



Framework for Civil Society Engagement

CIVIL SOCIETY WORKING TO MAXIMIZE IMPACT AND AID
EFFECTIVENESS IN THE ZIMBABWE HEALTH SECTOR

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List of Abbreviations

CBO	Community Based Organisation
CSO	Civil Society Organization
DHIS2	District Health Information System
GAVI	Global Alliance for Vaccines and Immunisation
GF	Global Fund
GFF	Global Financing Facility
NAC	National AIDS Council
PLHIV	People Living with HIV
RG	Reference Group
SIDA	Swedish International Development Agency
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
ZAN	Zimbabwe AIDS Network

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THE FRAMEWORK AT A GLANCE

ELEMENTS OF THE ENGAGEMENT FRAMEWORK

GOAL	The overall goal of the CSO-Partners Engagement Framework is to achieve full and meaningful engagement of Civil Society to contribute to determining and achieving mutual goals and targets in the health and development sectors.
OBJECTIVE	The overarching objective of the CSO Engagement Framework is to maximize impact, achieve greater results and enhance effectiveness of health and development programs.
SPECIFIC OBJECTIVES	<ol style="list-style-type: none">1. Establish <i>cooperative working modalities between CSOs and stakeholders</i> in the health and development sectors.2. <i>Promote meaningful interactions between CSOs and individual development partners/stakeholders</i> in a way that enhances complementarity in realizing national health outcomes;3. Provide <i>operational guidelines on engagement approaches</i> at national, regional and global levels.
Milestones	<ol style="list-style-type: none">1. Inclusive <i>national coordinating platforms and mechanisms</i>2. Stronger CSOs <i>coalitions and a central CSO coordination mechanism</i>3. Transparent and inclusive <i>processes of determining country strategic priorities</i>4. A functional <i>joint CSO-Partners Forum or working group</i>
Engagement principles	<ol style="list-style-type: none">1. Open communication and dialogue2. Mutual accountability and transparency3. Appreciation of diversity4. Country Ownership5. People centered health interventions6. Mutual respect
Role of CSOs in the health Sector	<ol style="list-style-type: none">1. <i>Watchdog</i>; for accountability and transparency in the health sector.2. <i>Advocate</i>; for appropriate responses.3. <i>Service provider</i>; delivering health services to meet public health needs of communities.4. <i>Expert</i>; bringing on board expert knowledge and experience to shape health policies and strategies.5. <i>Capacity building</i>; providing capacity building initiatives to other CSO and CBOs.6. <i>Incubator</i>; of public health solutions that may require a long gestation or payback period.7. <i>Representative</i>; giving power to the voice of the marginalized and under-represented communities.8. <i>Citizenship champion</i>; encouraging citizen engagement with local leadership.9. <i>Solidarity supporter</i>; promoting fundamental and universal values.10. <i>Defining standards</i>; creating norms that define and set standards for service delivery.

The Engagement Framework AT A GLANCE

Levels and Issues for Engagement

Level of Engagement	Issues for Engaging CSOs
1. Global and Regional	1.1. Regional and global policy and strategy formulation 1.2. Regional advocacy and lobbying 1.3. Regional Research 1.4. Global and regional coordination 1.5. Civil Society Representation at regional and global levels
2. National	2.1. National policy and strategy formulation 2.2. Resource mobilization and health care financing at country level 2.3. National Health sector planning & resource allocation 2.4. Country program review and evaluation 2.5. National research 2.6. National health sector coordination and oversight: 2.7. National health Systems Strengthening 2.8. Advocacy at national level 2.9. Health sector reforms
3. District and Provincial levels	3.1. Planning & resource allocation at devolved structures 3.2. Health programs and services coordination at devolved structures 3.3. Community mobilization 3.4. Citizens engagement 3.5. Public expenditure tracking 3.6. Service delivery 3.7. Capacity building 3.8. Programs routine monitoring
4. Community Level (Ward, Village & Cluster)	4.1. Service delivery 4.2. Community engagement 4.3. Community health systems strengthening 4.4. Community based monitoring 4.5. Capacity building

ENGAGEMENT MECHANISMS

Engagement Approaches	Mechanisms for engagement
1. Partnerships and collaboration	1.1. Joint program design and implementation 1.2. Joint planning and programme review, 1.3. Coalition building 1.4. Resource mobilization and sustainability
2. Dialogue and Consultations	2.1. Institutionalized stakeholder consultation 2.2. All-inclusive coordination platforms 2.3. Joint CSO – donors forum/working group 2.4. Communication and information technology
3. Capacity building and technical support	3.1. Institutional and organisational capacity 3.2. Documenting and sharing best practices: 3.3. Access to technical support

INTRODUCTION

Recognising the critical role of CSOs in health service delivery and health policy formulation and implementation, there is a need for a more organised and structured process for CSOs to engage in addressing public health challenges and to adapt to the highly dynamic health sector.

The Framework outlines the approach and modalities for effective engagement and collaborative partnership engagement between Civil Society Organisations (CSOs) and other stakeholders. Effective engagement and collaborative partnerships will maximise the impact of health policies and programmes while enhancing aid effectiveness in the health sector in Zimbabwe.

The multisectoral approach to public health challenges facing Zimbabwe has been effective and successful in responding to the HIV and AIDS epidemic, with actors playing complementary roles in designing and implementing the National HIV and AIDS response. Although the civil society sector has been a key player in the HIV and AIDS multisectoral response, its participation and engagement has not been consistent. This is attributed to the highly dynamic HIV and AIDS epidemic, resulting to major shifts and changes in the civil society sector. These include;

- **Definitions** are changing and civil society is now defined as encompassing a broader range of actors beyond the narrow “sector” dominated by the NGOs and CBOs. Civil Society today includes a wide and vibrant range of organized and unorganized groups, as new civil society actors blur the boundaries and make it more difficult to coordinate
- **The HIV and AIDS landscape is changing** where traditional civil society roles in the response has been minimised. Advances in treatment and treatment as prevention makes treatment and literacy adherence the focus of health sector response to HIV. For CSOs and CBOs this suggests deliberate realignment to this focus so that they remain partner to health sector.
- **The context for civil society is changing:** While traditional funding models are shrinking, there is increased demand for accountability and transparency by donors and communities. Further, because of political pressure space for civil society is shrinking.

These changes and shifts pose serious challenges for the civil society, limiting their capacity to effectively engage as a major player in the health sector multisectoral response. But the challenges have also created opportunities that require civil society actors to adapt themselves rapidly to fit into the ever-changing HIV epidemiological landscape. In this regard, defining the CSO engagement parameters will be a critical step towards adaptation. This will provide a mechanism for CSOs to define and occupy their space in the health sector, but more important, to establish structured approaches and processes to facilitate meaningful interaction with other key players.

This Framework will also guide the development partners and the public sector’s engagement with CSOs. It does not seek to provide a comprehensive analysis of the role of civil society in the health sector but outlines how the CSOs work with other stakeholders in the health sector to leverage their knowledge and expertise.

Almost universally, the first response to the AIDS epidemic came from HIV-positive individuals, their families and communities, by organizing themselves to care for those in need. In most countries, these early civil society initiatives are the foundations on which the national response has been built, and civil society remains at the forefront of prevention, care and support programs, particularly among the most vulnerable and hard-to-reach populations.¹ Over the years, civil society has also helped to guide scientific research and has played a key role in challenging drug patents and bringing down the cost of AIDS medication.

Zimbabwe's HIV response has been headed by non-governmental and religious organizations. In addition, partnerships between leadership in the political sector, ministries, parliamentarians, civil society and the private sector has been key to fast-tracking Zimbabwe's HIV response.² These organizations have been fighting the epidemic through education, voluntary counseling and testing, reducing mother-to-child transmission, increasing condom use and voluntary male circumcision.³

Early in the epidemic, as public hospitals became overwhelmed by the burden of HIV, civil society organizations also took on responsibility for health care. In Zimbabwe, CSOs set up home based care in the early days that provided palliative care before treatment became available. CSOs also run most of the orphan care programmes and were the pioneers of counselling, both for and by infected and affected people. And as medicines—including, eventually, antiretroviral drugs—were developed to treat HIV, civil society organizations were at the forefront of efforts to bring down the cost of treatment, to demonstrate that antiretroviral therapy is feasible in resource-poor settings and to urge national governments to commit themselves to providing treatment.⁴

Among the other key intervention spearheaded and that was run by CSOs is the behavior change programme, which has been credited with the significant decline in the HIV prevalence in the country. Partnerships between civil society organizations (CSOs) and well-resourced external agencies have been critical in sustaining Zimbabwe's HIV response. Working with community structures, the behavior change programme reached 'those most in need'⁵. The idea of CSOs as indispensable stakeholders in the HIV response is gaining momentum in much HIV programming policy and research. From a policy perspective, the Strategic Investment Framework posits community engagement and actions as 'critical enablers' for an effective HIV response^{6,7}

Recent World Health Organization guidelines stress the importance of engaging communities in the delivery of HIV services. Guidelines on how to monitor national and international health sector responses

¹ UNAIDS (2006) Report on the Global AIDS Epidemic Chapter 9 on The essential role of civil society

² Wotus M (2015) Zimbabwe HIV Response

³ Wotus M (2015) Zimbabwe HIV Response

⁴ UNAIDS (2006) Report on the Global AIDS Epidemic Chapter 9 on The essential role of civil society

⁵ Kelly KJ, Birdsall K. The effects of national and international HIV AND AIDS funding and governance mechanisms on the development of civil-society responses to HIV AND AIDS in east and southern Africa. *AIDS Care*. 2010;22

⁶ Schwartländer B, Stover J, Hallett T, Atun R, Avila C, Gouws E, et al. Towards an improved investment approach for an effective response to HIV AND AIDS. *Lancet*. 2011;377(9782):2031–41.

⁷ UNAIDS . UNAIDS 2011-2015 strategy: getting to zero. Geneva: Joint United Nations Programme on HIV AND AIDS; 2010

to HIV see CSOs as part and parcel of the health sector⁸. The consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection stipulate the need for community-centered and community led health care approaches⁹. The need to involve community structures in the HIV response is also recognized by the UNAIDS in their Fast-Track targets.¹⁰

Civil society groups play a central role in advocating for greater treatment access and they also promote greater accountability by monitoring treatment-related activities of governments, donors and nongovernmental organizations.¹¹

The role played by civil society is often underestimated, largely because it is not systematically measured. Yet it is clear that without the nongovernmental sector's participation, many of the strategies and targets set by countries and the international community for responding to HIV would be unattainable. The experience and knowledge of these front-line providers is of utmost importance to national policy-making and to the development of stronger public health sectors¹².

In Zimbabwe, as in other countries, CSOs were at the forefront of the HIV and AIDS response in the early days of the epidemic when health facilities could no longer cope with the flood of infected people before treatment became available. Most CSOs working in the area of HIV and AIDS were formed during this period, most of them were initially focusing on palliative care, awareness raising, provision of psychosocial support and counseling as well as setting up and running support groups for people living with HIV and AIDS. During the period, communities bore the brunt of the HIV and AIDS response as they initiated home based care programs, which relied almost entirely on unpaid community volunteers.

But with the coming of treatment, HIV and AIDS interventions became much more biomedically focused and moved into health facilities, leaving most of the CSOs grappling for relevance. With treatment, interventions became more evidence-based and more focused on specific target groups and hot spot areas. Thus over the years, the focus of interventions has shifted to key populations and young girls and adolescents, who were seen to be more vulnerable. Emphasis has also shifted from prevention to elimination of mother to child infection and to male circumcision as prevention strategies.

In all these new approaches, CSO in Zimbabwe have felt left out and those that did not adjust their focus in line with the changing face of the epidemic, funding became difficult to secure. But there is now a new realization of the role that CSOs can play in the HIV and AIDS response, in the context of the new-biomedically- focused interventions. But for CSOs to do this effectively, there is need for clarity on their

⁸ . WHO . Consolidated strategic information guidelines for HIV in the health sector. Geneva: World Health Organisation; 2015

⁹ WHO . Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection - recommendations for a public health approach (second edition) Geneva: World Health Organisation; 2016

¹⁰ UNAIDS . Fast-track - ending the AIDS epidemic by 2030. Geneva: Joint United Nations Programme on HIV AND AIDS; 2014.

¹¹ UNAIDS (2006) Report on the Global AIDS Epidemic Chapter 9 on The essential role of civil society

¹² UNAIDS (2006) Report on the Global AIDS Epidemic Chapter 9 on The essential role of civil society

part of the new roles they are going to play, the new partnerships they need to forge and the new capacities that they need to develop.

As part of this new thrust and focus, CSOs in the HIV and AIDS and health sector, have come up with an Engagement Framework that outlines how they want to relate and cooperate with each other, development partners and the public sector in the new dispensation.

DEFINING THE ELEMENTS OF THE CSO ENGAGEMENT FRAMEWORK

Goal, Objective and Milestones

GOAL: The overall goal of the CSO-Partners Engagement Framework is to achieve full and meaningful engagement of Civil Society, from community to national to regional to global levels, so that the full breadth of their skills and expertise can contribute to determining and achieving mutual goals and targets in the health and development sectors, including those laid out by the public sector (government ministries), development partners and respective regional and global mechanisms.

OBJECTIVE: The overarching objective of the CSO Engagement Framework is to maximize impact, achieve greater results and enhance effectiveness of health and development programs by strengthening mechanisms for participation and coordination between CSOs and stakeholders in the health and development sectors.

SPECIFIC OBJECTIVES:

The specific objectives of the Engagement Framework include the following;

- a) Establish cooperative working modalities between and within CSOs and stakeholders in the health and development sectors including relevant government ministries, development and technical partners;
 - b) Promote interactions between and within CSOs and individual development partners/stakeholders in a way that enhances complementarity in realizing national health outcomes;
 - c) Provide operational guidelines on engagement approaches, and processes on specific issues for engagement at community, national, regional and global levels.
-

Key Milestones

The following milestones are key to meaningful and effective CSO-Partner engagement;

- Inclusive **country platforms and coordinating mechanisms** will be the primary entry points and structures for CSO participation in national policy and strategy processes. Inclusive multi stakeholder platforms in the health sector will present opportunities for CSO's to effectively carry out their advocacy role and to contribute to health policy and strategy formulation, implementation and monitoring.

- Stronger **CSOs coalitions and a central coordination mechanism** will be the most critical requirement for the full implementation of this framework as this will establish a structured and united CSOs front with a legitimate mandate. Strengthening a central CSO coordination mechanism is a priority in the implementation of this engagement framework.
- Transparent and inclusive **processes of establishing country strategic priorities** by development, technical partners, and the public sector, emphasizing the role and participation of CSOs in determining and implementing partners' country strategies. CSO participation will enhance country ownership and support the designing of programs that respond to community health needs.
- A functional **joint CSO-Partners Forum**, that will bring together CSOs and development partners to dialogue on national health priorities and how the different partners can contribute to addressing them. This will also provide opportunities for CSOs to respond to challenges as they emerge.

Principles of engagement

CSOs engagement with partners will be guided by a set of principles that will apply to the full range of development activities, including knowledge sharing, policy dialogue, resource mobilisation, as well as programme development and implementation. The following are the core Principles that will guide CSO engagement:

Open communication and dialogue: CSOs and Stakeholders will engage in constructive dialogue that will lead to the design and implementation of improved health programs and policies that support national health priorities. The dialogue will strengthen the contribution of CSOs to regional and global health agendas. Stakeholders will provide CSOs with genuine opportunities to participate and influence policy and program design, while respecting divergent views.

Mutual accountability and transparency: CSOs and stakeholders have a responsibility to the public, beneficiaries and funding agencies for results achieved through use of public resources as well as from development assistance. The structural and implementation arrangements of the Engagement Framework will have inbuilt mechanisms for enhancing mutual accountability, not only between CSOs and stakeholders, but also with the community and the wider public.

It is recognized that parties to the Engagement Framework are independent actors in the health and development sectors, with customized arrangements for reporting results to communities and other stakeholders. Nevertheless CSOs and development partners are committed, through the Framework, to proactively share medium and long-term plans and results in a transparent manner.

Appreciation of diversity: The great diversity within the CSO sector is a strength that should be tapped to respond to the different health needs in communities. The Framework appreciates and will safeguard the diversity of CSOs to enable them to freely contribute to public health

interventions using their comparative advantages without compromising their programming or funding status.

Country Ownership: CSOs and stakeholders under this framework will ensure that responsibility and accountability for designing and implementing health programmes is shared among the numerous partners within Zimbabwe. Working with development and technical partners, CSOs will play a key role in ensuring health policies and programmes are relevant and reflect country's health needs and priorities, thus enhancing national ownership.

People centered health interventions: Putting people and communities at the center of public health policies and programmes is a key guiding and binding principle under the Framework as this will enhance equity and respect for human rights in all health programs.

Mutual respect: The engagement between CSOs and partners will be based on equal partnership approaches, despite the pronounced and skewed technical and financial capacities between them that perpetuate unbalanced relations. Partners under this Engagement Framework commit to respect views and strategic positions of the CSOs.

Evolved and Expanded Role of the CSO

To ensure clarity and establish a common understanding of the position and role of the CSOs, the Framework recaps the roles CSOs play in the HIV and AIDS and the broader health sector. These include the following:

Watchdog: holding public institutions to account, promoting transparency and mutual accountability amongst stakeholders in the sector.

Advocate: raising awareness of public health issues and challenges and advocating for appropriate responses.

Service provider: delivering health services to meet needs of communities including health education and promotion, prevention, care and treatment, strengthening community health systems, championing the realization of health rights for all including access to health services for all.

Expert: bringing on board expert knowledge and experience to shape health policies and strategies and to identify evidence-based public health solutions.

Capacity building: providing education, training and other capacity building initiatives to other CSO players engaged in the health sectors.

Incubator: developing public health solutions that may require a long gestation or payback period.

Representative: giving power to the voice of the marginalized or under-represented communities.

Citizenship champion: encouraging citizen engagement with local leadership in the lower levels of the health sector, and supporting the health rights of communities

Solidarity supporter: promoting fundamental and universal values such as gender equity and the health rights of the marginalized and underserved populations,

Defining standards: creating norms that define and set standards for service delivery as based on the respect for human dignity and freedom in personal health choices.

CSOs, in their diversity, carry out the different roles defined above by building partnerships and collaborative relationships with other key stakeholders including from the private sector, government and international organizations.

THE CSO ENGAGEMENT FRAMEWORK

Framework Overview

The CSO Engagement Framework is designed to structure the health sector stakeholders' broader and deeper engagement with CSOs through three *engagement dimensions*:

- a) partnerships and collaboration;
- b) dialogue and consultations, and
- c) capacity building and technical support.

The Framework outlines corresponding mechanisms for implementing the three engagement dimensions. Four *engagement levels*; community, devolved governance structures, national, regional and international levels, have been identified, with specific issues or areas that CSOs can be engaged on based on their roles and mandate at each level.

CSO Levels and Issues for Engagement

CSOs operate at all levels of the health service delivery system – national, provincial and district, and at community level. Several CSOs also operate at the regional and global levels where they engage with regional groupings such as the Southern Africa Development Community and also at the Global level where they interact with global initiatives such as the Global Fund for HIV, TB and Malaria, bilateral organizations, such as the President's Emergency Fund (PEPFAR) and charitable foundations, such as the Clinton Health Initiative (CHAI) and international research institutions, such as the Centre for Disease Control and Prevention (CDC).

Under this framework, different CSOs will be active at each level of engagement, guided by their expertise as well as by the needs of the communities they serve and available resources. Table 1 captures the levels of engagement and corresponding issues that the CSOs will deal with at each level.

Table 1: CSOs' Levels and issues for engagement

Level of Engagement	Issues and Areas for Engaging CSOs
1. Global and Regional	<p><i>Regional and global policy and strategy formulation:</i> Zimbabwe CSOs will be engaged at regional and global platforms on policy and strategy formulation by shaping and articulating regional and global priority interventions.</p> <p><i>Advocacy and lobbying:</i> CSOs will be engaged in the formulation of the global and regional health advocacy agendas and will advocate and lobby for regional and global priorities.</p> <p><i>Research:</i> CSOs will be engaged in the development and implementation of the regional and global health research agenda and collaborate with international research institutions to advance the research priorities.</p> <p><i>Global and regional coordination:</i> CSOs will support CSO coordination at the regional and global levels to come up with a unified and well-coordinated regional and global CSO platform and positions. The CSOs will engage and work with regional and global networks and other coordinating platforms. National networks will revive their membership of regional and global networks.</p> <p><i>Representation:</i> Zimbabwe's civil society is active and has experience in supporting and representing communities at national level and will use that experience to represent civil society on regional and global platforms, such as the GF, GFF, GAVI and other health- related global initiatives.</p>
2. National	<p><i>Policy and strategy formulation:</i> CSOs have vast experience which they will bring to bear to increase their footprint, engagement and contribution in national policy and strategy formulation. This ranges from country health sector contextual analysis to designing policies and strategies as well as supporting program implementation. CSOs will continue to be the link between policy/strategy and service delivery by translating national policies and strategies into concrete programmes and services.</p>

	<p><i>Resource mobilization and health care financing:</i> CSOs are strategic stakeholders in resource mobilization for health programs and in designing and implementing resource mobilization strategies. CSOs are also ready to work with the development partners and the private sector to engage the Government for increased domestic financing of the health sector.</p>
	<p><i>Planning & resource allocation:</i> CSOs will increase their role in national health sector planning, prioritization and resource allocation. Their presence at grassroots level is critical to inform national priorities and to ensure equitable distribution of resources across the country.</p>
	<p><i>Program review and evaluation:</i> CSOs will seek to increase their participation in joint program reviews and evaluations by participating in the planning and coordination of the reviews and evaluations, community mobilizations for program feedback and consultations and dissemination of review and evaluation findings.</p>
	<p><i>Research:</i> CSOs will be engaged in the development of the national health sector research agenda, support its implementation and dissemination of research finding. Through the CSO coordinating platform, CSOs will play a key role in collating and disseminating national, regional and international research findings within the national health civil society sector</p>
	<p><i>Sector coordination and oversight:</i> CSOs seek to scale up their engagement and participation in national health sector coordination and to play an active role in the health sector-wide coordinating platform and other vertical program coordinating platforms within the Ministry of Health. The CSOs will also seek engagement in other stakeholder coordinating platforms, such as the development partner and donors working groups.</p>
	<p><i>Health Systems Strengthening:</i> Despite playing a minimum role in national health systems, CSOs are ready to play a more active role in supporting the strengthening and building of resilient health systems targeting the lower levels of mainstream health structures, as well as to support service integration.</p>
	<p><i>Advocacy:</i> CSOs will continue to play an important role in advocating for priority health sector reforms on service delivery and health care financing. They will scale up their advocacy by strengthening their internal coordination capacity, adopting constructive engagement approaches and enhancing collaboration with other partners.</p>
	<p><i>Health sector reforms:</i> CSOs, with experience in service delivery and in the interpretation and implementation of health sector policies will</p>

	play a more visible role in initiating and contributing to sector reforms by sharing implementation experiences, best practices and provide feedback on existing sector processes
3. District and Provincial levels	<i>Planning & resource allocation:</i> CSOs working will scale up their participation and engagement with the district and provincial health teams and contribute to planning and resource allocation processes.
	<i>Coordination:</i> CSOs will play a leading role in supporting district and provincial teams to coordinate and provide oversight of health service delivery at the devolved local governance structures. This is critical as CSOs bring on board communities' health concerns and feedback to the management teams for action.
	<i>Community mobilization:</i> CSOs seek to scale up their engagement at district and provincial levels as community mobiliser, as they work directly with communities and are thus be the link between the district health teams and communities.
	<i>Citizens engagement:</i> In recent years CSOs have played a critical role in empowering communities to effectively engage with the devolved local governance structures and they have the capacity to organize and empower communities to effectively participate in district level processes including planning for health program, monitoring health service delivery and feedback to the district health teams.
	<i>Public expenditure tracking;</i> As districts take on more roles in resource allocation, utilization and financial management under the decentralization program, there will be increased need for oversight to ensure transparency and sound financial management. CSOs are better placed to monitor and track public expenditure as they have the tools that support public expenditure tracking and reporting.
	<i>Service delivery:</i> CSOs will continue to provide services at district and provincial levels and will that role through structured engagement and partnerships with the District and Provincial health teams.
	<i>Capacity building:</i> Through their accumulated experience and knowledge, CSOs are in a position to build the capacity of new organizations through knowledge sharing and skills transfer. CSOs have access to valuable tools and resources for capacity building of institutions at district and Provincial levels.
	<i>Programs routine monitoring:</i> Health service reporting and monitoring is captured at District level. With many CSOs implementing programs in the districts they will be able to share routine project implementation data with the District Health Information Management Systems, which will feed into the DHS2. Under this framework, CSOs will support the

	continued capturing of community-related project implementation data and work to ensure that community indicators are reported on time.
4. Community Level (Ward, Village & Cluster)	<i>Service delivery:</i> CSOs will continue to provide health services at community level in line with their mandates. CSOs will enhance partnerships with community-based groups through the establishment of “implementing” partner relationships and sub grantee programs with CBOs. CSOs have vast experience and knowledge in providing services at community level, which positions them well to become the implementing partner of choice at community level for development partners, international organization, the public and private sector.
	<i>Community mobilization:</i> One of the key strengths of CSOs is community mobilization. This makes them viable partners in national processes and the dissemination of national health policies for enhanced service uptake in communities and enhancing community participation.
	<i>Community health systems strengthening:</i> CSOs will play a critical role in building resilient and sustainable health systems that require minimum external inputs by strengthening community systems. They will also support communities in structured engagement with other stakeholders in the health sector as well as their participation in mainstream health service delivery structures.
	<i>Community based monitoring:</i> CSOs will support communities to monitor, review and report on the quality of health service delivery at their level. CSOs will also support communities to engage with health service monitoring teams from the national level.
	<i>Capacity building:</i> CSOs will continue their capacity building role at community level focusing on community health workers, CBOs and organized community groups.

Engagement Mechanisms

The CSOs-Partners Engagement Framework will be implemented through three broad approaches:

1. Partnerships and collaboration;
2. Dialogue and consultations;
3. Capacity building and technical support.

Each of these approaches has a set of implementation mechanisms that form the basis for partner interactions.

1. Partnerships and collaboration

One of the key objectives of the Engagement Framework is, sustaining the gains in the HIV and AIDS response and reducing health inequities. This is best achieved through meaningful collaboration among healthcare delivery organizations, the public and private sectors and other community stakeholders. While there is evidence of increased collaboration among the different players in the health sector, there is still lack of mutual understanding and appreciation of each other's roles, which inhibits full collaboration between CSOs and other health players in Zimbabwe. The Framework seeks to accelerate cooperation and collaboration to maximise the impact of the HIV and AIDS response and improve health outcomes for all.

Mechanisms for partnerships and collaboration

The mechanisms that partners will use to promote meaningful partnerships and collaboration, include the following:

Joint programming: There will be meaningful engagement of CSOs by relevant development partners starting from the country level analysis to programme development, which will involve joint programme responses. Joint programming will be encouraged through an all inclusive process to ensure effective alignment of efforts, create synergies and avoid duplication.

Joint planning and programme review; Partners will intergrate an all-inclusive process of developing country health and development strategies and priorities, that are aligned to the Zimbabwe HIV AND AIDS and Strategic Plan. For development and technical partners, it is expected that they will develop their Zimbabwe country strategies with the participation of a broader range of CSOs to ensure that the strategies are responsive to the country priorities and needs.

Coalition building: CSOs will work to strengthen existing coalitions and build new ones within civil society, as well as to maintain strong relationships with other partners, national and international, that have interest in or may be impacted upon by a particular public health issue in Zimbabwe. While deliberate efforts will be made to respect diversity and recognise the unique and independent roles played by CSOs it will be necessary to strengthen structured CSO coalitions and consortiums around common advocacy issues and establish a common engagement platform.

Resource mobilization and sustainability: CSOs will collaborate with health sector stakeholders in resource mobilization for health programmes and come up with strategies for sustainable funding mechanisms, including increased domestic financing for health programmes, and public private partnerships.

2. Dialogue and consultations

Sustained, open and honest dialogue and consultations are essential to meaningful CSOs engagement with other partners and constitute part of the guiding principles for the Engagement Framework. Dialogues and consultations will make it possible to take different perspectives and interests into account in responding to public health challenges. The dialogues will foster new and

innovative forms of communication and cooperation and integrate the diverse competencies of the private and public sectors, civil society, development and technical partners.

Mechanisms for dialogue and consultations

The Framework integrates the following mechanisms for effective dialogue and consultations between CSOs and other partners:

Institutionalized stakeholder consultation: Partners under the Framework will make stakeholder consultations part of their planning and implementation procedures. Stakeholder dialogues become an institutionalized feature guiding their operations and engagement policies. It is expected that government, development and technical partners will create space for dialogue with CSOs when undertaking critical processes that directly or indirectly impact on health programmes in the country. These events will include the development of strategic plans, setting priorities, sector resource allocation, reviewing their programmes impact and when designing new programmes/projects.

Coordination platforms: Existing stakeholder platforms are expected to enhance their engagement with CSOs by reviewing their membership to ensure that it is reflective of the key sector stakeholders, specifically, enhance the participation of civil society. The platforms include technical working groups in relevant government ministries and those convened by development and technical partners. Where applicable, new coordinating platforms should be established, driven by a particular health agenda. Civil society will map out existing national coordination platforms and analyse the role and level of CSO participation in these platforms and advocate for more inclusive structures where these do not exist. The CSOs will also seek to formalise their participation in existing TWGs and other forums with clear MoUs.

Joint CSO – donors forum/working group: A joint CSOs – Donors’ Forum/Working Group will be established as a permanent coordination platform that will bring together development partners and CSOs. The platform will provide guidance and monitor implementation of the Engagement Framework through regular consultations and feedback processes

Communication and information technology: Partners under the Framework will enhance the use information and communications technology as a tool to enhance stakeholder dialogues and consultations through real-time information sharing. A website will be developed to facilitate communication and information sharing among partners under the Framework and with the broader public.

3. Capacity building and technical support

CSOs are not at the same level of technical and institutional capacity as the other partners they will be interacting with, including development partners, government and international NGOs, a situation that limits their ability to contribute meaningfully to discussions in most national processes. Technical support is, in most cases, necessary for timely and quality implementation of programmes. But technical support is relatively expensive for most CSOs in Zimbabwe and accessible mainly to international NGOs. This inhibits national CSOs from fully maximizing on

their potential. Development partners under this framework will seek to enhance the technical and institutional capacities of participating CSOs through the following mechanisms:

Mechanisms for capacity building and technical support

Institutional and organisational capacity: The Engagement Framework will integrate capacity building for CSOs to enhance their ability to participate in policy making processes as well as in the design and delivery of programmes and service delivery. Under this framework, development partners will support CSOs and networks to strengthen their capacities as well as their networking and coordination capacities.

Documenting and sharing best practices: Development Partners will be expected to share information, including new approaches, best practices, programme funding trends and information on key global and national events and processes with CSOs. This will facilitate learning, adoption of new approaches and best practices by the CSOs and also enhance their organizational and technical capacities to respond to public health challenges.

Access to technical support: Increased funding, without technical support, do not guarantee quality impact of health programmes. With this realization, partners under this framework will design and implement mechanisms to enhance access to technical support by CSOs, including community-based organizations (CBOs). Technical support for CSOs is targeted to strengthen CSOs participation in national policy and advocacy processes as well as in programme design and delivery.

UNDP has developed a comprehensive technical support plan, which will constitute the basis for capacity building for CSOs and enable development partners to contribute based on the specific needs of CSOs captured in the plan.

OPERATIONALIZING THE CSO ENGAGEMENT FRAMEWORK

The implementation of the CSO-Partners' Engagement Framework recognizes that the input and involvement of multiple stakeholders is required. Institutional arrangements and processes responsible for the implementation of this framework have been oriented to conform to the multi stakeholder collaboration necessary for its successful implementation. This section describes the institutional arrangements that will be put in place for to provide leadership in the implementation of the framework. The section also outlines key activities relating to the implementation of the framework, including, communication and dissemination, implementation monitoring and reviews, and resource requirements.

The Reference Group

A reference group (RG) has been set up to provide overall leadership in the implementation of the CSO-Partners' Engagement Framework. The group is a leadership structure for the implementation of this framework and is composed of 10 CSO leaders selected by representatives of the CSOs that participated in the three CSOs consultative workshops that were conducted to develop the Framework.

The mandate of the Reference Group (RG) is twofold:

1. To provide leadership in the implementation of the Framework. Specifically, the RG will be responsible for;
 - Spearheading the process of strengthening the CSOs national coordination platform that will host the initiative and provide secretariat services for the implementation of the Engagement Framework.
 - Draft and submit a formal request to UNDP to host the Engagement Framework and its implementation for a specified period of not more than three months while strengthening the CSOs national coordination platform. The formal request should indicate that the identified central coordinating platform, will take over the hosting role and provide secretariat services to the implementation of the framework.
2. To provide leadership in establishing a joint CSOs-Partners' Engagement Platform. The Platform will bring together CSO leaders and development and technical partners to a round table to discuss how they can collaborate effectively and for civil society to speak with one voice on health sector issues in Zimbabwe. Specifically, the platform will agree on the following:
 - The leadership and convening structures and processes
 - The agenda and frequency of the roundtable meetings.
 - Composition and representation modalities and processes.

Specific ToRs for the RG will be developed and adopted by the membership.

Information and Communication

A communication strategy will be developed to disseminate information about the content and implementation of the Framework to relevant stakeholders. Activities will include:

- Disseminating information about the Framework to relevant CSOs and development partners in the HIV and AIDS and health sector to get their buy in into the concept and for ownership;
- Promoting the Framework among civil society, partners and other stakeholders, for the operationalization of the Framework.

Monitoring

As part of the work plan, a monitoring framework will be developed to support the monitoring of the implementation process, at all engagement levels. The CSO Engagement Framework host organization will be responsible for implementing the monitoring plan and reporting on implementation progress by tracking of a set of commonly agreed milestones and indicators.

Regular updates on the implementation progress will be provided and emerging issues will be addressed through an agreed process and platform. The structure and content of the updates, including frequency of the reports will be agreed on. Monitoring reports and feedback will be presented to the proposed joint CSOs and Partners meetings.

Periodic review

Performance against the overall goal and objectives of the CSOs-Partners Engagement Framework will be assessed through periodic reviews, mainly focusing on outcomes of the framework. This will include examining the level to which CSOs engagement has been mainstreamed into partners' processes and, where possible, the extent to which the Framework is influencing and informing strategic partnerships between CSOs and development partners. The periodic reviews will also capture shifts in the engagement strategies and approaches between CSOs, development partners and the public sector.

A critical performance review area will be to assess progress towards building cohesion and harmony among the CSOs. The review plan will incorporate milestones and indicators to assess progress towards the achievement of these goals.

Implementation Resource and Inputs Implications

Operationalizing the CSO Engagement Framework will have budgetary implications, although the scale of the costs will depend on how well the engagement activities are integrated into CSOs' and partners' workplans. Most of the activities in the Framework—for example, developing and maintaining web portals, and mapping of CSOs—would be carried out as part of the ongoing CSO capacity building activities which will significantly reduce costs.

However, consultations, which will be an integral part of the increased CSO participation in different forums will have significant resource implications, particularly for CSOs that are based outside the capital. The work of the Reference Group, which will be responsible for the initial implementation phase of the framework, will require an operational budget to enable the team to provide leadership and for resource mobilization.

Other Inputs Requirements

Other inputs required for the implementation of this framework include;

- Technical assistance to support institutional strengthening of the CSOs central coordinating platform
- A website to enhance communication between partners and with the wider public as well as to enhance transparency through real-time sharing of information.

- A stakeholders database will be needed to capture the mapped CSOs across the country and to ease access to information for better coordination.
- Secretariat services will be required to coordinate the implementation of the framework.

Annex 1: Organizations Involved in the development of this Charter

Batsiranai Programs Manicaland, Zimbabwe

BHASO

ChildLine Zimbabwe

Christain Care

FACE Zimbabwe

Family AIDS Support Organization

FOST

GALZ

Hope Alive

Jointed Hands

Joint United Nations Programme on HIV and AIDS

Katswe Sista hood Director

Loving Hand

Masvingo Association Of residential Care Facilities

Ministry of Women's Affairs, Gender and Community Development

Ministry of Health and Child Care

National AIDS Council

Pamumvuri Comfort and Orphan Care and not Kurainashe

PAPC- ZIM

PATAM

RAPT

Rural Unity For Development Organistion

SGDZT

SIDA

Simukai Child Protection Programme

SRC

TAAF Caledonia

Tony Waite

TRANS SMART TRUST

UMC

Umguza AIDS Foundation

Umzingwane AIDS Network

United Nations Children's Fund

United Nations Development Programme

Uzumba Orphan Care

WAAD

WAG

Young Men Christian Association

Youth Alive

Youth Dialogue Zimbabwe

Youth Engage

Zimbabwe AIDS Network

ZCBC

Zimbabwe Aids Project

Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender

Zimbabwe Civil Liberties and Drug Network

Zimbabwe Rainbow Community

Zimbabwe National Network of PLHIV

ZRC Mutare

ZWLWHNF