Ones” principles can be burdensome and the potential benefits unclear. Some even regard engagement with the NAC, as a government structure, with suspicion.
- Changing funding modalities, such as increased commitment to DBS, are possibly introducing new challenges to traditional partnerships between donors and CSOs, and may be renewing tensions between government and civil society. There are concerns that the move towards DBS will mean a more unpredictable funding environment for CSOs, especially for larger service delivery organisations or CSOs involved in advocacy or innovative activities.

Redefining the role of civil society in the national response

Unlike most other national AIDS coordinating mechanisms in the region, NAC Zambia’s relationship with civil society is not determined by grant-disbursement functions. Drawing on long-term technical assistance provided through DFID’s STARZ programme, the NAC has been able to focus more fully on strategic efforts to strengthen civil society’s involvement in the HIV response. Given the diversity of civil society in Zambia, and the multiple challenges of involvement and coordination, the NAC has been developing a systematic approach to defining the role of civil society in the national response and the scope of NAC’s coordination role in relation to CSOs.

The approach is informed by a capacity development analysis (DAC 2005; UNDP Zambia 2006) that moves beyond a focus on short-term, localised training and skills building, to encompass developmental approaches that simultaneously address individuals/agents of change, organisations and enabling environments. A number of steps have been critical in development of the approach:

- **Step 1:** Creation of a shared vision or detailed “picture” of the “desired state” of a strong, well-coordinated civil society response to the pandemic.
- **Step 2:** Mapping of the shared vision onto an institutional structure that can support the desired response within the context of the NASF 2006-10 (see Fig. 1).

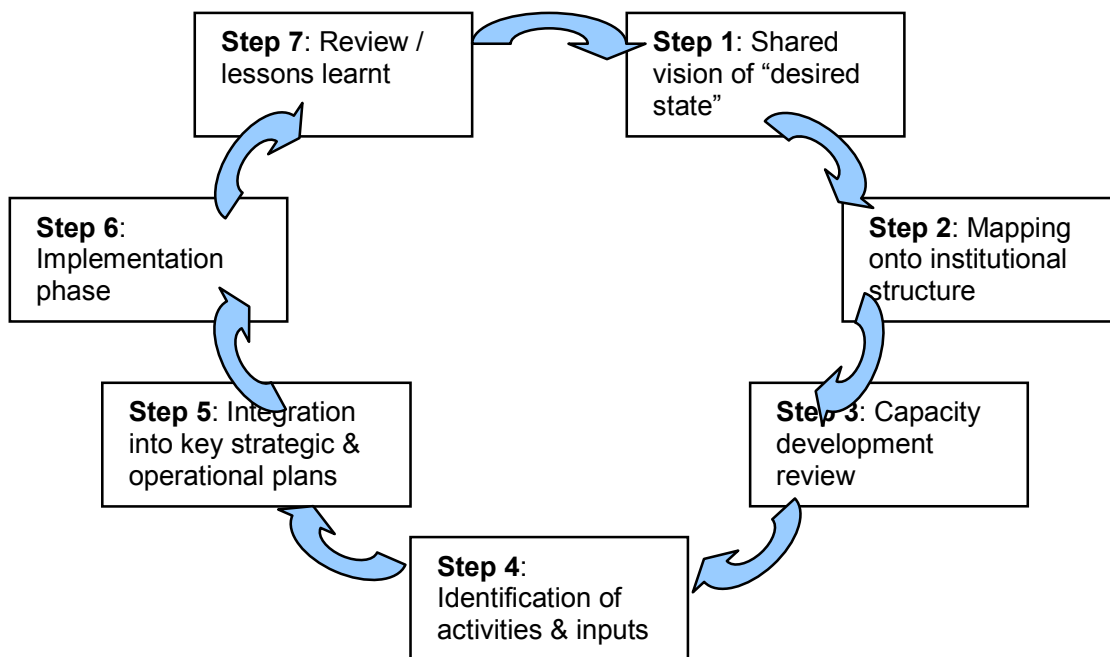
- **Step 3:** Completion of a capacity development review using a participatory process to systematically analyse each level of the institutional structure (Fig 1) and identify required capacity development outcomes. These capacity development outcomes focus on how individuals, organisations and enabling environments need to be strengthened to support a more effective, better coordinated civil society response (see Box 1).
- **Step 4:** Identification and prioritisation of the activities and inputs required to achieve the capacity development outcomes defined in Step 3.
- **Step 5:** Integration of activities and inputs into the strategic and operational plans of the NAC and key partners (such as cooperating partners, and umbrella civil society structures).
- **Step 6:** Coordinated implementation of capacity development activities.
- **Step 7:** Annual review of progress and identification of lessons learnt before revisiting Step 1.

Box 1: Examples of Step 3 activities:

- Knowledge/skills building of key individuals such as elected civil society representatives at national and decentralised levels;
- Technical assistance (TA) to umbrella organisations to support their participation in NAC coordination structures at all levels;
- Strengthening of the enabling environment through (for example) advocacy for an improved funding environment; TA for improved M&E systems; development of relevant service delivery guidelines and participation in dialogue on the regulatory environment for civil society.

In practice all of the above steps are part of a cyclical process (see Fig. 2) that engages multiple role-players and organisations - all of which may be at different stages of development and the planning cycle. In consequence, some steps may take place simultaneously or at different times with different partners. Moreover, it has also been necessary to respond to the dynamic operational environment of an evolving NAC, as well as a regulatory and funding environment that generates different opportunities and challenges. Nevertheless, the NAC has found that, by making its approach explicit and transparent, there is increasingly a shared framework for mediating dialogue, participation and partnership building with civil society.

Fig. 2: The cycle of capacity development



Some lessons learnt

Clear and shared vision for civil society's contribution

The role of civil society in the multisectoral response, and the structures and processes which support engagement with the NAC, need to be clearly defined and communicated in the National HIV and AIDS Strategic Framework. The NAC's approach to defining engagement and coordination of civil society is helping to make processes more explicit and understood. The development and roll out of a shared vision has sought to recognise and bring together different civil society functions and processes, including coordination, grant making and advocacy.

There is a need to negotiate interpretations and expectations of key concepts such as: coordination; representation; participation and consultation. Zambia has found that there are significant benefits to systematic and regularised (rather than ad hoc) forum meetings to address these issues.

Civil society has a range of roles

Partnerships with civil society may be relatively straightforward around service delivery and capacity building activities. Advocacy, watchdog and governance activities can be more difficult/politically sensitive for government bodies (such as the NAC) to support. The role of the NAC in these types of activities needs to be considered. Whilst the NAC can provide information, CSOs need to take responsibility for their own advocacy campaigns outside government structures. Other types of partnership may be more effective to support these types of civil society activities.

Efforts to engage civil society in the multisectoral response need to be balanced by the recognition that civil society's strength often lies in its diversity. Financial and technical support to the sector must be sufficiently differentiated to cater for the needs of different types of CSOs at different stages of development; consideration must be given to the different roles, capacities and comparative advantage of structures at all levels, as well as to issues of decentralisation and weak infrastructure.

Capacity development needs

Capacity development, supported by technical assistance has become an essential element of strengthening civil society involvement in Zambia. This is both capacity development in the government sector to support work with CSOs, and ultimately the strengthening of the capacity of CSOs, and their representatives, to participate in governance and coordination structures. These efforts require considerable human, financial and time resources.

Recognising strategic opportunities

Progress can be made by taking advantage of opportunities for closer partnership, for example through the evolving international funding sources. From Round 8 CCMs will be asked to nominate a non-governmental principal recipient for GF grants, a role ZNAN and CHAZ have been fulfilling in Zambia for a number of years. Round 8, also allows, however, for the funding of community systems strengthening activities to support the service delivery capacity of community structures and build sustainable systems. This is potentially an important opportunity to address a number of coordination, participation and representation issues relating to the non-governmental sector.

Conclusions

The NAC in Zambia is investing to improve its engagement with civil society through development of a systematic approach that strengthens civil society's self-coordination, as well as its capacity to engage with multi-sectoral initiatives at decentralised and national levels. This includes agreeing service delivery performance guidelines and supporting capacity building to help implement these. The process and results of the approach will be important for the region, where there is limited documentation and analysis of country based experience.

Greater regional lesson learning is required to identify and promote effective models for partnership building with CSOs, including strategies for overcoming problems and challenges. The challenges faced by African NACs in developing coordination structures with civil society, that strengthen and support the multi-sectoral response to the HIV pandemic, need greater recognition, understanding and discussion.

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