



# Chapter 8

## Partnership

### 1. External partnership

The first phase of the MAP approach emphasizes scaling up existing programs, building capacity in African countries, and engaging all potential stakeholders. Many external partners have been supporting African HIV/AIDS programs for years with both funding and technical advice; the MAP aims to build on, or help expand, those programs—not to supplant or compete with them. Consequently, all stages of MAP preparation and implementation involve other relevant actors in a number of different ways, including external partners.

External partners in the war against HIV/AIDS in Africa include:

- Major providers of funding such as the Global Fund for AIDS, TB and Malaria (GFATM), bilateral donors, regional financial institutions, and multilateral institutions.
- Suppliers of technical expertise such as specialized agencies of the United Nations, national organizations, and independent entities.
- International NGOs and institutions that specialize in HIV/AIDS prevention, care and treatment and mitigation programs and research.
- Non-traditional development partners, such as faith-based organizations, traditional authorities, and affected private sector enterprises (see Box 8.1), that are often in the forefront of the war against HIV/AIDS and can reach larger audiences.

Partner arrangements range from limited (the simple exchange of information on what individual partners are doing) to the extensive (the sharing of money and decision-making, as in “joint” program funding and “pooling” arrangements).

### 2. External partnerships are involved in MAP operations in different ways at different stages:

- **Program Coordination.** The National AIDS Councils are expected to coordinate the activities of the implementing agencies in both the public sector and civil society. They are also supposed to coordinate the contributions of the various donors, with facilitation support from UNAIDS. UN Theme Groups at the country level are attended by the heads of international and bilateral agencies to enhance program coordination within the donor community;
- **Joint/Complementary Preparation.** The expertise and experience of various agencies in the HIV/AIDS epidemic are increasingly applied in preparing MAP country projects. Access to grant resources under the Japanese PHRD Trust Fund has been important in the preparation of MAP operations, as has assistance from UN agencies and bilaterals. UNAIDS plays a key role in helping support such multilateral collaboration.

- **Complementary/Parallel/Joint Financing.** MAP funding is only one of a number of sources of financing and technical assistance, each contributing to the effective implementation of a national HIV/AIDS strategy. The UK Department for International Development (DFID) is assisting in the expansion of the district response initiative to access funds in Cameroon, Kenya and Nigeria. Several donors, such as UN agencies, (GFATM), Agence Francaise de Developpement, the United States Agency for International Development, the Netherlands, German Agency for Technical Cooperation (GTZ), European Union (EU), Canadian International Development Agency (CIDA), foundations such as Gates, and others contribute to the strengthening and implementation of National HIV/AIDS programs. The Clinton Foundation is working to lower drugs prices and to encourage additional funds from donors above their regular bilateral and multilateral funding levels to increase access to treatment;
- **Joint/Complementary Implementation.** There are several examples of countries which draw on the comparative advantage of various agencies as they scale up or replicate implementation of programs. These include: monitoring and evaluation and technical resource networks with UNAIDS; surveillance and coordination with Ministries of Health with the World Health Organization (WHO); youth and PMTCT initiatives with the United Nations Children’s Fund (UNICEF); refugee/migration activities with UNHCR and IOM; human rights and workplace interventions with the International Labor Organization (ILO); capacity building for communities and faith-based institutions with USAID, the United Nations Development Program (UNDP) and other organizations; inventory and logistics system with the Governments of Japan and India; and Italy is active in supporting the establishment of blood supply, among other areas.
- **Harmonization** – The more that donors agree to harmonize their procedures and work within a common framework, the better. In this regard, adopting the “Three Ones” will enhance the chance of achieving the most effective and efficient use of available resources and ensuring rapid action and result based management.
  - One agreed HIV-AIDS Action Framework that provides the basis for coordinating the work of all partners;
  - One National AIDS Coordinating Authority, with a broad based multi-sectoral mandate;
  - One agreed country level Monitoring and Evaluation System

**Box 8.1: Partnership in Supervision**

The first formal supervision mission for the Ethiopia MAP country project was an example of partnership among donors and UN agencies. Dividing the supervision mission in five areas of focus, the partners shared the supervision effort as follows:

Supervision Focus	Institutional Responsibility
1.Capacity Building	CRDA, Netherlands, UNAIDS, UNICEF, USAID, World Bank
2.Public Sector Response	ILO, UNDP, WHO, World Bank
3.Civil Society Response	World Bank
4.Project Coordination	UNAIDS, World Bank
5.Financial Management & Procurement	World Bank

- **Pooling of Funds.** The most extreme and effective partnership is the “pooling” of funds by donors. In the case of Malawi, for example, a number of donors and the World Bank have agreed to “pool” their funds in one account. Following agreement each year with Government on the annual work plan and outputs, a detailed financing plan is agreed identifying which activities will be funded by “earmarked” donors, those who provide funds individually, and by “pooled” donors, those who provide general program funding in a common account that is available to finance any eligible program expenditures.
- **Joint Supervision.** Joint supervision of national HIV/AIDS programs, led by NAC and involving all active external partners, is the best way to ensure focused and coordinated support. However, coordination should be ongoing through out the year, and not take place only during periodic reviews.

### 3. Lessons learned and recommendations

- **Stronger Partnership is Better.** Experience from all MAP countries shows that when external partners agree on intensive and extensive partnership arrangements, the MAP countries benefit from a more focused framework and a more effective and efficient utilization of scarce financial and human resources; Recommendation: Strong partnership among external partners is best served by all the partners participating in joint annual reviews of the national HIV/AIDS program, led by the NAC/NAS and the implementing agencies (i) at the end of the fiscal year to assess past performance and makes recommendations for program improvement; and (ii) half way through the fiscal year to assess the next year’s program and make financial commitments. In some cases, countries have decided to combine (i) and (ii) but in other cases the benefit of having two assessments annually, at least initially, is felt to be important. The annual review is described in more detail in Chapter 25 on supervision. “Pooling” of funds is another example of strong partnership.

#### Box 8.2 Using Technical Resource Networks to Enhance Program Implementation

There exists in Africa and elsewhere a wealth of technical expertise and practical experience that can be brought to bear on national HIV/AIDS programs, and made available to all levels in countries. Experts need to be selected for their outstanding knowledge and practical expertise in a range of technical fields and form flexible technical resource networks (TRN) in such areas as: social mobilisation; Information, Education and Communication (IEC); Voluntary Counselling and Testing (VCT); home-based and community care; biological and behavioural surveillance; prevention and treatment of sexually transmitted infections (STI); social marketing; tuberculosis (TB) control; and process skills such as rapid participatory assessment methods, management information systems, conflict resolution and management skills, monitoring and evaluation, social assessment and social impact monitoring

The establishment of TRNs is an integral part of using knowledge management and partnership as essential tools in social and intellectual mobilization against HIV/AIDS. Experience suggests that line agencies using staff technical services is not without its difficulties. Potential users of technical expertise need to know such services are in fact available. They must become critical and effective demanders of specialized technical services. On the supply side, the NAC/NAS and selected TRNs will need to be proactive in promoting the availability of such services, especially until implementing agencies develop the habit of integrating external services.

For such a dynamic to get established, two things need to occur: (a) A core minimum of TRNs need to be established early.

- Lack of regular partnership can lead to conflicting messages to NACs, inefficient allocation of resources, and impede national program implementation.** In one country with insufficient partnership coordination, one donor offering technical assistance sent a mission to establish in-house NAC M&E capacity while the major funding donor was urging contracting M&E. In another country, a log frame workshop initiated by one donor was followed the next week by a workshop on indicators sponsored by another donor.
 

**Recommendations:** (i) NACs should establish the capacity to manage overall relations with external partners and support the commitment to having One national coordination authority; and (ii) all donors should use the UNAIDS Theme Group as a monthly forum for exchanging information and views among themselves and with the NAC. Even where NAC is weak in coordinating donors, the donors bear a responsibility to ensure they are not working at cross-purposes or leaving important gaps;
- Technical Resource Networks (TRN).** In a number of countries, external partners have decided to establish TRNs in areas where a concentrated approach is appropriate, as outlined in the following box:

### Box 8.3 Advantages of Engaging Faith Based Organizations

Religious organizations and FBOs have a 2,000 year history of working within local communities and helping them to resolve their problems - HIV/AIDS is just the most current concern. In Africa, faith groups have provided 30-50% of all the hospital beds available in the countries. With the commitment of the donor community to stay in the fight against HIV/AIDS for the long-haul, religious organizations and FBOs are good partners because they have a similar commitment to stay in the communities even when others have moved on to a new agenda. The MAP program already recognizes that the keys to having an impact against the epidemic are partnership and having a comprehensive response, with each player/actor bringing the best resources in its arsenal to the table. FBOs have all the beneficial criteria that CSOs have (see Chapter 6) but they also possess the moral authority to influence behavior change, have access to a broad audience on a regular basis, have greater grassroots involvement, and a holistic approach to the epidemic in providing both physical, psychosocial, and spiritual solace. The MAP program supports such a holistic approach in community responses and therefore should be better integrated into the work of the FBOs.

Engaging religious bodies and FBOs in the national response to HIV/AIDS can lead to greater influence on behavior and social justice. For instance, the UNAIDS Best Practices study of the Islamic Medical Association of Uganda (IMAU) shows that AIDS prevention activities carried out through religious leaders had a significant, direct impact on the epidemic in Uganda. In fact, Uganda provides a specific example of how partnership with religious bodies can have a great impact; the involvement of FBOs and religious leaders in the national response to HIV/AIDS was a deliberate national policy institutionalized within the NAC, so that the national response was enhanced by the messages of fidelity and abstinence from the Anglican, Catholic and Muslim leaders who all supported President Museveni's inclusive approach. Just as the MAP has a lot to learn from FBOs in reaching local communities, FBOs can also learn from the MAP. The availability of networks for implementing agencies that the MAP promotes can be helpful in sharing implementation lessons, as well as providing opportunities to identify areas where there are gaps. In particular, the establishment of networks of inter-religious councils and associations in several African countries has helped to identify the critical obstacles that FBOs face in accessing resources from the MAPs, their areas of similarity and complementarity, and new ways in which they can work together to assist their constituent communities. There are also disadvantages to be aware of in partnering with FBOs: although they have the greatest reach to communities, FBOs are sometimes reluctant to deal with the issue of condom usage and prevention messages may be limited to abstinence messages. MAP funding does not define which is the correct message but should try to include all messages on prevention and encourage FBOs to either promote condom usage when necessary or to refrain from making comments on condom usage. In addition, FBOs are often not accustomed to providing financial and programming reports like other CSOs and NGOs, so it is challenging to institute the financial accountability that is crucial to further MAP funding and an extra effort must be made to develop this capacity, such as the recent hosting of FBO workshops in Addis Ababa (May 2003) and Accra (January 2004).

**Box 8.4 Examples of Successful Faith-Based Organizations Programs Against HIV/AIDS****Matthew 25 House**

A Catholic Pastoral Outreach Center that does HIV/AIDS outreach and support activities for PLWHAs in *Koforidua* in the *Eastern Region* of Ghana. Founded by Rev. Bobby Benson, the center provides a haven for PLWHAs to receive care and support from laity chaplains and obtain mutual support through various avenues:

- **A Clinical Pastoral Education program** that trains ordinary men and women over one year in four units of three months duration each. The chaplains receive information on HIV/AIDS and are empowered to go and educate the public, and to reach out to and care for PLWHAs through one-on-one counseling and home visitation.
- **A PLWHA support group** has grown from 8 in 1999 to about 60 members in 2003, who meet fortnightly to discuss concerns and obtain counseling, mutual support, and treatment for opportunistic infections.
- **Identification of orphans in need of support** for school uniforms, fees, shoes or sandals, stationery and school bags. Needy orphans are identified either by dependents of the members of the PLWHA support group or by members of the communities where the PLWHAs are visited. 112 orphans have been identified to 50 are receiving support for school fees and uniforms.
- **Outreach activities** to better educate the municipal communities on HIV/AIDS and reduce the stigma and discrimination experienced by PLWHAs.
- **YOUTH ALIVE clubs** created to **provide reproductive health education to the youth** in the regional schools through peer counselors who receive three weeks of intensive training on HIV/AIDS. The clubs allow youth to obtain accurate information on HIV from their peers, who also serve as role models, and they are accompanied by PLWHAs who describe their experiences firsthand and relate that HIV can infect anyone.

GARFUND, the civil society fund in Ghana, approved a GHC 220 million sub-project for orphan support and care and support activities that has been an important source of funding for the Matthew 25 House activities.

