Inclusion for effective implementation -
the key role of Civil Society

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Three Ones and Civil Society Involvement

• Civil Society engagement is essential to the successful application of the Three Ones
  Progress Report on the ‘Three Ones, UNAIDS Programme Coordinating Board Meeting, December 2004

• At country level the key principles promoting the inclusion of civil society in strategic planning, delivery and monitoring of AIDS responses are the Three Ones Principles.
  – **One** agreed AIDS Action Framework that provides the basis for coordinating the work of all partners
  – **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate
  – **One** agreed country-level Monitoring and Evaluation System
Involvement in the Three Ones: Our expectations as CSOs

• **Easier access to resources**
  – With harmonised funding, CSOs will be able to access resources more easily

• **Easier uptake of knowledge**
  – With standardised reporting and M&E formats, it will be easier for CSOs to write proposals, gather and analyse data and report on their work; thus reducing reporting burden on stretched national capacity

• **Greater efficiency of response**
  – Civil Society must **INFORM** the common goal, so that it is responsive to community needs. The Three Ones will enable all partners to work towards that agreed common goal, promoting synergy and ensuring mutual accountability.

• **Greater involvement of civil society in monitoring accountability**
  – The Three Ones provides a basis for CSOs to demand accountability from all partners, especially donors

• **Increased capacity of CSOs to participate in policy dialogue**
  – By working through mechanisms such as the national partnership forums and self-coordinating entities, civil society groups will have much influence in policy discussions and implementation
Three Ones : Progress so far …

**One National AIDS Framework**
- June 2006: UNAIDS reported that countries that most countries have put in place National AIDS Frameworks
  - 60 per cent had been costed
  - 52 per cent had been translated into an operational plan

**The Challenge**
- Insufficient involvement of local community groups and certain vulnerable groups in the planning and implementation process
- Absence of forums for CSOs review of the national strategic plan and revisions
- Delays in Costing the Frameworks/ Costing not taking in account Volunteers and other required human capacity
- PLWH and Vulnerable groups remain ‘invisible’ / Need to strengthen GIPA
Three Ones : Progress so far…(2)

- **One National AIDS Authority**
  By end of 2005, 85 per cent of countries had reported having One National AIDS Coordinating Authority

- **The Challenge**
  - (Lack of) Coordination between NACs and CCMs
  - Functionality/efficiency of these Coordinating Authorities
  - Achieving true multisectorality
  - Lack of Ownership by Civil Society
  - Insufficient Civil Society representation / CSO voices remain unheard
  - Unilateral decisions or Consensus decision making
  - Capacity of several AIDS Coordinating Authority to discharge its duties still weak
  - Decentralization of Coordination and its resourcing to lower levels
Three Ones: Progress so far ...(3)

- **One M and E framework**
  By end of 2005, 50 per cent of countries surveyed by UNAIDS reported the existence of a national *monitoring and evaluation* plan, and in half of those, the plan was reported to have been developed in consultation with civil society and people living with HIV.

- **The Challenge**
  - Lack of shared understanding among CSOs on M and E requirements (Lack of resources for M and E; weak systems)
  - Ensuring that *all* IPs, NGOs, CBOs, FBOs as well as the Private sector are meeting national M&E requirements (where they exist)
  - Utilizing M and E reports to inform future programme design
Three Ones Implementation in Nigeria - CSO perspectives

• Jan 2005: Consultation with bilateral and multilateral partners on implementing the Three Ones
• Feb 2005
  • Consultations on Three Ones among CSO actors to ensure buy-in and promote shared understanding of the Three Ones principles
  • **Emergence of Constituency Coordinating Entities** (NEPWHAN, CISHAN, Interfaith, NDN, NYNETHA, NARN, Media Arts and Entertainment, SWAA)
• Development of joint CSO action plan for implementing the Three Ones
• Promotion of intra-constituency buy-in of the Three Ones
• **July 2005**: Movement to CSO House, forum for better coordination and interaction among CSOs
Three Ones Implementation in Nigeria-CSO perspective (2)

- **October 2006:** ICASO/AfRICASO/HIV/AIDS Alliance/UNAIDS Workshop on Three Ones. The workshop provided a platform to:
  - Revisit the CSO Consolidated Action Plan.
  - Have a shared understanding of each of the Three Ones principles and particularly M and E.
  - Review progress and revise course of action.
  - Interact with UNAIDS Representative in-country on moving the action plan forward.
Key Challenges for Civil Society in Engaging with the Three Ones

- Insufficient engagement/understanding of civil society groups about each of the Three Ones
- Lack of Coordination within Civil Society actors at country level
- Insufficient Resources for Coordination (Development partners do not often support coordination activities)
- Lack of funding for Civil Society representatives to step to step down knowledge/skills acquired to their constituencies
- Consensus Building (Having a common voice on issues)
What is needed?

• Strengthening coordinating and networking mechanisms between and within civil society actors
  – “Putting the CSO House in order”

• Strengthening Civil Society Capacity to engage effectively with policy makers
  – Resourcing CSOs at Country level to engage effectively in each of the Three Ones
  – Promoting the understanding and adoption of Civil Society Guidelines for implementation of Three Ones at country level
By the end of October 2006, 84 countries have provided target data on the outcome indicators, proposed in the UNAIDS guidance paper for countries.

The data showed the following:
- 44 of these 84 countries have set outcome targets for all three programmatic areas (prevention, treatment and care and support).
- 76 of these 84 countries have set treatment targets.
- 76 of these 84 countries have set outcome targets for at least one prevention intervention.
- About two thirds of the countries that set prevention targets, targets for mother to child transmission of HIV, condom distribution and appropriate knowledge among young people.
- Less than half of the countries set targets on behaviour change and HIV testing.
– However, more needs to be done: reports reveal that civil society organizations are often not regarded as equal partners and that a wider range of civil society groups need to be involved -UNAIDS
How Civil Society involvement can be strengthened

1. **No mechanism to measure CS Involvement in UA target setting exist**
   - Target setting must remain ambitious e.g. achievements in treatment should not limit treatment scale up

2. **Strengthen CSO Engagement with UA processes at country levels**
   - Create a shared understanding of UA within CSO levels
   - Define roles and responsibilities for CSO beyond target setting / Support CSO Strategic Planning e.g. Prevention (VCT); Treatment (Treatment Literacy)

3. **Operationalising the Coordination and implementation of the UA**
   - Establishing a Civil Society UA Coordinating Mechanism
   - Advocate for increased resource funding / mobilization for Universal Access


5. **Monitor and track progress in the implementation of the Universal Access**
   - Developing tools for CSO annual assessment of progress in achieving M and E objectives
   - Undertake Mid Term and End Review of Universal Access
   - Monitoring National Progress and CSO successes and challenges to Universal Access Scale Up
Country Harmonization & Alignment – Progress Report

• The Country Harmonization and Alignment Tool (CHAT) has been piloted in 9 countries

Observations
• Alignment and harmonization of financing and interventions of national, bilateral and multilateral actors remains a major challenge to an efficiently coordinated response in many countries
• CSOs involved in some of pilot assessments
• Need for participatory involvement of CS in joint review processes
To the memory of my colleague, friend, HIV advocate
OMOLOLU FALOBI- (1971-2006)

[Images of people at a meeting and a photo of two individuals]
Thanks for listening

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