
UNAIDS engagement with civil society

Case study 2: Zambia

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INTRODUCTION

This case study discusses engagement by the Joint United Nations Programme on HIV/AIDS (UNAIDS)¹ with civil society in Zambia. It is one of three case studies² in a series of documents responding to a request from UNAIDS Programme Coordinating Board (PCB) for more explicit reporting on resourcing and engagement of civil society [decision 9.6 of the 28th PCB meeting, June 2011].

In 2013, UNAIDS prepared an initial working paper to highlight examples of how the Joint Programme engages with civil society³. The document facilitated ongoing dialogue with civil society, including at a UNAIDS multi-stakeholder consultation in October 2013, at which it was agreed to prepare a more in-depth review of UNAIDS engagement with civil society as part of the Mid-term review of the Unified Budget, Results and Accountability Framework (UBRAF) presented to the 34th PCB meeting in July 2014 as a conference room paper⁴. Another conference room paper, *Concrete actions to address the Programme Coordinating Board decision points related to civil society 2010-2014* was presented to the PCB at its 35th meeting in December 2014.

The present document uses the definitions of communities and civil society⁵ and partnership principles⁶ provided in *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*⁷. It is based on a broad understanding of engagement, one that incorporates UNAIDS providing, facilitating and/or mobilizing different types of support (financial, political, technical, etc.) to benefit the role, resources and work of civil society, including groups by and/or for people living with HIV and key populations, including sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs⁸.

The case study focuses on work that took place in Zambia during 2014. It does not intend to describe the full range of civil society engagement taking place by the UNAIDS Country Office and Cosponsors, or the full extent of related challenges and opportunities. Rather, it focuses on key

¹ Throughout this case study, the terms 'Joint Programme' and 'UNAIDS' refer to the UNAIDS Secretariat and UN Cosponsor Organizations.

² The two other case studies are Cambodia and the Middle East and North Africa Region. The synthesis report of UNAIDS engagement with civil society in Cambodia, Zambia and the Middle East and North Africa Region was presented as a Conference Room Paper to the 36th meeting of the PCB

³ http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624_UNAIDS_WorkingPaper_C_Sengagement.pdf

⁴ http://www.unaids.org/sites/default/files/media_asset/20140612_CS_Engagement_EN.pdf

⁵ The term 'communities and civil society', henceforth referred to as 'civil society', refers to people living with HIV and affected by it, as well as their organizations and networks. It also includes the organizations and networks of: key populations (gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people); migrants and mobile populations; people affected by emergencies, conflicts and other humanitarian events and environments of concern; prisoners and other incarcerated populations; women and girls; young people; people living with disabilities; nongovernmental advocates for human rights; nongovernmental actors in other health and development fields; community-based organizations, networks and coalitions; nongovernmental organizations; nongovernmental civic organizations; trade unions, labour organizations and other worker groups; and faith-based organizations and groups. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, Geneva, UNAIDS, 2011.

⁶ The principles include: human rights; evidence-informed and ethical responses; people living with HIV as leaders; genuine partnership; equality; country ownership; responsibility of the entire Joint UN Programme on HIV/AIDS; strategic impact; mutual respect, cooperation, transparency and accountability; recognition of the autonomy and diversity of civil society; and complementarity and cost-effectiveness. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, Geneva, UNAIDS, 2011.

⁷ [UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations, UNAIDS, 2011.](#)

⁸ Examples of activities include UNAIDS: funding activities; mobilizing resources for the sector; facilitating meaningful involvement of the sector in decision-making; providing technical support and capacity building; advocating for communities' needs; leveraging resources for community-based services; supporting communication and consultation mechanisms for the sector; promoting the collection and use of community data; and advocating for a rights-based environment. Adapted from: *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, UNAIDS, 2011.

approaches to engagement of particular relevance to the changing environment and of particular use for learning across countries and regions.

The case study was prepared with guidance from the working group on civil society of the UNAIDS Cosponsor Evaluation Working Group (CEWG), which included representatives of the Nongovernmental Organization (NGO) Delegation to the PCB⁹. The case study is informed by the annual reports submitted to the PCB by the NGO Delegation addressing such issues as the impact of reduced funding for civil society¹⁰ and unequal access to treatment for key populations¹¹. It also draws on initiatives and reports relevant to UNAIDS engagement with civil society organizations, including: the Fast-Track initiative¹²; the Gap Report; the process to update and extend UNAIDS Strategy for 2016–2021; and the roll-out of the new funding model and development of the new strategy for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

CONTEXT

Zambia has made progress in its AIDS response, achieving a 41% decrease in new infections between 2005 and 2013.¹³ However, the epidemic remains significant; according to the Zambia Demographic Health Survey (ZDHS 2013–2014), 13% of people aged 15–49 are infected with HIV (15% of women and 11% of men). Adolescent girls and young women are particularly affected, with 8% of all those aged 15–24 years living with HIV, compared with 5% of young men, with prevalence increasing with age, from 4% among young people aged 15–17 to 12% among those aged 23–24. Prevalence is also higher among key populations; it is estimated at 33% for men who have sex with men, for example.¹⁴ While access to antiretroviral therapy (ART) has increased, in 2013 these drugs were provided to just 55% of adults living with HIV. In the same year, there were 27 000 AIDS-related deaths.

As one of the world's 30 countries accounting for 89% of all new HIV infections, Zambia is within the UNAIDS Fast-Track strategy, which was launched in November 2014.¹⁵ It requires significant and rapid scale-up to meet the ambitious targets, including prevention and the 90-90-90 benchmark for treatment.¹⁶

Zambia's national AIDS response is coordinated by the National HIV/AIDS/STI/TB Council (National AIDS Council, or NAC), and guided by the National HIV and AIDS Strategic Framework (NASF) 2011–2015,¹⁷ which focuses on four priorities: intensifying HIV prevention; accelerating universal access to comprehensive care, support and treatment; mitigating the impact of HIV,

⁹ The case study was drafted by an independent consultant. Subsequent additions, modifications and editing was carried out by the UNAIDS Secretariat based on review processes among national and global stakeholders, including the CEWG. The case study was informed by a desk review combined with interviews and focus group discussions carried out with more than 50 stakeholders (from communities, civil society, Cosponsors, UNAIDS Secretariat, international development partners and the Government) during a mission to Zambia in February 2015.

¹⁰ Report by the NGO Representative, 30th Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 5–7 June 2012.

¹¹ Report by the NGO Delegation to the PCB, 33rd Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 17–19 December 2013.

¹² *Fast track – ending the AIDS epidemic by 2030*, UNAIDS, 2014.

¹³ Information in paragraph from: *Fact sheet: Zambia*, UNAIDS, 2014; and *The gap report*, UNAIDS, 2014.

¹⁴ *Country profile: Zambia, Achieving an AIDS-free generation for gay men and other MSM in Southern Africa*, AmFAR.

¹⁵ *Fast-track: end the AIDS epidemic by 2030*, UNAIDS, 2014.

¹⁶ 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads.

¹⁷ *National Aids Strategic Framework 2011–2015: Towards improving the quality of life of the Zambian people*, National HIV/AIDS/STI/TB Council, November 2010.

especially on the most vulnerable groups, orphans and vulnerable children, people living with HIV and their caregivers and families; and strengthening a coordinated and sustainably managed multisectoral response.

Financing the AIDS response has been dependent largely on international development partners. In January 2015, Zambia signed new three-year grants, totalling US\$ 234 million, with the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The grants for HIV/TB, managed by UNDP, the Ministry of Health and the Churches Health Association of Zambia (CHAZ) as the principal recipients, will expand access to antiretroviral therapy, enhance HIV/TB integration and intensify tuberculosis case detection including for key populations,¹⁸ children and prisoners.¹⁹ Domestic funding from the Government of Zambia accounts for 8% (US\$ 158 million) and 31% (US\$ 8 million) of the national strategies for HIV and tuberculosis respectively.²⁰

The civil society response to HIV in Zambia has been one of the most vibrant in the Eastern and Southern Africa (ESA) region, with civil society organizations pioneering innovative approaches to home-based care and peer support for people living with HIV as one example of this. In recent years, however, the sector has been acutely affected by reduced resources, largely resulting from the scaling down of direct HIV funding from key bilateral international development partners, combined with challenges related to reprogramming and delayed disbursement of Global Fund grants.²¹ While the new Global Fund grants are welcomed, they will not address many of the community-based activities of civil society compared with, for instance, biomedical and facility-based interventions. Reduced funding, combined with organizational capacity challenges, have forced some civil society organizations to close, and others to downsize their staff and programmes. Some groups, notably those focused on lesbian, gay, bisexual, transgender and intersex (LGBTI) issues, struggle to work effectively within a punitive legal system. In an environment where indigenous civil society organizations are made to compete for meagre resources, coordination suffers. The challenge now is for civil society to coordinate efforts to identify and articulate its joint priorities within national policy-making and resource allocation.

In 2014, Zambia’s Joint UN Team on AIDS brought together the UNAIDS

Secretariat and 10 Cosponsors that have a presence in the country and maintain involvement in the response. These are: United Nations Children’s Fund (UNICEF); World Food Programme (WFP);

Fast Facts: Zambia's Joint Programme on AIDS	
Joint Programme Expenditure on AIDS in 2014	
Total core UBRAF expenditure:	US\$ 2,441,311
Other Joint UN Programme on AIDS expenditure:	<u>US\$ 119,995,567</u>
Total 2014 AIDS expenditure	US\$ 122,436,878
Total number of staff in the Joint UN Team on AIDS	
21 Staff from Cosponsoring organizations and UNAIDS Secretariat working at 50%-100% on HIV and AIDS	

¹⁸ The 2014–2016 RNASF includes a definition of key populations that encompasses people living with HIV, women and children, adolescents, young people, people with disabilities, prisoners, sex workers and their clients, and migrant and mobile populations.

¹⁹ Zambia and Global Fund sign \$234 million in new grants, news article, the Global Fund to Fight AIDS, Tuberculosis and Malaria, 9 January 2015.

²⁰ *TB and HIV concept note: Zambia*, concept note to the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2014.

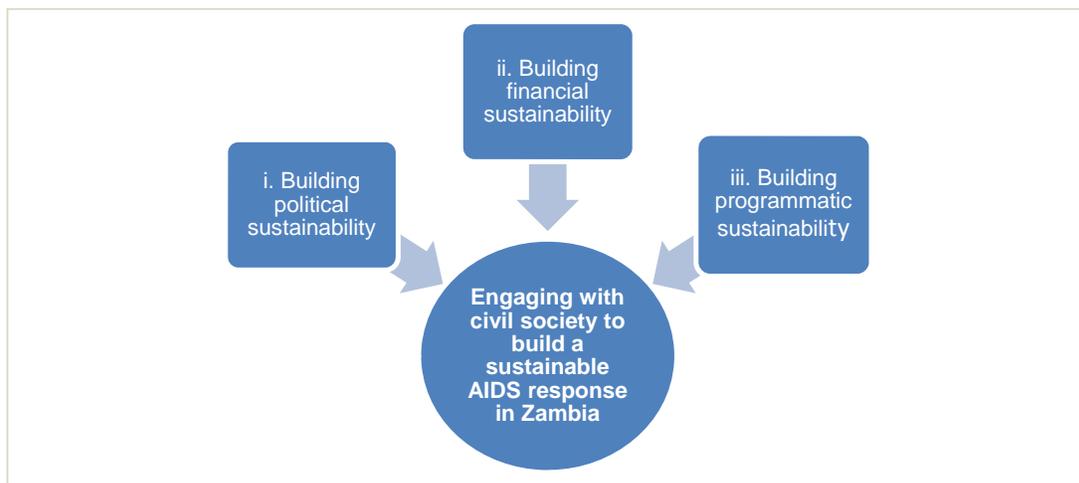
²¹ According to the resource mapping undertaken during the Zambia National HIV Strategic Framework (NASF 2011–2015), the overall resource needs gap analysis was as follows: i) 2011–2015 resource needs in US\$ 2 395 264 287; ii) 2011–2015 estimated available funding in US\$ 1 803 810 732; and iii) 2011–2015 financial gap for NASF in US\$ 591 453 555. During this same period, the total resource requirement for civil society organizations was estimated at 10% of the total NASF requirement that came to US\$ 239,526,429.

United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Office on Drugs and Crime (UNODC); United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); International Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); World Health Organization (WHO) and the World Bank. The Joint UN Team on AIDS is put into operation through a Joint Support Programme that outlines joint outcomes with specific lead organizations and implementing partners according to the Division of Labour.

APPROACHES TO CIVIL SOCIETY ENGAGEMENT

This section focuses on three approaches used by UNAIDS in Zambia during 2014 to actively engage with and support civil society in the changing AIDS environment:

- I. Engaging with civil society to build political sustainability
- II. Engaging with civil society to build financial sustainability
- III. Engaging with civil society to build programmatic sustainability



i. Engaging with civil society to build political sustainability

UNAIDS recognizes that to build sustainable action in Zambia, integrating and strengthening leadership on HIV at all levels of the political system is critical, at district, provincial, and national levels. This will not only enable the response to be more effective, but enable sustainability if there are further decreases in international funding. To succeed, such processes must be shaped by the needs of communities and carried out in collaboration with civil society.

In 2014, a key example of engagement of the Joint Programme was with the Alliance of Mayors and Municipal Leaders on HIV and AIDS (AMICAALL), a programme of the Local Government Association of Zambia (LGAZ). Its work, which supports the National AIDS Council and is framed by the national HIV and AIDS strategic framework, increasingly focuses on decentralizing the political response to HIV from the national level, and building leadership at the provincial and district levels.

UNAIDS Secretariat and UNDP gave AMICAALL financial and technical support to develop a manual and implement a capacity-building programme for councillors, council officials and district stakeholders.²² This was informed by consultations with the Zambian Network of People Living with HIV (NZP+) and traditional leaders, and piloted in five districts (Kitwe, Livingstone, Lusaka, Ndola and Solwezi). The training covered areas such as human rights, gender equality and decentralized programme planning, to foster leadership and good practices for local responses.

Sustaining the municipal AIDS response

“AMICAALL’s work is now about ensuring that the issues related to HIV are entrenched in all the work of local authorities ... Support from the UN Joint Team is not so much about money; it’s about helping us with workplans, providing guidelines and giving technical support for training manuals. Knowledge and capacity is more sustainable; it will still be there when the money has gone.”

– Maurice Mbolela, executive secretary, LGAZ

AMICAALL was also supported to successfully advocate for District AIDS Coordination Advisers (DACAs), which are critical posts at district level. These posts, previously funded as UN volunteers through UNDP and then by the National AIDS Council through a Global Fund grant, will from 2016 become permanent positions paid for by local authorities. This will enhance their financial sustainability and provide more structured access to decision-makers. Joint advocacy has ensured more sustainable budgeting for District AIDS Task Forces, multisectoral groups, including people living with HIV, and civil society organizations that coordinate the response to HIV at the district level. UNAIDS work in cities has included support for HIV investment plans, providing strategies based on the local context and also owned by the local authority.

At the national level, UNAIDS Secretariat and UNDP have worked with the National AIDS Council to strengthen its role as national coordination mechanism to ensure sustainability. This has included advocacy, based on the Three Ones principles²³ for a strengthened National AIDS Council to lead on national coordination. Staff salaries at the Council are now being funded through the Ministry of Health instead of dependence on international resources as had been the case previously. This has enhanced financial sustainability.

UNAIDS Secretariat and UNDP have supported the National AIDS Council to strengthen its dedicated offices for provincial and district coordination and civil society, such as by managing a grant mechanism (described under section iii) and fostering coordination among civil society. Coordination is increasingly critical for the sector’s political sustainability and influence, as a way to jointly set priorities and pursue advocacy and in a context of reduced funding to increase cost-efficiency.

In 2014, efforts built on the lessons of previous initiatives, including the Civil Society Engagement Framework developed by the Southern African AIDS Trust. UNAIDS Secretariat, UNDP and the National AIDS Council provided the space and financial and technical support for civil society to work towards a leadership framework, based on the principle of self-coordination, with clusters of

²² *Facilitators manual: good governance and leadership development programme for enhanced service delivery at local level*, LGAZ, AMICAALL in partnership with the NAC and UNAIDS.

²³ 1. One agreed AIDS Action Framework that provides the basis for coordinating the work of all partners – the National AIDS Strategic Framework; 2. One National AIDS Coordinating Authority, with a broad-based multisectoral mandate – the National HIV/AIDS/TB/STI Council; 3. One agreed country-level Monitoring and Evaluation System – the National M&E Framework.

groups, each with a facilitator and focused on a theme, such as people living with HIV or youth. The framework includes civil society organizations – including those working with the lesbian, gay, bisexual, transgender and intersex community, for example – that are often younger/less experienced organizations and face marginalization not only within the country’s response to HIV, but also within civil society itself.

In 2014, further examples of engagement to build political sustainability included support provided to civil society organisations such as Restless Development Zambia, which acts as the country lead for Act!2015²⁴ through UNAIDS Secretariat, UNESCO and UNICEF. These efforts were critical within a context where young people, especially adolescent girls and young women, are highly affected by HIV yet often lack opportunities to voice their issues within political decision-making forums.

Another example was engagement to monitor the implementation of existing political commitments on HIV such as the Eastern and Southern Africa Ministerial Commitment (2013) to increase adolescents and young people’s access to sexuality education and sexual and reproductive health (SRH) services²⁵ through UNESCO’s technical support to the Centre for Reproductive Health and Education, the Southern Africa HIV and AIDS Information Service (SAfAIDS) and Planned Parenthood Association of Zambia (PPAZ). In 2014, the Ministry of Community Development, Mother and Child Health (MCDMCH) and the Ministry of Education, Science, Vocational Training and Early Education (MESVTEE) worked with UNESCO on two high-level meetings, bringing together five Permanent Secretaries from line ministries and heads of civil society organizations that work with young people in sexual and reproductive health. These resulted in a multisectoral workplan outlining how government ministries and civil society organizations will work together to harmonize their programmes to continue Zambia’s steady progress towards meeting the goals of the ESA commitment.

Engagement with other stakeholder groups critical to a conducive political and sociocultural environment for the AIDS response took place in 2014. The Joint Programme helped civil society organizations such as Dette Resources Foundation and the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO) work with religious leaders. The Joint Programme supported a workshop at which more than 40 religious leaders from different faiths, including Presbyterian, Pentecostal and Catholic, shared their perspectives, connected with stakeholders such as TransBantu, a group supporting transgender and intersex youth, and mobilized on the importance of human rights-based responses. One notable early outcome of this ongoing work is that four provinces have religious leaders who have become champions in educating fellow religious leaders.

Other examples of building cadres of support for an enabling environment in 2014 included UNAIDS partnership with the Southern Africa Litigation Centre to organize a capacity-building programme for magistrates and judges on human rights as well as a visit facilitated by UNDP and UNAIDS Secretariat that brought a team including representatives of the Zambian Ministry of Home Affairs, police, the National AIDS Council to Kenya to see first-hand another country’s experience of working in providing evidence-informed programmes for key populations, even in a

²⁴ A movement that aims to secure a post-2015 development framework that advance the sexual and reproductive health rights and the HIV response for young people. <http://www.crowdoutaids.org/wordpress/>

²⁵ Ministerial commitment on comprehensive sexuality education and sexual and reproductive health services for adolescents and young people in Eastern and Southern African (ESA), 7 December 2013. <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/pdf/ESACCommitmentFINALAffirmedon7thDecember.pdf>

policy environment that can sometimes be challenging.

UNODC collaborated with the Zambia Prisons Service and National AIDS Council to shift the political agenda towards better support for prisoners, among whom HIV prevalence is 27.5%²⁶, double the national average. In 2014, this included coordinating high-level meetings bringing together government ministries, parliamentarians and civil society organizations, and providing technical and financial support to civil society organizations, such as In But Free, which conducted a review of HIV services in prisons to inform national advocacy work. UNODC also facilitated a meeting on improving health in prisons, resulting in a communique between the two ministries responsible for health to work more closely on evidence-informed programming.

UNFPA engaged with civil society to build an enabling environment for integrated HIV and family planning programmes. This included partnering with the Planned Parenthood Association of Zambia (PPAZ) and others to sustain the Government's commitment to implement the Integrated Family Planning Scale-up Plan 2013–2020. The plan supports intensified HIV prevention efforts among women and adolescents living with HIV and primary prevention among women of reproductive age, critical areas requiring accelerated and sustained support within the national response. It embodies the Government's pledge to implement resolutions from the London Summit on Family Planning (2012) and achieve the vision of Family Planning 2020, a global partnership that supports the rights of women and girls to decide whether they want children²⁷. Innovative advocacy strategies by UNFPA and its partners included engaging policy-makers and other people with influence as integrated HIV-family planning champions. As a result of such efforts, the Government has redoubled the proportion of its resources for family planning.

Overall, while progress on political sustainability is welcomed, civil society stakeholders cite significant challenges in this area. For example, there needs to be greater space to influence the opinions and actions of political leaders, in particular on priority issues for civil society, such as human rights. A more general concern is the extent to which civil society involvement, such as in national forums, is tokenistic, for instance, to meet the criteria of the Global Fund, involvement needs to be meaningful, such that the sector is genuinely able to influence policy decisions and resource allocations.

There are major challenges affecting the status of civil society itself. For example, while efforts are being made to strengthen the sector's coordination, many of its members are fighting to survive, barely viable as organizations, highlighting the absolute urgency of addressing financial sustainability. Competition for specific opportunities, to become sub-recipients of the Global Fund, for instance, may limit the efficacy of coordination. Other challenges may include: the limitations placed on civil society by the NGO Act (2009); actual or perceived lack of respect for civil society by other national stakeholders; actual or perceived tensions between different sectors of civil society, such as some faith-based organizations and key population groups; and civil society accountability, such as of representatives on the country coordinating mechanism.

ii. Engaging with civil society to build financial sustainability

The Joint Programme recognizes that the issue of financial sustainability has become increasingly

²⁶ <http://www.zambianacmisonline.org/>

²⁷ FP2020 is a global partnership that aims to promote access to family planning information, contraceptives and services to an additional 120 million women and girls (including women living with HIV) in the world's 69 poorest countries by 2020.

urgent in Zambia, for the country's overall response to HIV, and especially the role of civil society. It has worked to maintain the commitment of international development partners, while also exploring additional, innovative sources of funding and mobilizing the Government to make domestic allocations to HIV. The Joint Programme has taken steps towards ensuring financial resources are used as effectively as possible, through attention to models that represent a strategic investment, for example.

In 2014, UNAIDS Secretariat and UNDP collaborated with the National AIDS Council and other key stakeholders, such as the Ministry of Transport and Ministry of Public Works, to better integrate HIV into environmental impact assessments (EIAs) for capital schemes. These schemes for road building and other types of construction are often large-scale, high budget and multi-year initiatives that, during their implementation, have significant impacts on local communities, often in relation to HIV, by bringing economic growth or large numbers of migrant workers, for instance. EIAs assess the range of impacts likely to occur and allocate funding for their mitigation. A National AIDS Council study of 43 previous EIAs found that some allocations were ineffective due to decisions being taken by contractors with little knowledge of social issues and/or resources being given to groups that lack relevant technical expertise to implement programmes.

In response, UNDP, UNAIDS Secretariat and the International Organization for Migration have supported the National AIDS Council to develop new EIA guidelines to strengthen the quality and accountability of the process. As a result of this collaboration, 8% of the mitigation funds are earmarked for community groups responding to HIV. The funding is potentially significant, with 33 assessed schemes giving a total of more than US\$ 1.1 million to HIV interventions. The EIA guidelines will be rolled out by teams that include representatives of the Zambian Network of People Living with HIV and existing local structures, such as the District AIDS Task Force, maximizing local knowledge and ownership, while ensuring accountability for the use of the funds. Future challenges will include how to scale up the process to cover all EIAs, and to ensure the involvement of people living with HIV and civil society organizations is meaningful, and a genuine opportunity to influence decisions.

A further example of building local financial sustainability is the Alliance of Mayors and Municipal Leaders on HIV and AIDS (AMICAALL). In 2014, it followed up a resolution made at its 2013 annual conference to allocate 5% of the Constituency Development Fund (CDF) to HIV. The fund is allocated by the Government and administered by councils to support community projects as part of decentralization efforts. New CDF guidelines will be developed and disseminated.

In 2014, the Joint Programme provided essential input as the country took the opportunity to renew its financial support from the Global Fund. During the year, the Joint Programme continued to build understanding among civil society about the procedures and policies associated with the new funding model. It also took steps to facilitate the involvement of civil society, including people living with HIV, in the country dialogue and concept note processes, including articulation of the country's investment case. For example, advocacy by UNAIDS and others to include civil society organization representatives in the drafting group for the concept note to the Global Fund contributed to an increase in the funding allocation for civil society interventions from the original US\$ 1.2 million US\$ 3.2 million. While limited in scale and scope, the secured grants from the Global Fund represent a welcome and reliable source of funding for a set of civil society-led actions for the next three years.

UNAIDS further contributed to financial sustainability through enhancing the potential of civil society organizations to secure funding by showcasing their innovative practices to international development partners and other partners. The End AIDS Portal, for example, run by the Treatment Advocacy and Literacy Campaign was piloted in three districts and enables people to send anonymous SMS questions on subjects such as HIV counselling and testing and adherence to treatment to trained health staff. In 2014, an external evaluation found the portal to be a highly relevant intervention, with positive changes for users that were likely to be sustained.²⁸ The Tendai Project, meanwhile, enables trained community members to use mobile phones for real-time reporting on the price and availability of medicines at sites in Zambia and other ESA countries.²⁹

An alternative approach to ensuring financial sustainability was seen in ILO's support to the Corridor Economic Empowerment Project that increases access to economic services for HIV-vulnerable populations along transport corridors. This has involved linking seven civil society organizations of women and men living with or affected by HIV to a partner microfinance institution, with loans totalling US\$ 240 000. The programme gives the organizations, Bukata Women Empowerment Foundation, Zambia National Women's Lobby, Katete District Women Development Association, Chisomo Programme, Community for Health Development, Chimasuko Community Development Programme and Community Youth Concern and their communities the opportunity to access affordable finance for business ventures. Proceeds are used to improve the livelihoods for people living and affected by HIV and to invest in the organization's HIV work. A revolving fund that grows through loan repayments, its sustainability is assured and it can, in turn, enhance the financial sustainability of the organizations involved.

Overall, while successes are welcome, the subject of financial sustainability remains highly challenging for civil society. In reality, multiple civil society organizations, especially those at the community level, are already in financial crisis, lacking adequate funding for their work and unable to identify sources to fulfil their future plans. A concern expressed by some stakeholders within civil society is that Joint Programme support is often seen to focus on larger nongovernmental organizations that already have access to a degree of international resources, while smaller, local organizations lack support and are significantly more vulnerable.

Addressing funding gap for communities

"Everyone talks about community systems strengthening and how important communities are because we're the people that do the work on the ground. So, if that's the case, where are the resources for people living with HIV and tuberculosis survivors to play their role? Donor programmes come and go but we'll be doing this for the rest of our lives. Why can't we be resourced? In theory, there's global and national money but it just doesn't trickle down ... UNAIDS should find it imperative that civil society remains resourced.."

– Felix Mwanza, Treatment Advocacy and Literacy Campaign

The multiple challenges faced by civil society, which the Joint Programme could further address, include the sector's low capacity in relevant areas, such as: developing resource mobilization strategies; 'packaging' programmes to appeal to international development partners outside the HIV field; devising viable innovative financing schemes; and developing cost-effective service delivery

²⁸ *End AIDS portal: external evaluation of the pilot phase March 2013–November 2014*, CODA International for TALC, December 2014.

²⁹ Tendai, Southern African Regional Programme on Access to Medicines and Diagnostics. <http://www.sarpam.net/about-sarpam-2/pacts/civil-society/tendai>

models that transcend the ‘business as usual’ approaches used in the past. The situation is critical for small-scale community groups, those that play a key role on the ground, mobilizing people to access HIV testing and counselling and adhere to treatment, for example. These groups often lack the capacity (such as in proposal-writing) and infrastructure (such as a bank account) to secure donor funding, and have found it increasingly difficult to bring down resources from the national level, including those channelled through national nongovernmental organizations. This is especially the case within funding patterns that prioritize biomedical and facility-based interventions.

Civil society stakeholders also report challenges in involving and prioritizing key populations in processes and resulting grants from the Global Fund. For example, representatives of lesbian, gay, bisexual, transgender and intersex and other marginalised populations do not feel that the needs of their communities are understood or addressed by the selected and temporary civil society principal recipient, which is a faith-based organization.

A concern among many civil society stakeholders is the approach taken by some international development partners in implementing specific and time-limited projects in Zambia. While bringing results in the short term, these are not yet showing benefits to local civil society organizations, such as in technical capacity or infrastructure.

Finally, civil society representatives urge the Government of Zambia to demonstrate its commitment to sustaining the response to HIV by increasing its own domestic allocation. They express concern about the implications of this, such as whether recipient civil society organizations will be able to maintain their independence and whether those working in sensitive areas of evidence-informed programming, for example sex workers or men who have sex with men, will receive funding.

iii. Engaging with civil society to build programmatic sustainability

To complement political and financial aspects, the Joint Programme acknowledges the critical importance of programmatic sustainability. This includes engaging with civil society, supporting its interventions at all levels to be evidence-informed, strategic and cost-effective.

In 2014, the Joint Programme supported the community granting mechanism (CGM) managed by the National AIDS Council. This was designed as a means to scale up high-impact HIV prevention, care, support and treatment interventions in communities with high and/or escalating HIV prevalence. It also aimed to reach community groups lacking access to other funding opportunities; for example, those too small to apply, or seen as too high-risk due to their low financial capacity.

Initial funding for the CGM was mobilized by UNAIDS from the United Kingdom’s Department for International Development (DfID). UNAIDS’ other assistance has included supporting the National AIDS Council to conceptualize the mechanism, develop its guidelines³⁰ and roll it out in the initial four districts of Livingstone, Lusaka, Nchelenge and Solwezi, which have the highest HIV prevalence in the country. The CGM channels grants to community groups via district authorities, supporting decentralization and enhancing the latter’s role. The authorities are trained by the National AIDS Council and the Joint Programme, and take responsibility for financial monitoring, technical support such as in financial record-keeping, and mentoring. Overall, 95% of the funding has been allocated to groups, with just 5% for authorities’ administration costs. To date, 35 one-year

³⁰ *Community response sub-grants programme (CR-SGP) manual*, NAC with support from UNJT (UNDP and UNAIDS), September 2011.

grants have been made, with an average value of Kwacha 25 000 (approximately US\$ 5000).

The activities implemented by CGM grantees are required to support the National HIV and AIDS Strategic Framework and be in line with National AIDS Council policies. They focus on demand creation for interventions identified as priorities, with referrals provided to services at local government or civil society organization health facilities.

In Livingstone, a border district and tourism area where HIV prevalence in 2007 was 25.3%³¹, the CGM is channelled through the Livingstone City Authority, supported by the District AIDS Task Force. Here, grants have been allocated to 10 groups in five wards identified as having hotspots for high HIV incidence. For example, Lushomo (which means trust) Community Based Organization, a group of 10 volunteers, received a grant of Kwacha 25 000 plus training from the Ministry of Community Development. The group works throughout its local community, providing information on voluntary medical male circumcision (VMMC), condoms, HIV testing and counselling, adherence to antiretroviral therapy and prevention of mother-to-child transmission, and encouraging people to access relevant services, mostly at the local government clinic. The Linda Clinic Youth Friendly Association uses its Kwacha 25 000 grant to perform theatre in bars and communities to reach sex workers and their clients, and young people among whom an increase in new HIV cases has been seen. From August to October 2014, the first quarter of its operations, the association surpassed most of its targets: training 22 volunteers; reaching 98 sex workers, with 45 referred for testing for sexually transmitted infections (STIs) and 18 for antiretroviral therapy; reaching 37 clients, with seven referred for HIV testing and counselling or STI screening; and referring 55 women for cervical screening and 35 men for VMMC. It also reached 927 young people with behaviour change messages.

The CGM, as a proven mechanism, could be scaled up to other districts. This, however, is dependent on further funding. One option being considered by the National AIDS Council is to use the CGM as a means to channel the funds mobilized through the environmental impact assessments (EIAs) of capital schemes.

A further example of the Joint Programme's work towards programmatic sustainability is its engagement with civil society to ensure no one is left behind in the response to HIV. UNAIDS has supported efforts to provide an evidence base and advocacy tool for programmes for key

Supporting the critical role of communities

"The [community granting] mechanism has shown that, if you invest where the problem is and with the people who can do the job, you're most likely to get the returns you need. It is based on local needs and local structures, so it will support sustainability. We've shown that it works, so it provides a system that could now be used by other donors."

– Jabbin L Mulwanda, director general, National HIV/AIDS/STI/TB Council

"We go door-to-door, sometimes walking 10km to reach people. We talk about the benefits, such as of male circumcision and PMTCT, and encourage them to go to the clinic. Some people are open to receiving the messages, but others are not, so we sit down and they ask questions and we give them information. We don't just go for five minutes. It all takes time. People in our communities listen to us because we live alongside them."

– Lilian Kakinga, chairwoman, Lushomo Community Based Organization

³¹ <http://www.zambianacmisonline.org/>

populations, such as with the PANOS Institute and the Population Council, to conduct population studies among men who have sex with men and people who inject drugs, gathering critical data for advocacy with national stakeholders. The Joint Programme has also provided advocacy, technical and catalytic financial support for civil society organizations implementing programmes for specific communities. For example, to complement efforts to build a supportive political environment for prisoners, UNODC gave a grant to the Prisons Care and Counselling Association (PRISCA) for its work to rehabilitate prisoners. It also helped the Good Samaritan Centre, a halfway house for ex-prisoners, take part in a regional consultation on sustainable livelihoods for HIV prevention in Zanzibar, United Republic of Tanzania.

The Joint Programme has also provided advocacy and media support to civil society human rights defenders. An example is the public statements by UNAIDS Secretariat, and moral support by staff at court sessions, for Paul Kasonkomona of the Engender Rights Centre for Justice. Such support takes place within a context of highly sensitive lesbian, gay, bisexual, transgender and intersex issues. UNAIDS has responded by emphasizing the universality of human rights, as cited in international commitments endorsed by the national government. Stakeholders from lesbian, gay, bisexual, transgender and intersex groups and other key affected populations emphasize the importance of having a seat at decision-making processes, and of UNAIDS listening carefully to their needs and perspectives.

Other examples of engagement for programmatic sustainability include collaboration to support the integration and roll-out of comprehensive sexuality education (CSE) within the national schools curriculum. In 2014, UNESCO and UNFPA supported the Southern Africa HIV and AIDS Information Service (SAfAIDS) to pilot training for teachers to effectively deliver CSE at classroom level. Training focused not only on the CSE content of the curriculum, but also interactive teaching methods. SAfAIDS, supported by UNESCO, implemented national TV and radio programmes, including ones in local languages on two community radio stations in eastern and southern provinces of Zambia, which reached 6 million young people and members of the public. The Joint Programme also supported civil society organizations to integrate HIV into other areas of health and development programming. One of many such examples is UNFPA and UNESCO supporting the Planned Parenthood Association of Zambia (PPAZ) to integrate HIV into sexual and reproductive services for young people and key populations to increase the efficiency and sustainability of its programmes. The Cosponsors played an important support role, convening initial meetings, and providing core materials and capacity building.

ILO, through the Corridor Economic Empowerment Project, supported five civil society

Leveraging unique role of the United Nations

“The UN has important convening power that, if used strategically, can make a huge difference. In recent years, we’ve seen prison doors open to a range of organizations, and civil society organizations get access to funding for work with those communities. That wouldn’t have been thought possible some years ago.”

– Sharon Nyambe, United Nations Office on Drugs and Crime (UNODC)

“UNAIDS does its best to ensure the civil society that is usually left behind is involved. It can be an important bridge between civil society organizations and government. However, we’re not there to be paraded, as evidence that the UN is doing its job. We need UNAIDS to genuinely listen to our real needs. And it must not talk on our behalf ... we need to have our own capacity and our own voice, leading the discussions.”

– Paul Kasonkomona, Engender Rights Centre for Justice

organizations develop and implement HIV workplace programmes targeting informal economy workers. This equipped 786 workers (550 women and 236 men) with knowledge and skills for HIV prevention and mitigation. In turn, the civil society organizations reached 8547 people with HIV testing and counselling information, out of which 5 432 (3 313 women and 2 119 men) were referred for services. ILO also mentored the civil society organizations in organizational development, enhancing their capacity to deliver HIV prevention programmes.

Efforts have been made to reinvigorate local demand for essential HIV services and commodities. For example, UNFPA has strengthened civil society's role in increasing access, demand and utilization of HIV prevention commodities, including among women and young people, and incorporating those from key populations. UNFPA provided technical support and catalytic funding to the Government and civil society organizations for implementing the Zambia National Comprehensive Condom Programming Strategy. This was done through the Condomize! Zambia campaign that aims to reduce stigma and misconception about male and female condoms and condom use among sexually active populations, including young people, through the use of celebrities, events, music and social media. Led by a tripartite partnership between the Government, UN and civil society organizations, it involved the Ministry of Community Development, Mother and Child Health, National AIDS Council, Zambia Health and Education Trust (ZHECT), International Community of Women living with HIV Zambia (ICW Zambia), Africa Directions, UNFPA and UNAIDS Secretariat. In 2014, the Condomize! campaign was expanded to five districts (Chipata, Livingstone, Lusaka, Mongu and Ndola), reaching more than 30 000 men and women, including young people. UNFPA helped procure 24.5 million male and 236 000 female condoms, contributing to 50% of the national supply.

A fundamental challenge for programmatic sustainability, which affects UNAIDS and civil society, is how to maintain an appropriate balance between 'normalizing' HIV within a context of increased access to antiretroviral therapy and reduced stigma, and maintaining a sense of urgency, with new cases still reported and people still needing access to basic services such as HIV counselling and testing. For example, while aspiring to meet Fast-Track targets, Zambia continues to experience limited progress in key areas, such as low levels of condom use among people with multiple partners.³²

A further challenge to programme sustainability and efficacy is that while civil society stakeholders are often successful in creating demand, they can experience bottlenecks in the supply offered by local health facilities. For example, community granting mechanism (CGM) grantees report that local clinics cannot keep pace with requests for voluntary medical male circumcision and/or lack supplies of basic commodities, such as HIV counselling and testing kits and condoms. Teachers conducting comprehensive sexuality education sessions report the lack of youth-friendly sexual and reproductive health services where they can refer their students.

³² *Fast-Track: end the AIDS epidemic by 2030*, Geneva, UNAIDS, 2014.

CONCLUSIONS

As noted in the introduction, this case study does not aim to provide a comprehensive overview of UNAIDS engagement with civil society in Zambia, listing the work of each Cosponsor or achievements according to the UNAIDS Strategy. Rather, it focuses on selected examples of approaches, results and challenges of particular relevance to the changing environment for AIDS responses. The case study identified a number of conclusions about how the Joint Programme can successfully engage with civil society to build a politically, financially and programmatically sustainable response to HIV in a country such as Zambia. These include:

- a. In the increasingly challenging and resource-constrained environment for HIV in Zambia, the role of civil society is more important than ever. The sector brings unique reach, especially to

marginalized populations, is best placed to respond to communities' identified needs and has significant potential for innovation. However, the sector is also in crisis, facing unprecedented and urgent needs, in particular for sustainable funding and strategies to adapt to and thrive in the post-2015 world. Some civil society organizations have already folded, while many more face major cuts or closure. Without continued and significant support, civil society will not be able to fulfil its role in the national response, and the gains of the past decade will be at risk.

The urgency for funding for civil society

"It's as if the HIV epidemic is over, but it's not. We're seeing newly diagnosed people not receiving support and dropping out of treatment during their first year. We're seeing people living with HIV not referred to support groups and not learning about condoms. Yet we know that these are the things that make a difference and can stop the epidemic.

"... Yes, civil society participation is as important as ever and we welcome the opportunities ... but right now the urgent challenge is that there is no funding stream for civil society. There are many community groups doing good work and saving lives, but they don't know how to get resources. UNAIDS needs to do more to broker and mediate."

– Kunyima Banda, Zambian Network of People Living with HIV (ZNP+)

- b. UNAIDS maintains a unique role in supporting civil society (in addressing punitive legal environments, for example), especially as a broker of relationships with the Government for political sustainability and international development partners for financial sustainability. Civil society organizations are critical in reaching Fast-Track targets and Zambia faces the risk of failing to meet these if the financial crisis is not addressed.
- c. UNAIDS, as a respected and authoritative UN institution, has a vital role in sensitive issues related to HIV, such as those of lesbian, gay, bisexual, transgender and intersex communities. Its support to date has been appreciated by civil society organizations but could be broadened across the whole UNAIDS Secretariat Country Office and the Cosponsors. UNAIDS must continue to speak out on issues affecting lesbian, gay, bisexual, transgender and intersex groups.
- d. While unable to fund directly, UNAIDS' role in providing or facilitating catalytic funds is strategically important and appreciated by civil society. For example, by demonstrating what works for community groups, such as through the United Kingdom's Department for

International Development-funded community granting mechanism, the Joint Programme can provide a model that can be supported and/or scaled up with support from other international development partners. UNAIDS needs to advocate a balance between funding biomedical interventions and addressing the structural drivers of the epidemic particularly among young women and girls.

- e. A shift is needed to programmes that achieve lasting results and generate capacity and benefits to local civil. UNAIDS has a vital role in ensuring the next era of engagement learns from such experiences and emphasizes sustainability. For example, it could do more to ensure that every meeting or capacity-building opportunity includes a stronger component of participants ‘translating’ what they learn to their own context.
- f. A balance needs to be struck between UNAIDS’ role in working with the Government and its role in engaging with civil society. The sense of partnership between these three essential pillars of the national response needs to be strengthened; particularly given civil society’s weak financial position that risk reducing its capacity to advocate to the Government and international development partners. Within this context, it is critical that the Joint Programme actively champions civil society and continues to enable space for civil society to engage in national processes and structures.
- g. UNAIDS remains deeply committed to supporting civil society engagement as a Joint Programme, with work by individual organisations (in line with the Division of Labour) complemented by collaboration on specific themes. While significant progress has been made through UNAIDS support to civil society engagement, civil society stakeholders have also underscored the importance of all Cosponsors being fully engaged.
- h. UNAIDS Secretariat and Cosponsors face their own budget constraints, and the subsequent need to prioritize work to do more with less. UNAIDS continues to invest significantly in leveraging and influencing evidence-informed allocation of resources for civil society, for example through the Global Fund, bilateral programmes and foundations.

WAY FORWARD

Based on the conclusions, the following actions are suggested to further strengthen the impact and accountability of the Joint Programme’s engagement with civil society in Zambia.

- a. Affirm the full commitment of the Joint UN Team on AIDS to championing the role of civil society within the next era of the AIDS response in Zambia. Actions could include articulating engagement as a high priority in the Joint Support Programme, and convening a meeting of UNAIDS Secretariat, Cosponsors and government partners to confirm the Division of Labour for key areas of engagement for the next Joint Support Programme, starting in January 2016.
- b. To fulfil its role as a champion, prioritizes the development of strategies and advocacy on sustainable funding for the civil society AIDS response. Actions could include: advocating to national stakeholders for appropriate allocations of domestic and international resources to civil society; exploring new and innovative sources of funding; and building related capacity among civil society, such as in strategies to mobilize resources. A specific action is to mobilize donor

and/or government resources to sustain and scale up the piloted community granting mechanism.

- c. Further support the involvement of people living with HIV (GIPA) and of key affected populations in the planning, implementation and accountability of national decision-making processes of relevance to HIV and the post-2015 agenda. Through listening to the experiences of members of civil society UNAIDS can help better identify how to not only strengthen their engagement in the future, but also to ensure their priorities influence national decisions and resource-allocations. Particular attention should be given to people such as adolescent girls and young women and lesbian, gay, bisexual, transgender and intersex communities who have often lacked adequate or appropriate opportunities.
- d. Support civil society to adapt its strategies and capacities to the changing environment for HIV and the post-2015 agenda. Actions could include supporting the sector to: develop cost-effective models, such as for community-based service delivery; build its capacity, such as in innovative financing; integrate HIV into other areas of health and development; and, where appropriate, streamline and/or merge civil society organizations. The Joint Programme could more systematically link civil society with other critical stakeholders, notably international development partners, such as United Kingdom's Department for International Development and USAID.
- e. Continue to strengthen self-coordination efforts among civil society in Zambia, providing technical and financial support where relevant and building consensus across the sector, such as on the importance of understanding and addressing the needs of key affected populations, notably lesbian, gay, bisexual, transgender and intersex communities.
- f. Support a sensitization programme across the Joint UN Team on AIDS on lesbian, gay, bisexual, transgender and intersex and human rights issues³³. Local organizations should aim to enhance the awareness of the Joint Programme to take appropriate actions to support lesbian, gay, bisexual, transgender and intersex communities through their work.
- g. Collaborate with civil society to ensure opportunities for learning, strategizing and support are maximized and bring sustainable benefits. For example, address "workshop fatigue" by exploring other innovative ways to provide technical support and/or ensuring that initiatives are systematically followed up by backing civil society organizations to incorporate the issues into their work.
- h. Step up support for civil society to document its good practices and package them in a way that appeals to international development partners, including those beyond the HIV sector if appropriate. Actions could include developing a case study template that provides prompts for the type of information that appeal to donors, such as indications of innovation or data on impact.

³³ During 2015, UN Cares will launch its new training module on human rights that includes a sub-module on lesbian, gay, bisexual, transgender and intersex and human rights issues

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