The following article by Holo Hachonda illustrates how Zambia is no different from other countries in experiencing antagonism and distrust between civil society and government. However, he suggests that of late a new spirit of partnership is emerging.
Background

According to the Zambia Demographic Health Survey (ZDHS 2001/2), HIV prevalence stands at 16 per cent. However, both ZDHS and the surveillance data suggest that urban residents are more than twice as likely as rural residents to be infected. According to the ZDHS 2001/2, 23 per cent of urban residents were HIV-positive compared to 11 per cent of rural residents. Both data sources also document considerable geographic variability in HIV levels. HIV prevalence ranges from a 'low' of 8 per cent in the Northern Province to a high of 22 per cent in Lusaka Province.

The ZDHS documents a rapid increase in HIV prevalence relative to an increase in age. The proportion of people found to be HIV-positive rises from 5 per cent among 15-19 year olds to 25 per cent among those aged 30-34. Overall, the infection rate is substantially higher among women (18 per cent) than men (13 per cent). Age-specific data indicate that women have much higher infection levels under age 35 than men, with the differentials being especially high under age 25. For example, the HIV rate among women aged 20-24 is 16 per cent, or about four times the level among men in the same age group, and among the population aged 40 and older, HIV infection rates are higher for men than women.

Civil society’s role in the ongoing fight against HIV/AIDS

Civil society organisations (CSOs) have been the leading force in the Zambian response and in efforts to mitigate the impact of HIV/AIDS in the country. CSOs were pioneers in providing care and support over a long period, which has included peer support networks, home-based care, post-testing clubs, networks of people living with HIV and AIDS (PLWHA), OVC facilities and programmes, the hospice movement, all of which have been initiated by CSOs with little or no government support. Though the situation is changing, with Government accessing more external resources, CSOs are still the main pillar of HIV/AIDS-related care and support. There are about 600 non-governmental organisations (NGOs) in Zambia, over half of these rural-based and about a quarter of them working in the HIV/AIDS arena. Civil society has played a pivotal role in mobilising both government and communities to act to alleviate developmental challenges, by being on the cutting edge of innovations, and has contributed greatly to the fight against HIV/AIDS, being well-positioned to reach even the less accessible areas of the country.
Some civil society groups, such as the Catholic Church, have set up community radio stations that are heavily utilised to sensitise community groups about HIV/AIDS. Civil society has played an advocacy role in implementing government programmes such as national strategies for the management of HIV/AIDS, and it has created employment, which contributes to the reduction in vulnerability to HIV/AIDS for many citizens, given that poverty is linked to an increased risk of exposure to HIV/AIDS.

**Political support**

The political environment in relation to HIV/AIDS appears to be neutral, neither inhibitory but also not overly supportive. There have been signs of Government anxiety in the past, with CSOs being perceived as only being interested in mobilising funds and resources from donors. Establishing and maintaining a relationship with government that is based on mutual trust and support is a major challenge for Zambian civil society. A process to build consensus needs to be initiated to break the impasse that can be traced back to the 1990s. There is a perception that government may be threatened by what they see as an undue influence on bilateral and multilateral development partners by CSOs and NGOs.

In 1996, for example, then President Frederick Chiluba accused some NGOs of only working in the interests of their foreign funders, to the detriment of Zambia. 'We must have regulatory systems in place to ensure that Zambia does not become a breeding ground for 'mercenaries'. We have to know who funds these NGOs in order to ensure our internal safety.'

More recently, President Levy Mwanawasa has also demonstrated an unease with civil society, accusing AIDS activists of monopolising the funds provided by donors to fight the pandemic. Mwanawasa's accusations followed a similarly scathing attack by the Minister of Community and Social Welfare, Marina Nsingo, who threatened to deregister NGOs. Nsingo explained that 'People have gotten into the habit of hatching NGOs everywhere, saying they are doing poverty alleviation, HIV/AIDS. But what have they done? Or what are they doing? Because the problems do not seem to be going away'. In March 2004, Mwanawasa told a two-day AIDS conference, attended by United Nations officials and cabinet ministers from across Southern Africa, that most civil society groups were composed of family members who got donor funding under the guise of AIDS prevention programmes. He also lashed out at the United Nations for favouring civil society in the distribution of AIDS funds. Mwanawasa told delegates that governments had elected representatives who were subject to closer scrutiny than civil society groups.
‘Government can be called to account for funding. These NGOs just chew the money and carry on [with] business as usual: no-one asks them anything’. In response, the Executive Director of the Joint UN Programme on HIV/AIDS (UNAIDS), Peter Piot, acknowledged that this trend ‘could create confusion in the distribution of funds’.

The president’s concerns, however, extend beyond the question of accountability. When the head of World Vision, an international NGO, visited Zambia in 2004, Mwanawasa complained that civic groups also tended to operate like opposition political parties, rather than partners in development.

Fortunately, the picture seems to have changed recently. Government is increasingly supporting CSO efforts, both politically and financially. In comparison with the previous government (led by President Chiluba), the political will now seems to be present, to the point of interference – meaning politicians or their close relatives taking up the role of technocrats – instead of merely providing the right platform for those involved in the fight to do their work better. Nonetheless, there are still challenges ahead if the environment is to be made more conducive and supportive of CSOs.

Challenges

Donors’ iron fist on programmes

Many donors seem to have a problem with co-ordinating resources and avoiding the temptation to become simply an extended arm for implementation of pre-designed donor programmes. Most donors have developed a ‘take-it-or-leave-it’ attitude, informing NGOs of what they want done, and how and with whom to do it. Most of the NGOs/CSOs do not have the resources to stand their ground against this kind of dogmatic funding, and the challenge is for civil society to mobilise against and expose this form of intimidation. More importantly, perhaps, the negative attitude of government towards NGOs and CSOs appears to be impacting on the actions of certain donors. More donors want to put the bulk of their funding into government-controlled entities that many community-based NGOs are unable to access. For example, after the two-day ministerial conference on how to accelerate the campaign against AIDS in Africa in the Zambian town of Livingstone, UN agencies that sponsor AIDS programmes said they would no longer direct funds to NGOs in certain sub-Saharan states because they lacked accountability (Reuters, 6 March 2004). Koichiro Matsuura, who chairs the funding committee for UNAIDS, allegedly told Reuters the U.N agencies had endorsed a proposal by Zambia and Zimbabwe to stop channelling AIDS funds to NGOs because they lacked accountability. ‘AIDS money will no longer be given to NGOs... This is what the countries
have proposed and it has been endorsed. The money will only be channelled through the governments’ central authorities dealing with AIDS,’ said Matsuura. The move was supported by fellow African nations Lesotho, Swaziland, Botswana and Namibia and would also be introduced there, according to Matsuura. Whether UNAIDS will implement this new position is yet to be determined, but it seems unlikely that the funding situation will improve for CSOs and NGOs.

Political leaders

Issues raised as a result of opposing views of the ruling party and the opposition can have a detrimental effect on HIV programmes that are ‘deemed’ to be associated with one or other party. Obtaining support from politicians for social mobilisation efforts – without turning into tools for political ends – is a difficult task that has faced most CSOs and NGOs. Politicians must be sensitised to respect and accept CSOs and NGOs as autonomous entities, and this may be a task for the co-ordination bodies in civil society in Zambia.

Religious leaders

Churches and religious groups are central in the fight against HIV/AIDS in the country, initiating some of the best and most innovative models, yet there are still contentious issues and positions to be resolved, such as, for example, the church’s position on condoms. Typical of the tension here was a BBC report in 2000 that the country’s clergymen wanted television advertisements about the use of condoms – ‘every time you have sex’ – removed. Several clerics told BBC News Online (9 January 2001) that the advertisements, featuring young people of school-going age talking about condoms, were promoting promiscuity. Father Ignatius Mwebe, secretary-general of the Catholic Church, claimed that ‘The advertisements are justifying casual sex using a condom; that you can have sex anyhow so long as you have a condom.’ Father Mwebe seemed particularly perturbed that ‘the people being used in the advertisements are so young that they should not have anything to do with sex at their age.’ It is necessary for an institution such as the National AIDS Council to initiate a process of sensitising religious groups about the important role condoms have to play in the struggle to minimise further escalation of the pandemic. No-one is expecting them to openly endorse condoms, but in the words of Dr. Cosmas Musumali, of the Zambia Integrated Health Programme, all that is required from them is not to openly condemn condoms. ‘What should be aspired to is mutual respect in the approaches, while facing one enemy. They need to be aware of situations when religious interests and beliefs work against the collective well-being of the populations being served’.
Remedies for the future

There is no simple or single answer to all these challenges. However, open and honest dialogue with all the stakeholders, based on the understanding that there is a shared vision while appreciating and respecting basic differences in some approaches, is key.

Another important area is donor co-ordination, with the National AIDS Council well-placed to address the issue. Donors themselves could have meetings where they discuss such issues as working with NGOs to reduce tension with government and politicians. NGOs and CSOs can contribute by maintaining some level of integrity in accepting funding from only those donors who are not overly prescriptive. ‘Going with the wind’ and shifting organisational agendas to suit funding mechanisms compromises the impact of programmes and raises red flags with observers such as government and community leaders.

In conclusion, it is important to state that in areas where government structures are weak or non-existent, CSOs and especially community-based NGOs organised on a self-help basis are the only structures able to respond to HIV/AIDS. They are indeed an indispensable mechanism for community response and the desire to overcome the scourge of HIV/AIDS; a true reflection of indigenous capacities, independent of external funding and agendas.