

# **EXPLORING THE POSSIBILITY OF HARMONIZING AND STRENGTHENING PARTICIPATION OF CIVIL SOCIETY IN IMPLEMENTATION OF HEALTH SECTOR STRATEGIC PLAN**

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# BACKGROUND TO CONSULTANCY

- MOH
  - Difficulty in selecting CS representative on HPAC; inviting them to JRM and important discussions on programmes, policies etc
  - Lack of authoritative focal point for relating with MOH
- Development Partners
  - CS not coordinated hence not effective in policy formulation; weak in demanding accountability from government and other partners
  - GFATM requires CS to be active participants on key decision making bodies
- Civil Society
  - Representatives on HPAC have their legitimacy questioned by CS
  - Many CS complain that they are not consulted hence voice not heard on important decision made by government and development partners
- Can CS consult among themselves and find a solution?
- Reps of CS on HPAC (MACIS, UNHCO and AMREF) sought for support from SIDA in order to facilitate this consultation. Hence this consultancy

# OBJECTIVES OF CONSULTANCY

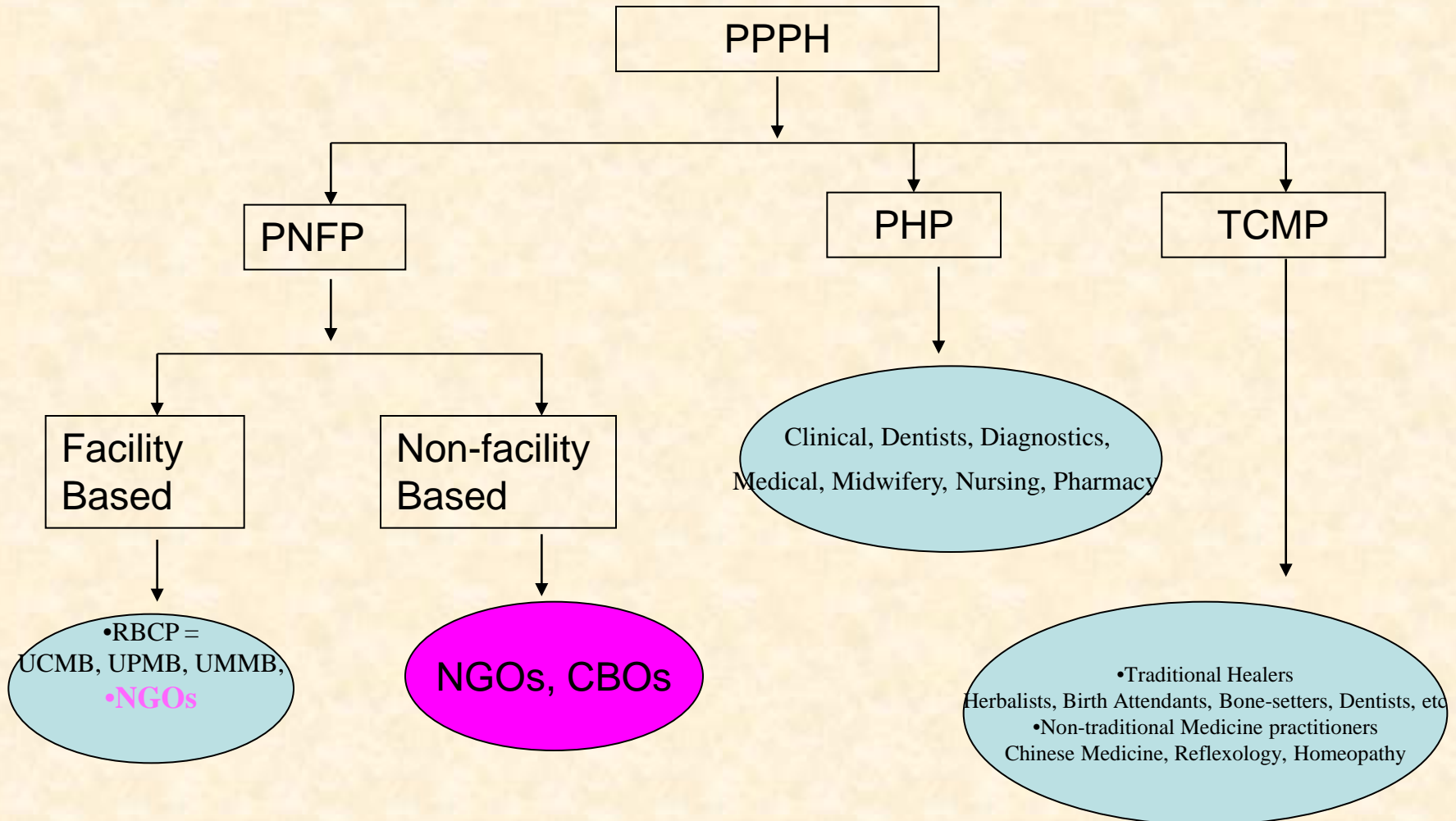
## OBJECTIVES

- to carry out a rapid assessment of current coordination mechanisms among civil society organizations engaged in the health sector
- to generate consensus among the major civil society organizations and networks on how civil society engaged in the health sector need to be coordinated
- to initiate the institutionalization of the agreed coordination mechanism for civil society involved in the health sector.

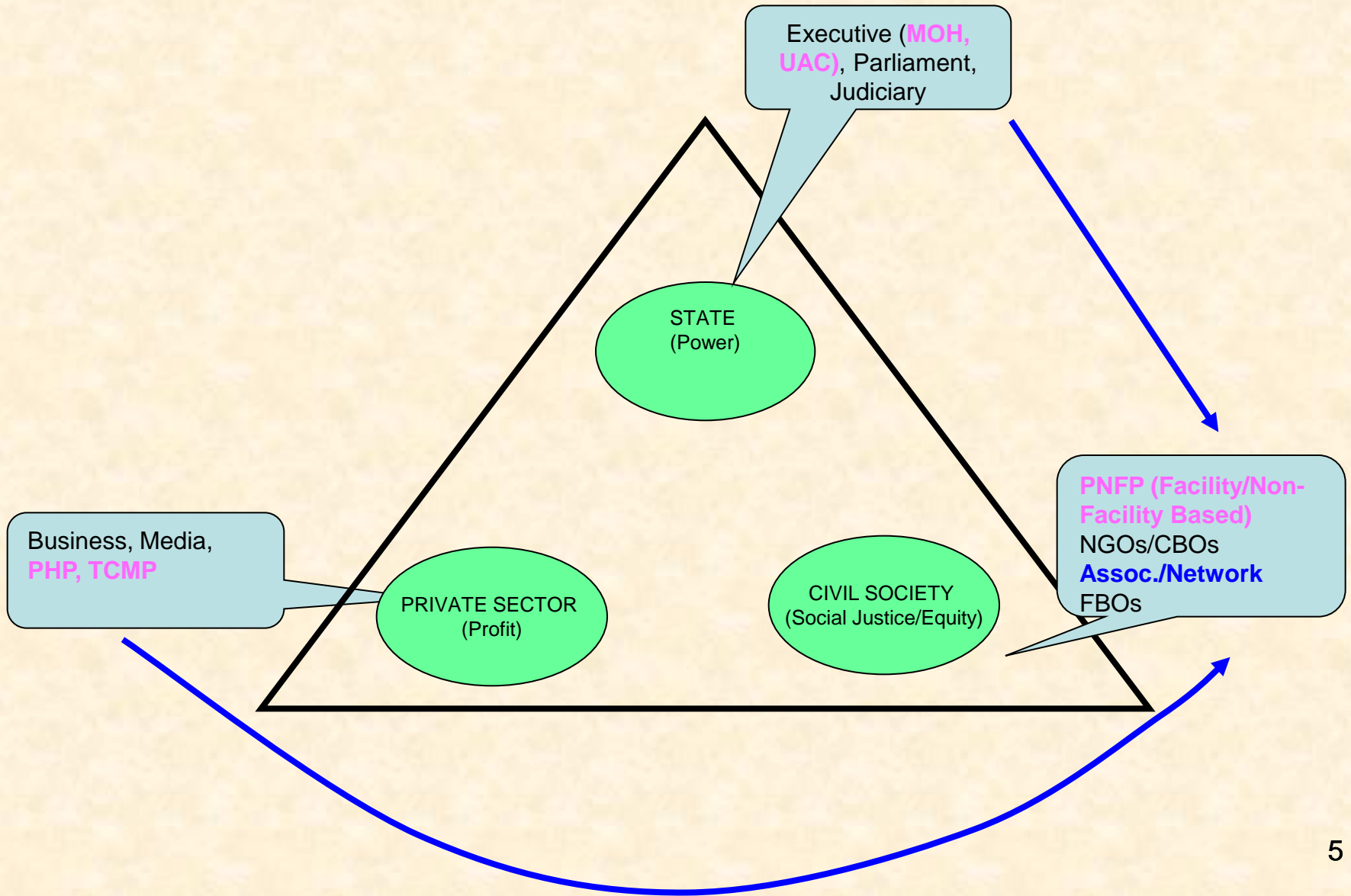
## Plan for implementation

- **Phase I: Situation Analysis of Coordination among CS in Health**
- **Phase II: Sharing of Findings with Key stakeholders**
- **Phase III: Operationalizing the Mechanisms endorsed by stakeholders**

# PRIVATE SECTOR=PUBLIC, PRIVATE PARTNERSHIP IN HEALTH



# Tripartite Relation between State, Private and Civil Society Sectors



# Religious Bureaus Excluded from

## Mainstream Civil Society in Uganda

Why Religious Bureaus don't want to be mixed with NGOs

- Many NGOs established because of funds without constituency
- FB constituency does not allow others to represent them
- Bureaus were established long before the NGOs & the NGO Statute
- Bureaus have invested tremendously in static facilities for service delivery
- Bureaus have good local and international credibility
- Individual Bureaus have trustees who are leaders of high profile status
- Bureaus mobilize most of their resources on their own rather than from government
- There are very many constituencies the CS represent hence need for more than one voice

# **ROLES OF CS IN HEALTH SECTOR**

**Functions of CS are**

- **Service delivery**
  - **Underserved, marginalized, vulnerable, disadvantage communities**
- **Advocacy/lobbying**
  - **Demand services and accountability, advocacy for health rights/resource allocation/policies, laws and practices**
- **Innovation and Strategic thinking**
  - **Operational research, creative approaches and models**
- **Capacity building**
  - **Administrative, financial, programmatic efficiency and effectiveness**
  - **Empowering the population → their health rights and responsibilities & to participate effectively**
- **Governance/Coordination**
  - **Bringing together CSOs vs government**

# SPACES FOR TECHNICAL INPUTS

Invited Spaces	Created Spaces
<p><u>MOH</u></p> <ul style="list-style-type: none"> <li>•Health Policy Advisory Committee</li> <li>•Joint Review Mission</li> <li>•National Health Assembly</li> </ul> <p><u>MOFPED</u></p> <ul style="list-style-type: none"> <li>•Health Sector Working Group</li> <li>•Public Private Partnership for Health Working Group</li> </ul> <p><u>UAC</u></p> <ul style="list-style-type: none"> <li>•Partnership Committee</li> <li>•Partnership Forum</li> <li>•Joint Annual Review</li> <li>•Self-coordinating Entities</li> <li>•Civil Society Fund Steering Committee</li> </ul>	<ul style="list-style-type: none"> <li>•Civil Society Inter-constituency Coordinating Committee</li> <li>•Umbrella organizations e.g. NGO Forum, DENIVA</li> <li>•Thematic Area Mechanisms e.g. Uganda Debt Network</li> <li>•Individual Disease coordinating mechanism e.g. Malaria and Childhood Illness NGO Secretariat (MACIS)</li> </ul>



# CONCERNS ABOUT PARTICIPATION OF CS

CSO	Government	Development Partners
<ul style="list-style-type: none"> <li>•Lack of capacity</li> <li>•Poor information flow</li> <li>•Some voices not heard</li> <li>•Lack of single focal point</li> <li>•Un-representativeness on policy structures</li> <li>•Limited participation in policy process</li> <li>•Lack of legal mandate</li> </ul>	<ul style="list-style-type: none"> <li>•Representatives do not match the task</li> <li>•Lack of credibility of some CS representatives</li> <li>•Lack of Strategic direction of CS</li> <li>•Lack of capacity to give technical input</li> </ul>	<ul style="list-style-type: none"> <li>•Civil society not active enough in engaging government on pertinent issues</li> </ul>

**CREATED SPACES – Root cause of their problem was lack of ownership and commitment from CS engaged in Health Sector**

# HARMONIZATION MECHANISM

Is it necessary or Not?

LTIA for GFATM noted that *“a CS umbrella body will be put in place to coordinate CS input into policy dialogue at the national and district levels, contribute to priority identification and proposal development”*

Mechanism for Harmonization should have

- 1. Purpose: have vision, mission, objectives, benefits
- 2. Legitimacy: constituency, technical performance, legal mandate, moral values
- 3. Technical capacity: technical arm with staff, systems and procedures, roles and responsibilities clearly spelt out
- 4. Programme of Action: work plan, information flow

# 5. Governance Structure

Skills needed	Personal qualities needed	Performance capacity needed
<ul style="list-style-type: none"><li>•technical and practical knowledge and managerial skills</li><li>•appropriate level of experience in leadership and policy processes</li><li>•competency and complementarity to each other</li><li>•strategic thinking and planning skills</li><li>•visionary and creative in thinking</li><li>•ability to identify opportunities and leverage points</li><li>•strong problem solving and conflict resolution skills</li></ul>	<ul style="list-style-type: none"><li>•credibility with mutual trust</li><li>•honesty and incorruptibility</li><li>•strong ethics and integrity</li></ul>	<ul style="list-style-type: none"><li>•willingness to take on the responsibility with efficiency</li><li>•ability to make sound decision on behalf of his/her constituency and CS</li><li>•results oriented</li><li>•passion and interest in voluntarily advancing the vision and objectives of the mechanism</li></ul>

# OBJECTIVES OF REGIONAL WORKSHOPS

- **To discuss with the participants the need for coordination among civil society organizations involved in health sector**
- **To discuss different options for improving coordination among the civil society**
- **To select an appropriate mechanism for coordinating civil society in the health sector**

# COMMENTS FROM PARTICIPANTS

- None of the participants in one region knew that HPAC exists
- None of the participants in one region had ever attended a JRM
- None of the participants in one region had ever attended a NHA
- Three quarters of the participants in one region were learning about MACIS for the first time
- Only two of the 20 participants in one region had ever heard about UNHCO

## ISSUES DISCUSSED

1. What should be the form of the coordination mechanism?
2. What are the views of the participants on the Purpose, Mission and Objectives of the proposed mechanism?
3. What should the governance structure look like?
4. Which criteria should be used in the evaluation of proposed mechanisms?
5. What is the ranking of the proposed Mechanisms based on the Criteria agreed?
6. Where should the management be located?

# A. FORM OF THE COORDINATION MECHANISM

## Qualities of Coordination Mechanisms Admired/Aspired by Participants

- Has clear vision and mission
- Transparent and accountable to the members
- Share information with members & links them locally/internationally
- Conducts regular and wide consultations of members
- Builds the capacity of its members in strategic areas
- Competent staff that implement agreed work plan

## Eligibility

- Organizations whose core (primary, secondary) activity is in health sector; registered by NGO board; have constituency; existence for last 3 consecutive years
- Qualifiers: NGO, Networks, umbrella organizations, associations, CBOs etc

## Formal vs Informal mechanism

- Informal breeds complacency of members; mechanisms not taken seriously; has low credibility and is non-binding to members
- Formal has clear roles and responsibilities (e.g. MOU) precludes power struggle

## B. Purpose of Mechanism

**Mission:** provide leadership to CS to influence the policy environment for enhancing more effective/efficient contribution of CS in planning, implementation and M&E of HSSP

**Vision:** a healthy Ugandan population

**Objectives:**

- coordinate the CSO; facilitate harmonization and identification and
- advocate for opportunities, challenges and constraints
- facilitate election of CS representation
- facilitate sharing of expertise, skills, information, knowledge, research findings, best practices and lessons learnt
- build capacity of member CSOs in critical areas
- build alliances with other health/non-health coordinating mechanisms
- mobilize resources for running the activities of the mechanism
- monitor the commitment of CS, government and development partners in the delivery of HSSP
- Arbitrate between CS and other partners



## C. Governance & Management Structures

Governance Structure	Management Structure
<ul style="list-style-type: none"><li>•Steering Committee or Board</li><li>•<i>TOR; Size; selection procedure; duration of tenure of office; proportion of local vs international representation; regional vs thematic area representation</i></li></ul>	<ul style="list-style-type: none"><li>•Stand alone structure but nurtured under a Lead Agency</li><li>•<i>TOR; positions; job description; recruitment procedures; selection of lead agency</i></li></ul>

# OPTIONS AVAILABLE

## EXISTING MECHANISMS

- Use any of them the way it is
- Modify any of them and use it

## NEW MECHANISM

- Design one from scratch

## EXISTING MECHANISMS

- NGO Forum as is (NGO Forum –I) or Modified (NGO Forum –II)
- CICC as is by bringing in Health CSOs or CICC split into two
- Disease specific mechanisms (e.g. MACIS) was not considered because they were exclusive
- DENIVA was not considered because it excludes international NGOs

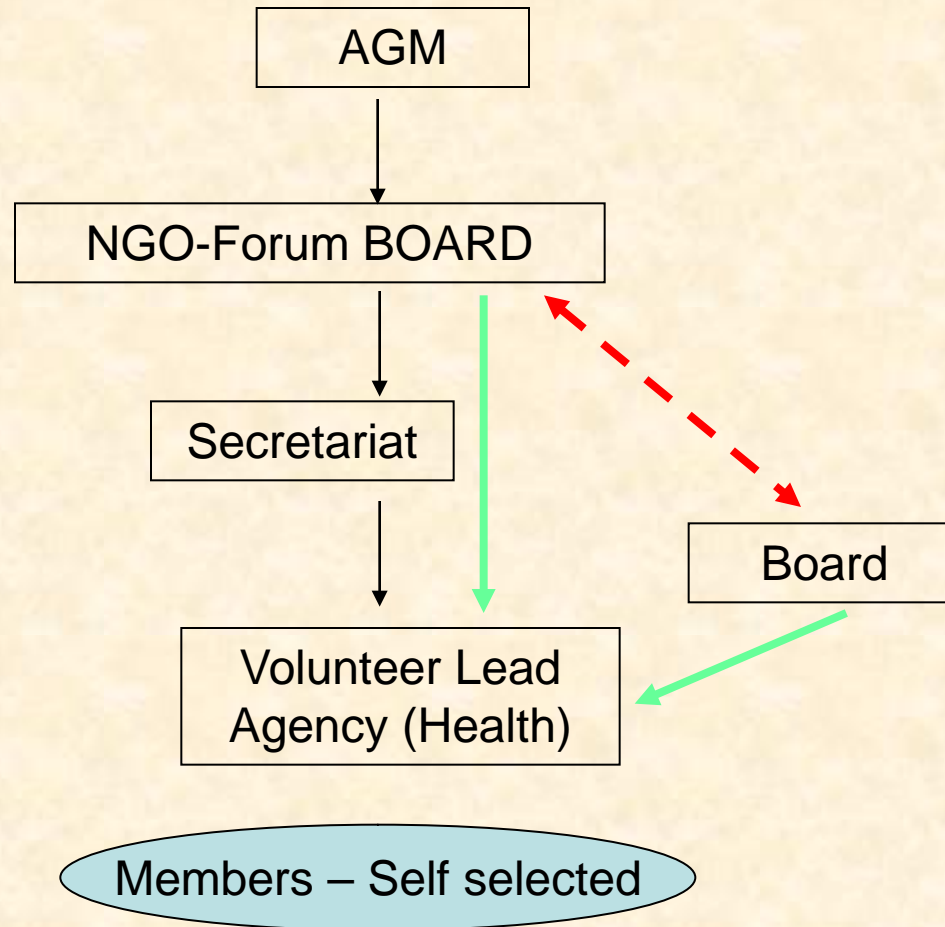
Options to be discussed

NGO Forum I & 2; CICC Expanded and Split; New Mechanis

## D. CRITERIA FOR EVALUATING/SCORING OPTIONS

• Level of <b>inclusiveness</b> of key civil society groups involved in the implementation of HSSP-II
• Extent to which it is <b>supported by key civil society groups</b> involved in the implementation of HSSP-II
• Level to which it significantly <b>focuses on health sector</b>
• Level to which it is likely to <b>serve the purpose the CS want</b> regarding coordination / harmonization of their participation in implementation of HSSP-II?
• Level to which it is likely that there will be <b>NO/MINIMUM conflict of interest</b> in the operationalization of the mechanism
• Level to which it is likely to <b>complement existing coordination mechanisms</b> in the health and other sectors
• Extent to which it will <b>NOT require many institutional changes</b> to be made in existing coordination mechanisms in the health and other sectors
• Extent that it will <b>NOT be too expensive/costly</b> to run the mechanism
• Level to which it will <b>NOT require many policy decisions</b> to be made by existing coordination mechanisms in the health and other sectors
• Extent to which it will most <b>likely to be sustained</b> over a long period of time

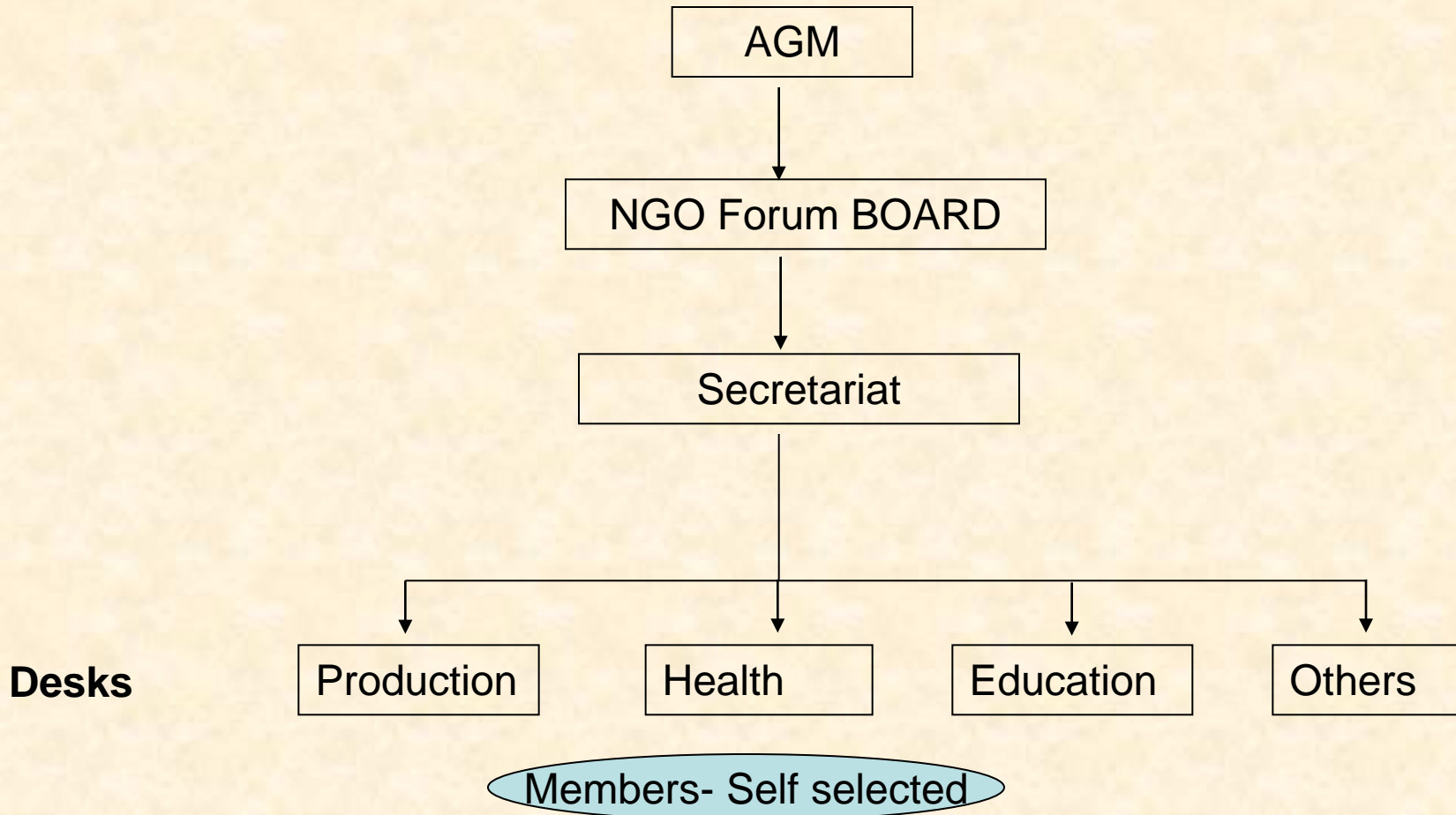
# 1. NGO Forum - I



# Merits and Demerits of NGO Forum I

Merits of Mechanism	Demerits of Mechanism
<ul style="list-style-type: none"> <li>•This would be building on the existing structures of NGO Forum</li> <li>•Ensures that Health is taken seriously by the Forum</li> </ul>	<ul style="list-style-type: none"> <li>•Board and executive are involved in many sectors hence health not taken seriously</li> <li>•Membership of NGO Forum creates confusion in command and line of authority and accountability: Umbrella and its branches are members</li> <li>•Competition between NGO Forum as network and NGO Forum as a Secretariat</li> <li>•The Lead Agency might fly its own flag and deter the members from using the mechanism</li> <li>•Excludes voices of non-members, as of 2005 registered members were 275</li> <li>•Some NGOs do not want to be members of NGO Forum → swallowing them up</li> <li>•Negative opinion about NGO Forum among many CSOs in health sector</li> <li>•Accountability of Lead agency is questionable</li> <li>•There could be some conflict if the sharing of roles and responsibilities between the Lead Agency Board and that of NGO Forum is not done properly</li> </ul>

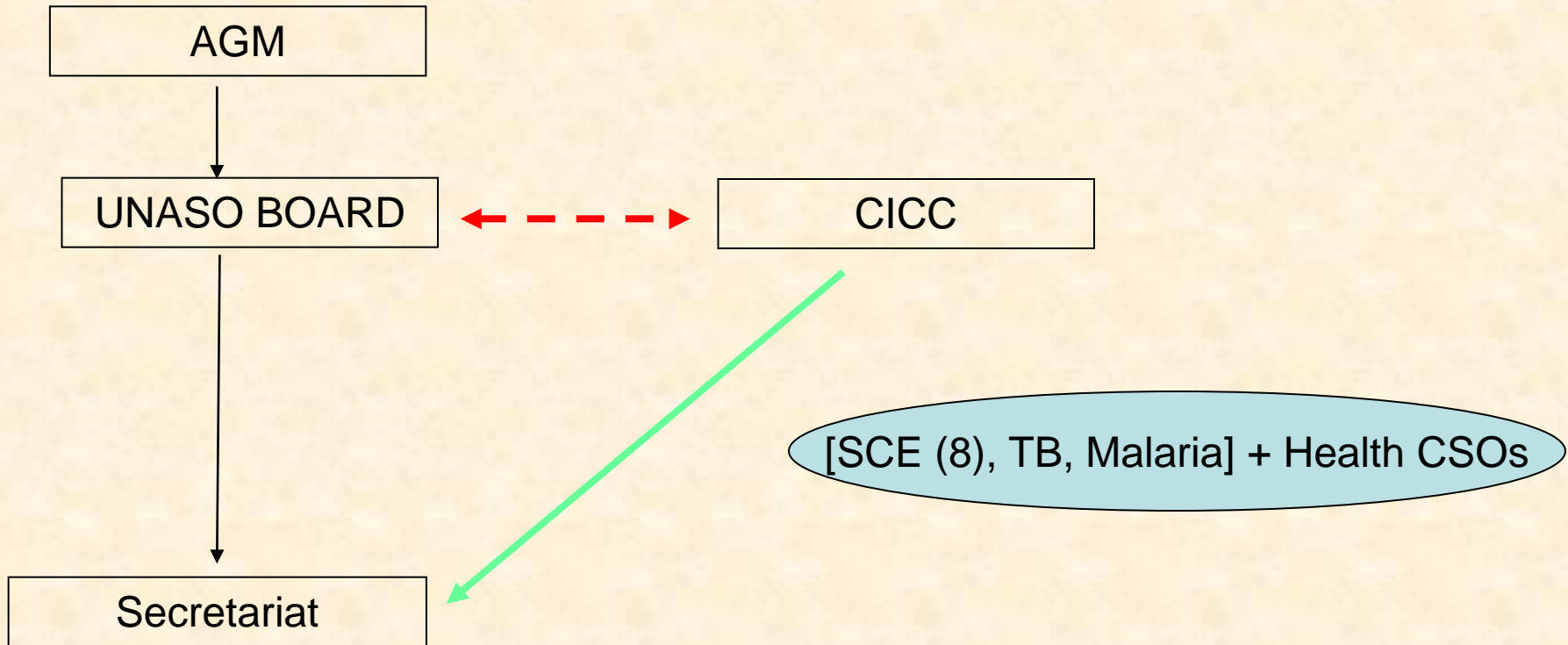
## 2. NGO Forum - II



# Merits and Demerits of NGO Forum II

Merits of Mechanism	Demerits of Mechanism
<ul style="list-style-type: none"><li>•Provides opportunity for a full time staff to take care of coordination of CSOs in health</li><li>•Removes self-appointed Lead Agency</li><li>•Holds the Secretariat accountable for coordinating CS in health</li></ul>	<ul style="list-style-type: none"><li>•Establishing desks for different sectors at NGO Forum Secretariat requires fundamental policy changes, re-structuring and expenses that may not be accepted by the Board of NGO Forum</li><li>•Requires aggressive sensitization &amp; recruitment of CS in health sector on re-structured NGO Forum Secretariat</li><li>•Mixture of membership complicates coordination</li></ul>

# 3. Expanded CICC for Coordination

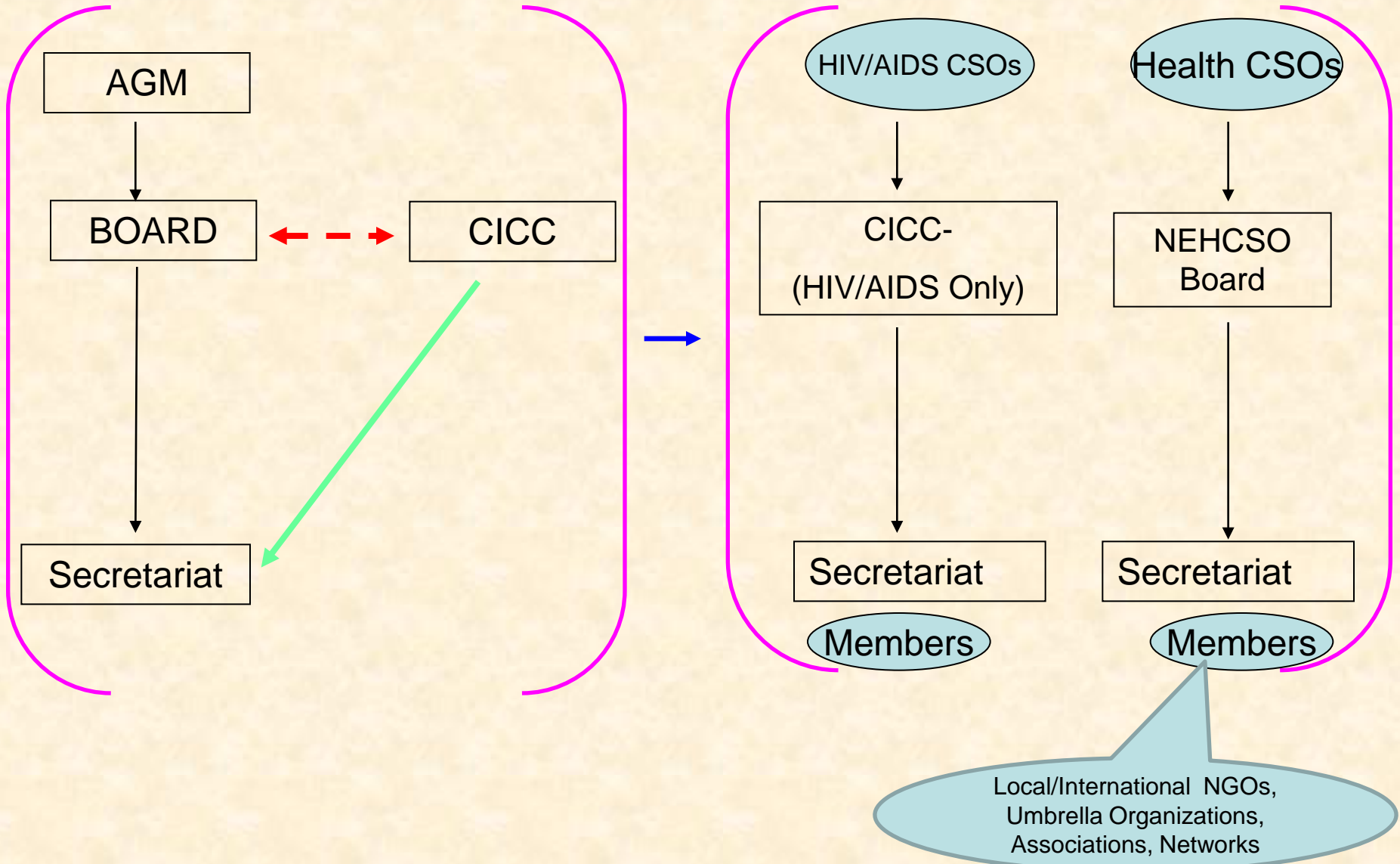




# Merits and Demerits of Expanded CICC

Merits of Mechanism	Demerits of Mechanism
<ul style="list-style-type: none"> <li>•Will strengthen the spirit of multi-sectoral approach to Health and HIV/AIDS concerns among CSOs</li> <li>•Will harmonize and amplify the contribution of CSOs to one CCM on which both PC and HPAC representatives sit</li> <li>•Will cut down costs in management of the coordination arrangements between health and HIV/AIDS partners</li> <li>•CSOs involved in both HIV/AIDS and health interventions will have only one coordination mechanism to relate to</li> <li>•Will bring representatives of other non-HIV/AIDS CSOs (other than TB and Malaria as demanded by GFATM) involved in health on board</li> </ul>	<ul style="list-style-type: none"> <li>•There could be some conflict between CICC (as a board) and UNASO Board on oversight over Secretariat if the later is not taken out of UNASO</li> <li>•Mandate of CICC does not go beyond HIV/AIDS, TB and Malaria</li> <li>•Political undercurrents and other tendencies (towards HIV/AIDS vs Health) may continue to undermine CICC</li> <li>•Having to coordinate both HIV/AIDS CSOs and health CSOs may overwhelm the coordination mechanism resulting in resources and time not to be adequately apportioned to the two areas of concern</li> </ul>

# 4. SEPARATE MECHANISMS FOR HIV/AIDS & HEALTH – Network of Health CSOs (NEHCSO)



# Merits and Demerits of CICC AND NEHC SO

Merits of Mechanism	Demerits of Mechanism
<ul style="list-style-type: none"><li>•Political undercurrents and other tendencies (mistrust, etc between HIV/AIDS and Health) will be reduced</li><li>•Provides opportunity for each coordination mechanism to be focused and articulate on only one set of concerns under its mandate</li><li>•Will bring representatives of other non-HIV/AIDS CSOs (other than TB and Malaria as demanded by GFATM) involved in health on board</li></ul>	<ul style="list-style-type: none"><li>•Increases costs in establishment and management of coordination arrangements between health and HIV/AIDS partners</li><li>•CSOs involved in both HIV/AIDS and Health interventions have to belong/relate to two institutions that may be located differently</li></ul>

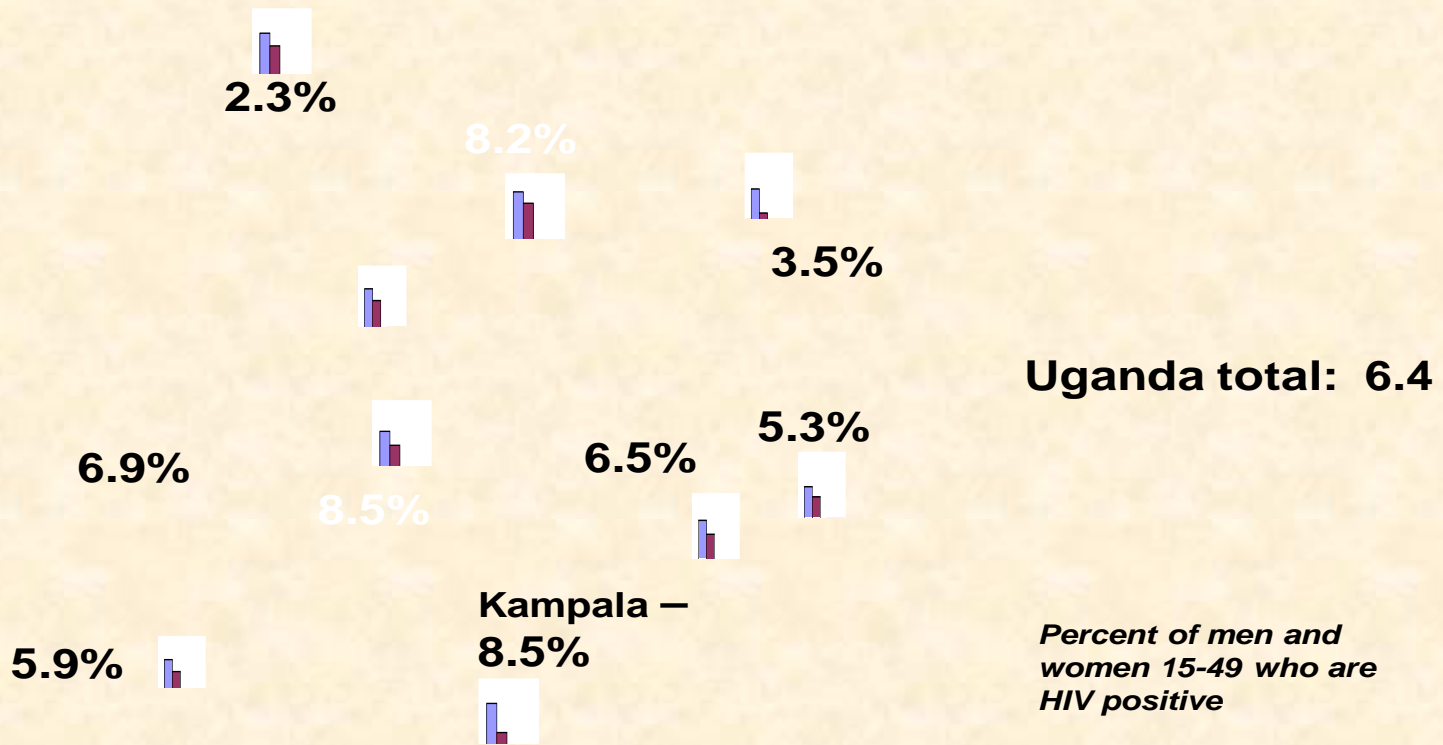
## 5. Civil Society Network for Health - CISNET

Guided by

- Regional Concerns
- HSSP Components that have to be delivered effectively

# HIV Prevalence by Regions, 2006:

1 Central; 2 Kampala; 3 East Central; 4 Eastern; 5 Northeast; 6 North Central; 7 West Nile; 8 Western; 9 Southwest

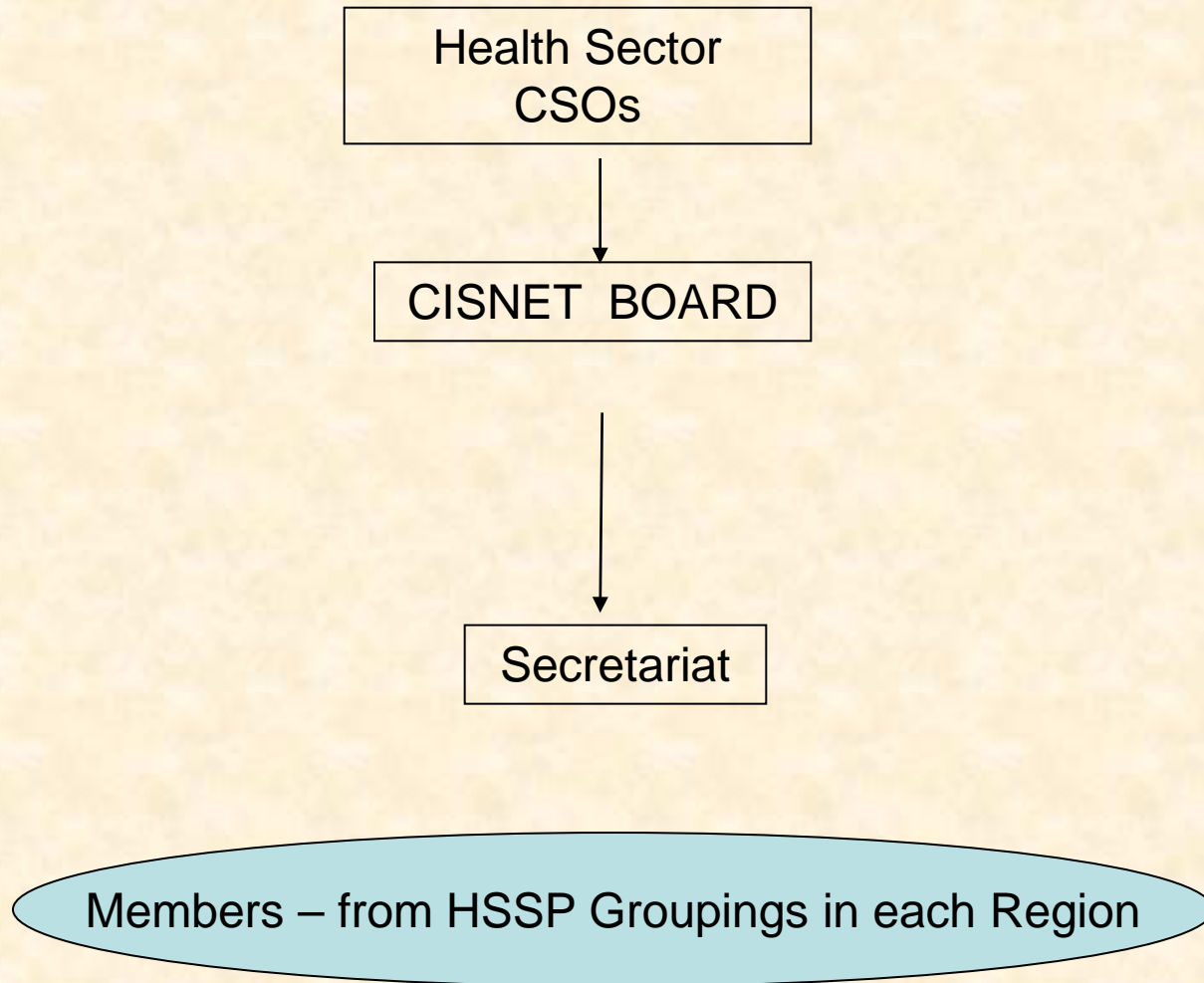


# HSSP Components

Delivery of HSSP-II by Thematic Areas		REGIONS								
		1	2	3	4	5	6	7	8	9
National Minimum Health Care Package	Health Promotion, Disease Prevention and Community Health Initiatives including Rights to Health, Advocacy and Lobbying									
	Reproductive, Maternal and Child Health									
	Prevention and Control of Communicable Diseases									
	Prevention and Control of Non-communicable Diseases including Nutrition and Disability									
Health Sector Support	Health Resource Allocation and Utilization including Health Financing, Budgeting, Transparency and Accountability									
	Health Policy, Research and Development, legal and regulatory framework and M&E									

Local/International NGOs, Umbrella Organizations, Associations, Networks

# 5. Civil Society Network for Health - CISNET



# Merits and Demerits of CISNET

Merits of Mechanism	Demerits of Mechanism
<ul style="list-style-type: none"><li>•All encumbrances of existing mechanisms left behind</li><li>•The forum would be neutral as CSOs align according to their areas of comparative advantage</li><li>•The forum will offer opportunity for ensuring that voices of the CSOs involved each of the key thematic areas of HSSP-II are coordinated and heard</li><li>•Helps identify gaps where CS are not involved in the HSSP across regions</li><li>•Branches of umbrella organizations are not constrained by their HQs to contribute particularly on regional concerns</li></ul>	<ul style="list-style-type: none"><li>•Because some CSOs are involved in more than one thematic areas under HSSP-II, there may be confusion and difficulty in such CSOs belonging to one sub-network only</li><li>•The thematic area of focus of an organization may change from time to time thereby bringing confusion in the alignment</li><li>•Creating a totally new network with many sub-networks at the regional level may be extremely challenging and expensive in terms of time and resources</li></ul>



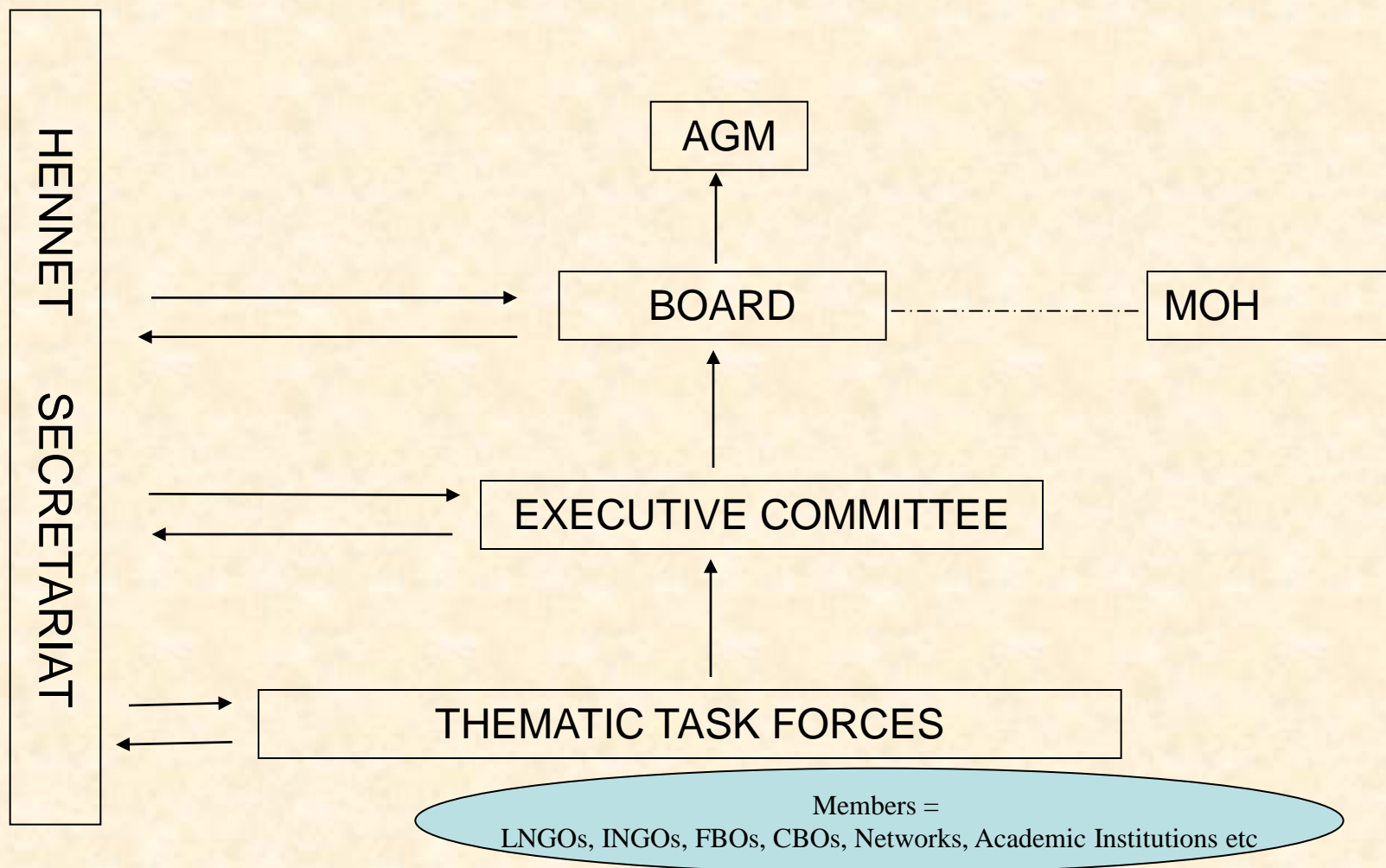
# OVERALL SCORES FOR OPTIONS DISCUSSED

REGIONS	RANKING OF MECHANISMS				
	NGO FORUM - I	NGO FORUM – II	CICC ++	CICC & NEHCSO	CISNET
Central (Luwero)	4	1	5	3	2
Eastern (Soroti)	3	2	4	5	1
Northern (Gulu)	3	2	5	3	1
Western (Kabale)	4	3	5	2	1
KAMPALA	5	1	4	2	3
<b>OVERALL</b>	<b>19</b>	<b>9 (Second)</b>	<b>23</b>	<b>15 (Third)</b>	<b>8 (First)</b>
<b>MAJOR DIFFERENCES</b>	Individual Organizations	Individual Organizations	HIV/AIDS Constituencies	Umbrella Organizations	Umbrella Organizations HSSP & Regions

# ROAD MAP TOWARDS OPERATIONALIZATION OF MECHANISM

- Continue with consultations at national levels
  - Buy-in of findings/inputs by stakeholders - CS, HDPs & Gov
  - Consensus on key areas viz Members; governance and management structures; harmonization mechanisms
- Mini-project with a task team to nurture the process
  - Constitution
  - Terms of references
  - Code of conduct of members
  - Procedures for selection of representatives
  - Establishment of Technical arm
- Technical arm to develop programme of action immediately upon establishment for approval by members

# EXPERIENCE FROM HEALTH NGO NETWORK (HENNET) KENYA



# THANK YOU ALL

