PSO capacity building in developing countries

Report PSO Seminar: Rewriting the Rules

Building the capacity of civil society in times of HIV/AIDS

Bilderberg Europa Hotel, Scheveningen,
November 19th 2004

Contents

1. Introduction

Background seminar

The long term consequences of HIV/AIDS are becoming apparent. As the pandemic evolves we face demographic changes that are impacting on the long term development strategies and on the delivery of essential basic services, such as health care, education, agricultural production systems, and governance.

On an organisational level, especially in the health care sector, capacities are becoming overwhelmed with the increase in patients. At the same time the need for more and more complex interventions in treatment, counselling and so on is increasing. Staff attrition and burnout as a result of a growing workload will add to this. The daily functioning of institutions and as a result the quality of services will subsequently be affected, adding in turn to the seriousness of the epidemic. Many donors do not sufficiently recognize this development and / or address it in an appropriate way.

On a system's level increasingly there are funds for one HIV/AIDS project after (and on top of) another, yet an adequate institutional response is lacking. There is a serious threat of civil society getting drawn into this, without a proper view on how this will affect its long term role and position; especially considering the fact that new tasks ensuing from this might affect their classical role in social innovation, representing diversity, advocacy or capacity building. More so, the need to absorb resources of large donors like the Global Fund, and the recurrence of gap filling programmes will influence the way capacities of local civil society will be used and strengthened. To quote Peter Piot (UNAIDS): *it is high time that we start re-examining some of the earlier taboos around the way we provide technical assistance.*

Seminar objectives

At the moment it seems the development community at large is lacking a clear vision on the role and position of civil society in times of HIV/AIDS, be it from a system's or from an organisational perspective. The PSO Knowledge and Learning Centre has started a learning trajectory to address this issue, through research and exchange. On November 19th 2004 PSO organized a seminar on this matter for PSO members and other stakeholders. The seminar aimed to increase the understanding on:

- the 'changing' role and position of southern civil society in a context of high HIV/AIDS prevalence;
- the implications this has for southern CSOs, civil society in general, and for capacity building providers and donors, such as PSO members;
- to identify possible entry points and learning needs to be addressed in order to move forward.

This report highlights the proceedings and outcomes of the day. It contains information on the seminar programme, process, results, participants and related materials. It ends with a short conclusion looking at possible ways forward. For up to date information on how the PSO learning trajectory on HIV/AIDS is moving forward please refer to http://www.pso.nl/knowledgecenter/dossier.asp?dossier=10.

2. Seminar proces

On a very windy November 19th 2004 about 40 development practitioners from 25 Dutch organisations - NGO's and government (see annex 2) - gathered at the Bilderberg hotel in Scheveningen to learn about and discuss on the impact HIV/AIDS is having on southern civil society (organisations). The day was

facilitated by Sara Methven from INTRAC. We kicked of with presentations by Alan Fowler and Rick James. They presented an overview of the systemic and organisational consequences of HIV/AIDS on southern civil society.

To provide an open space for discussion, participants were asked to phrase their own questions (triggered by the presentations) to discuss in groups. A wide variety of questions – ranging from internal mainstreaming, capacity building strategies and role of technical assistance (TA), to sector wide cooperation, and performance measurement, and the role of donors - came up.

The questions were clustered by the facilitator and after lunch participants signed up for group discussions on the main issues identified. Each group was asked to explore the implications of the issue selected, for themselves as donors, as well as for the relationship with their partners and the wider (institutional) environment. They were invited to come up with suggestions for ways forward, i.e. to be able to deal with the implications identified.

The groups worked throughout the afternoon and presented the various outcomes in a plenary session triggering some more discussion. Each group came up with suggestions to take up in the near future. At the session, participants were asked to prioritise those issues and suggestions that they felt, mattered most to them. With these 'priorities' in hand the day was then concluded by Roel Snelder (PSO).

3. Seminar inputs

Presentation Alan Fowler:
Civil society capacity building and HIV/AIDS, A development Capital Approach

This is a summary of Alan Fowler's presentation. For the full paper and powerpoint presentation go to http://www.pso.nl/knowledgecenter/nieuwsitem.asp?nieuws=51

PSO asked me to explore how HIV/AIDS impacts on the role and position of civil society. I, in turn, provided them with a 'comprehensive' framework and approach that can be used to develop strategies and interventions in capacity building for civil society organisations (CSOs). The starting point is that the potential for HIV/AIDS to structurally undermine gains in human well being is very real. Improvements in life expectancy are being slowed or reversed. Reproductive age groups are shrinking creating demographic distortions that increase burdens on the old, on the young and on public services. Growing claims and increasing dissatisfaction with failure of public services and shrinking voter roles undermine democracy and stability. Countering this accumulating potential for disaster alongside so many other destabilising factors is vital for moral and practical reasons and civil society has a pivotal role to play.

Capital
At its core, aid for development is about capital: transferring it, increasing it and making it more productive. Knowledge and skill building through technical assistance and volunteering are common examples of this paradigm in practice. The issue is where, in an era of HIV/AIDS, do the development capabilities of civil society fit into this aid paradigm and its concentration on the Millennium Development Goals (MDGs)?

Capital for development is intimately related to human competencies, not just as skills and knowledge, but also as relationships, values and motivations. On an increasing scale, as an ultimately fatal disease, HIV/AIDS is draining away the human capacity to act. This is having a serious antidevelopmental impact. It is important to recognise that CSOs are not simply the adding up of all the citizens in a country. As individuals, citizens are to be found in state and market as well as CSOs. Their roles in these sectors still carry citizenship with them. The point is, that aid is trying to configure societies in ways that allocate different types of competencies that both use capital to different sectors. A crude differentiation of what aid is aiming towards is presented in the following table.

Table 1: Allocation of Development Capital Across Sectors

Type of capital	State	Market	CSOs
Human capital	XXX	X	XX
Business capital	XX	XXXX	X(XX)
Infrastructure	XXXX	XX	X
Knowledge capital	XXXX	XXXX	XX
Natural capital	XX	XX	X(X)
Social capital	XX	X	XXXXX
Public institutional capital	XXX	X	XXX
Political capital	XXXX	X	XXXX
Financial capital	XXX	XXXXX	XX

Development capital and civil society

Table 2 indicates the sort of affect that HIV/AIDS is having on different types of development capital. Areas of CSO concentration (from Table 1) are highlighted. As can be seen, all areas of development capital are feeling the impact of HIV/AIDS in a variety of ways.

Table 2: HIV/AIDS Impact on Development Capital

Type of capital	HIV/AIDS impact
Human	Debilitates the human condition; alters demographic profile away from (re-) productive age group; reduces skill pool and person power.
Business	Decreases productive use of resources; reduces economic security.
Infrastructure	Skews public infrastructure demands towards health and education services and increases their cost.
Knowledge	Erodes knowledge base at all levels and locations within society.
Natural	Can reduce natural resource demand and extraction.
Social	Increases social stress and claims on family and community economics and coping systems; redistributes burdens towards children and the elderly.
Public institutional	Weakens public delivery systems and government responsiveness across the board; fosters stigmatisation and discrimination in public service access and challenges respect for human rights.
Political capital	Reduces voter participation; feeds political dissatisfaction and instability.
Monetary/ Financial	Reduction in domestic savings, economic returns and attractiveness for domestic and foreign investment.

Against this backdrop, where does civil society fit in? To answer that we first have to establish what civil society looks like. Although there is no uncontested definition, for our purposes civil society will be understood as*:*

> *a public domain of normative associational life created by citizens that is not part of a state or for-profit business.*

Configurations of civil society show significant diversity. A simple typology recognises that citizens form associations to serve themselves or to serve others, and that they may choose to be recognised by society through some form of registration, or remain informal. These two features allow us to illustrate civil society as follows (Table 3).

Table 3: Typology of CSOs

Beneficiary Focus	**Informal**	**Formal**
Self, mutual or member serving	Community-based organisations (CBOs), traditional/kinship sets and societies, clubs, groups, local (services) committees	Professional bodies, unions, cooperatives, faith-based organisations
Third-party serving	Social movements, networks	(Development) NGOs, welfare institutions

CSOs provide three major functions. First, they offer mutually supportive social and economic relationships, for people with shared affinities or other reasons to come together.

Second, they deliver social, economic and other public services that society values, and at a wide range of scales and levels of sociopolitical organisation.

Third, CSOs provide mechanisms that connect, aggregate and articulate citizens' diverse interests, enabling them to engage with each other and other actors. Each function calls for individual competencies and collective capacities.

The effects of HIV/AIDS on CSO capacities are therefore numerous and vary according to CSO type. In the full paper these effects are dealt with according to this typology. Most importantly the question is how to respond to effects in terms of capacity building. An answer is systematised in Table 4.

Table 4: CSO Capacity Building Requirements and Possible Responses		
CSO	**Functions**	**Requirements - Responses**
Informal member serving	• Mutual social and economic support • Local management	• Short-term economic investment at community level, e.g. microfinance; • Productivity-enhancing (rural) technologies; • CBO self-development management initiatives and networking; • Long-term basic skill development and competencies around functional literacy, especially for (female) orphans and child-headed households.
Informal third-party serving	• Connecting and energising constituencies • Advocacy	• Increase platforms, forums and channels for 'broadcast' and outreach; • Investment in HIV/AIDS information access and communication; • ART provision for key actors/energisers.
Formal member serving	• Mutual social and economic support • Local management • Service delivery • Advocacy • Participation and political engagement	• HIV/AIDS information dissemination to members; • Member referral, advice, behavioural counselling and support services; • Human resource HIV/AIDS policies and support protocols; • Internal HIV/AIDS compensatory organisational development programmes; • Short and medium term 'gap filling' secondments; • Long-term expanded training initiatives; • Member-focused HIV/AIDS policy-related analysis for advocacy and negotiation with state and market actors.
Formal third-party serving	• Service delivery • Advocacy • Participation and political engagement	• Human resource HIV/AIDS policies and support protocols. • Internal compensatory organisational development programmes; • Internal HIV/AIDS compensatory organisational development programmes; • Short and medium term 'gap filling' secondments; • Accelerated and long-term training initiatives; • Beneficiary-focused HIV/AIDS policy-related advocacy with state and market; • Non-profit organisation (sub-)sector wide HIV/AIDS forum and development of common support services; • Advocacy on HIV/AIDS issues tailored to specific groups.

Wider institutional framework

The breadth and depth of HIV/AIDS as a human and development disaster makes clear that no single agency, institution or initiative can ever hope to deal with its consequences alone. Northern CSOs and their partners in developing countries need to be clear about how to locate their efforts in relationship to others. In considering options, a couple of factors can be taken into account.

First, getting involved with international policy debates, national policy and planning and operational delivery call for different competencies and amounts of effort. With so many CSOs specialising in HIV/AIDS, it makes sense to team up to gain leverage.

Secondly the broader point is for CSOs, like PSO members, to determine the merits of establishing a thematic group around HIV/AIDS with tasks such as:

- Investigate official HIV/AIDS programmes and facilities for CSO engagement;
- Assess potentials for CSOs to gain influence or leverage on policies and practices;
- Formulate proposals to direct individual and collective energy in terms of promoting capacity building agendas.

Lastly, irrespective of how positioning in the international framework is contemplated, it is important to bear in mind that a major capacity limitation for CSO engagement can lie with the other parties — governments and donors. Therefore CSOs need to assess the capacity of others to deal with them properly.

To conclude
In strategising for capacity building of civil society in times of HIV/AIDS, PSO members and others could usefully reflect on five complementarities between:

- Short-term and long-term interventions;
- Actions with intermediary CSOs and related constituency-based CSOs;
- Northern NGOs and partners in terms of complemetarity;
- Individual organisations and (sub-)sector wide CSO capacity building initiatives;
- Northern NGOs and other institutions for mutual reinforcement.

Whatever you choose to do, a bias towards women and girls is necessary: they are the most affected.

Presentation Rick James (INTRAC): Rewriting the rules, capacity building in times of HIV/AIDS

This is a summary of Rick James' presentation. For the full INTRAC-paper and powerpoint presentation go to http://www.pso.nl/knowledgecenter/nieuwsitem.asp?nieuws=51

HIV/AIDS is fast becoming the worst human disease disaster the world has ever seen. Although still in its infancy, it is clear now that in the next 10 to 15 years AIDS will claim more lives than any other human epidemic ever recorded. What does this mean for organisations specialised in capacity building?
In 2003 the World Bank estimated that some sub-Saharan government departments will lose 40% of their staff to HIV over the next five years. These losses are set to rise, and it is likely that these losses will be mirrored in civil society organisations, having a profound impact on the sector as a whole and on its relations with international partners. In this case it becomes more appropriate to talk about capacity maintenance than building. Some HIV/AIDS experts have gone so far as to say: 'Development will become virtually impossible in an era of HIV/AIDS.'

Commissioned by PSO, INTRAC explored the current responses of Dutch INGOs and local partners to capacity building in times of HIV/AIDS. The main findings are that organisations are aware of the challenge to their ways of working and sustainability presented by HIV/AIDS pandemics to differing degrees, but they struggle to face this challenge in a creative, constructive and strategic way. In most cases organisations have 'mainstreamed' HIV/AIDS in their programme work, with fewer changes taking place to respond to the internal impact of HIV/AIDS.

Appropriate response

In the Netherlands many NGOs have responded by introducing funding for their partner organisations for HIV/AIDS awareness raising and prevention. Some cofinancing agencies have also increased medical packages for staff. However, most organisations discuss the need for a more strategic approach but find it difficult to move on to practical and implementable solutions.

In the case of partner CSOs on the ground the organisational costs of maintaining capacity as both staff or their family members become sick or require help is felt to be spiralling. However, these small organisations — juggling their limited resources — find it even more challenging to develop an appropriate response and in most cases do not have a policy on HIV/AIDS. Those that have managed to do so, implement policies in a flexible way, which often reflects their values.

In fact in most cases the real costs, both direct and indirect are not easily quantified. This is in part due to inadequate information systems where records of staff and programme performance are not well recorded but also due to the nonquantifiable nature of some of the costs, such as loss of institutional learning and memory. Even where real costs are incurred partner organisations may not register or budget for them, as they do not fit neatly into the current budget formats or financial reporting.

Emerging good practice

The resulting paper, 'Rewriting the Rules, Capacity Building in Times of HIV/AIDS' (downloadable in full from the PSO website), identifies emerging good practice from both civil society and the private and public sector in internal organisation and in particular different levels of human resource management. A common entry point is staff awareness programmes which aim to demystify HIV/AIDS, reduce the risk of infection, increase awareness of legal rights and also help to reduce stigmatism in the workplace.

A second element is the development of an HIV/AIDS or critical illness policy. A key aspect of these is access to antiretroviral therapy (ART), the cost of which has reduced drastically in recent years. Although guidelines are being produced on how to develop policy, these are not always suitable to the NGO sector or small organisations. A reluctance to embark on a participatory process is evident in some organisations that are not only concerned about the costs of producing the policy but also the risks of a policy which they can not sustain.

Longer-term human resource implications are less common but include among other things strategic HRM to respond to the capacity gaps. Examples of this are multitraining and recruitment and development of second tier leaders. Some organisations have introduced a post to lead on the organisational implications of HIV/AIDS. The need to make the real costs of HIV/AIDS more visible by changing budget lines and financial reporting is also being developed by some organisations.

Re-examining capacity building priorities
A greater challenge is presented to capacity building providers, who need to reassess the traditional modes of delivery in a context of massively increased staff turnover/loss. This requires a shift in thinking as well as approach. Organisations from the south and north will need to work together to reexamine capacity building priorities and approaches to make the most of available resources. Overall the paper raises several questions for Dutch NGOs in their roles as both capacity building providers and financiers of southern partners:

- How can funding strategies for partners take into account the internal pressures on organisations coping with HIV/AIDS?
- How can we do more to raise awareness among partners about their own internal needs?
- How can we increasingly adapt capacity building activities to the new risks and needs of partners?
- How can we develop organisational approaches to partners, empowering them to cope with HIV/AIDS?

The real question for all of us who are committed to partner development and capacity building is: Are we ready to start rewriting the rules?

4. Outcome discussions

Questions raised and clusters identified
The participants were asked to discuss in three-somes which questions were most relevant to themselves. They were then asked to phrase their individual questions on cards. From the questions raised the facilitators constructed seven clusters for further discussion:

Cluster 1: Rules of the game (donor – partner relationships)
Cluster 2: Performance, meassurement, management
Cluster 3: TA and capacity building
Cluster 4: (sector wide) Cooperation
Cluster 5: (internal) mainstreaming
Cluster 6: Low prevalence regions
Cluster 7: Sustainability

All participants opted for the first six groups. The cluster on TA and capacity building attracted such a large audience that it was decided to split it in two groups. All groups then discussed on the implications of the issues chosen for:

- themselves as organisations;
- their relationships with their partners;
- the link to the wider (institutional) context.

Group Outcomes

Hereunder we have collected the final presentations of the various groups. Naturally they don't capture the complete discussions in the groups. Nonetheless they represent a good view on the major outcomes and possible ways forward as defined by the participants. After the plenary presentations the participants were asked to prioritise the ideas which came up in the groups. In the tables below these priorities are marked with an **O**.

Cluster 1: Rules of the Game (donors – partners)

Basic Question(s)

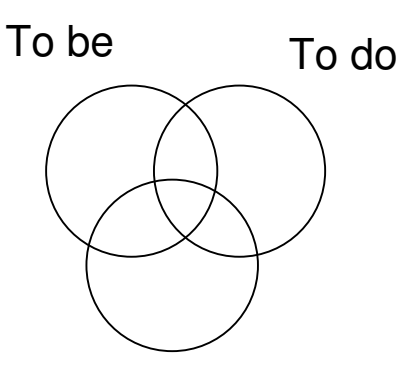
Focussing on HIV/AIDS has a risk of not taking its importance to the core of our relationships. How can we avoid that?

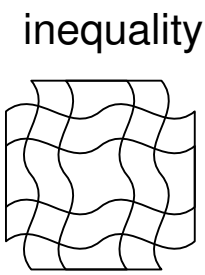
What is our appropriate role and responsibility as a donor?

Do we require to change our aid policies/paradigm, or construct a new development policies / paradigm. And / if so what has to be done within your organisation? To what extent are we prepared to jointly rewrite the rules of the game?

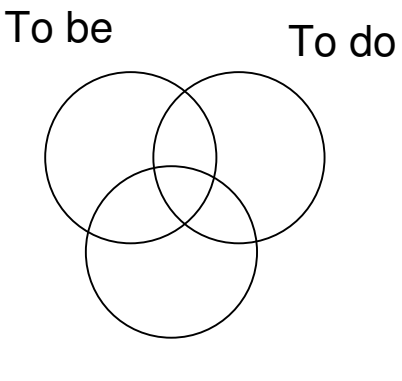
Implications

WE (donors)





Them (partners)



Our "relate" is too much focused on "their-to-do"!

Include more in our "to do"; their to-be to-relate!! **O O O O O O O O O**

Ways forward

- More inclusive focus
- Open-up / reconsider routine instruments
- Less prescription
- Balance short and long-term perspective

Cluster 2: Performance, meassurement, management
Basic Question(s)
How should we (as donors) deal with 'non-delivery? How to develop indicators of organisational resilience? How to convince back-donors? What are the implications of AIDS-sensitive programming for grant accountability? What to change in our assessment and M&E processes?
Implications
• Processes for performance, meassurement, management are no longer relevant enough • Organizations now have to think about cut off point • Difficult in donor relations • Greater need for, and focus on capacity building OD/ID • Performance may need more time • Different definition of success / good performance multiplying
Ways forward
• Less output oriented – more process focused **O O O O O O** • Mainstreaming HIV/AIDS in assessments, M&E • Additional criteria for establishing cut off point • Lobby, advocacy, collection evidence • Measure internal OD as an indicator of performance **O O O O** • Invest in those activities that have a multiplier effect **O**

Cluster 3a: TA and capacity building (group a)
Basic Question(s)
How to identify capacity building interventions that have a multiplier effect to keep-up / counter the growing nature of pandemic? Organisational "survival" skills: analysis, planning, how do we support our partners to … this objective? How would you address the organisation culture with a CSO? As a donor / MFO how should we change our policy on technical assistance / human resource support?
Implications
• To discuss HIV/AIDS in the organisation is difficult (privacy); not all implications are seen • Need to assess type of organisation and relation to donor (fund dependency, time, skills) • Lack of capacity to analyse / plan for extra needs because of HIV in the society • Lobby towards funders (Min. of foreign affairs, PSO) to be more flexible
Ways forward
• Investing in dialogue (extra time and extra money) • Build up our own capacity and awareness • To develop strategies for CSOs (programme costs, people costs) • Investing in local coaches • To promote linkages and networking • Leadership development etc etc etc

Cluster 3b: TA and capacity building (group b)	
Basic Question(s): What are the implications for TA (personell assistance)? How do we deal with volunteers? How should we as donors deal with resources available for HIV/AIDS?	
Implications	*Ways forward*
<u>Technical Assistance (gaps at different levels):</u> • Insufficient amount of people/professionals • Less experience • Personnel with less training • Less institutional knowledge • New functions ./ profiles (new demands to be addressed) **O O**	• Focus on local capacity building • TA only to support CB • at training level • at advisory level • 2 for 1 function training • Short-term: implementation • Long-term: advisory / coaching
<u>Incentives for volunteers:</u> • If payed, and paying organisation leaves, costs will increase • Also this creates new labour market/salaries • If they are not payed this will lead to competition with paying organisations; and motivation will decline • In context of poverty; is it ethical not to provide incentives?	• Do not establish parallel structures • Establish rules of the game and co-ordination (donors) • Personal development (career) opportunities • Long term involvement of volunteers • Clear job description for volunteers and number of hours and supervision
<u>Resources for HIV/AIDS:</u> • Parallel structures • Many vertical programmes • Similar programmes in the same area • Personnel sucked away from health systems	• Treat HIV/AIDS not as a new sector but as cross cutting issue (in all sectors) • Networking complementarily **O O** • Support for NGO's **O O** • Donor co-ordination

Cluster 4: (sector wide) cooperation

Basic Question(s)

How to improve and enhance capacities for collaboration between all involved partners?
How can we support networking in our organisations?
How to built joint efforts between donors?

Implications

For what?

Equip organisations (N+S) to cope with the impact of HIV/AIDS

Benefits:

- Complementarily
- Accelerate learning
- Cost-effective
- Strong voice

What enables:	*What hinders:*
Awareness	Competition
Commitment	Donor dependency
Donor/government support	Different cultures (government, private sector, ngo-sector)
Enabling policy (government)	Time consuming, no/few short-term result
Clear objectives	Lack of clear focus
Context analysis	
Existence of platform (PSO/Share-net)	

Ways forward

- Increase awareness on impact HIV/AIDS and make commitments concrete. How to make commitments connect?
  - A set clear objectives – focus on specific themes
  - Make use of existing platforms
  - Use participatory and action learning methodologies **O O O**
  - Build on common interests (cost-benefit should be balanced and clear)
- PSO and Share-net to define a clear policy / collaboration on HRM and HIV/AIDS (to start with)

Cluster 5: (internal) Mainstreaming

Basic Question(s)

How can we promote internal mainstreaming in partners?
How can we get mainstreaming of HIV/AIDS on the agenda with our partners?
How do internal and external mainstreaming compare?

Implications and ways forward

If we – Dutch NGO's – opt to promote internal mainstreaming, budget all locations have to be made at our side and we should explore financing internal mainstreaming with our partners, such as: collective and sectoral insurances establishing trust fund. **O O O O**

We should explore:

- Inviting southern partners / experts to play a role in promoting internal mainstreaming with other southern partners. **O**
- Involve southern partners, who have managed to mainstream HIV/AIDS, to build capacity on mainstreaming at home (here).
- Promote linking and learning on HIV/AIDS mainstreaming but beware of compartmentalisation amongst civil society organisations.

If mainstreaming is an essential topic, it will reinforce external mainstreaming. Although internal mainstreaming appears the ideal entry focus, many funding organisations approach internal and external mainstreaming at the same time. **O O O**

Raising mainstreaming of HIV/AIDS requires an approach and preparations and mutual trust. E.g. introducing HIV/AIDS :

- Do you see/feel the impact (on current programmes, on target groups)?
- Acquire background information on HIV/AIDS situation and read about organisational impact use the question list of Rick James
- If the organisation does not respond: discuss the threat: in general: for staff: implications of frequent travel etc.

At individual programme officer level

- Have knowledge and understanding
- Prepare yourself for the discussions and questions
- Understand HIV/AIDS
- Do practice run on colleagues

Know what you have to offer as a funding organisation

- If no resources available to support HIV/AIDS mainstreaming then shut up! Tread carefully
- Funding organisations do not always have necessary resources available to back up interest generated amongst partners

In all mainstreaming promote long-term commitment!

Cluster 6: Low prevalence regions
Basic Question(s) *How does this issue relate to countries with as of yet low-prevalence?* *How to develop an appropriate capacity building response in low prevalence regions ?*
Implications Context: (India 5 million, China 12 million at this time) Overall response with State and non-state actors: • Denial in **PRSP-NDP** • Focus on high risk groups (commercial sex workers, truck drivers, homosexuals, drugs users) • Stigmatisation and false feeling of security • Standard solutions A, B, C Implications for international organisation • Uphill battle **PRSP-NDP** • Funds are tight up in other key areas (sectoral – aids is mulitsectoral) = Flexibility
Ways forward Top down * external: • influencing policy makers • EU, UN, BILAT • Integral part of governance agenda Bottom up * internal • Use your partners' network • Use key persons – influential • Internalize HIV/ AIDS in sectoral programmes • Pilots: applied strategic research – education **O O O O O O** • Use of innovative techniques of communication • Time Learning from others : Africa!!

5. Conclusions

The inputs by Fowler and James inspired a lot of discussion, not only with participants new to some of the the issues, but also with participants with 'more' experience. From the outcome of the group discussions we have concluded a number of things, which serve as an input to design an appropriate follow-up trajectory.

Donor – partner dialogue

One of the main implications that resonated throughout the day was the need to (re-)establish donor-partner dialogue on the impact of HIV/AIDS on their own organisations. Quite a number of participants admitted that a dialogue on the implications of HIV/AIDS for their partners often barely exists. Trust and time are key in this, but also the fact that you need to have something to offer, if and when partners are

willing to share their problems in this area, and, more specifically, their needs. One group even concluded: if you're not prepared to come up with concrete support, then shut up! As a way forward northern organisations could prepare and exercise together on this dialogue, and share experiences.

Flexible partner policies and wider cooperation
Also quite a number of participants underlined the urgency of donors creating additional and flexible funding possibilities. Over and above this, a need was identified to explore possibilities of supporting southern partners to exchange experiences and cooperate. Somebody added: don't be politically correct in waiting for your partners to act, don't be afraid to take the initiative! In this light it was also suggested that northern organisations working in the same region or country could look into combining forces, for instance in dealing with insurance companies, or in exchanging information between partner organisations and programmes.

Capacity maintenance instead of capacity building
The need to develop flexible ways of support came from various groups. This especially concerns the issue of performance measurement. Participants concluded: southern organisations dealing with the HIV/AIDS crisis simply have a 'cut off point'. In other words, eventually eroding capacity will lead to underperformance on stated goals. According to these participants donors should realise this and start moving away from linear performance measurement (less output – more process); Or as one participant put it: "we should start thinking in terms of capacity maintenance, capacity building is to ambitious". In summary: re-thinking the way 'we' do business with our partners came up as another priority area. For this northern organisations will have to look at how they operate themselves, and what needs to change.

Lobby and network on various levels
To allow for more flexibility we should also lobby with our back-donors. How to concretely take this forward remained illusive. However, the idea to systematically collect evidence on the impact of HIV/AIDS on performance-issues in order to advocate for more flexibility, was supported by a number of participants.

The need for lobby with donors was furthermore underlined by a group which looked into the implications of HIV/AIDS in, as of yet, low-prevalence areas. They concluded that partners are fighting an uphill battle, in view of scarce resources and attention. To prepare ourselves and our partners we need to develop sound strategies. Here we can learn from others. The group's recommendation to move forward in getting partners involved in applied strategic research resonated strongly with other participants.

Another entry point for lobby was identified, when looking at the way HIV/AIDS-programmes are increasingly being delivered and funded. Vertical programming, i.e. funding and implementing HIV/AIDS related care outside existing health systems, will lead to (re-)emergence of parallel structures, and competition for ever scarcer human resources. This in turn can seriously undermine the position of civil society organisations. HIV/AIDS should therefore be treated as a cross-cutting issue in stead of as a separate sector, participants concluded. More specifically lobby, networking and co-ordination (also among Dutch NGO's) could be pursued to establish clear rules on how to built local capacity, and on how to provide TA. This also requires developing new ways of dealing with volunteer input.

In summary
Taking in the athmosphere during the day and the remarks from the evaluation forms, the seminar (and the research inputs) can be seen as a first step in jointly learn on how to address the impact of HIV/AIDS on civil society organisations. Participants appreciated the set up, to look at the issue from different angles and to be able to share their own questions, ideas and views with colleagues.

During the day it became clear that most participants needed time to understand the issues selected more in depth, before being able to grasp their full implications. Participants evaluated the group work as a fruitful exchange with (often unknown) colleagues, which enhanced their understanding and (re-) emphasized the urgency to act.

Because of this dynamic we didn't succeed in already defining concrete steps forward. However the ideas and suggestions presented definetly serve as a good base for follow-up. To name but a few: the idea to jointly learn on donor – partner dialogue; re-thinking the way 'we' do business (see discussion on perfomance) with our partners; the need to look more closely at joint action in the field, as well as in engaging with the wider HIV/AIDS policy environment wich affects the role and position of civil society (organisations). What became abundantly clear is that participants want to look ahead, to define ways forward in terms of learning and action.

PSO is committed to support this process and intends to define and design follow-up activities with its members and others interested. By the end of January 2005 we aim to have established (and started) follow-up activities. We will keep you updated. Check the PSO website regularly for more information.

Roel Snelder
PSO Knowledge Centre

Annex 1: Seminar programme

10.00 – 10.10 Welcome background and aim of the day
by Roel Snelder, PSO Knowledge Centre

10.10 - 10.30 Introduction to people, programme and approach of the day
by Sara Methven, facilitator INTRAC

10.30 – 11.05 View on role and position of civil society in a context of HIV/AIDS
by Alan Fowler

11.05 – 11.45 Key Issues for Capacity Building imagining exercise and presentation of research results
by Rick James (INTRAC)

11.45 – 12.00 Stretching our legs

12.00 – 12.45 Setting the scene for discussion identification of issues and questions

12.45 – 13.45 Lunch

13.45 – 14.00 Group formation

14.00 – 15.15 Group Discussions on issues and implications

15.15 – 15.30 Coffee / Tea break

15.30 – 16.00 Group discussions on issues and implications

16.00 - 17.00 Plenary feedback, where do we go from here?

17.00 – 18.00 Drinks and snacks

Annex 2: List of participants

José Pauw	Aids Fonds - SAN
Kiki van Kessel	CARE Nederland
Geertje van Mensvoort	Cordaid
Stephany Kersten	Cordaid
Helmke Hofman	St. Edukans
Joanne Harnmeijer	ETC Crystal
Jan Vossen	Fair Trade Assistance
Marjan Besuijen	Hivos
Jackie Lemlin	Healthnet International
Herman Brouwer	ICCO
Willeke Kempkes	ICCO
Ankie van den Broek	Kerkinactie
Loes Witteveen	Larenstein
Kleis Oenema	Larenstein
Monique van Welie	DGIS
Gerda Dommerholt	DGIS
Roland van de Ven	Mulanje Mission Hospital
Mariel van Kempen	Niza
Gertjan van Bruchen	Novib
Caroline Aantjes	Novib
Dolar Vasani	Novib
Karine Balyan	NRK
Wilma ter Heege	NRK
Jan Ouwehand	Prisma
Rachel Ploem	Share-Net
Winnie Koster	Share-Net
Paul Allertz	SNV
Irma Hermelink	SNV
Sara van Gaalen	VNG International
Arjen Mulder	VSO
Mariska Meurs	Wemos
Koos Koen	World Vision Netherlands
Hendrien Maat	ZOA Vluchtelingenzorg
Akke Schuurmans	PSO
Roel Snelder	PSO
Tessa Roorda	PSO
Hetty de Jong	PSO
Russell Kerkhoven	PSO
Rick James	INTRAC
Sara Methven	INTRAC
Alan Fowler	Consultant