

Briefing Paper

Futures Group Europe

November 2009

SUPPORT FOR COLLABORATION BETWEEN GOVERNMENT AND CIVIL SOCIETY: THE TWIN TRACK APPROACH TO STRENGTHENING THE NATIONAL RESPONSE TO HIV AND AIDS IN KENYA

INTRODUCTION

The global HIV and Aids pandemic continues at an unacceptably high level. Around 33 million people are living with the HIV virus of whom 67% are in Africa, where 72% of all AIDS related deaths also occur (UNAIDS 2008). In many African countries the undoubted success in placing HIV-positive persons on ARV treatment is counter-balanced by limited or no decline in new infections.

Overall, efforts to ensure robust prevention are lagging. Prevention activities designed to change sexual behaviour are substantially implemented outside the formal public sector and carried out by non-government organisations. Where success in reducing HIV infection sharply has been achieved, community mobilisation by civil society has been a critical element (ibid).

However new ways of working are required at country level to strengthen the collaboration between government and civil society for a more effective national response throughout Africa.

LIMITATIONS OF THE CONVENTIONAL RESPONSE TO HIV AND AIDS

The Paris Declaration on Aid Effectiveness (2005) provides a welcome commitment

on the part of the international development community to work towards greater coherence in development financing at country level in order to increase aid effectiveness. The Declaration commits signatories to:

- support national development strategies and associated operational frameworks (planning, budget, implementation, monitoring);
- respect partner country leadership and help strengthen capacity to exercise it;
- align development partner aid with country procedures;
- use strengthened country systems and procedures to maximum extent possible;
- harmonise donor activities to enhance rationalisation of effort and avoid duplication and burden on partner governments programmes; and

“ CSOs are having a limited impact on policy and practice and ultimately on the lives of poor people because they often act on their own or in opposition to the state. This needs to change. ” ODI (2006)

- implement through effective funding arrangements such as pooled funds in support of country programmes.

However, the Paris Declaration applies to all development assistance without any distinction by sector. The Paris Declaration does not mention civil society and focuses on bilateral and multilateral engagement. There is no recognition that the social sectors, and especially the health and HIV sectors, are essentially pluralist, involving a wide range of partnerships between government, civil society and the private sector with much service implementation taking place outside government.

The focus of the Paris Declaration on donor alignment behind national strategies does assume that these country policies, plans and programmes are fully comprehensive in capturing the needs for intervention and for support from international development assistance. This has not always been the case for national responses to HIV and AIDS. There are various reasons for this: the epidemic is inherently dynamic, evolving particularly rapidly in Africa, and government systems do not usually permit rapid adjustments in policy direction.

The drivers of the epidemic in terms of sources of new infection are often groups whose behaviour governments are uncomfortable recognising, for example youth sexuality, or criminalise, as in the cases of males who have

sex with males, sex workers and intravenous drug users. Evidence on the significance of multiple concurrent sexual relationships as a driver of HIV infection in Africa is a challenge to very widespread and culturally accepted patterns of behaviour at every level of society. The progress of both generalised and concentrated epidemics places new demands for the development of rights-based HIV counselling and testing programmes. In addition the success of extending treatment down to community level means that many more people are living with HIV and will need patterns of continuing care and support which will require in turn new models of peripheral health care delivery. In all these situations governments generally lack the capacity to respond rapidly.

Thus, despite the donor commitment to aligning with government frameworks, the dynamic nature of the HIV epidemic, the consequent need for innovative and pilot approaches and the limited capacity of government to work with most at risk and marginalised groups pose problems for donors in funding the HIV response (DFID 2006). Donors have traditionally dealt with this challenge by channelling support to implementing NGOs in parallel to government.

The DFID HIV and AIDS Prevention and Care programme (HAPAC)¹ in Kenya from 1997

to 2008 indeed provided parallel funding to NGOs with considerable success. Notably the DFID funding supported Liverpool Voluntary Counselling and Testing (LVCT) to establish systems for Voluntary Testing and Counselling; Mildmay International to develop a model for Home Based Care integrated into the public health system in Nyanza Province; MSF Belgium to demonstrate the integration of HIV services into Primary Health Care in Kibera, Nairobi and Merlin to develop an innovative programme of

TRACK 1: HAPAC TECHNICAL ASSISTANCE FOR NACC ENABLED:

- Revision of the legislative framework for HIV and AIDS
- Strengthening the board
- Re-structuring senior and middle management
- Developing a risk management policy
- Strengthening financial management and human resource management
- Resource mobilisation through engaging with the MTEF process
- Mainstreaming the HIV response through engagement with key sectoral ministries
- Development of the monitoring and evaluation framework
- Effective coordination of the national response through Joint Annual Reviews involving all stakeholders.

BOX 1

¹ HAPAC was funded by DFID from 1997 to 2008 and led by Futures Group Europe

TRACK 2: EXAMPLES OF DIRECT HAPAC SUPPORT FOR CIVIL SOCIETY

Prevention of new infections

- Improving access to Voluntary Counselling and Testing among the general population, youth, disabled, males who have sex with males, prisoners and discordant couples
- Print media & radio programmes targeting young people
- Hot spot mapping of commercial sex work along a major trans-African truck route
- Injecting drug users
- Prisoners
- Beach communities in Nyanza (fishermen and their wives and fish transporters)

Quality of life, care and support

- Integrating HIV and AIDS into PHC services in the Nairobi slums
- Empowering people living with HIV and AIDS through treatment literacy
- Integrating TB and HIV care
- Integrating Home & Community Based Care of people living with HIV and AIDS into the public health system

BOX 2

HIV prevention with fishing communities on the shores of Lake Victoria. A number of local NGOs such as I Choose Life and WEHMIS were also supported for prevention and care interventions.

However one criticism of parallel project funding to NGOs is that it is inherently unsustainable and represents 'islands of excellence in a sea of disadvantage'. The insights and learning from the quality projects

are rarely taken to scale through sharing with government to inform the policy process. The Overseas Development Institute has been especially critical of civil society failure to engage with government to inform policy (ODI 2005). To address this valid concern, HAPAC sought from 2005 onward to re-position the DFID support along specifically twin-track lines. Major emphasis was placed on supporting the bridging and synergistic working of government and NGOs for advocacy and policy influence based on their field experience.

THE TWIN-TRACK APPROACH

One track of HAPAC funding provided strategic and highly significant support for the apex policy, strategy, coordination and resource mobilisation level of Government of Kenya through the National Aids Control Council (NACC) as described in Box 1.

The second track (Box 2) within the twin-track approach supported a number of CSOs in the areas of prevention, treatment, care and support with funding for innovation, operations research and a specific focus on especially vulnerable groups such as prisoners, males who have sex with males and fishing communities.

BRIDGING THE TWO TRACKS: FACILITATING LINKS BETWEEN GOVERNMENT AND CIVIL SOCIETY TO STRENGTHEN THE NATIONAL RESPONSE AND THE POLICY PROCESS

The international situation with respect to government-CSO

collaboration in general has substantially improved in the last six years (Anne Austen and Rex Mpazanje et al 2002). The work of UNAIDS on promoting partnership and consultation and the requirements of the Global Fund for plural governance arrangements for GFATM grants have greatly assisted this. In Kenya HAPAC supported NACC and the National AIDS/STD Control Programme (NAS COP) to develop along these lines, notably with respect to the commitment to consultative processes involving civil society in policy and programme development, especially the Joint Annual Programme Review (JAPR) process. NACC invested considerable effort, with HAPAC and other stakeholder support, to develop structures and processes for technical monitoring of the response and for joint reviews which have been specifically designed to enable peripheral operational experience, from the community level upward, to be brought into national level deliberations.

HAPAC encouraged the civil society implementing organisations it was funding to participate fully in these GOK inclusive policy, strategy and programme development processes.

HAPAC support for Mildmay International to support NAS COP and NACC in the development of a national policy for Home and Community Based Care (HCBC)

for people living with HIV and AIDS illustrates the bridging of the twin tracks to bring about a strengthened national response in the context of translating a model and pilot project into a national policy and programme. It is described in Box 3.

HCBC is an essential complement to the increasing numbers being placed on ART by government of Kenya and is crucial in supporting treatment adherence, itself essential to avoid drug resistance. The costing studies carried out as part of the Mildmay-led development of the model has supported enhanced resource mobilisation, both enabling the national health system to make bids for HCBC funding through the MTEF planning and budget cycle and also to enable GOK to make bids to external funders such as the Global Fund.

The provision of the HCBC Guidelines also opened the way to enabling already agreed funding streams, such as the World Bank support, to be extended down to community groups nationally. The HCBC Guidelines developed with support from Mildmay provide a framework for CBO implementation and reporting and for external supervision, monitoring and review.

Other particularly successful bridging operations within the twin-track approach include support for LVCT to move from being a parallel provider of VCT to being a key technical resource to government for quality assurance

BRIDGING THE TRACKS: HAPAC SUPPORT FOR CIVIL SOCIETY ENGAGEMENT WITH GOVERNMENT IN THE NATIONAL POLICY PROCESS: MILD MAY INTERNATIONAL (MI) AND THE DEVELOPMENT OF THE NATIONAL HCBC POLICY FRAMEWORK

- MI and MOH develop model of HCBC integrated into the public health system
- Training together with the public health system across Nyanza
- Operations research to refine model
- Costing studies to establish overall and unit costs
- District, provincial and national dissemination
- Support for MOH to develop national policy guidelines involving all stakeholders
- Technical assistance for writing the guidelines
- Provincial consultations to finalise
- Printing and national dissemination
- Use of the model and unit costs in developing a national proposal for the GFATM

BOX 3

and rights-based approaches to VCT with a particular focus on hard to reach groups but also in the context of mass testing approaches. In addition the pilot work and costing studies carried out by LVCT on Gender Based Violence and Post Exposure Prophylaxis supported the development of national MOH policy, programming and budget allocation in the important area of post-rape care.

Another example is the HAPAC support and encouragement to MSF Belgium to engage within the policy process to promote the national acceptance of their innovative work in treatment literacy for people living with HIV and AIDS.

LEGACY OF THE PAST

The relationship between government and civil society as described in 2002:

- Characterised by mutual wariness
- Widespread cynicism concerning government practice on the one hand and CSO legitimacy on the other
- Fears regarding loss of autonomy by CSO and loss of authority by government with closer collaboration

Austen et al (2002)

BOX 4

An important reason for the success of the HAPAC twin-track approach in informing policy and programming has been the existence of Government of Kenya mechanisms for consultation and review and adoption of new approaches through NACC and NASCOP. HAPAC funding had helped to establish these processes – notably funding stakeholder consultation and the JAPR.

Participation in these processes had tended to be dominated by Voice and Accountability groups or people living with HIV and AIDS constituency groups. HAPAC supported civil society service delivery groups or implementers also to claim a seat at the table of policy dialogue by participating fully in the various inclusive processes which NACC and NASCOP had established for monitoring and review. This has greatly enriched the discourse in these fora and enabled significant contributions to taking forward the service delivery policy agenda.

WHAT IS THE LEARNING FROM THE HAPAC TWIN-TRACK APPROACH IN KENYA?

An essential requirement for a twin-track approach is the recognition by government (and donors) of civil society

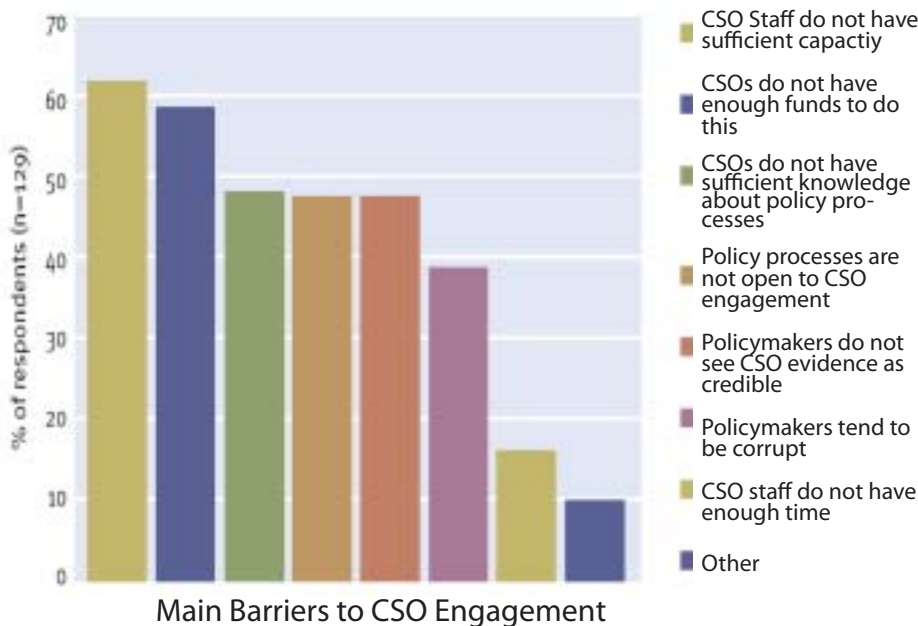
contributions to the national HIV response and a willingness to learn from civil society experience to inform policy development and programming. Kenya is noteworthy since both NACC and NASCOP are committed to inclusive policy and programming processes.

However, an additional lesson from the HAPAC twin-track approach is that, even when government has created a space for pluralism and dialogue, specific resources, encouragement and facilitation are required for civil society to engage with these government structures and participate in these policy processes. What holds civil society back? A useful chart from ODI (2006) provides illustration below.

HAPAC SUPPORT FOR CSO TO OVERCOME OBSTACLES TO PARTICIPATION IN THE POLICY PROCESS

Provision of additional staff capacity: engagement with the government policy process is time consuming and often frustrating. Meetings may be shifted due to political constraints and, once held, may spend more time on bureaucratic formalities and process than civil society is used to. National staff may find it easier to accommodate to this pace and style than do international staff. The latter often find it difficult to take on board the shift from the urgencies of humanitarian and emergencies mode to the different pace of policy engagement. HAPAC actively encouraged the CSO partners to build in additional staff capacity to their budgets so as to accommodate participation in policy processes.

Main Obstacles to CSO Engagement in Policy Process



Source : ODI 2006

Perspective shift: Kenya is recognised internationally as one of the governments which does actively reach out to civil society to encourage engagement in the policy process (Kenya Government UNGASS Report 2006). However GOK has tended to regard implementing or service delivery NGOs as working to the requirements of development partners or donors. It helped to gain acceptance of the HAPAC NGOs that were led by national leaders. HAPAC also insisted that wherever appropriate its civil society partners used the NACC M&E

indicators so as to strengthen reporting and this was appreciated by government. Interestingly the perspective shift required was substantially on the part of the NGOs rather than on the part of government. HAPAC had to engage in sustained advocacy with its CSO partners to bring about an acceptance that unless civil society engaged at the national level in the policy process the learning from their quality services and innovation would not be sustainable and thus the services provided would be profoundly inequitable.

Acquiring new skills: to help bring about the required perspective transformation HAPAC commissioned a 'Policy Influence and Advocacy' course specifically for the HIV and AIDS sector from a well-known civil society training centre in Arusha, Tanzania. This proved key in developing the skills and confidence of the civil society partners to engage at the national level in advocacy and policy dialogue. NACC was also invited to participate. This was useful in helping to build a new set of relationships in terms of government seeing civil society as partners for policy development and not simply as implementers or voice and accountability watchdogs. The course encouraged the CSO to be more 'intelligent' or aware about the policy context in terms of scanning the policy environment, seizing the opportunities as they presented to engage policy makers, taking

“ CSOs need to be more 'intelligent' or aware about the policy context in terms of scanning the policy environment and seizing the opportunities as they are presented to engage policy makers taking a specifically evidence-based approach.”

a specifically evidenced based approach, developing skills in effective communication and networking and forming partnerships for policy influence.

Commitment to an evidence-based approach: HAPAC consistently emphasised a need for baselines, endlines, action research, costing studies and encouraged CSO partners to include these in their budgets and to commit to appropriate staffing, review and dissemination processes. HAPAC itself recruited a senior M&E Advisor who was instrumental in supporting and guiding much of the evidence-based work. Especially significant were the major costing studies carried out as part of the civil society demonstration and operations research process. These were very well received by the government which recognised the significance in terms of making bids for funding new programmes through the GOK planning and budget process.

Support for process of engagement: HAPAC encouraged the civil society partners to

write into their budgets the capacity to engage in policy dialogue at national level. This could be in terms of a percent of time of a staff position, an enhanced travel budget for out-of-Nairobi civil society to engage at the national level or support for process activities such as retreats, advocacy meetings, documentation, dissemination, consultation and so on. An important lesson from the HAPAC experience is that policy influence costs money.

Changing focus: the encouragement for HAPAC civil society partners to engage in policy influence was captured in project logical frameworks for reporting, monitoring and review. This gave a specific impetus to the paradigm shift represented by the commitment to take successful interventions to scale through the government policy process. It also represented a commitment on the part of the CSOs to work within government frameworks rather than in parallel.

CHALLENGES FOR THE FUTURE

In every setting the HIV response is pluralistic. Civil society makes major contributions to complement government intervention. The role of CSO to support innovation and to work with especially vulnerable groups is well accepted. Yet the need to enable and facilitate read-across of this operational experience into the national policy process is less well accepted. HAPAC partners have been told at different times that it is the role of the UN system to seek to inform national policy, or that the donor should take up this responsibility. Increasingly there is less capacity on the part of these actors to do so particularly when the engagement is less with broad sweep of policy reform but more with translation of policy into programmes for service delivery which reflect the changing nature of the HIV epidemic.

The experience in Kenya illustrates that with encouragement, support and some additional capacity building, civil society can very skillfully engage with government and ensure that their lessons from the field inform national policies and programming thereby enabling the taking to scale of innovation to the great advantage of poor people and the overall national response. However the prospects for continuing this twin-track approach, with all its richness and flexibility, are in doubt. In the context of Paris Declaration

commitment, DFID country programmes are mostly moving away from projects and into harmonised support through multilateral mechanisms.

The International Health Partnership is welcome in its recognition of civil society contributions to achievement of the health MDGs (International Health Partnership 2007). However it makes no mention of HIV and AIDS and implies that the CSO response will be essentially in areas of advocacy and accountability. This is a narrow view. The Kenyan experience illustrates that civil society contributions to the HIV response go considerably beyond voice and accountability to include provision of vital services, including piloted innovations and services to marginalised groups which governments may not be able to provide.

Overall there are mixed messages being provided to civil society. The ODI work on civil society and policy engagement has laid down a ringing challenge to civil society to participate in policy processes and thereby ensure that the learning from their quality and innovative projects is scaled up for poor people and supports national achievement of the MDGs. However the mechanisms for funding civil society to do this work are directly under threat. One of the indicators for monitoring country progress in adhering to the Paris Declaration principles includes a reduction in Project Implementation Units. This may

mean an end to project funding of, for example, civil society.

CONCLUSION

Where sectors are inherently pluralistic and dynamic, such as the HIV sector, a mix of aid modalities is required to ensure that the needs of poor people are being adequately addressed. This is well recognised in fragile state settings. However donors need to recognise that, even in the setting of stable states, the funding of both government and civil society in a twin-track approach is the most effective approach to meeting the needs on the ground and to providing the support required to address a dynamic HIV epidemic.

The DFID evaluation of UK government support for the HIV and AIDS response globally does conclude that the 'effective mechanisms for direct funding of civil society still need to be identified and supported' (DFID Evaluation). What would be helpful is less focus on the structures and processes of development assistance funding, as spelled out in the Paris Declaration, and a greater focus on the spirit of the Declaration, which is alignment of funding with national policies.

The HAPAC programme demonstrates how funding a twin-track approach can ensure that the vibrancy and innovation of the civil society contribution is not only nested within national strategic frameworks but also directly supports the development of stronger and more evidence-based government policies, thereby enhancing the relevance and equity of the national response.

Anne Austen
Team Leader on DFID HAPAC Kenya

ACKNOWLEDGEMENTS

Thanks are due to DFID for funding the work on which this paper is based. Alan Ferguson, Greg Garrett, Faith Kilewe-Amisi and Margaret Oriaro made helpful comments on an earlier draft. Marilyn McDonagh encouraged the development of the twin track approach.

REFERENCES

DFID (2006) Interim Evaluation of 'Taking Action' UK Government Strategy for Tackling HIV and AIDS in the Developing World.

Overseas Development Institute (ODI) (2006) 'Policy Engagement: How Civil Society can be More Effective'.

Anne Austen, Rex Mpazanje et al (2002) 'The New Architecture of Development Assistance: Opportunities for Enhancing The National Response to HIV In Developing Countries' XIV International Aids Conference, Barcelona.

Government of Kenya UNGASS Report (2008).

International Health Partnership (2007) 'A Global Compact for Achieving the Health Millennium Development Goals'.

Futures Group Europe

Address:
Edgar Buildings
17 George Street
Bath BA1 2EN
United Kingdom

Telephone:
+ 44 (0) 1225 321840

Email :
opportunitiesuk@
futuresgroup.com

Skype:
futures.group.europe

Website:
www.futuresgroup.com