



Chapter 10

Civil Society Organizations

1. Introduction

Civil Society Organizations (CSOs) represent a wide range of actors outside government and the for-profit sector, including national and international non-government organizations (NGOs), faith-based organizations (FBOs), professional associations, trade unions, PLWHA groups and community-based organizations (CBOs). They range from national level organizations such as major NGOs or professional organizations to grassroots groups, such as women's savings clubs.

2. Why are CSOs important?

CSOs play a vital role in HIV/AIDS programs for the following reasons:

- **Governments alone cannot succeed against HIV/AIDS.** There is consensus that the factors that determine HIV transmission are often outside the influence of governments. Especially where cultural values and community norms are of critical importance, CSOs have a vital role to play in prevention but also in care, treatment and mitigation activities;
- **Public sector fully extended.** Public capacity to respond to AIDS is already fully extended and cannot meet societies' escalating prevention, care and coping needs, without extensive CSO involvement;
- **Rapid Response.** CSOs can often respond more rapidly than other agencies.
- **Sharing the burden.** CSOs may help to protect public sector health and social services becoming overburdened by HIV/AIDS;
- **Crisis response.** The scale of the HIV/AIDS crisis necessitates the fullest possible CSO involvement at all levels. Most people with HIV infection or illness already receive most of their support and care from the community not from formal institutions. Only through community involvement can programs of sufficient number, scope, coverage and value for resources and effort be achieved. Yet there is discontinuity between formal and informal responses that has not been adequately addressed. Formal responses seldom reach or provide appropriate support to community initiatives and communities are seldom able to access formal support;
- **Increasing community ownership.** CSO involvement leads to increased community ownership, leadership and management of HIV/AIDS responses;
- **Sensitivity of HIV/AIDS.** Because of the intimate, personal and sensitive nature of HIV/AIDS, most prevention, care and support and mitigation responses are best addressed through local, community initiatives;
- **"Contextualized" response.** The highly specific, localized context in which HIV transmission occurs, and in which prevention, care and coping responses are mounted, necessitates a wide range of locally defined, socially "contextualized", community initiatives;
- **Reaching the poorest and hardest to reach.** CSOs are able to provide training and resources to the poorest and most marginalized members of society, including hidden, marginal or under-served communities. Ensuring that training and resources reach such people is a cardinal goal of the MAP approach;
- **Value.** CSO responses represent an economical and effective way of reaching and serving large numbers of beneficiaries. Numerous community health activities illustrate that resources focused directly at community level can have far greater value than comparable resources directed to formal structures;

- **Innovation.** CSOs often develop innovative and cost-effective HIV/AIDS responses; and
- **Impact.** Evidence of declining HIV infection among young girls in Uganda and Zambia is widely attributed to changes in community norms brought about by CSOs, which led to behavioral change at the community level.

3. What role do CSOs play?

What are the major kinds of CSOs?

It is helpful to distinguish at least four different kinds of CSOs recognizing that some CSOs may belong to more than one category:

- **Non-government organizations (NGOs).** NGOs are usually formally registered organizations, with a formal structure, including a membership, board members and paid staff. They are typically required to submit periodic progress reports and audited financial statements to a parent ministry (or the donor), so they have at least some financial management capacity. There is also considerable variability: from local NGOs operating in defined geographic areas, to national NGOs, with a national presence, to international NGOs with thousands of staff operating in many countries. Financial management capacity, human resources and programming experience typically increase as one moves from local through national to international organizations. NGOs may also be classified by thematic focus, as, for example, development, human rights, environment or health NGOs. Many NGOs have considerable scope to add or mainstream HIV/AIDS within their existing activities. AIDS Service Organizations (ASOs) represent a specialized category of NGOs, focusing specifically on HIV/AIDS prevention, care and support and mitigation responses.
- **Professional associations and trade unions.** These are vocational associations, whose members form associations or unions to advance their occupational interests, typically by setting occupational standards, providing accreditation, negotiating compensation and developing a public position on matters of common interest. Examples include associations of lawyers, accountants, teachers and nurses or unions for transport, construction or agricultural workers. Nearly all formal sector employees are represented by one or more associations or unions. Their great strength is the size of their membership. For example, the Kenya National Union of Teachers (KNUT) has approximately 200,000 members. Most associations or unions have paid staff and at least some financial management capacity. They represent a greatly underused and promising channel to reach thousands of employees and their families in all sectors and levels of employment.
- **Faith-based organizations (FBOs).** These are religious affinity groups, including Christian, Independent, Islamic, Hindu, Judaic, traditional and other faiths. Although their primary aim is to provide spiritual teaching and guidance, most are enjoined by faith to undertake a social mission which includes teaching, care and welfare. Before the development of the modern administrative state in the last century, FBOs were virtually the only providers of education, care and social welfare services in many areas. They continue to play an important role. They range from national level institutions, with a central secretariat and significant financial management capacity, such as the Catholic Church, to independent, grassroots religious communities, with limited administrative experience. They have many important strengths: a strong commitment to education, care and social service; numerous adherents, particularly in the developing world; and unrivalled rural reach. Many have an umbrella structure, in which local religious communities, such as parishes, are linked to provincial structures, such as dioceses, which in turn are linked to a national secretariat. There is thus great scope to channel resources and training through a national secretariat to an entire province or country.
- **Community-based organizations (CBOs).** These are typically grassroots membership organizations, often without a formal structure or registration. They are remarkably diverse. Examples include informal traders' associations, farmers clubs, savings groups, sports clubs, PLWHA groups and local youth groups. Whereas many NGOs serve communities, CBOs are themselves drawn from and representative of their communities. They represent both implementation channels and beneficiaries. Whereas NGOs are often valued for their flexibility and professional skills, CBOs are valued because they usually directly represent the ultimate beneficiaries. Because CBOs may lack formal structures and financial management systems, it is important either to link

them to NGOs or to develop simplified financial management systems, typically limited to a committee, a bank account, a cash book and a file of receipts (See Chapter 13). Many HIV/AIDS programs try to build partnerships between NGOs and CBOs. NGOs provide resources, simple systems, training and support to CBOs. There is great scope to increase support to CBOs by developing simplified financial management procedures, designed specifically for CBOs and by promoting mentoring partnerships between NGOs and CBOs.

What activities do CSOs undertake?

CSOs play a leading role in changing cultural values and community norms and in assisting community support, care and mitigation responses. These strengths are evidenced in the following tabular summary of CSO HIV/AIDS activities.

Table 10.1 - CSO HIV/AIDS Activities

Activity	NGOs	Associations/ Unions	FBOs	CBOs
Advocacy:				
Advocacy	CSOs, such as PLWHAs groups have a major role to play in advocacy to improve HIV/AIDS response			
Training	CSOs play a major role in training			
Prevention:				
Mass communication	CSOs have role to play in promoting discussion of mass media campaigns			
Behavior change communication	CSOs have an important role to play in promoting behavior change communication and supporting peer education			
Condom distribution and promotion	Larger CSOs such as national reproductive health NGOs may promote and distribute condoms, often through downstream CBO networks			
STI care	Larger NGOs with health facilities may provide limited STI care, but NGOs are not optimal channels for STI care		FBOs with mission hospitals offer STI care.	CBOs may promote STI care seeking behavior.
HIV counseling and testing	NGOs may operate VCT centers, especially nested in multi-purpose drop-in centers	Other CSOs may play important role in promoting VCT. For example, FBOs may promote sexual deferral and couple based HIV counseling and testing before marriage as an effective HIV prevention strategy. CSOs also play a vital referral role, providing counseling and support and care to both HIV-positive and HIV-negative clients		
Blood safety	Large NGOs, such as the Red Cross, may operate blood safety programs in some countries	Other CSOs may play an important role in developing blood donor networks		
Prevention of mother-to-child transmission	Some CSOs such as FBOs managing hospitals may deliver ARVs to prevent mother to child transmission. Many CSOs have a major role to play in promoting services and providing referral services, particularly counseling and support to HIV-positive mothers and AIDS care to sick mothers and children identified during testing			
Care Support and Mitigation:				
PLWHA support	Many NGOs parent CBO PLWHA support groups, providing funding, administrative and technical support	Professional associations and trade unions have major roles to play in protecting rights of PLWHA	Many FBOs also parent CBO PLWA support groups, provide funding, administrative and technical support	PLWHAs are important CBOs, often linked to NGOs or FBOs, play a major role in providing care and support
Clinical AIDS care	Larger NGOs with health facilities may provide clinical AIDS care	Professional associations and trade unions have important roles to play in lobbying for care for members	FBOs with mission hospitals are important source of clinical AIDS care	CBOs play advocacy role, lobbying for improved AIDS care
Community, home based, AIDS care Orphans and vulnerable children	NGOs, CBOs and in particular, FBOs, play a leading role in community home-based AIDS care and support for orphans and vulnerable children			

CSO program activity monitoring

Monitoring is essential, and CSO program activity monitoring should be as simple as possible. Each CSO partner will typically agree its key targets with the NAC/NAS and its decentralized structures, using the Planning, Monitoring and Evaluation Form contained in Appendix 5 of the UNAIDS/World Bank National Aids Councils (NAC) Monitoring And Evaluation (M&E) Operational Manual. Each CSO partner will then report results regularly using the Planning, Monitoring and Evaluation Form. These results will be checked and verified at least every six months by the designated monitoring agency. The designated monitoring agency will assess each CSO partner's progress towards targets every six months and rate their progress using the Planning, Monitoring and Evaluation Form. The designated agency will collate, analyze and submit to NAC summary reports of aggregate CSO activities every six months, using a simple, structured Progress Report Form. NAC and key CSO stakeholders will meet every six months to review M&E reports, to identify key lessons learned and to make strategic recommendations and decisions. NAC and key CSO stakeholders will update their M&E manuals and procedures based on lessons learned. Significant investment in capacity building is urgently needed to equip CSOs at all levels to undertake program activity monitoring.

What are the major indicators of CSO performance?

Indicators should be relevant and as simple as possible. Illustrative indicators to assess progress in scaling up programs for major CSO activities are presented below:

Table 10.2 - CSO Indicators

CSO Capacity
Number of civil society organizations receiving NAC funding
Percentage of overall funding granted to civil society services
Number of new civil society partners introduced to HIV/AIDS programming with NAC support
Total AIDS services delivered by civil society
Number and estimated percent of orphan boys/girls receiving support for school fees
CSO Services
Communication
Number of (a) media HIV/AIDS radio/television programs produced and (b) number of hours aired
Number of HIV/AIDS prevention brochures/booklets (a) developed and (b) numbers distributed
Prevention
Number of (a) HIV prevention staff and (b) volunteers trained
Number of (a) HIV prevention meetings held and (b) men/women reached
Number of condoms sold/distributed
Number of men/women receiving STI care from health facilities with trained staff and uninterrupted supply of drugs
Number and percent of men/women receiving HIV testing and counselling
Number and (b) percent of women tested and receiving PMCT if HIV-positive (in rare instances where CSOs deliver PMCT)
Care and Support
Number of care (a) staff and (b) volunteers trained
Number of PLWHA support groups and (a) number and (b) percent of men/women enrolled
Number of (a) community AIDS care projects and (b) number and (c) percent of men/women enrolled
Number of (a) community orphan support projects and (b) number and (c) estimated percent of orphan boys/girls enrolled
Input Level (Deliver Personnel, Training, Equipment and Funds)
Paid staff, volunteers recruited, training conducted, equipment and resources provided

4. Financial management

There is likely to be very significant capacity differences among organizations which make up civil society, especially with regard to financial management and disbursement. It will, therefore, be very important from the outset to evaluate the financial management capacity of the civil society organizations which will request MAP funding. Financial management is particularly important because one of the fundamental aims of the MAP approach is to move funds to beneficiaries as fast as possible. The need for careful assessment, training, and effective systems is also highlighted by the fact that many civil society organizations will be implementing sub-projects on behalf of NAC/NAS as well as supervising projects at community levels and managing their funding requirements. Detailed information on financial management systems (FMS), and disbursement is located in Chapter 19 and Chapter 20 respectively. A summary of key guidelines follows:

- FMS of civil society must complement those of the NAC/NAS so that all project accounts can be consolidated and prepared efficiently;
- Standard historical cost accounting and other international accounting procedures apply to civil society FMS;
- Specific arrangements may be made between civil society and the NAC/NAS for payment of large accounts but in general civil society organizations will operate project bank account/s which will be replenished according to a prearranged formulae and the preparation and presentation to NAC/NAS of prescribed financial and physical reports;
- All civil society organizations participating in the NAC should be subject to an annual internal audit review; and
- A full annual audit of civil society organizations should take place if the organization is disbursing more than \$50,000 per annum. Organizations disbursing less than this should be subject to a random audit check.

5. Procurement Management

Generally, the same procurement procedures are to be followed by the CSOs (especially the NGOs and the private sector) as by the NAC/NAS. However, this will largely depend on the financial value of the goods, and services to be procured under an agreement between NAC/NAS and a CSO. Chapter 21 provides descriptions of procurement methods, procedures and the process.

On the other hand, CSOs including smaller civil society groups, associations etc., would use Simplified Procurement Procedures agreed between the government and the donors during project appraisal. Chapter 21 provides relevant procurement information for such organizations. A summary of key guidelines follows:

- CSOs will follow a simplified procurement procedures as agreed with NAC/NAS (within the government rules agreed with the donors during project preparation);
- They will prepare a procurement plan showing what is going to be procured, in what quantity, at what estimated price, from where and when;
- They will adopt a clear and transparent process to acquire quotations award contracts to local suppliers;
- All CSOs will maintain records and receipts of all items/services procured and submit to NAC/NAS (or its authorized entity) when requested;
- All CSOs will form a purchase evaluation committee within their organization which would evaluate received quotes and award the contract.

6. Lessons learned and recommendations

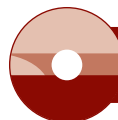
- **Accessing MAP funds should be simple, transparent and effective.** Applications forms for civil society organizations to request funding under MAP programs need to be extremely simple to elicit the required information without burdening the CSO. The essence of the application form will include: what is to be funded, for whom, with what stakeholder involvement, with what objective, and with what fiduciary architecture.
- **Documenting CSO expenditures should be simplified.** Once a CSO receives funding, documenting the use of the funds to allow for further funding from the NAC and between the NAC and the donor should be simplified. The CSO should be heavily involved in determining what “simplified” means since central organizations tend to require too much information that is too costly to produce and often irrelevant.
- **CSOs need comprehensive funding, including for administrative and operating costs, for several years in order to invest in scaling up.** Unlike public sector agencies that usually budget on an annual basis, CSOs need to increase their size in order to scale up, a process that requires investment in administrative capacity, people, equipment and facilities. Funding of administrative overhead, including transportation and other business logistics, additional personnel and training, and incremental operating costs are inherent expenses of scaling up that should be funded by national HIV/AIDS programs. Most CSOs require a funding commitment of two to three years in order to make the commitment to scaling up. Investments in administrative overhead and infrastructure needed in scaling up are often front-loaded in the first year;
- **Concept of a CSO Umbrella Body or Facilitating Agent.** Some MAP countries are trying to accelerate the access of civil society organizations to funding and to learn a number of important lessons. National umbrella organizations may play an important facilitation role. Large, or otherwise experienced and relatively well-endowed NGOs can also serve as mentors and facilitators to small NGOs and CBOs in both organizational formulation and planning for scaling up. An example of the role of a facilitating agency in Ethiopia is presented in Box 10.1 below

Box 10.1: The Role of Facilitating Agencies in Building Civil Society Capacity

ACCORD is an international NGO that has worked in Ethiopia since 1986. It currently works in four areas of Ethiopia: Addis, Dire Darwa, Gambella and Shashemene, primarily in urban and rural livelihoods and community capacity building. ACCORD has an intensive CBO capacity building program in Addis, elements of which are infused into ACCORD’s work in other regions. ACCORD’s CBO program aims to promote the role of traditional CBOs (Edirs) as grassroots partners through three components: advocacy, direct financial support and training. The program has served to increase CBO networking and confidence to access resources and take up diverse development activities. A UNAIDS/WorldBank team visited ACCORD and CBO partners in Shashemene and observed that simple project management and financial administration systems shared by ACCORD had genuinely taken root in CBOs. CBOs visited had membership records, simple numbered receipts and informal cash books provided by ACCORD. They used training and planning systems shared by ACCORD. Their records were simple, clear and up-to-date. ACCORD’s support has significantly increased the capacity of community organizations to apply for, receive, manage, program and account for EMSAP resources.

- **Capacity building of CSOs.** Some MAP projects have not started systematic programs of building capacity in civil society. There is a need to identify capacity needs and contract technical resource organizations or groups with clear capacity building experience and performance targets to undertake, in partnership with local organizations, training on and exposure to national and international good practices for HIV/AIDS program activities;

- **Importance of horizontal learning networks.** Lessons of experience indicate that CSOs learn best through informal horizontal learning networks, in which CSOs undertake site visits to established projects, organize internships or placements with skilled CSO staff, build coaching and mentoring partnerships between experienced and new projects and develop local learning networks, where geographically proximate CSOs meet regularly to address and resolve issues of common concern. Investing in these kinds of learning may appear expensive at first but have large pay-offs in the speed and quality of project implementation;
- **Existence of a wealth of technical expertise.** There exist nationally and internationally a wealth of technical expertise and practical experience that needs to be brought to bear on national HIV/AIDS programs, and made available in all sectors and levels of countries. Technical expertise and practical experience range from IEC, VCT, home-based and community care, biological and behavioral surveillance, prevention and treatment of STI, social marketing, TB control and process skills such as rapid participatory assessment methods, social assessment, managing information systems, conflict resolution and management skills and M&E;
- **“Civil Society Review Board”:** While CSOs are almost always well represented on National AIDS Councils, NACs are mostly involved in areas of strategy development and mono-program review. CSOs have the interest and the technical capacity to help ensure that HIV/AIDS programs perform up to expectations. The joint UNAIDS/World Bank MAP progress report in 2001 recommended that countries may wish to consider creation of “Civil Society Review Board” (CSRB) made of acknowledged HIV/AIDS advocates that should represent such important constituencies such as PLWHA, trade unions, religious organizations, human rights and women organizations, the media, and the private sector. The CSRB should be mandated to review the rate and amount of fund disbursement against targets, the impartiality, objectivity and quality of grant making and overall MAP performance. The CSRB should have a full time coordinator with an operating budget to develop effective linkages with all stakeholders;
- **Piloting scaling up.** To scale up existing programs in civil society it is important to: (i) pilot the scaling up of program funding; (ii) contract “Technical Support Agents” to facilitate program preparation for small and medium sized NGOs and for community-based organizations; and (iii) consider re-imburement to NGOs for eligible expenditures (to be defined) by ex-post examination and re-imburement dating back to the date of completion of appraisal as a measure to provide working capital to NGOs which can scale up quickly.
- **Don’t ration funding.** On occasion the demands from NGOs will be larger than the indicative funding available. In view of additional resources available from a variety of donors, including MAP, funding to CSOs should not be rationed.



See Annex 10 (CD-ROM) for further references

