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CIVIL SOCIETY PARTICIPATION IN THE HEALTH SECTOR-WIDE APPROACH IN ZAMBIA

Gregory Chitambo Saili

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A research report submitted to the faculty of Management, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Management (in the field of Public and Development Management)

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Abstract

Beginning in the late 1990's, the Sector Wide Approach or SWAp has become an important part of development cooperation in the social sectors, particularly in health, education, and agriculture. Over the years, although the approach largely focused on government-donor collaboration there are indications that the approach could support the participation of civil society organisations. However, there is limited research regarding the extent to which the SWAp can support the participation of civil society organisations. Therefore, the primary purpose of this exploratory study is to gain a better understanding of the health sector government-donor platform (SWAp) as a mechanism for facilitating effective civil society participation in policy processes. Although no universally accepted definition of SWAp exists, the term refers to an approach in development cooperation largely representing a shift from a project-based approach to a programmatic focus in policy implementation. The study finds that the level of participation in the SWAp is limited to service-delivery issues whereas the advocacy and policy influence roles are marginal. Another important finding is that the SWAp structure and processes provide opportunities for civil society participation. However, these are underutilised by civil society organisations. Further, the report argues that the SWAp typifies a policy network. There appears to be limited recognition in literature and practice that the SWAp is a political structure with inherent challenges akin to policy networks. Given this scenario, it appears that this will remain the trend given the lack of coherence and intra-coordination among civil society organisations in the policy network – the SWAp.

Keywords: Civil society, policy process, government, policy networks, public policy, donors

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Declaration

I declare that this report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the degree of Master of Management (in the field of Public and Development Management) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in any other university.

_____

Gregory Chitambo Saili

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Dedication

This work is dedicated to the people closest to me who have been supportive of my arduous and rewarding journey to complete this research report: my loving wife Alice; my beautiful and energetic daughters, Sally and Temwa; my parents (Mr. and Mrs. P. Saili); and my brothers (Mumba and Kanyuka); and sister (Mbonyiwe). Without your enduring support and warm love, this would have been an impossible undertaking. Special thanks also go to my parents-in-law (Mr. and Mrs. M. Mwewa) for the encouragement and support.

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List of Abbreviations

ACM	Annual Consultative Meeting
CHAZ	Churches Health Association of Zambia
CHESSORE	Centre for Health, Science and Social Research
CIDA	Canadian International Development Agency
CPs	Cooperating Partners
CSOs	Civil Society Organisations
DFID	Department of Foreign and International Development
EU	European Union
FNDP	Fifth National Development Plan
GRZ	Government of the Republic of Zambia
IHP	International Health Partnership
JICA	Japanese International Cooperation Agency
MEC	Ministry of Education
MoH	Ministry of Health
MTEF	Mid-term Expenditure Framework
NGO	Non-governmental Organisation
RNE	Royal Netherlands Embassy
SAG	Sector Advisory Group
SIDA	Swedish International Development Agency
SWAp	Sector Wide Approach
SWAps	Sector Wide Approaches
UN	United Nations
USAID	United States Agency for International Development
WB	World Bank

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CHAPTER I

INTRODUCTION

This study aims to assess the effectiveness of a policy platform within Zambia's health sector as a mechanism for effective civil society participation. More specifically, this study focuses on the Sector Wide Approach (SWAp) - the prime formal policy platform for government, donors, and civil society engagement in the health sector.

Over the years, working arrangements such as the SWAp, although initially created for government-donor engagement are increasingly seen as potential mechanisms for incorporating civil society as partners (Cassels, 1997; Wright, 2008). However, there is evidence to suggest that the quality of civil society participation has been poor in such platforms elsewhere (Wright, 2008). Similarly, in Zambia, anecdotal evidence suggests that civil society engagement with government mainly revolves around service delivery and marginally on policy issues.

Although studies have to a great extent answered questions regarding the importance and comparative advantages of civil society participation in health, there still remains questions about what mechanisms (legal, institutional, political, or financial) best support the participation of civil society or what forms of state, civil society, donor coordination mechanisms work best (Lowenson, 2003).

In Zambia, the SWAp is one such mechanism that is beginning to respond to this critical gap. However, the effectiveness of this

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mechanism in enabling civil society participation in policy processes is yet to be tested. This study aims to contribute insights towards the utility of the SWAp as a mechanism for civil society participation.

Arguably, civil society refers to that *space* that permits citizens to participate in the development process via civil society organisations. This process leads to state-civil society interaction. Therefore, this report discusses the political dimensions of civil society participation in policy processes.

There is consensus in the literature, that state-civil society relations are a site for political struggle. This is particularly so given that a strengthened and active civil society in policy dialogue can potentially contribute to the dismantling of the state (Arnove and Christina, 2000). As reflected in this study the policy process is not apolitical and includes contestation, consensus, and several other attributes, which may influence the participation of civil society participation. Similar to other policy processes or platforms, the SWAp follows complex political paths.

Background to the Study

Over the years, the quality of health service delivery in Zambia has deteriorated mainly due to increased demand for health services arising from rapid population growth, a declining economy, lack of investment in the health sector, and an increased disease burden. Governments' response to the declining health care is reflected in the Fifth National Development Plan* (FNDP). The National Health Strategy's overall goal is to provide "...the people of Zambia with

* Zambia's Poverty Reduction Strategy Paper 2006-10

equity of access to cost-effective, quality healthcare as close to the family as possible…" (GRZ, 2006:9). Granted, the government health care institutions are yet to achieve this goal. Civil society, among other pillars of a nation, has the potential of linking closely with target communities (Fiedler-Conradi, 2003). Within this policy framework, therefore, civil society can contribute towards the attainment of health sector goals.

State-owned institutions, the Churches Health Association of Zambia† (CHAZ), the mining companies, private clinics, and traditional healers provide health care in Zambia. Although government provides the bulk of health services in the country, there are a growing number of organizations (for profit and not-for profit) operating at national and community level (MoH, 2007 October).

In an effort to ameliorate Zambia's declining health service delivery, the health sector has been receiving external resources from both bilateral and multilateral co-operating partners. However, these external resources were largely uncoordinated and fragmented resulting in limited improvements in the health system.

In response to this challenge, the Ministry of Health developed a sector policy on aid harmonization in consultation with all the Co-operating Partners‡. The Memorandum of Understanding laid the groundwork for what evolved into the Sector Wide Approach to Health Programming or SWAp. The implementation of this approach contributes towards the harmonization, alignment, and

† CHAZ is an umbrella organization comprising of 135 affiliates, representing 16 different churches (source: CHAZ website)
‡ Currently the main cooperating partners in the health sector are CIDA, DFID, SIDA, USAID, RNE, WB, EU, JICA, the UN System

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coordination of the external assistance in the implementation of the government led National Health Strategic Plans (MoH, 2007, October).

The SWAp was introduced in Zambia's Health Sector in 1993 (Chansa, Sundewall, McIntyre, Tomson, and Forsberg, 2008). Although defined differently by various scholars and practitioners, SWAps represent a shift from the project-based approach to more programmatic focus in policy implementation. To some extent, SWAps provide a framework that supports interaction or engagement between government departments or ministries and cooperating partners (bilateral and multilateral donors). Key features of the SWAp are that the government assumes the driving seat in coordination and ownership of the implementation process. At this point, such a fluid definition in this context suffices given that the term SWAp is constantly evolving (Cassels, 1997).

In Zambia, the SWAp structure§ includes the Sector Advisory Group (SAG), which provides space for discussion on health sector related issues. By design, the SAG is the central stage permitting not only donor-government interaction but also civil society collaboration in policy planning and implementation. Therefore, a virtual arena of policy contestation and collaboration emerges from this structure – cooperating partners as a bloc, civil society and the state.

However, within this structure the participatory role of CSOs has not been consistent or significantly meaningful in informing and influencing sector dialogue. As stated earlier, recent findings

§ The SWAp coordinating structure also includes the Annual Consultative Committee, Policy Consultative Committee, Monitoring and Evaluation Sub-committee, and various technical working groups.

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demonstrate that the quality of participation has been poor in such platforms elsewhere (Wright, 2008). Of the many civil society organisations (international and national) active in the health sector, the majority of these intermittently interact at the SAG level. Some of the key organisations include CHAZ, Africa Health Foundation, Centre for Health, Science and Social Research (CHESSORE) and CARE.

Research Problem

The concept of democracy, at least in theory, implies that citizens have the right to engage fully in development processes. Arguably, civil society organisations provide the link between the state and the citizens. Democracy in this sense implies the inclusion and participation of societal pillars such as civil society and parliament in the policy implementation processes (Wright, 2008). However, there is consensus in the literature, that state-civil society relations are a site for political struggle. In fact, policy processes or platforms like the SWAp follow complex political paths that encompass strategy, contestation, and domination of the process by actors (Hill, 1991). Therefore, from this perspective, failure of civil society organisations to engage in policy implementation processes undermines the concept of democracy.

The push for civil society participation in development processes including policy-level discussions has grown in importance given the current global push for accountability and transparency in the management of public resources (CMI, 2007). The case for further inclusion and participation of civil society organisations in the policy process in Zambia rests on the significant practical knowledge harnessed by these organisations that can feed into policy and

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priority setting processes of government. Resonating with these global and local perspectives, bureaucrats and donors** in Zambia have attempted to engage civil society more actively in the health sector policy processes.

Generally, the importance and comparative advantages of civil society participation in health service delivery is well documented (Lowenson, 2003). Notably, institutions under CHAZ are responsible for over 50% of formal health services in the rural areas of Zambia and about 30% of health care in the country as a whole (source: CHAZ website). However, despite this potential contribution, anecdotal evidence suggests that civil society engagement with government mainly revolves around service delivery and marginally on policy issues.

Studies have largely answered questions regarding the importance and comparative advantages of civil society in health. However, questions about what mechanisms (legal, institutional, political, or financial) best support the participation of civil society or what forms of state, civil society, donor coordination mechanisms work best still remain (Lowenson, 2003).

In Zambia, the SWAp is one such mechanism that is partly beginning to respond to this critical gap. However, the effectiveness of this mechanism in enabling civil society participation in policy processes is yet to be tested. This is critical considering that anecdotal evidence suggests consensus among donors, government, and civil society organisations themselves that their (civil society) participation in the policy process is minimal.

** In some respects, representatives from donor agencies (foreign governments) can be regarded as bureaucrats, though not in this research.

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Therefore, this study analyses the SWAp as a mechanism for effective civil society participation. In other words in its current form, can the SWAp work as an effective platform for civil society participation?

Additionally, analysis of the SWAp mechanism takes on greater importance given that the health SWAp in Zambia provides an example for potential replication in other sectors. Therefore, from an analytical and evidence-based perspective, it is important to understand the role of the SWAp structure and its actors (donors and bureaucrats) in enabling civil society participation within the Ministry of Health policy processes.

Purpose Statement

The purpose of this study is to gain a better understanding of the health sector government-donor platform (SWAp) as a mechanism for facilitating effective civil society participation in policy processes.

Research Questions

In seeking to understand the above problem, the questions below define the focus of the study. Implicit within these questions is the need to understand the extent to which the health SWAp provides an effective policy platform for civil society participation.

1. Are Civil Society Organisations engaging effectively in the formal SWAp policy process?

2. Does the SWAp policy process enable effective Civil Society participation?

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3. What are the political prospects for civil society participation within the SWAp policy processes?

Therefore, this study does not necessary focus on understanding constraints to policy participation that are inherent in the CSOs themselves, but rather centred on the SWAp and its utility as a mechanism for civil society participation.

Rationale for the Study

Currently, the Ministry of Health does not have a formal mechanism by which it can account for and monitor the significant contribution of civil society in health services. The government and donors have demonstrated increased interest in seeing enhanced effective participation of CSOs in policy dialogue. Additionally, given that the SWAp is an increasingly popular approach in development extending to other sectors (education, agriculture), it was important to reflect on the extent to which this approach facilitates effective civil society participation.

Globally, there is consensus that the development of the Paris Declaration did not integrate the role of civil society organisations. Discussions, studies, and evaluations have been commissioned to establish how civil society organisations can contribute to aid effectiveness. Although not a prime focus of this research, at a local level, this study may contribute insights towards an understanding of civil society engagement in policy dialogue as a means of enhancing health delivery services and aid effectiveness.

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Outline of Chapters

This research report consists of six chapters. **Chapter 1** provides the introductory sub-topics necessary for understanding the context, rationale, and focus of the study.

The literature review is covered in **Chapter 2**. This chapter consists of five sub-topics. These sub-topics provide a contextual framework for investigating the above research questions. The conclusion highlights the emerging themes and the implications for this research.

Chapter 3 presents the operational framework utilised in this exploratory research study. The chapter also highlights measures taken by the research to ensure validity and reliability of the research findings.

Chapter 4 outlines the main findings in three sections. Section I, gives the key findings related to the effectiveness of civil society organisations in the health SWAp. Section II, demonstrates the extent to which the SWAp is an effective mechanism for civil society participation as perceived by the respondents. Lastly, section III highlights the political implications for civil society participation.

Chapter 5 analyses the main findings emerging from the interviews. These findings are interfaced with findings from policy documents, annual and evaluation reports.

Chapter 6 contains the conclusion and proposed recommendations.

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CHAPTER 2

LITERATURE REVIEW

Introduction

The purpose of this literature review is to provide a contextual framework for investigating the above research questions, which centre on the extent to which civil society organisations are engaging in the policy process; whether the policy platform under investigation enables effective civil society participation, and; the prospects of civil society participation in a political structure.

This chapter begins by providing conceptual definitions of civil society and civil society organisations. In the locus of debates surrounding these concepts, an operational definition is provided to guide the research process. The chapter also includes a review of literature on the SWAps uncovering their premise, institutional arrangements and major outcomes since their emergence. The review also locates the push for civil society participation in neo-liberal economics and liberal democratic theories. Furthermore, to contextualise the study, the review also highlights the legislative framework governing civil society participation in Zambia. The review ends by using policy network theory to analyse state-civil society interactions. The conclusion not only highlights the major issues emerging from the literature review, but also discusses the implications of these issues to this study.

Understanding Civil Society and Civil Society Organisations

In the literature, various definitions and modes of understanding civil society exist. Debate surrounding what this concept means links intricately to the provenance of civil society. Whereas a

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western-centric perspective of what constitutes civil society dominates, there is a substantive discourse in the literature – contradictory and consensual - reflecting on the nativity and applicability of this concept in African social and political processes (Obadare, 2004).

Related to the provenance of civil society, Gellner's (1994:170) conclusion is that civil society, "…reflects not only a particular stage of human historical development in the West but the particular conditions that obtained there and not necessarily in other parts of the world". The principle argument here is that the inherent processes specific to western countries determined the emergence of civil society and that it is impossible to replicate or reproduce similar outcomes in African societies. If then the applicability of this notion in African contexts is debatable, then it raises questions about the utility of this concept in this research. Before this conundrum is addressed, it is important to reflect on alternative views in the literature.

Other authors see a very distinct genealogy of civil society in African societies. For instance, Young (1994:36) locates the emergence of civil society terminology in Africa to John Locke, who made "a sharp distinction between the state and society" in his Contractarian theory. Young's argument is that political regimes determine the nature of civil society. Although currently pluralistic, African politics, Zambia included, revolved on state-centred principles. The post one-party state dominates with civil society activity compared to the one-party state period. Certainly, a divide exists in literature between proponents of 'fluid' civil society conceptualisations applicable in all societies including African and

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opponents who perceive civil society as a purely western development.

In this research, in order to address the conceptual challenge of applying the term civil society to African contexts such as Zambia, the focus in this research is on an operational definition – civil society organisations. Whereas arguments and counterarguments are presented regarding the conceptualisation of civil society, the operational form is clearly in existence in African societies categorised in non-governmental organisations, not-for-profit, voluntary sector, non-state actors and other terminologies.

In the absence of forethought, it is easy to confuse the understanding of civil society and civil society organisations. Civil society is an arena of action and interaction, operating from spaces between the family, the state, and the private sector (Leftwich, 1993). On the other hand, actors within civil society are formal or informal associations and organisations that primarily operate on a not-for-profit premise (Fiedler-Conradi, 2003). Loewenson (2003:4) clarifies the distinction between the two phrases by stating that "…civil society organisations (CSOs) generally emerge from civil society". Therefore, civil society†† in this research is conceptualised vividly as "expressions of active citizenship" (Brian Tomlinson and Rubén Fernández, 2008:4).

The current form of civil society organisations on the African landscape is a phenomena linked to the democratisation process. Given the global push for democratisation by western countries and international agencies, the existence of a viable civil society

†† Therefore, the term civil society is used interchangeably with civil society organisations.

particularly in Africa has increasingly become a barometer for measuring the deepening of democratic governance. From the perspective of such proponents, the existence of pluralist agendas in the form of civil society is vital in confronting entrenched dictatorial modes of governance in Africa (Obadare, 2004) and is an essential condition for development.

Leftwich (1993: 12) includes civil society among others as conditions for sustaining democratic politics particularly in Africa. He argues that civil society consists of "…cultural, political or economic areas of social life, which are organised by private or voluntary arrangements between individuals and groups outside the *direct* control of the state". However, his major concern here is that in African societies, institutions of civil society, although they exist, are tools of the state as they are penetrated and captured. This line of argument therefore blurs the distinction between the state and civil society. Granted, Leftwich applies this conclusion primarily to societies dominated by one-party states. Nonetheless, this provides insights into the trajectory state-civil society interactions can take.

Young (1994:36), on the other hand, sees a more distinct line between the state and society as a resultant effect of promoting democratisation in many parts of Africa. According to him, this has led to a shift from "state-centred to that of state and civil society". These entities, according to Young are at once "conjoined yet separate, in theory potentially cooperative...but frequently antagonistic". This line of argument is critical to this research as it begins to frame the possibilities and limitations of the functionality of civil society organisations in political spheres or indeed public policy processes.

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As indicated earlier, civil society organisations in this context is used broadly to mean more than non-governmental organisations (NGO)‡‡, which include professional associations, community-based organisations, faith-based organisations, research units among others (Corella, B., Hamabuyu, M., Mutesa, F., and Mpepo, 2006). Leftwich (1993:12) states that it is through such entities that people "…seek to exercise pressure and restraint on the state and thereby strengthen the assumptions and practices of democratic self-management in complex societies." This carries the assumption that civil society organisations represent and are accountable to the citizenry. However, there is the phenomenon of "representation without participation". In this context, civil society organisations, while active, do not represent or carry the mandate from the citizenry. Even in instances with participatory processes, ultimately civil society organisations begin to serve popular sectors as opposed to representation of the popular strata in the state (Mamdani, 1996:299).

On the other hand, as demonstrated by Marschall (2001), civil society organisations popularly pronounce themselves as representatives of the masses and as alternatives to political institutions such as political parties. However, Marschall argues for a distinction between representation and participation. He links participation to civil society and representation to political entities. The implication of this is that civil society organisations do not affirm their legitimacy via representation but rather participation. Marschall (2001:3) concludes that civil society organisation derive their legitimacy, not from the masses, but by "...the validity of their

‡‡ In literature and as in this study, the term NGO is sometimes used synonymously with civil society organizations.

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ideas, by the values they promote, and by the issues they care about". Additionally, for Van Rooy (2004), CSOs derive their legitimacy from various sources with include their expertise and experience, principles of social justice and fairness as well as right-based claims.

These two conflicting perspectives demonstrate the need for this research to establish how health actors perceive civil society organisations with respect to legitimacy and representation. Each perspective has potential to influence the nature and level of civil society participation in policy processes.

The Sector-wide Approach (SWAp)

Before delving further into literature regarding civil society participation in the SWAp process, it is important to establish a conceptual definition of the term SWAp.

In the development sector landscape, the concept sector-wide approach is a new term, emerging in the late 1990s. The literature on SWAps indicates that definitions vary depending on the level, conceptualisation to implementation, between actors and countries (Sundewall, Forsberg, and Tomson, 2006). Most authors attribute this term to a change in focus from project based funding to programme level support (Walford, 1998). The SWAp appears to be based on the notion of development planning (Boesen and Dievorst, 2007). Others are more specific and refer to the SWAp as sector support of a single policy married with an expenditure framework (Van Reech, 2008). The concept builds on earlier efforts to reform health care and sector investment programmes (Cassels, 1997, Van Reech, 2008). Others argue that the SWAp is not a

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funding modality nor is it a document but rather a "way of working". Furthermore, whereas the SWAp was borne out of the need for aid effectiveness, there are calls for refocusing on the development outcome (Boesen and Dievorst, 2007). Initially, SWAps were centred on government-donor relations with limited attention to civil society organisations (Kruse, 2002).

It has been argued that within the SWAp, donors waive the right to determine and control projects in exchange for a voice in national level strategic tables (Boesen and Dievorst, 2007; Moore, 2003). Hutton (2002) notes that donors when coordinated under a SWAp donors combined voice is potentially more effective in influencing overall direction of the health sector. Walford (1998) sees the greater influence by the development agencies on overall national policy and allocation of resources as a risk. This raises questions about power dynamics and the effect on the level of civil society participation and fundamentally the role of the state.

SWAps also bring to the surface differences and conflicts, which if not dealt with, lead to the breakdown of the process (Hutton, 2002). However, Boesen and Dievorst (2007) in reviewing ten years of the SWAp argue that SWAps have demonstrated little ability to deal with political and power issues.

Despite the focus on SWAp as an important model for organising different actors around a negotiated programme of work there has been limited analysis of the SWAp and the implications thereof (Cassels, 1997; Sundewall, Forsberg and Tomson, 2006). However, although no agreed framework for evaluating the impact of SWAps exists, some attempts have been made. For instance, Sundawell

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and Chansa (2008), use a case study approach to assess the SWAp's contribution to the efficient allocation and use of resources in the Zambian health sector. Three indicators (administrative, allocative, and technical efficiency) were developed in relation to the goals of the Zambian Health SWAp. Sundawell and Sahlin-Andersson (2006) undertook a comparative study of Uganda and Zambia focusing on how the SWAp is translated into local settings and the implications on practice. The researchers used literature review, interviews, and observation to draw conclusions.

Kruse (2002) conducted a desk study to establish the roles of civil society organisations in the SWAp process. The fundamental issue is that it is challenging to establish a framework for evaluating SWAps at impact level given that there are other contributing factors to health outcomes. Therefore given the challenges in establishing causality, studies have been limited to "positioning the SWAp model to project-based programming…with limited analysis of the model itself" (Sundawell and Sahlin-Andersson, 2006:2). However, this research attempts to analyse the model itself, albeit limited to the civil society participation within the SWAp model.

A Broad Look at Civil Participation in SWAps/Public Policy

There are various reasons driving civil society engagement in public policy including SWAps. Among the key reasons are two divided paradigms – neo-liberal economics and liberal democratic theory.

The neo-liberal economics argument focuses on efficiency in the market given the failure by the state. In other words, markets and private participation become substitutes for the state in order to promote market efficiency. Emanating from this situation,

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development agencies have been pushing for increased participation of civil society organisations in development, particularly welfare provision to counter the negative implications of private sector driven economies. In fact, prior to the Paris Declaration, civil society organisations were increasingly becoming the preferred mode for pushing the development agenda as opposed to the government structures and processes. Donor agencies perceived national government structures as corrupt and too inefficient to function as mechanisms or channels for funds.

The central argument in the liberal democratic theory argument with respect to civil society organisations centres on democratisation. Protagonists of this theory, see civil society as a counter-measure to state power. From this perspective, civil society organisations are important vehicles for promoting human rights, creating forums for participation, advocacy, and engagement.

In an effort to improve efficiency in aid delivery, platforms such as the SWAp have been created, albeit initially for government-donor engagement and increasingly as a mechanism for incorporating civil society actors. Related to the two positions mentioned above – Neo-liberal economics and liberal democratic theory - civil society participation within the SWAp becomes a means of improving service delivery or the governance process.

However, there is evidence to suggest that attempts targeting the governance process have largely been ineffective. A study conducted covering four countries across Latin America and Africa found that the level of democratic ownership has not increased despite the push for active civil society participation in policy

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dialogue (Wright, 2008). Furthermore, there is "...limited systematic knowledge and documented experience on the role of civil society organisations in SWAps" (Kruse, 2002).

However, within the Southern African region, there are models, albeit rare, of how CSOs have effectively participated in the SWAp policy process. For instance, the Education SWAp in Mozambique has scored some successes largely attributed to the high collaboration between the CSOs (Code and Progresso) and the Ministry of Education (MEC).

As noted by Sequeira (2008), the MEC recognises that service delivery would not be successful without the participation of CSOs. Furthermore, the experience and expertise of CSOs developed in working in the communities contributed towards policy implementation. A noteworthy point here is the nexus between participation in the policy process and service delivery. Further, the state recognised the legitimacy of the CSOs based on their community-based network.

More broadly, there appears to be significant evidence of civil society contributions to health policy and their impacts not only national level but also at a global level. At national level, civil society engagement in influencing health policy has greatly been by organising evidence from communities and carrying this 'voice' within public policy and planning (Loewenson, 2003).

However, with respect to SWAps, it appears that there is a lack of clarity regarding the role of civil society organisations. Reflecting on the role of CSOs in the SWAp process, Jeppsson (2003:12) states

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"…the role of NGOs in the SWAp process has all along been ambiguous.... It is, however, clear, that their role in the SWAp process is disputed". Further, evidence from other African countries shows that in instances where civil society is engaged in formal dialogue, the processes appear as a means of legitimatizing the Aid Effectiveness agenda (Wright, 2008).

However, Dye (1995) warns that a change in the process of policy-making may not always bring about changes in the content of policy. Such that there is limited, difference in the content of policy whether the process of policy-making is open or closed. Dye's argument resonates with the current efforts of cooperating partners to facilitate the engagement or creation of greater space for CSOs. As Dye suggests, a political system where all actors have equal opportunities to participate in the policy process and the subsequent debate and discussion leads to consensus on policy implementation may be idealistic. This implies that it is important not to assume that the increased engagement of CSOs participation in the policy process will enhance policy content and ultimately improve policy implementation. As noted by Dye, the linkages between process and content are areas requiring additional investigation.

Civil Society Organisations and Zambia's Legislative Framework

Currently, a comprehensive legislative framework guiding the role of CSOs in Zambia is non-existent. The current constitution provides for freedom of association. However, inherent within the constitution are pieces of legislation perceived as archaic and a hindrance to "absolute" freedom of association (Karlsen and Mutesa, 2007).

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Both government and civil society have recognised the need for some form of regulatory framework for CSOs. Attempts to develop regulatory legislation began in 1997 following, which CSOs rejected the initial government draft as bordering on control rather than fostering an enabling environment (Karlsen and Mutesa, 2007). Although the process was repeated in 2007, it appears a relative stalemate has been reached. Although in draft form, the proposed NGO bill reflects the general views of elected officials and bureaucrats regarding the developmental role of civil society organisations. Among other things, the recent draft Bill proposes the formation of a government-led NGO Board to "…register NGOs, regulate the work and area of work of NGOs, advise government on the activities of NGOs and their role in development, receive and discuss their quarterly and annual plans and to provide policy guidelines to NGOs…" (GRZ, NGO Bill Committee report, 2007:2).

Clearly, the Bill, if adopted in the current form, would give the government discretionary powers to regulate civil society organisations, particularly if their role extends to the policy domain.

Within the health sector, a policy framework for implementation and coordination is reflected in the Fifth National Development Plan (FNDP). At the summit of this structure, an annual consultative meeting is held yearly to review annual action plans and the Mid-term expenditure Framework (MTEF) for the following year as submitted by the Ministry of Health including financial commitments and pledges from all donors. Notably, civil society organisations have recently been included in this process.

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Chaired by respective permanent secretaries in line ministries, Sector Advisory Groups (SAGs) operate at the central level. In theory, these forums comprise of government, donors, and civil society organisations. According to the FNDP, the Health Sector Advisory Group (SAG) is responsible for overall steering of the implementation process. The SAG is expected to meet quarterly to review progress, recommend solutions to identified bottlenecks, and build consensus on the overall strategic direction of the FNDP. Beyond the SAGs, donors and the Ministry of Health hold monthly policy meetings to facilitate the identification and review of areas of concern that impede implementation of health services and requiring immediate policy interventions.

Governance Networks: The Health SWAp

As presented above, one fundamental challenge in civil society discourse is the state-civil society interaction. Within this debate, there are issues of vertical interest representation between the state and civil society. Partly in response to understanding this interaction, the notion of policy networks, with its roots in the 1980s, was developed to analyse the state-civil society interaction (Kenis and Raab, 2003; Marcussen and Torfing, 2003). Scholars and researchers provide various definitions of a policy network a "…set of actors who are linked by relatively stable relationships of a non hierarchical and interdependent nature. These actors share common interests with regard to a policy and exchange resources to pursue these shared interests acknowledging that cooperation is the best way to achieve common goals" (Kenis and Raab, 2003:5). To Leslie (1997:5), policy networks are those "webs of relatively stable and ongoing relationships, which mobilise dispersed resources so that a collective action can be orchestrated toward

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the solution of a common problem". More simply, Börzel (1998) defines policy networks as "power relationships between the government and interest groups, in which resources are exchanged" (as cited in Thompson and Pforr, 2005:1).

A common thread in all these definitions is an emphasis on relationships or interaction among various actors or interest groups. Broadening the definition, Peterson (2003) sees policy networks as a form of modern democratic governance, whereby an inclusive process substitutes the Weberian notions of hierarchical formulation and implementation of public policy.

This 'modern' inclusive process includes various actors representing private and civil society organisations. Overall, as stated by Králová (2008:5), the term policy network "...offers a new interpretation of relationships between the state and civil society...."

Noteworthy is the proposition that a policy network is a "political structure" (Marsh and Smith, 2000:5). Therefore, policy networks are not neutral but embody organisational power and conflict in defining policy direction and outcomes. By seeing the SWAp as a policy network, attention is directed to the "institutionalisation of power relations within the network" (Marsh and Smith, 2000:6).

Several features of the SWAp give sustenance to the proposition that the SWAp is a type of policy network. Firstly, the SWAp process involves broad stakeholder consultation in the form of the government, donors, and civil society organisations (Reesch, 2009: 376). The SWAp therefore can be described as a policy network in

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the sense that the term policy network connotes 'a cluster of actors, each of which has an interest, or "stake" in a given…policy sector and the capacity to help determine policy success or failure' (Peterson and Bomberg 1999: 8).

Secondly, the SWAp is also structural, as it has defined roles and institutionalised processes and systems for engagement. Policy networks "define roles and responses" (Marsh and Smith, 2000:6). One of the nine principles underlying the Zambia National Health Strategic Plan is partnership. This principle envisages that under the umbrella of a full SWAp all actors – donors, civil society, and private sector – will be co-opted in national processes, systems, and structures.

Thirdly, with specific reference to the Health SWAp in Zambia, there is shared interest via a single sector policy – the National Health Strategic Plan – and an exchange of resources through the expenditure framework. Additionally, resources are mobilised towards addressing challenges in the health sector.

Therefore, the notion of a policy network provides a vantage point for analysing the state-civil society interaction. Notably, there is a dearth of literature covering policy networks in the developing country context. Nonetheless, available literature, albeit with western perspectives, provides useful insights in describing or explaining policy networks.

If then the SWAp is a form of policy network it raises fundamental questions akin to policy networks. Peterson (2003) surmises that the deployment of a policy network as an analytical tool focuses on

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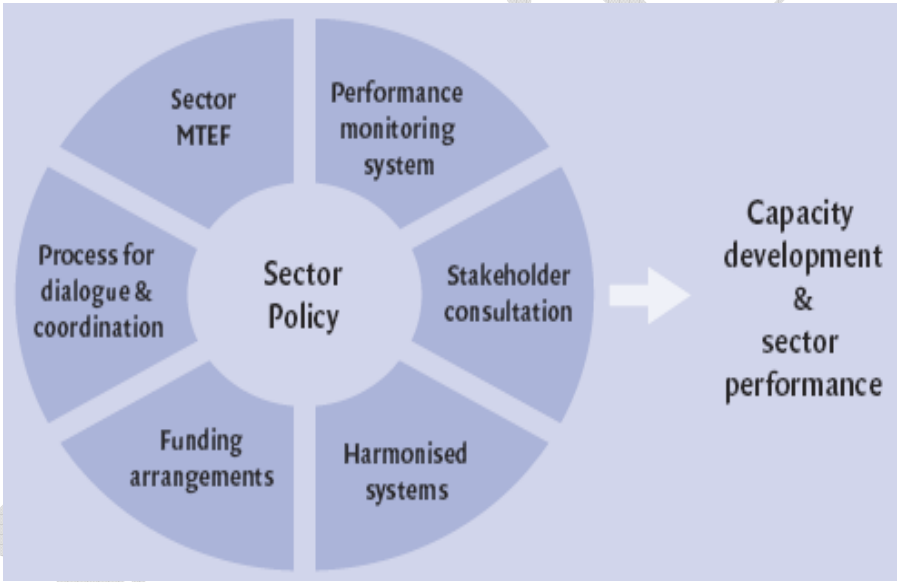
three basic arguments, these are: (1) how networks are structured; (2) governance by policy network and; (3) management and legitimacy concerns.

Following the above line of argument, firstly, there is the issue of how networks are organised. In some instances, networks can be tight or loosely organised. Deeply integrated networks tend to exclude others.

Figure 1: Components of a SWAp



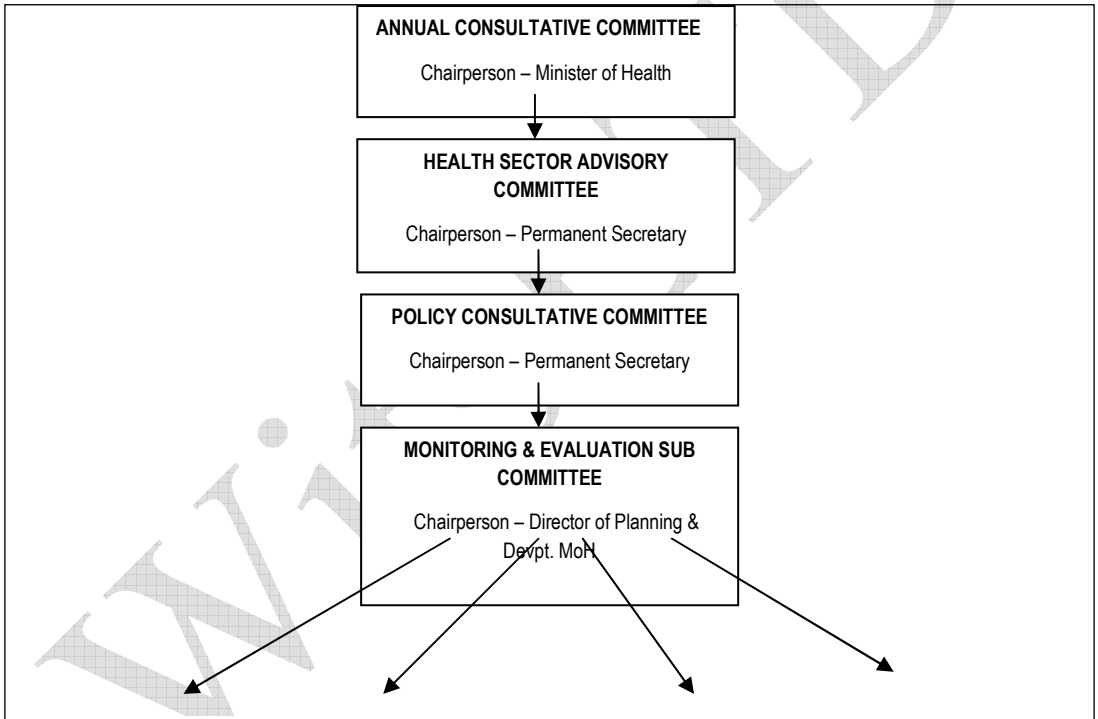
Source: OECD/DAC, 2005

The diagram above (figure 1) illustrates the processes that facilitate a strong relationship between the donors and governments and provides a window for civil society engagement in a SWAp structure.

"SWAp theory places a particular emphasis on sector policy, as this constitutes the basis for agreement between governments and donors" about what the sector will focus on and budgetary support to implement the policy (Reesch, 2008:5).

In Zambia, the diagram below (figure 2) illustrates the formalised structure between the Ministry of Health and cooperating partners as well as the entry points for participation.

Figure 2: SWAp Coordinating Structures



HEALTH CARE FINANCING TWG	PROCUREMENT TWG	CAPITAL FUND TWG	HUMAN RESOURCES TWG
Chairperson – Director of Planning & Development	Chairperson – Permanent Secretary	Chairperson – DPD (MoH)	Chairperson – Director of Human Resources
Deputy – Assistant Director Health Planning & Budgeting	Deputy – Head of Procurement & Supplies	Deputy – Donor Co-ordinator	Deputy Chairperson - A/Director HRD
Lead CPs – SIDA, DFID	Lead CPs – DFID, CIDA	Lead CPs – JICA, DFID	Lead CPs SIDA, USAID

Source: *MoH, Structure, Composition, and Terms of References for Various Committees and Technical Working Groups in the Health Sector, October 2006.*

Secondly, there is the issue of governance by the policy network as a means of reconciling competing values. According to a model suggested by Marsh and Smith (2000), within tight policy networks, there is a "shared world view, a common culture, and this is in effect, a structural constraint on the action of network members". Beyond this, there are 'rules of the game' within such networks, which constrain who is included in the network and how participants act (Marsh and Smith, 2000:6). Therefore, this model implores the investigation of how policy networks influence the participation of other actors in the SWAp. Rhodes (1997) (as cited in Skogstad, 2005:2), declares that policy networks tell us "`who rules?' `How do they rule?' and `in whose interest do they rule?'"

Lastly, the question of democratic legitimacy is raised with respect to the SWAp. Whom do the actors represent as they engage with the state? Various authors identify the issue of democratic legitimacy that others assume is inherent in policy networks. For instance, Thompson and Pforr (2005) suggest that democratic legitimacy is questionable in policy networks. The basis for this is that policy networks have been characterised by their critics as "an illegitimate form of private interest government that puts sovereign decision making in the hands of strong pressure groups, unaccountable lobbyists, and corrupted economic elites".

From this perspective, therefore, policy networks are seen to undermine democracy, because they limit the power of democratic institutions and particularly elected governments (March and Olsen, 1989). Furthermore, not only do policy networks blur the boundaries between state and society but they also

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expose the policy making process to uncontrollable and particularistic power games (Bessusi, 2006).

As noted by Peterson (2003) publicly employed bureaucrats translate political values and preferences of the government into public policy. Within this research, it is therefore important to consider the viewpoints of bureaucrats' vis-à-vis civil society participation in public policy.

In fact, literature commonly states that state-civil society relations are a site for political struggle. As stated by Arnove and Christina (2002:46), "the obverse of strengthening the civil sector is the dismantling of the role of the state...." According to Drah (1995:18), the relationship between the state and society is a very contentious subject and he asks a fundamental question: "Is the relation of civil society to the state confrontational, cooperative or both?" The fundamental issue here relates to representation. Kenis and Raab (2003), links this view with two concepts: input legitimacy and output legitimacy.

In an ideal situation, then, "policy networks as a form of good governance will be democratic if all members of the network are afforded equal opportunities to participate in, and control, political decisions through consensus and compromise" (Thompson and Pforr, 2005: 5). Of course, in reality, this is not the case. Indeed as argued earlier, a political system encompassing equal participation in policy processes is idealistic. As a political structure, then the SWAp has institutionalised relationships, culture, behaviours that possibly constrain and/or facilitate agents (development actors) participation.

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The SWAp therefore represents a hybrid form of arrangement, different from the Weberian traditional conceptualisation of governance, and includes a varied range of actors. Clearly, then, relationships between the government, donors, and CSOs are important in this study.

As can be seen from the above review of literature, the notion of policy networks, in this context, is being is connected to governance.

In reality, the discourse on policy networks is broad and greatly divided. As noted by various authors fundamental divides exist between policy network proponents ranging from the definition of what constitutes a policy network, to country-specific application of the concept, and debate on the utility of the concept. Suffice to say, that within the context of this research, the central focus is on using the policy network notion in the context of governance.
It is important to see the SWAp as a mode of governance. In addition, as the case is with other modes of governance, there are fundamental issues of legitimacy and accountability (Besussi, 2006).

In literature, there are counterarguments for policy networks as a means for enhancing legitimacy and accountability. This argument rests of the belief that wider engagement of actors in the policy process increases discussion, interchange of information, and provides a platform for broadening consensus.

Conclusion

This chapter provides a review of fundamental issues related to civil society participation in public policy and state-civil society

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engagement. Literature covering civil society participation in the SWAp within the region and locally has been considered. The literature reviewed above has implications for the issues under investigation in this study.

At the fore, this study is shaped by a recognition that civil society organisations are operating in a political structure. As demonstrated above, the SWAp, as a policy network, is a political structure. Political structures encompass issues of accountability and legitimacy. These issues have implications on the effective participation of civil society organisations in policy processes.

For instance, the issue of legitimacy comes to the fore when state-civil society interactions are examined. The notion of policy networks presents a useful lens for analysing interactions between the state and civil society organisations. A key argument for engaging civil society organisations in the policy process is the potential for enhanced democratic representation. This arises from the assumption that civil society organisations represent the voice of the people – the citizenry. However, as presented in the literature this deduction is questionable.

If the issue of legitimacy exists within the SWAp, the deeper implication is that the SWAp possibly creates an illegitimate form of governance. It also implies that the policy-making process in the traditional Weberian context is exposed to power games between civil society organisations, donors and the government. By virtue of its nature, the SWAp cannot accord equal opportunities for participation; therefore, the actors with the most influence direct the policy agenda. The fundamental question as raised in this

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review is 'who rules and in whose interest?' The counter argument is that a wider consultative process increases discussion, interchange of information, and provides a platform for broadening consensus.

Linked to the issue of legitimacy is accountability within the political structure. There are several angles to the issue of accountability. On the one hand, primary accountability of donors rests with taxpayers in developed countries and not with the host government or their citizens. In addition, civil society organisations funded by donors also align their accountability to donors and not necessary to the citizenry. Furthermore, the national governments due to the substantive resources received as budget support (direct or indirect) become accountable to donors as opposed to the citizenry and institutional bodies.

Literature appears to suggest that typical features of policy networks have a bearing on participation of stakeholders. Among these features is a culture that develops among stakeholders or 'rules of the game'. These 'rules of the game' sometimes exclude other actors. As indicated earlier, the premise underlying policy networks is that ideas, beliefs, values; identity and trust not only matter but *form the basis of interaction* between members in policy networks (Thompson and Pforr, 2005).

In the context of neo-liberal economics, civil society organisations are contributing towards service delivery, provision of services to citizens, covering the state gaps. However, from a liberal democratic perspective, civil society organisations within the SWAp

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would appear not to be contributing sufficiently to improve the governance process.

Although, institutional and legal frameworks exist to facilitate civil society participation, it appears that some degree of intolerance exists by the state against civil society organisations with strong advocacy positions. In response, the state proposed a regulatory framework. Although the framework is not implemented, it sets a tone for how civil society organisations participate in formal policy processes. Within this study, this possibly has implications for how civil society organisations participate in formal policy platforms. In particular, civil society organisations with a strong advocacy mandate within the health sector are likely to face opposition.

Civil society participation in policy processes is limited elsewhere. The literature reviewed above also seems to suggest that there is a dearth of examples were civil society organisations have effectively participated in policy processes. Of the few successful cases, some regional, there are various challenges inhibiting the participation of civil society organisations in policy process.

More specifically, from the literature reviewed, the role of civil society organisations in policy processes such as the SWAp is unclear. Sector policies appear to be unclear about the complementary role of various actors in the SWAp. Granted there are some attempts by practitioners to document experiences of how civil society organisations are participating in the policy processes, however, the key findings are that there is limited meaningful engagement. Whereas, in some cases, there is resistance from governments to engage fully with civil society

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organisations, in some instances, civil society organisations themselves recognise the possibility of losing autonomy by engaging fully in the policy processes.

Literature on civil society participation in policy processes largely revolves around internal factors affecting participation. Factors highlighted in literature include unavailability of resources, lack of skills or expertise. However, there is limited focus on policy structures or platforms and the implications on civil society participation. Granted, the participation of civil society organisations is influenced by both internal and external factors, however the unbalanced focus on inherent weaknesses of civil society organisations gives credence to this research.

At a conceptual level there is debate surrounding the application of civil society to a developing country context. Related to this aspect is the proposition that in developing country context there is the possibility of civil society organisations becoming tools of the state. This proposition raises critical questions in the existing instances where civil society organisations receive financial support from the government treasury to deliver services. A further fundamental implication is that this questions and blurs the boundaries between the state and civil society. This has implications for this study given the typology of civil society organisations currently engaging in the Health SWAp.

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CHAPTER 3

Research Methodology[§§]

Research Design

This Chapter presents the operational framework used in this study. The study follows a basic interpretative qualitative approach. The rationale for electing this approach rested on the need to understand how health actors within the SWAp perceive civil society participation. Furthermore, the study was primarily exploratory in nature as is sought to investigate emerging issues related to civil society participation in a public policy process. In particular, implementation of the SWAps in Zambia and other countries is an early 1990s phenomenon (Chansa, et.al, 2008). Additionally, the drive to include civil society organisations in SWAps and elsewhere is even more recent. The Health SWAp in Zambia framed the parameter for investigation in this study.

The implication of using a basic interpretative approach to research is that the outcome of the study is descriptive in nature (Merriam, 2002).

Although the study process lacks quantitative data and analysis, the qualitative approach provides rich descriptive information based on the perspectives of people involved in the processes. To this end, the data collection process was guided by a semi-structured questionnaire thereby allowing exploration of the issues under investigation.

[§§] Used in the context of this research as"...merely an operational framework…" (Leddy, 1989:88)

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Data Collection

Primary Data Collection

Table 2 below presents the respondents in this research. Individuals from key institutions active in the health SWAp were drawn purposively. The respondents also included Ministry of Health officials directly engaged in the SWAp process and engaging with donors and civil society organisations.

As indicated above, the SWAp itself provided the parameters for analysis. However, respondents were drawn only among key individuals currently active in the Health SWAp. The health sector in Zambia comprises various active civil society organisations and donor agencies that are not engaged extensively in the health SWAp. Additionally, the rationale for limiting participants to active health SWAp actors was linked to the need to "study things in their natural setting, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them and a holistic perspective which preserves the complexities of human behaviour" (Greenhalgh and Taylor, 1997:1). Furthermore, the key determining criteria for interviewing the respondents as presented in Table 2 was 'information-rich cases', i.e. individuals who had a greater likelihood of possessing significant knowledge on the subject matter in this study (Merriam, 2002).

Other factors considered, include the duration the individual has participated in the SWAp process including engagement with civil society organisations; whether the respondent's institution or organisation has or is participating in the SWAp process; expertise and knowledge of the health sector.

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Within this study, expertise was defined as a minimum of two years as a health actor. Given that the Health SWAp has largely been implemented between 2003-06 (Chansa and Sundewell, 2008), the researcher determined that respondents required a minimum two years engagement in the Zambian Health SWAp to provide insights and reliable data. The researcher also attempted to capture a diversity of perspectives by interviewing 'dissimilar' donors, government officials, and civil society organisations. Inevitably, availability and accessibility during the data collection period also determined the interviewees.

Table 1: List of Participating Institutions

	Organisation/Institution	**Category**	**Dates for Discussion/ Interviews**
1.	Ministry of Health	Government	4 December 2008
2.	Clinton Foundation	Donor	4 December 2008
3.	Canadian International Development Agency (CIDA)	Donor	5 December 2008
4.	Department for International Development (DFID)	Donor	9 December 2008
5.	Swedish International Development Agency (SIDA)	Donor	7 December 2008
6.	CHESSORE	Civil Society	10 December 2008
7.	CARE International – Zambia	Civil Society (international)	13 December 2008
8.	Churches Health Association of Zambia	Civil Society	18 December 2008
9.	Ministry of Health	Government	20 December 2008

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The above interviews were conducted in Lusaka between November and December 2008. Nine (9) individuals were interviewed: Ministry of Health (2), Donors (4), and Civil Society (3). The author conducted all interviews and recorded them electronically.

Secondary Data Collection

The study also relied heavily on secondary data from policy documents, reports from various CSOs and the Ministry of Health. The SWAp has primarily been implemented from 2003-06 (Chansa and Sundewell, 2008). Therefore, review of key documents covered primarily the period 'after' the implementation of the SWAp, 2005-09. Information collected focused on the health SWAp and the participation of civil society in Zambia. More broadly, literature on the SWAp from other countries in health and other sectors bordering on policy engagement of CSOs was considered. Additionally, a review of journal articles was an important approach for collecting secondary data.

Given the extensive global focus on civil society and aid effectiveness, documentation gathered by the Advisory Group on Civil Society and Aid Effectiveness building up to the 2008 Accra Forum and following this forum was reviewed to provide the context and global perspectives on civil society activity.

Data Collection Methods

Interviews

An interview guide was used to gather data from key informants from civil society, government, and donor community operating within the SWAp. The interviews focused on issues related to the participation of civil society, current level and quality of civil society

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participation; appropriateness of the SWAp as a mechanism for civil society participation; role of the donors in influencing civil society participation; and, potential mechanisms for improving civil society participation in policy processes. A semi-structured interview guide was developed and pre-tested (see Appendix C for the pretesting tool).

Literature Review

Given that the SWAp has primarily been implemented from 2003-06 (Chansa and Sundewell, 2008) the review of key documents covered primarily the period 'after' the implementation of the SWAp, 2005-09. Information was collected from three broad categories: (1) SWAp/Sector Wide Approach, (2) civil society organisations and (3) public policy to establish how civil society organisations were participating in the Zambia Health SWAp. Critical policy documents that were reviewed include the National Health Strategic Plan, Memorandum of Understanding between donors and the Ministry of Health, Joint Assistance Strategy for Zambia.

Other useful sources of information included minutes from the Annual Consultative Forum, Sector Advisory Group reports and minutes, joint annual review reports.

In order to standardize the review of key documents such as policy documents, minutes of meetings, and reports. The procedure for examining the documents was as follows: (1) the researcher categorised the type of document (policy document, minutes, and sector level reports), (2) the researcher reviewed and extracted information related to broad categories mentioned above.

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Table 2: Document Review Guide

Types of Documents	Key words/phrases	Other Criteria
Minutes from meetings	SWAp, Civil Society, NGOs	Currency of information (after 2006)
Policy documents	Civil society Non-governmental organizations Sector-wide approach	Between 2006-09, Key policy documents with implications on the SWAp
Reports (government , donors, and civil society)	Civil society Non-governmental organizations Sector-wide approach Aid effectiveness	
Web-based reports	Civil society Non-governmental organizations Sector-wide approach Aid effectiveness	

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Furthermore, the researcher summarised key findings from the policy documents, minutes, and web-based reports. The summaries were framed within the context of the research questions and the themes emerging from the perception data. The researcher endeavoured to explore alternative explanations and divergent perspectives to the identified patterns.

Data Analysis

Qualitative analysis typically generates large amounts of data. The researcher used content analysis to analyse the data. Content analysis is a "procedure for the categorisation of verbal or behavioural data, for purposes of classification, summarisation, and

tabulation". Content analysis is generally at two levels, the descriptive level, and the latent or interpretative level. In the first instance, the researcher presents a descriptive account of the data. The interpretative level requires more. It involves deducing what was "meant by the response, what was inferred or implied" (Hanock, 1998:17). More specifically, the researcher used a general inductive approach, which is a form of content analysis (Kairuz, Crump, and Obrien, 2007, June). In this process, the researcher attempted to understand the complex raw data via the creation of categories and sub-themes. In following the inductive process, the researcher endeavoured to link the focus of the research and the emerging themes.

To begin with, the researcher closely listened to the electronically recorded interviews and reviewed all transcripts (on average each interview took 4 hours to transcribe), identified and isolated the key texts, and created categories. Following this process, the researcher went through an iterative process of refining and condensing the categories to central themes. Hanock (1998) provides a useful guide for undertaking content analysis following a series of structured steps. The researcher followed this continuum by identifying meaning units, condensing the meaning unit, coding, developing sub-categories, and eventually the key themes. These themes were linked to the research questions within this study. In presenting the data for analysis, the researcher used a word processor (MS Word) and a spreadsheet program (MS Excel).

There are some assumptions that follow the use of the general inductive approach. Among these, the most fundamental is that, the findings are shaped by the "assumptions and experiences of

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the researchers conducting the research and carrying out the data analyses" (Thomas, 2003, June). Through this process, the researcher plays a role in determining which elements are most important. However, scientific rigour was maintained by undertaking quality assurance measures presented below.

In this research, the data analysis was done concurrently with the data collection process. Beginning with the initial data collected, the researcher reviewed the data collected. Although the questions were framed differently for civil society organisations, government officials and donors, the interview questions reflected three pivotal themes: *Civil Society Engagement in Policy Dialogue, Environment for Civil Society Participation and Current Framework for Civil Society Participation in Policy Dialogue*.

Reliability and Validity

For quality assurance purposes, the semi-structured interview guide presented above was pre-tested. The pre-testing focused on three main areas: (1) reactions of the respondents to the research procedures; (2) appropriateness of the data collection tool and; (3) procedures for data processing and analysis.

A qualitative approach to research typically has challenges in ensuring reliability of findings. Given that in-depth interviews were used, there was the possibility that respondents would provide non-factual information. The total mitigation of this challenge was not entirely possible in the context of qualitative research. Therefore, this may affect reliability (repeatability) (Greenhalgh, and Taylor, 1997).

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In qualitative research as in this research, validity and reliability are not seen as very separate constructs. In order to address the issues of validity and reliability, the researcher undertook the following practical steps:

The researcher reviewed the data several times to check consistency of data coding. The researcher used a peer to review the coding and shared the preliminary findings. Suggestions from this process were incorporated in the study.

The researcher requested selected participants to comment on the tentative interpretations and categories formed. This process allowed the researcher to check for plausibility of the findings (Merriam, 2002). Beyond this, the researcher made comparisons with previous research. Finally, the researcher documented the methods, procedures and major decision points in carrying out the study thereby creating an audit trail (Merriam, 2002).

Aside from the above, the researcher utilised triangulation as a strategy (test) for improving the validity and reliability of research or evaluation of findings (Golafshani, 2003:306). In literature, triangulation can occur in several ways. These include two or more data sources (using same method); two or more data collection methods; two or more data analysis techniques; or two or more research framework or perspectives. For this research, two data sources were used in the form of in-depth interviews with key actors and secondary data.

As noted by Thomas (2003:4) research findings in qualitative research result from "...multiple interpretations made from the raw

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data by the researchers who code the data. Inevitably, the findings are shaped by the assumptions and experiences of the researchers conducting the research and carrying out the data analyses."

However, in this research effort was made to improve validity through a combination of traditional procedures such as triangulation, interfacing findings with similar previous research, and where feasible seek feedback from respondents (stakeholder checks)*** in the research.

Ethical Issues

The researcher ensured anonymity (identities were disguised using codes) of all participants in the research. This was of paramount importance given that the issues raised and discussed bordered on inter-relationships among development partners e.g. bilateral (government to government). Furthermore, given that the researcher elected to use digital technology to capture the discussions, formal permission was sought from each participant. Upon successful completion of the study, all audio records will be destroyed. All respondents were informed about the study being undertaken in fulfilment of academic requirements.

The primary purpose of this research was to fulfil academic requirements. The primary focus, therefore, was not to influence current policy implementation processes within the Ministry of Health. In the event that policy actors deem findings from this research relevant, it is worth noting the likelihood of bias given the researcher's level of interaction with CSOs and the Ministry of

*** Thomas (2006) distinguishes triangulation from stakeholder checks as a procedure for consistency checks.

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Health officials. Furthermore, as an employee of an aid agency, the researcher was engaged in governance work and had previously facilitated funding for civil society engagement with government in the health sector. In order to mitigate bias, the researcher stringently applied the procedures related to validity indicated above.

Limitations of the Study

The issues under investigation bordered on political aspects, public policy, and donor-government relationships. Therefore, participants interviewed may have been reluctant to disclose personal views, which were vital to answering the research questions. To improve the openness of participants, the researcher shared the ethical considerations binding the research process and measures to ensure anonymity.

Although, this was a qualitative study and therefore relied on in-depth interviews, the study would have generated more insights by interviewing more individuals. This was particularly evident when respondents indicated that there is a higher likelihood of civil society organisations participating more effectively at the lower levels of the SWAp structure e.g. provincial level through the SAGs.

Additionally, inclusion of a wider study group would have presented more divergent views of the policy process.

Lastly, for data analysis the researcher had intended to use Atlas.ti. However, the researcher opted to use MS Word and Excel, owing to time constraints and that the amount of data generated could be analysed without the use of Atlas.ti.

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CHAPTER 4

FINDINGS

INTRODUCTION

This chapter provides the research findings. While civil society organisations may engage in non-formal policy processes, within this context, respondents described their current perception of how civil society organisations are participating in formalised the Health SWAp. Furthermore, the researcher directed attention to factors influencing civil society participation within the SWAp and not challenges faced internally by civil society organisations per se.

The chapter is categorised in three sections reflecting the key emerging issues. Section I, addresses the effectiveness of civil society participation within the Health SWAp policy-making processes. Section II, highlights the extent to which the Health SWAp enables effective civil society participation. Lastly, section III, presents the prospects for effective civil society organisations participation in a specific political structure – the Health SWAp.

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SECTION I: EFFECTIVENESS OF CIVIL SOCIETY PARTICIPATION IN THE HEALTH SWAP.

1. Quality and level of civil society participation

a) Marginal Improvements in Participation

Evidence emerging from the respondents indicates that civil society participation in the SWAp has marginally improved over the years. One of the health actors described the marginal improvement:

> I would say it has improved…we see an improving trend, since 2005 it was barely visible, but now you can see...they have specific time slots, they are given time to speak…(interview, Donor representative, December 2008).

However, the current levels of civil society participation are still perceived to be weak or non-existent. Of the few civil society organisations that attend the meetings, a very small number attend meetings on a regular basis. The statement below encapsulates the perceptions of nearly all health actors interviewed:

> I would describe it as absent to weak. Somewhere there (interview, civil society representative, December 2008).

Another respondent stated:

> …first of all they are not attending in numbers, at least the attendance has increased, so at least they do come but we also want to hear their voice, we want them to talk more in the meetings, to engage more in the meetings…we want you [civil society] to show leadership as well, let's give you a slot as well when making presentations, but when it comes to the question and answer sessions we expect them again to

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> participate more, to probe us more. (Interview, government representative, December 2008).

Almost overwhelmingly, there were indications by the respondents that civil society participation is effective in the lower Ministry of Health structures particularly at provincial and district level. In this regard, there was a call for SAG structures at district level to be more effective and inclusive for civil society organisations to participate.

Responses from the research participants highlighted Improvements in civil society participation in terms of the numerical presence of civil society organisations in various forums and in the opportunities for dialogue created by the government for civil society engagement as compared to a few years back.

b) Service Delivery Focus and not Advocacy Oriented

There is a very clear imbalance of civil society organisations engaging in advocacy work and service delivery. Nearly all respondents (90%) indicated that the majority of civil society actors in the Health SWAp are service delivery organisations. It appears there is a limited spectrum of civil society organisations, participating in the Health SWAp.

c) Lack of coherence, intra-civil society coordination, and communication

All respondents alluded to the inadequate and incoherent coordination among civil society organisations. According to these respondents, civil society organisations in the health SWAp are uncoordinated and unstructured. During discussions, a government representative and those from the cooperating partners pointed to previous efforts by the government to assist civil

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society organisations to be coordinated. According to the respondents, these efforts were not successful.

Comparing the effective coordination among cooperating partners and how civil society organisations are coordinated, one respondent stated the following:

> WHO [World Health Organization] speaks on behalf of all of us and that is the coordinated position. Which in theory is supposed to mean that we are not all firing all these independent things and our policy suggestions would have more weight. You know we produce a joint issues paper for the sector. Why can't civil society [organisations] do the same? (Interview, donor representative, December 2008).

The respondent added:

> In a way, they are in a difficult position because they tend to be fragmented and/or have a special interest. So whenever they are advocating, of course they are advocating in respect of their special interest, so it looks like a plea for more funding. It almost always comes across as a plea for more funding, so someone wouldn't say the government hasn't integrated eye care in…under five reviews…no one says anything like that, they say you know there are a lot of people with eye care problems in Zambia, we do great eye care, give us more funds for that. That's how it comes across anyway (Interview, donor representative, December 2008).

The suggestion then is that civil society organisations need to be organised in clusters similar to cooperating partners for them to be effective in the policy processes. Beyond coordinating for SWAp purposes, the need for civil society organisations need to re-

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organise themselves and coordinate outside the SWAp formalised structures was highlighted.

Generally, the respondents regarded the participation of civil society in the Health SWAp as ineffective. The main reasons are summarised below:

- Few civil society organisations focus on policy issues and are largely defined by sub-sets of health delivery e.g. eye-care, malaria, HIV and AIDS etc.
- Few civil society organisations have a national purview with the majority geographically focused hence they have a localised view
- Funding modalities over the years have defined the areas of focus for civil society organisations that have been largely project focused.
- Civil society organisations in the Health SWAp are not well informed on health issues.
- There is a lack of coherence and structure among civil society organisations participating in the Health SWAp. This according to several respondents was seen in comparison to the drive and coordination manifested by Cooperating Partners.

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SECTION II: THE SWAP MECHANISM AND CIVIL SOCIETY PARTICIPATION

2. The SWAP: Enabler or disabler of civil society participation?

a) An opportunity underutilised

There appears to be conflicting viewpoints regarding the availability of channels or opportunities for civil society participation in the Health SWAp. About 90% of the respondents suggested that mechanisms for engagement are available, whereas only 10% indicated that the formal mechanisms are non-existent. Officials from the government and Cooperating Partners indicated that mechanisms for civil society have been created, while some civil society organisations indicate that there are *no formal mechanisms for participation.* One respondent from civil society stated:

> I would describe it as absent to weak. Absent in the sense that there are no formal channels around which it is practiced, not theorised. Its well theorised in concepts, I think our officers are well versed in this, but what counts is the practice, so it comes by chance...it is weak in the sense that there is very little room to make an input (Interview, civil society representative, December 2008).

When further queried about the above statement the respondent acknowledged that there are forums or platforms for engagement within the SWAp, however the respondent felt that these are primarily theoretical and that actual space for influencing the agenda is limited.

Although there is a consensus regarding the importance of the SWAp structure as a mechanism for engaging with civil society

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organisations, about 30% of the respondents pointed out that the SWAp is not completely satisfactory for addressing civil society issues. At least 40% of the respondents acknowledged that the SWAp process is still a learning process and there are currently no definitive solutions.

Nearly all respondents noted that civil society participation is perhaps hampered by the technical nature of discussions within the SWAp. The argument here is that the health sector, unlike other sectors such as education requires specialised training for individuals to participate effectively. In this context, civil society organisations with technical people in the health sector have additional leverage in participating. However, for policy level meetings, it was suggested that attendees from civil society organisations are usually senior employees who may not necessarily have a hands-on-grasp of policy issues hence their participation is more ceremonial than active.

b) ***Undefined and unclear roles for civil society organisations***

On the other hand, as noted above, there appears to be a disconnect between what the government perceives to be appropriate avenues for engagement and what some civil society organisations see as sufficient space for interaction.

Although the Sector Advisory Group is presented as the prime policy platform for civil society engagement, 40% of the respondents stated that the Sector Advisory Group is designed for government and cooperating partners' dialogue. Additionally, although the Sector Advisory Group is seen to be operational and sufficiently flexible for civil society engagement the nature of

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deliberations within these forums focus on donor-government interactions. One respondent echoed this view:

> It goes back to the purpose of the SAG. What is the SAG and what kind of information is discussed at the SAG? So, yes there is participation, buts it's not as active and informative as it would [be] because the SAGs are now more about formalising what has been discussed [previously]…. Because the purpose of the SAG is basically for the donors to endorse funds…I feel it should not even be called SAG, I think SAG should have another kind of agenda (interview, donor representative, December 2008).

Highlighting similar challenges with the Annual Consultative Meeting, another respondent stressed the following:

> So they must have been 15 different NGOs, many of them left early, many of them have the processes and content of that meeting are formalised processes that are part of an MoU that… wouldn't provide them – to an outsider - with an obvious [indication] saying are we talking about the government policy for the next five years? (Interview, donor representative, December 2008).

Still, about 60% indicated that there are opportunities or avenues within the SWAp structure that civil society organisations can utilise in order to add value to policy dialogue.

Roughly, 30% of the respondents suggested that civil society participation is usually characterised by criticism of the government and is not sufficiently balanced. At least two civil society organisations indicated that they avoid criticising the Ministry of Health in public forums as a means of keeping dialogue lines open. A respondent from civil society indicated that the Ministry of Health

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prefers to engage with service-oriented organisations as opposed to research-oriented organisations on the basis that research findings do not usually reflect a positive picture.

> …research is a fairly new area in health, not because of its existence, but the way, in which our officials and policy managers understand it, we come from a background that a researcher is always there to criticise what the government does. You have results that are always negative whereas service providers, NGOs like CHAZ are helping to cater for the government needs…so when they look at us there is always suspicion…. (Interview, civil society representative, December 2008).

It was noted by 80% of the respondents that civil society organisations tend to be silent during these deliberations. Highlighting this issue, one respondent indicated that civil society organisations partly limit their participation or voice to avoid being ejected from such forums. In making the above statements, the respondent alluded to the not-so-open space for dialogue during the SWAp meetings.

Both civil society organisations and donors indicated that there are suspicions and apprehension from the government with regard to the participation of civil society organisations. Still despite this assertion of possible ejection of civil society organisations, other actors particularly the Ministry of Health and cooperating partners pointed out that sometimes the participation of civil society organisations bordered on criticising the government or raising perceived deficiencies, rather than a balanced approach.

c) ***Excluding civil society organisations***

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As indicated above, nearly all actors feel that the government has made considerable progress in creating 'space' for civil society participation. However, there are suggestions that civil society organisations are participating in already formalised processes thereby limiting the potential for influencing policy.

> SAG's are now held twice a year, and yet in each month there is a policy meeting between CPs who are the donors and the government and that's where real policy, that's where policy issues are and debated upon...I feel that would be a great fora for the CSOs.... (interview, donor representative, December 2008).

Another respondent stated:

> The SAG platform is really intended for donors. I have been there it's like more intended to tell the donors, we the NGOs are just there feeding. Maybe now it's when it's starting to take sort of a different shape, but these are national level events they won't make a big difference I can assure you. (Interview, civil society representative, December 2008).

In order to maintain the status quo or available space, at least two civil society organisations indicated that they endeavour to be balanced in their criticism of the government. Adopting a balanced approach is perceived as important for sustaining the space and remaining in a favourable relationship with the Ministry of Health.

Furthermore, whereas it was acknowledged that the SWAp process has been largely a discussion between donors and the Ministry of Health, it was suggested that civil society organisations define their own space within the SWAp. This position by some Cooperating

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Partners and the government representative is reflected in the statement below:

> donors and government have their own issues so they are not going to spend a lot of time trying to define a place for civil society organisations on their behalf. So I think it is appropriate but more so the extent that civil society organisations themselves seek to find their place, understand what the SWAp is all about, and say this is our place and this is our comparative advantage. (Interview, government representative, December 2008)

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SECTION III: PROSPECTS FOR CIVIL SOCIETY PARTICIPATION IN THE HEALTH SWAP

3. Civil society participation in a political structure

a) In whose interest? Legitimacy and accountability of civil society organisations

A recurring theme among all respondents (100%) was the political mandate of civil society organisations. Donors and government particularly highlighted the legitimacy and mandate concerns surrounding civil society participation in the policy process. Interestingly, representatives from civil society organisations also pointed to this challenge by acknowledging that other partners question whom they represent, and to what extent they are accountable to the general populace.

One respondent from civil society stated:

> The question is really whom do we represent? And are we sure we know what are the stakes of our stakeholders in the health sector? How do we take them into the health sector? (Interview, civil society representative, December 2008).

Another respondent stressed:

> There is this common argument that civil society have no political mandate, whom do they represent? Do they represent their own vested interests or the interests of the masses? (Interview, government representative, December 2008).

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However, at least one respondent contradicted the perception that a political mandate was necessary for influencing policy direction:

> They [civil society organisations] are not pushing a research agenda at all or a policy agenda at all… don't think so, I think you can have…okay you are not setting policy you are influencing policy, I don't think you have to have a galactic constituency or represent a formal constituency (interview, donor representative, December 2008)

Still, at least 70% of the respondents suggested a preference or at least value of civil society organisations with community-level social infrastructure or with constituencies participating in the SWAp structures.

b) The relationship between Civil society and the Ministry of Health: Confrontational or collaborative?

The relationship between civil society organisations and the Ministry of Health is not one of conflict as alluded to by all respondents, at the same time it is not necessarily cordial. One respondent referring to deliberations during a recent meeting (Annual Consultative Meeting) between civil society organisations, Ministry of Health and Cooperating Partners pointed out the following:

> The fact that the government thinks that its reached out and its connected, but when they try to get civil society [organisations] to meet for the MTR [Mid-term Review] they didn't show up, then there were questions of well were they invited…you know there is complete disconnect somehow, I don't know who is not telling the truth cause the NGOs said they were not invited, the government says they sent out the invitations, and I don't know. So obviously as much as there may be a formal attempt the relationships aren't

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> great (interview, donor representative, December 2008).

Civil society organisations appear to suggest that the Ministry of Health is apprehensive about the participation of civil society organisations in the SWAp. This apprehension partly supposedly emanates from the perception of CSOs as lacking technical knowledge to understand health issues. In discussions, one respondent stated:

> In fact, usually the Ministry of Health is very apprehensive about civil society engagement on the grounds that they [civil society] don't know issues around health (interview, civil society representative, December 2008).

Referring to the technical nature of discussions within the SWAp, another respondent stated:

> Sometimes it's like jargon, when people from the civil society and they come in and the words, it's like we [cooperating partners and government] are speaking in our own little health sector jargon…there are certain things which they just can't follow (interview, donor representative, December 2008).

There is a perception among some of the respondents (50%) that the Ministry of Health sees the engagement with civil society organisations as an additional task or burden but necessary.

Nearly all respondents identify the SWAp with the close relationship between the donors and the government. As indicated by both donors and civil society respondents, the inclusion of civil society in the SWAp has largely resulted from the influence of donors and the

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international discussions on the Paris Declaration and Aid Effectiveness. In this context, the government is responding to the *demands* of donors. Hence, for one donor respondent, sometimes the discussion surrounding the engagement of civil society organisations is characterised by political correctness as opposed to real action.

However, for the most part, the willingness of the government to engage with civil society organisations was hailed by donors and civil society organisations.

A very interesting observation by one respondent suggested that civil society organisations given their size relative to other actors and their focus on service delivery do not possess the political power to influence policy.

> I think because of the sheer small size of many of these other service oriented NGOs, they don't have that kind of clout or impact for the government. I mean…there is the formal policy structure sure everybody has equal access to that but everybody's voice might not be heard at the same level because of this idea that, you know, you are just so and so and they don't have to pay attention to you. I think there is a perception in government that some NGOs are just self-sustaining, they just basically exist to find themselves jobs (interview, donor representative, December 2008).

Nearly all respondents provided CHAZ as the only example of the strongest Ministry of Health and civil society engagement. The two entities have a standing agreement that requires government to cover costs for all health workers and support staff operating in facilities managed by the umbrella organisation. The respondents saw CHAZ's relationship with the government more in the context

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of a service provider. The strength of this relationship is typified by the appointment of CHAZ *by government* as the lead NGO (representing other civil society organisations). The process of electing CHAZ as the lead NGO stemmed from the perceived failure of civil society organisations to coordinate themselves. The text below highlights the process that resulted in CHAZ being appointed as the representative for civil society organisations in the Health SWAp.

> Imagine, even one year back, we did try to broker, tried to break the ice, they have not even come up with a committee among themselves which is supposed to form a platform, so we continued to use the Churches Health Association of Zambia as the lead NGO in the sector, and that we had no choice…we were waiting and waiting and on one organised themselves since we have been operating with CHAZ for some time, we think CHAZ can assist us in this way (interview, government representative, December 2008).

As indicated above, nearly all respondents (70%) perceive the CHAZ-Ministry of Health relationship as based on service provision rather than advocacy. One respondent indirectly questioned whether CHAZ should be considered as part of civil society given that 'it has traditionally been part of the government structure'.

Another respondent added somewhat strongly that CHAZ does not advocate, but acknowledged that CHAZ has sufficient clout to engage in advocacy outside the formalised policy platform. However, as argued by another respondent funding of civil society organisations by government compromises their independence or more plainly as stated, by the respondent 'you can't bite the finger that feeds you'.

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Noteworthy among the comments from some (40%) respondents were suggestions that other civil society organisations are possibly not pleased with the decision by government to appoint a lead representative on their behalf.

The Ministry of Health appears to have very strong linkages with the cooperating partners and CHAZ reflected in formal agreements. The civil society organisations, as an entity and not inclusive of CHAZ, have relatively weaker linkages with both cooperating partners and the Ministry of Health. Even more apparent is the weak linkage between the CHAZ (the lead civil society representative) and the general mass of civil society organisations in the Health Sector.

c) An Unstructured Platform for Civil society Participation

About 50% of the respondents indicated that the absence of a formalised agreement such as a memorandum of understanding (MoU) between the government and civil society organisations is playing a role in limiting the effective and active participation of civil society organisations in the Heath SWAp. It appears that this issue was discussed in previous meetings between the government and civil society organisations. It was suggested that such an MoU would structure interactions between the two entities, with a lead NGO representing other members.

However, pertinent questions were raised regarding the implications of having an MoU with civil society organisations. For instance, one participant asked:

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> So if the government signs with civil society and government signs with donors, so how do we complete the triangle there? Then, would donors sign a separate MoU with civil society organisations? Or how do we bring that together? (Donor representative, December 2008)

Additionally, another respondent indicated that the current MoU between government and cooperating partners is functional because of the financial leverage that donors have over the Ministry of Health. The implication of this, according to the respondent, was that nothing substantive would bind the MoU between government and civil society organisations hence it would not be functional.

Still, another respondent felt that an MoU between government and civil society organizations particularly at district level would legitimise civil society participation and also stimulate ownership of the civil society contribution by government workers.

The 'watchdog' role of civil society organisations was mentioned on numerous occasions. For one government representative this role included advocating on behalf of the Ministry of Health for additional resources in line with regional finance targets for the health sector, monitoring expenditure at district level, advocating for the use of common systems etc.

A respondent from the civil society indicated that there is currently a status quo between cooperating partners and the Ministry of Health. Although not in a state of conflict, the relationship between the cooperating partners and the Ministry of Health is not

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necessarily friendly. In elaborating about the status quo, the respondent stated:

> As civil society you are a third force…you come in a manner that disturbs the status quo or in a manner that helps to push this status quo in a positive direction...the other side of the status quo is where you can begin to be seen as being anti-government…if you are seen as siding with the donors or you have your own agenda against us it means you can also be ejected. (Interview, civil society representative December 2008).

Despite this strong links between cooperating partners and the Ministry of Health, it was suggested by at least one donor representative that even the donors themselves who have considerable leverage on the government do not necessarily have huge influence on policy. The extent of this influence occurs more within a framework of cooperation as opposed to unilateral influence or directives from the cooperating partners.

The table below is a summary of some of the responses provided by the participants in this study. Not only does it demonstrate the convergence, but also divergence of views expressed by the respondents. The table reflects the questions asked to participants during the interview and the subsequent responses provided by a selected number of participants.

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Interview Questions and Responses						
Q1. How would you describe the participation of civil society in the health policy process?	a) I wouldn't say it's very good, it's not very good. If you can look at it from different angles. Firstly, if you look at it in terms of participation one would expect that you would have a spectra of different types of NGOs present, but those which are present at those meetings active there are basically service delivery NGOs, with very few advocacy or governance NGOs… I think only about one engaged in research	a) I think I would say the Zambian SWAp has largely been a discussion between the government and donors	c) I would describe it has absent to weak. Somewhere there. Absent in the sense that there are no formal channels around which it is practiced, not theorized. Its well theorized in concepts I think our officers are well versed in this, but what counts is the practice, so it comes by chance.	d) right now it is improved…I would say it has improved we see an improving trend, since 2005 it was barely visible, but now you can see the visibility they have specific time slots, they do…they are given time to speak, you know and they are recognized as active participants	e) Currently, I think its very low, there are contribution has been very low. The problem is only now that the Ministry has started to include them and try to invite them more and give them a voice, I think they could be better organised at the moment they speak more or less like individuals when they do speak and that weakens their voice	f) in terms of influencing policy dialogue I would say it's fairly minimal.
Q2. What influence does civil society have in policy processes?	a) we want them to talk more in the meetings, to engage more in the meetings…we want you [civil society] to show leadership as well, lets give you a slot as well when making presentations, but when it comes to the question and answer sessions we expect them again to participate more, to probe us more…	b) I would also say that for the most part in Zambia my sense is that civil society in the health sector largely focus on service delivery rather than broader issues of governance and advocacy and as such they have not really been involved that much in the policy dialogue until lately	c) They [civil society organisations] may in fact influence local planning and local DHMTs [District Health Management Teams] or something, they may be linked there and advocate strongly at a district level, but when it comes to national policy formulation they don't	d) The biggest thing I have found is their level of disorganisation within the SWAp. I also think that it seems that there are some organisations that are reluctant to come to these types of meetings and participate for some reason or another. There are many more many more civil society organisations than what you see in a meeting like that. So the question is why are they not participating?		f) No, I have not seen that happening. In a way they are in a difficult position because they are tend to be fragmented and/or have special interest. So whenever they are advocating, of course they are advocating in respect of their special interest, so it looks like a plea for more funding.

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Q3. To what extent do you feel that the SWAp structure or platform is an appropriate platform for civil society participation?	a) because SWAp is just a method of working, so obviously they have not fully engaged.	b) I do think that it is appropriate platform, but like everything it requires that in this case civil society organizations define their place for involvement. True there will be a discussion for instance if we say that traditionally its been government and donors, so donors are beginning to think its important to bring civil society and donors on board, but donors and government have their own issues so they are not going to spend a lot of time trying to define a place for civil society organizations on their behalf.	c) First of all it sets out the framework around which we should work. This may not be complete and satisfactory framework. But it needs room for flexibility as stakeholders come on board…	d) I guess on a scale of 1 to 10, the way we currently have it, and this is what we currently have and you can come and add value, I would say its above average its 7-8 the way its been structured, technical working meetings and even at provincial level there are supposed to meet and there are supposed to be those small SAGS, not just health there much are broader and you have various civil society	e) Yes. I think it is a good platform - as any - for them. I think they should certainly feed into policy at different levels…to lobby for certain things within the district and bring all these up to the level of the ministry and perhaps even taking it further to other areas when we discuss budget support for example these are areas were cooperating partners would usually invite civil society to participate.	f) I think it's appropriate. Do I think its effective no, but I think it's appropriate for us too and it's not always the most effective… Many be appropriate does fit in if you are looking at the nature of the civil society organisations they spend 80% or 90% of their time on implementation they don't hire a policy dialogue people whereas I am hired to do policy dialogue,

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Q4. To what extent do bilateral and multi-lateral agreements affect the level of civil society participation in policy processes?	a) at least in theory, anyway we would expect anyone whether you are putting in money or no money you would fully participate in the SWAp discussions in those meetings by virtue that you are invited you have equal powers with a person who puts in one billion or three trillion dollars whatever so we don't discriminate even by voice	b) Because when you look at the nature of the SWAp itself, my understanding is that it provides that forum for different bilateral and multilateral organizations have got different agreements with government but are able to come together on the same table, that already indicates that the SWAp mechanism does allow for broad diversity in terms of organizations	c) The donor agreements must take this into account that is a new terrain were people are experimenting and changing and there maybe other ways of doing it. And this were I want to say civil society engagement can be guarded and protected so that it is enabled to try out different approaches to changing.	d) On a level of 1 to 10, I would say 9.5. I mean going back all the way its like they really set the tone and that government simply responds…, but they are more loyal to the funders so there are more like the puppets of whoever is funding them and they would follow the agenda of the bilaterals	e) the agreement usually refers to the MoU for coordination and the MoU in general is signed by only cooperating partners and not by civil society. from that point civil society is excluded in terms of coordination, I am not so sure if the solution would be to include civil society in that MoU because I think that it basically refers to financing, reporting and those kinds of things.	f) In and itself defines the way we work and how we dialogue and within that NGOs are not considered, the review that's being undertaken now is in part meant to be looking at that.
Q. 5 Does your organisation/institution feel that the SAG allows for the effective participation of civil society?	a) we wanted to broker this relationship…more like the CPs, if you look at the CPs they have a cluster, whereby even before these meetings they can whisper among themselves, so we wanted that to be happening among NGOs…so we held meetings with them to identify avenues in which they can engage with us free, what problems we face things like that, how they can help us	b) Necessarily so? No. Because the purpose of the SAG is basically for the donors to endorse funds, they get a report and each of these meetings has a purpose for it and because of that (?) who chairs what presentations, because the SAGs it's for, its to receive reports from the previous two quarters and based on those you approve funding for the next two quarters	c) SAG fine, but you see the SAG platform, is really intended for donors. I have been there its like more intended to tell the donors we the NGOs are just there feeding. Maybe now that's when its starting to take sort of a different shape. But these are national level events they won't make a big difference I can assure you. I want the same things at district level.	d) I think there is a platform there is the SAG meeting were civil society were invited even to just give a short presentation of the issues to bring to government's attention, so there is a platform, I think government is trying…through the health sector SAG	e) What is the SAG and what kind of information is discussed at the SAG? So, yes there is participation, buts it's not as active and informative as it would [be] because the SAGs are now more about formalising what has been discussed [previously]…. Because the purpose of the SAG is basically for the donors to endorse funds	f) I don't think it's a structural problem… I would say 95% of them are geared towards a particular subsets of service delivery that eye care, or malaria, HIV/AIDS services or are otherwise service implementers so they do not actively look at policy issues, get evidence, research and present to the ideas to the government. They could and have been invited by the government but they don't other than

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Q. 6 What mechanisms need to be in place to increase participation and effectiveness of civil society's participation?	a) I don't want to say guidelines because that's control, you can't give guidelines for how civil society should be engaged, no, cause that's controversial. I think strengthening the policies within government, the current policy is fine, but you would have to strengthen it to ensure that civil society involvement is guaranteed, policies that don't threaten the autonomy of civil society in Zambia, policies that don't imply that government will police NGOs	b) Traditionally it's been government and donors, so donors are beginning to think it's important to bring civil society…on board, but donors and government have their own issues so they are not going to spend a lot of time trying to define a place for civil society organizations on their behalf	c) When the GRZ invited us for a meeting. One of the things that we mentioned there is we need an MoU around which we can work, an MoU with the ministry an MoU at district level. If I am going to work say in Chongwe I need to have an MoU with government.	d) For me firstly it should be a new clear source of funding for civil society, that is managed by neither government nor donors it's a fund you know set-up in a country and can be managed by a neutral body	e) SAG's are now held twice a year, and yet in each month there is a policy meeting between CPs who are the donors and the government and that's where real policy, that's where policy issues are and debated upon...I feel that would be a great fora for the CSOs.	f) that they talk about this thing were we meet two days before, we have together with the common issues, we got the agenda, we know what the process is going to be for the meeting… Which in theory is supposed to mean that we are not all firing all these independent things and our policy suggestions would have more weight. You know we produce a joint issues paper for the sector. Why can't civil society do the same?
Q. 7To what extent should civil society engage in the policy process?	a) The popular structures at community and district level which are supposed to be guided by civil society sometimes are not there so you find that there is no effectiveness, there is no gain from the investment...monitor the way monies is spent at that level and again that this role of the CSO/NGOs	b) I think because of the sheer small size of many of these other service oriented NGOs, they don't have that kind of clout or impact for the government. I mean…there is the formal policy structure sure everybody has equal access to that but everybody's voice might not be heard		c) I don't think we have a shared understanding. Because if we did we would know, we would have MoUs that are binding Platform for engagement and audit, are things which I think I don't see in this whole arrangement, it just talks about participation… And in that statement by the NGOs we are now putting in what we want.		f) don't think there is any limit. I think the limit is a self-limiting factor at the moment, their ability to do so. I don't think…absolutely they should be a equal and full partner in policy formulation and dialogue. If they have the ability to do that, but I have never seen anyone present things or come with anything, maybe just a proposal to be funded

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CHAPTER 5

DISCUSSION

Chapter 5 provides a critical analysis of the findings presented above. The main findings revolve around three thematic areas: the effectiveness of civil society participation in the Health SWAp; the SWAp mechanism as an enabler of civil society participation; and the implications for civil society participation in a political structure – the Health SWAp.

Each transcript was read through and interesting or relevant information was noted in the margin. The researcher developed a list based on the margin notes. These items were presented in a table created in a word processor. For each transcript, the researcher read the list of items identified and categorised the data. At this stage, several minor categories were created. The categories were further reduced by linking the items into major categories. For each transcript, the tables were reviewed several times and some data re-categorised or included various categories. A review of subsequent transcripts highlighted other categories and additional information was accommodated.

The major categories were further reviewed to determine if further linkages could be established. Data linked through this process formed the major themes identified in this research. These central themes were colour coded to distinguish them from other data. The researcher further considered whether any of the previously excluded data was relevant to the themes for possible inclusion in the results.

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As noted by (Golafshani, 2003:604) triangulation may include multiple methods of data collection and data analysis, but does not suggest a fixed method for all research. For triangulation purposes, in this research, two data sources were used in the form of in-depth interviews with key actors and secondary data.

In line with this approach, the researcher summarised key findings from the secondary sources of data. The research questions and the themes emerging from the perception data provided a guide for the summaries. The researcher endeavoured to explore alternative explanations and divergent perspectives to the identified patterns. Therefore, the analysis presented below interfaces perception data from the in-depth interviews with secondary data.

Quality and Level of Civil Society Participation

The results of this study confirm, barring some marginal improvements, that the overall quality and level of civil society participation in the Health SWAp structures remains poor.

The poor quality and low-level participation is seen in various ways. For instance, there is little diversity among civil society organisations participating in the health sector. One respondent encapsulated this observation by stating the following:

> We don't have a lot of NGOs, right now we are trying to map out what type of NGOs are in the health sector, some are research oriented, but the majority of them are actually implementing HIV and AIDS (Interview, civil society representative, December, 2008).

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Furthermore, a few of the respondents alluded to the limited number of civil society organisations in the dialogue structures as a factor affecting the quality of participation.

Interestingly, a recent review of the health sector strategic plan (MoH, 2008: 141) indicates that "...NGOs are invited to the various meetings (SAGF, MOH/CP consultative meeting, TWGs, and the Health CP Group meeting)...." However, the same report notes categorically that "...only a small representation visit these meetings."

As acknowledged earlier in this study, there are various reasons contributing to the low participation of civil society organisations in the forums created by government. Many of these relate to internal factors such as finances, skills, time, and expertise. While important, these factors were outside the scope of this study. However, the study focused on the 'external' factors associated with the SWAp itself, which contribute to the low participation of civil society organisations. These external factors are discussed later in this chapter.

While the limited presence of civil society organisations may have an effect on the quality of participation, it is important to note that increased numbers of civil society organisations within the Health SWAp may not necessarily improve the policy process or implementation. A study conducted in parts of Latin America and Africa found that levels of participation and ownership did not increase despite an active push for civil society participation in policy dialogue (Wright, 2008).

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At this point, it is important to note that the "institutional framework associated with SWAps" whilst redefining and strengthening the interaction between donors and the Ministry has not cultivated that same level of interaction with civil society organisations (Jeppsson, 2003:1). Worryingly, as noted in this study, even civil society organisations that are attending SWAp related meetings are engaging more as observers than as participants. Clearly, in the case of Zambia's health SWAp, the 'government invites, civil society attends' formula is inadequate for drawing out civil society organisations.

However, the low level and inadequate participation of civil society organisations in public policy processes is not unique to Zambia's health SWAp. The literature reviewed in this study demonstrates that there are limited examples were civil society organisations have effectively participated in public policy processes such as SWAps (Kruse, 2002; Wright, 2008; Jeppsson, 2003).

Still, there are some examples of effective civil society participation in public policy processes. For instance, Loewenson (2003:7) after reviewing several health case studies concludes:

> "At the national level, case studies demonstrate CSO impacts in enhancing the public accountability of policy processes. Some CSOs organise evidence from low-income communities and vulnerable groups in health planning, and enhance the voice of these communities more directly within public policy and planning. There is criticism that many CSOs do not, however, represent poor communities, and even in cases where CSOs have improved the 'voice and agency' of poor communities, this has not always led to real budgetary resource shifts towards these communities."

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It would appear then that enabling effective participation of civil society organisations in public policy process is complex. Loewenson (2003) referred to above, concedes that at most the influence of civil society organisations over policy processes is marginal. This implies that while some civil society organisations may have some influence over policy processes, the participation of the majority of civil society organisations remains ineffective.

Jeppsson (2003) suggests that the influence of civil society organisations over policy implementation is linked to the formulation of the SWAp mechanisms. He argues that civil society organisations have only played a 'peripheral part in the process' therefore their influence remains limited. Indeed the SWAp's genesis is framed largely around government-donor relations. Therefore, the various dialogue mechanisms associated with the SWAp where framed for government-donor relations. This critical observation is discussed in detail below.

Interestingly, whereas Loewenson (2003) notes that "CSO contributions are reported to be more effective in areas of health intervention that demand social action, public advocacy", the perception by over 90% of respondents in this study was that CSOs in Zambia's Health SWAp are not actively engaging in advocacy issues. As indicated in the findings, the majority of civil society organisations focus primarily on service delivery as opposed to advocacy. This conclusion parallels the findings of a recent mapping exercise of civil society organisations active in Zambia's health sector. The report estimates that "…in the case of those CSOs whose main focus is on health service delivery, an average of

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more than 85% of their efforts are dedicated to service delivery, while advocacy probably accounts for only about 5%" (Inka Consult, April 2008:44).

As noted above, at least 30% of the respondents endeavoured to contextualise the poor participation of civil society organisations by stressing that civil society involvement in the health sector is still in its nascent stage. For instance, one respondent stated the following:

> So in terms of civil society partnership in health sector, it's very interim and we are trying to reorganize ourselves and regroup ourselves we have had several meetings to that effect because we have had a meeting with Ministry of Health (Interview, civil society representative, December, 2009).

Still, responses from other participants and documents reviewed clearly indicate that the irregular attendance and outright absenteeism from important policy platforms is itself an indication of the ineffective participation of civil society organisations.

At least 70% of the respondents indicated that civil society organisations are likely participating more effectively in the lower Ministry of Health structures particularly at provincial and district level. One respondent stated the following:

> They [civil society organisations] may in fact influence local planning and local DHMTs [District Health Management Teams] or something, they may be linked there and advocate strongly at a district level, but when it comes to national policy formulation they don't (Interview, donor representative, December 5, 2008).

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The above view is not at odds with policy theory, which according to Walt (2004) suggests that implementation of public policy mainly takes place at lower levels such as district level (as quoted in Jesper Sundewall, Forsberg, Jonsson, Chansa and Tomson, 2009:4). However, a recent study conducted in Zambia at district level questions this theoretical view. More specifically, the study found that "aid coordination at the district level in Zambia is weak" and further that "partner involvement is limited" although "a consultative process for planning" exists (Sundewall, et.al, 2009:12).

At least one respondent in this study, identified weaknesses in the participation civil society organisations at lower governance structures:

> The popular structures at community and district level which are supposed to be guided by civil society sometimes are not there so you find that there is no effectiveness, there is no gain from the investment. So much as we would do well to when we are making disbursements or making plans from the centre to the districts, since those plans are also...gotten up from the district action plans we have monitor they way monies is spent at that level and again that this role of the CSO/NGOs (Interview, government representative, December 2008).

This view was not widely reflected by other actors interviewed in this study. If this is the case, it implies that the quality and level of civil society participation is even weaker than health actors currently perceive it to be. This is because, as demonstrated above, even at lower levels or lower SWAp structures, participation of civil society is weak.

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Findings from the Joint Annual Review reports highlight the limited extent to which civil society organisations are participating in the Health SWAp. Annually, the Ministry of Health in partnership with other health actors undertakes field-based reviews in the health sector "to get on the ground realities pertaining to the implementation of health programmes" (MoH, October 2006). A review of these reports (2005-08) highlights challenges and constraints facing civil society organisations with respect to coordination and participation in national planning processes. For instance, among other constraints and challenges, the Joint Annual Review (2005:33) undertaken by health actors identified the "lack of appropriate framework for coordinating and enhancing the participation of the civil society and private sector in the implementation of national strategic plans".

The 2006 Joint Annual Review highlights some positive developments in civil society participation; the report also states that in 2006 there were "increases in the numbers of local and international partners, including the private sector and civil society organisations involved in the health sector". However, the report provides no specific details to indicate the degree of improvement. Furthermore, the same report notes that within the health sector "coordination of the activities of the civil society organisation" was still not effective".

The SWAP: Enabler or disabler of civil society participation?

As indicated above, a significant number of the respondents (80%) believe that opportunities for civil society participation within the SWAp are in existence. In line with this view, the Mid-term review of the National Health Strategic Plan (2008: xxii) states that "…at

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national level, Zambia clearly has established an enabling environment for dialogue and working partnerships through which the MOH, CPs, CHAZ and other NGOs can interact."

However, although structures for participation exist at least 90% of the respondents felt that the opportunities within these structures are not fully utilised. Related to this, a review of the current strategic plan under implementation recognised that there is need to promote "active participation and better coordination of …NGO, civil society…into national processes and systems" (MTR, NHSP, 2008: 158).

The same report further states that civil society organisations in the Health SWAp "…often have a fragmented interest in the health sector, do not necessarily represent a common view and are not well organised…." This reference provides some explanation for the underutilisation of the policy processes within the SWAp by civil society organisations. In this study, 10% of the respondents (from civil society) indicated that formal mechanisms for dialogue were non-existent contrary to perceptions of the majority and findings from the literature.

As argued elsewhere in this report, the state defines the level of civil society participation in the public sphere. In this case, the former has defined the opportunities for civil society participation. Annually, a calendar of all of SWAp meetings is circulated to all partners (see Appendix C). In spite of these and other efforts by the government, civil society organisations are not effectively using these opportunities.

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However, this is not simply a case of an opportunity missed or underutilised by civil society organisations. The reality is that incorporation into official structures implies constraints as well as opportunities for civil society organisations (Friedman and Reitzes, 2005). There are complex compelling factors within the SWAp structures that limit effective participation of civil society organisations.

For instance, although these spaces for participation exist, there is ambiguity between the opportunities presented by the government through the Health SWAp and the perceptions of these opportunities by other actors. The recent review of the health sector strategic plan draws similar conclusions:

> "There is a major constraint in the relationship between the MOH and the NGOs. This was visible in the parliamentary discussion last year (2007). There is little synergy between the two parties and the collaboration modalities are not satisfactorily. There is a huge concern in the MOH at Central level that the majority of the NGOs do not really buy into the NHSP IV as a health sector plan (in terms of financing, programming alignment, planning, distribution of activities, reporting). It is difficult for the MOH to implement a complete health sector plan in this way. Instead, the NHSP IV seems to be more of a public sector plan" (MoH, Zambia NHSP IV, MTR, Final Report, November 2008: xxiii).

Related to the above finding, at least 40% of the respondents in this study suggested that there are certain features inherent within the SWAp structures and processes, which potentially limit effective participation of civil society organisations. Referring to one of the SWAp dialogue structures, the Sector Advisory Group (SAG), one respondent indicated the following:

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> What is the SAG and what kind of information is discussed at the SAG? So, yes there is participation, buts it's not as active and informative as it would [be] because the SAGs are now more about formalising what has been discussed [previously]…. Because the purpose of the SAG is basically for the donors to endorse funds…I feel it should not even be called SAG, I think SAG should have another kind of agenda (Interview, donor representative, December 2008).

The following comment further highlights the limitations inherent within the SWAp dialogue structures as perceived by the respondents:

> The SAG platform is really intended for donors. I have been there it's like more intended to tell the donors, we the NGOs are just there feeding. Maybe now it's when it's starting to take sort of a different shape, but these are national level events they won't make a big difference I can assure you (Interview, civil society representative, December 2008).

Granted, the SAG represents only one of the many platforms for dialogue. Still, at least 10% of the respondents identified similar challenges with another SWAp dialogue platform - the Annual Consultative Meeting. However, the SAG is perceived by many as the fundamental platform for civil society organisations to engage with both the government and donors on policy issues. Therefore, in as much as collaborative modalities are in existence via the SWAp, these still do not permit adequate government-civil society engagement. Furthermore, the indications in this research are that whereas the SWAp has associated dialogue platforms, these very structures provide an environment that potentially stifles effective participation of civil society organisation.

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Other authors also identify this ambiguity in the role of civil society organisations in the SWAp processes. For instance, reflecting on the role of CSOs in the SWAp process, Jeppsson (2003:12) states "…the role of NGOs in the SWAp process has all along been ambiguous.... It is, however, clear, that their role in the SWAp process is disputed".

Several issues are at play here. Firstly, the space or opportunities defined by the state for civil society participation are largely perceived as forums for state-donor collaboration. In this regard, at least 20% of the respondents (from civil society) suggested that they typically avoid engaging in strong advocacy in these forums. Owing to this, one respondent suggested that the Ministry of Health prefers to engage with service-oriented organisations as opposed to research-oriented organisations on the basis that research findings (evidence-based advocacy) from civil society organisations do not usually reflect a positive picture.

Secondly, there is the risk of civil society organisations losing their autonomy once fully engaged in the SWAp processes and related structures. In this instance, the implication for civil society 'buying into' the national strategic plan is joint responsibility for decisions taken as well as potential state control. The joint responsibility factor appears to be already affecting donors, as illustrated below:

> There is a recognition that you need a strong civil society for accountability because when you emphasize the partnership between the government and donors it means we own the successes we also own the failures, so it's very difficult for donors to stand up and say and government didn't do ABCD, but then government will say but we are together in it we are increasingly begin to realize that there is need for an independent voice to ask the accountability question

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> both for the donor but also for the government and I think that is an enabling factor and an opportunity for civil society (Interview, donor representative, December 2008).

There is already a sense among donors that joint responsibility over decision-making relatively incapacitates their ability to hold the state accountable. As stated by various authors, donors basically waive the right to determine and control projects in exchange for a voice in national level strategic tables in the SWAp processes and structures (Boesen and Dievorst, 2007; Moore, 2003).

Therefore, civil society organisations are alive to this potential risk and therefore limit full engagement in the policy process. Van Reesch's (2008:10) succinct conclusion is that "...in most cases, the meaningful engagement of civil society and private sector organisations in SWAps is a challenge. Central governments are not so inclined to bring other actors onboard. Many civil society and private sector in turn, do not want to compromise their autonomy or do not feel equipped to stake a claim in the sector dialogue".

From the literature review, the role of civil society organisations in policy structures such as the SWAp is unclear. Evidence emerging from this study indicates a lack of clarity surrounding the role of civil society organisations within the SWAp. What appears to be lacking is clarity around the dialogue structures. A national level review of the National Health Strategic Plan (2008) indicates that, "...at central level, it is evident that the MOH would like to strengthen the coordination with the NGOs but is not sure how best to proceed".

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Therefore, although there is a call for civil society participation, strategic direction regarding the specific and complementary role of civil society organisations is lacking.

Participation Prospects in a Political Structure

There appears to be limited recognition within literature that SWAp mechanisms are political structures in as much as they are 'ways of working'. As stated by Boesen and Dievorst (2007), SWAps have demonstrated little ability to deal with political and power issues. The authors therefore recommend among other issues that the appropriate step for SWAp proponents is the adoption of "...an explicit political economy perspective on the sector, the stakeholders (including donors) and the wider context in which the sector operates, recognising the fundamental political nature of sector development processes."

Several statements by the respondents in this research suggest a recognition that the various actors are operating in a political structure. The following extracts although not explicitly stated illustrate this conclusion:

> There is this common argument that civil society have no political mandate, whom do they represent? Do they represent their own vested interests or the interest of the masses? (Interview, government representative, December, 2008).

Another respondent stated:

> I tend to see it as…think it's a double-edged sword, I think it's a disadvantage that everybody is talking the need for civil society to be involved. So sometimes, it just becomes talk of politically correct language rather than real action in the context of the discussion of the

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> SWAp (Interview, donor representative, December 2008).

Therefore, examining the SWAp processes and structures via a political lens raises fundamental issues that frame the prospects for civil society participation.

Firstly, the central argument here borders on democratic representation. As indicated in the findings, there is a strong recognition or perception among the respondents that democratic representation is fundamental in legitimatising the participation of civil society organisations in the Health SWAp. At least 70% of the respondents suggested a preference or at least acknowledged the value of civil society organisations with community-level social infrastructure or with constituencies participating in the SWAp structures.

Viewing the SWAp as a policy network brings out political nuances that have implications for civil society participation. It should be noted that the literature to some extent regards policy networks as serious threats to "...democracy because they challenge some of the most fundamental organising principles for the traditional institutions of representative democracy" (Sørensen and Torfing 2004: 21).

Therefore, the SWAp structures and processes represent a 'new form of governance' whereby public policy is opened for broader participation. In other words, the traditional policy-making process, in the Weberian sense, is juxtaposed with a more open space or consultative process of policy dialogue.

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However, the traditional policy-making process, where the government directs policy direction on an elected mandate, contradicts this 'new' form of governance. In this context, democratic legitimacy of this new policy-making process is questionable. Additionally, the SWAp process opens up the policy domain to power games among donors, civil society organisations and the state (Thompson and Pforr, 2005).

It is not surprising therefore, that the bureaucrats and others reflect apprehension to increased participation of civil society organisations in the SWAp i.e. not participation from a service delivery perspective but from a governance perspective. As indicated in the findings, over 90% of the respondents in this study suggested that civil society organisations active in the health sector do not engage in advocacy issues. As indicated above a significant percentage of the respondents recognised the value of civil society organisations with community-level social infrastructure or with constituencies participating in the SWAp structures. Therefore, responses from the participants suggest that democratic representation has a bearing on effective participation in the policy processes. The following statement reflects this deduction:

> They [civil society organizations] still have a role in service delivery, but I think the key role especially in the SWAp context is advocacy and I think to play that role you need to be credible both from the individual perspective and also from the organizational perspective and so civil society need to build that. They need also to build a joint voice not solo and they need to connect with the masses that they are supposed to be representing because we take civil society to be synonymous with the voice of the population, but for a good number of them they have no connection with the people that they are supposed

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> to be representing and that goes back to the credibility issue (interview, donor representative, December 2008).

The implication is that some civil society organisations engage in latent participation. Participation beyond this, for instance strong advocacy, can potentially lead to expulsion from the policy process. To address this issue, Thompson and Pforr (2005:4) argue "…diffusion of political power and influence to civil society should engage better the wider community in policy and decision-making". This according to the authors should include less prominent people and social groups and thereby leading to democratic legitimacy.

However, further engagement of the wider community in the policy process does not necessarily correlate to effective policy implementation nor does it address the fundamental issue of the state guiding the policy direction. If anything, it further contradicts the traditional policy-making process, vestiges of which are still in existence and which oppose the new approach to policy-making. Van Reesch (2008:10) confirms this point by stating that "...from the outset, it has been acknowledged that the sector-wide approach may lead to centralisation in decision making....Finance ministries, line ministries, and donors are often not willing to relinquish control over expenditure decisions, staffing, and procurement." As suggested by Van Reesch, top-down decision-making, and planning processes persist in SWAp contexts.

Therefore, although the SWAp is designed to allow for broader consultation, because of the top-down approach and centralisation of decision-making, which still is in existence, the level

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of influence over policy processes by civil society organisations is marginal. Lacking the political mandate, civil society organisations are unable to advocate effectively within the existing SWAp structures.

The view expressed above that civil society organisations have limited influence over the policy agenda is reflected in the statement below:

> I think because of the sheer small size of many of these other service oriented NGOs, they don't have that kind of clout or impact for the government. I mean…there is the formal policy structure sure everybody has equal access to that but everybody's voice might not be heard at the same level because of this idea that, you know, you are just so and so and they don't have to pay attention to you (interview, donor representative, December 2008).

Secondly, relationships within the SWAp also frame the prospects for civil society participation. With the SWAp viewed as a policy network, the key focus within the study was on relationships among the different health actors. This does not suggest that the relationship between the government and civil society organisations is confrontational. However, it appears that the relationship between civil society organisations and the Ministry of Health is not completely favourable. In reviewing the partnership between civil society organisations and the Ministry of Health, the following assessment was made:

> "The MOH envisages that, under the umbrella of a full SWAp, all partners will be co-opted and that all stakeholders will fully appreciate, respect and buy into the national structures, processes and systems. At

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> National level, Zambia clearly has established an enabling environment for dialogue and working partnerships through which the MOH, CPs, CHAZ and other NGOs can interact. However, restrained relations are visible in the collaboration…between the MOH and NGOs…. These are areas which require a concerted effort in the coming period in order to come to effective collaboration, interaction and dialogue with the …the NGOs (international and national)…" (MoH, Zambia NHSP IV, MTR, Final Report, November 2008: xxiii).

The nature of civil society organisations and Ministry of Health relationship is reflected in the comment below:

> The fact that the government thinks that its reached out and its connected, but when they try to get civil society [organisations] to meet for the MTR [Mid-term Review] they didn't show up, then there were questions of well were they invited…you know there is complete disconnect somehow, I don't know who is not telling the truth cause the NGOs said they were not invited, the government says they sent out the invitations, and I don't know. So obviously as much as there may be a formal attempt the relationships aren't great (interview, donor representative, December 2008).

From the respondents, part of the apprehension results from the perception that civil society organisations lack technical skills to participate effectively in forums dominated by technocrats and experts.

However, the deeper issue is that within a policy network, ideas, beliefs, values, trust, and identity form the basis for interaction. Thus, the nature of relationships potentially constricts effective participation of other health actors. As argued by Marsh and Smith (2000: 5) the "...culture of a network acts as a constraint and/or

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opportunity on/for its members". Therefore, the relationships within the SWAp tend to be structural because they define the roles to be played by the actors within it, prescribe issues to be discussed and the subsequent response, have distinct set of rules, and contain organisational imperatives such that there is pressure to maintain the structure (Marsh and Smith, 2000). The focus here is not on interpersonal relationships but rather the roles and positions that health actors perform.

The SWAp structure and processes are largely seen by civil society organisations and other health actors as a platform for donor-government engagement. In analyzing ten years of implementing SWAps, Van Reesch (2008:380) concludes "...SWAps have contributed substantially to more coherent sector management and better exchange of information among donors and between donors and government. However, this process is often driven by a small group of donors." Therefore, whilst there is a strong donor-government relationship there is a critical gap in civil society-government collaboration.

Although there are attempts to remedy this gap, as indicated earlier, about 40% of the respondents in this study feel that the some of the structures within the SWAp process (e.g. SAG) largely reflect donor-government engagement. One respondent aptly stated this view:

> Traditionally it's been government and donors, so donors are beginning to think it's important to bring civil society…on board, but donors and government have their own issues so they are not going to spend a lot of time trying to define a place for civil society

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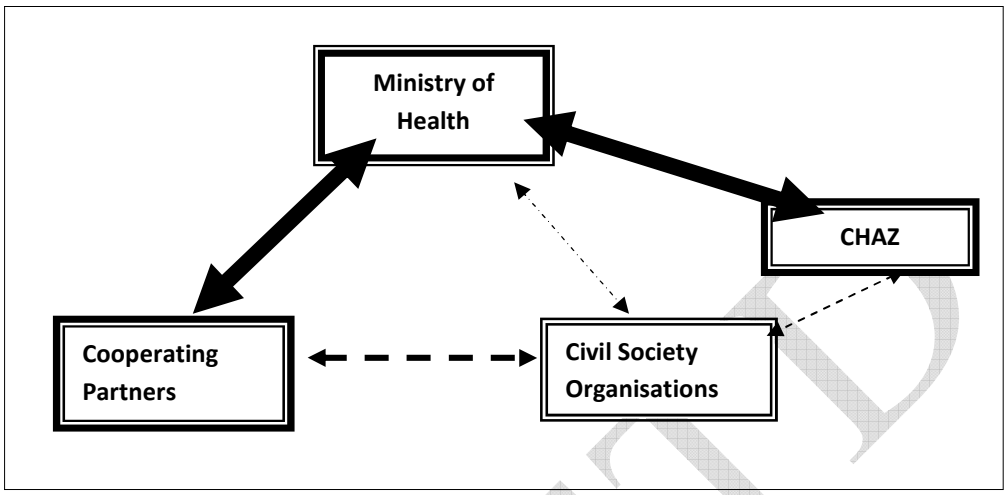
organizations on their behalf (interview, donor representative, December 2008).

Figure 3: Illustration of Relationships between MoH and Stakeholders



The diagram above illustrates the strength of relationships currently in the SWAp framework. The Ministry of Health appears to have very strong linkages with the cooperating partners and CHAZ reflected in formal agreements. The civil society organisations, as an entity and not inclusive of CHAZ, have relatively weaker linkages with both cooperating partners and the Ministry of Health. Even more apparent is the weak linkage between the CHAZ (the lead civil society representative) and the general mass of civil society organisations in the Health Sector.

As indicated in the findings, nearly all respondents (70%) perceive the CHAZ-Ministry of Health relationship as based on service provision rather than advocacy. The implication is that the existing formalised relationship between CHAZ and the ministry potentially undermines efforts of other civil society organisations to engage in strong advocacy within the SWAp mechanisms.

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As noted in the recent review of the national health strategic plan, collaborative modalities between the government and civil society organisations remain weak. This implies a lack of clarity regarding the roles and the means through which civil society organisations should support the health sector. As indicated earlier, several authors point to the lack of clarity around complementary roles of actors in sectoral strategies (Arnove and Christina, 2000; Kruse, 2002; Van Reesch, 2008; Wright 2008). More worryingly is the implication that although the SWAp was initiated as a dialogue platform or 'way of working', it remains unstructured for effective civil society participation.

> "Although every effort is made to ensure that all plans are comprehensive, there are still many stakeholders that are not included, even partners that work within the domain of the public health services. For example it was reported that in Lusaka [Capital City] there are over 80 NGOs alone estimated to be working in the area of HIV/AIDS…. Unfortunately the only mechanism to encourage their participation is invitation to participate; no regulations exist to ensure their participation and there is no inclusion of MOH in the endorsing of funding to these NGOs action plans MoH, Zambia NHSP IV, MTR, Final Report, November 2008: 53.

However, the ineffective participation of civil society organisations cannot be referenced solely by the structural context. Within the structure health actors or agents, themselves interpret the structure and make decisions (Marsh and Smith, 2000).

Conclusion

This chapter has presented a discussion of the findings. The issue under investigation was the extent to which civil society organisations are participating in the Health SWAp. In investigating

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this issue, three questions framed the context of this study. The study sought to answer the following questions:

- Are Civil Society Organisations engaging effectively in the formal SWAp policy process?
- Does the SWAp policy process enable effective Civil Society participation?
- What are the political prospects for civil society participation within the SWAp policy processes?

The following are the deductions with respect to the above research questions:

Firstly, civil society organisations have recently made marginal improvements in their participation in the Health SWAp. However, the level and quality of participation remains poor.

Secondly, the SWAp structure presents important opportunities for civil society organisations to participate in policy dialogue. Various structures have been 'opened up' by government to permit civil society participation. However, it remains evident that these opportunities are being underutilised by civil society organisations. It would also appear that while the SWAp as an institutional framework has facilitated strong engagement between donors and the Ministry of Health, the case is not the same for civil society organisations.

Thirdly, it appears that there is limited recognition in literature and in practice that the SWAp structures represent a political structure. The SWAp structure is seen primarily in terms of the opportunities that it presents. However, as a political structure it also presents constraints to participation. The SWAp

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Add conclusion re. problem statement and research questions

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CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

The primary purpose of this exploratory study was to gain a better understanding of the health sector government-donor platform (SWAp) as a mechanism for facilitating effective civil society participation in policy processes. Chapter 5 provides a discussion of findings in response to the research questions.

In summary, the study finds that the level of participation in the SWAp is limited to service-delivery issues whereas the advocacy and policy influence roles are marginal. The overall indications from this study are that civil society organisations are not engaging effectively in the SWAp policy process. Although the number of civil society organisations participating in the SWAp has recently increased the quality and degree of participation remains poor.

Another important finding is that the SWAp structure and processes provide opportunities for civil society participation. However, these are underutilised by civil society organisations.

Whereas the health SWAp remains a viable platform for engaging and enhancing civil society participation, there is need for clarity regarding the complementary roles of civil society organisations.

Further, the report argues that the SWAp typifies a policy network. This provides both opportunities and constraints to the effective participation of civil society. Being a policy network, the SWAp, is a political structure with inherent challenges akin to policy networks. For instance, policy networks have inherent challenges of

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legitimacy and accountability. These issues are present within the SWAp structure and processes. Additionally, there appears to be limited recognition in the literature and in practice that the SWAp structure and processes are not apolitical. Although recognised by some actors, strategic efforts have not been to address these issues, which have the potential to affect the effective participation of civil society organisations.

Related to above point, whereas the participation of civil society organisations in the health SWAp has marginally improved, the uncoordinated nature of civil society engagement limits overall influence in an environment where the key actors (government and donors) are highly organised and have formal agreements that define the nature, scope and level of interaction. Given this scenario, it appears that this will remain the trend given the lack of coherence and intra-coordination among civil society organisations in the policy network – the SWAp.

The following recommendations emanate from the findings and insights gained from this research:

- Currently a memorandum of understanding between the cooperating partners and government is in place and defines the nature and level of interaction. However, the civil society and government relationship appears to be defined through ad hoc measures. It has emerged from this research report that a memorandum of understanding between civil society and government would assist in framing the nature and level of relationship. There is evidence to suggest that in instances where such a measure has been introduced, the working relationship

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between donors and government and civil society organisations has improved.

- Whereas the government has 'nominated' a lead organisation to represent the interest of civil society organisations in the health SWAp, it is important to in the long-term to utilise a more inclusive process in determining the lead civil society organisation. A lack of inclusiveness can potentially deepen the fragmentation of civil society organizations.

- Due to limitations of time and resources, this study was unable to investigate conclusively all key issues relating to the participation of civil society organizations in the health SWAp. Areas of research interest include the following:

  - a deeper investigation of the legal framework and how this impacts the participation of civil society organizations in the health SWAp;

  - an evidence-based review of civil society participation at lower levels of the SWAp structures and processes in order to examine and demonstrate involvement in policy processes; and,

  - a critical examination of intra-civil society coordination as a means to identifying practical and widely accepted strategies to improve the level of civil society-government interaction.

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Appendix

APPENDIX A: INTERVIEW GUIDE

1. Interview Guide

Introduction and Key Components ▪ Thank you ▪ Purpose ▪ Confidentiality ▪ Duration ▪ How interview will ▪ be conducted Opportunity for questions ▪ Signature of consent	I would like to thank you for taking the time to meet with me today. During this period, I would like to talk to you about your experiences participating Health Sector within the Ministry of the Health. Specifically, as one of the components of the health sector that I am focusing on is the participation of civil society organisation in Health SWAp, that is the effectiveness of civil society participation in policy processes. The purpose of this research is part of the academic requirement for me to complete the Master of Management Programme with Witwatersrand University in South Africa. The interview should take about an hour. I will be taping the session because I do not want to miss any of your comments. Although I will be taking some notes during the session, I may not be able to capture of the points. Should you wish to have it back, the tape will be availed to you after this research All responses will be kept confidential. This means that your interview responses will only be shared with your explicit permission. I will ensure that any information I include in the report does not identify you as the respondent. Are there any questions about what I have just explained? Are you willing to participate in this interview? Signature and Date_____

	1 How would you describe the participation of civil society in the health policy process? Props: I.Level and quality of participation I.Effectiveness of their participation and evidence of such I.Adequacy of information shared with civil society 2 What factors do you believe account for the current levels of civil society participation? Props: I.Enabling factors I.Disenabling factors 3 Are there defining characteristics of civil society organisations that should participate in the SWAp processes? ********** 1. What influence does civil society have in policy processes? Prop I.Evidence of civil society influencing policy 2. To what extent do bilateral and multi-lateral agreements affect the level of civil society participation in policy processes? ********** 1. Does your organisation/institution feel that the SAG allows for the effective participation of civil society? 1. What mechanisms need to be in place to increase participation and effectiveness of civil society's participation 2. To what extent should civil society engage in

	the policy process?
Additional comments Next steps Thank you	3. Is there anything more you would like to add? 4. I will be analyzing the information you and others have given me, and I would like to send you a copy for your review/feedback 5. Thank you for your time.

Adapted from Boyce (2006).

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APPENDIX B: LIST OF INSTITUTIONS/ORGANISATIONS

Government (Ministry of Health)

- Sector Wide Approach Coordination Unit (1)
- Donor Coordination Unit (1)

Donors (Health Sector Technical Experts)

- Canadian International Development Agency (1)
- Department for International Development (1)
- Clinton Foundation (1)
- Swedish International Development Agency (1)

NGOs

- Churches Health Association of Zambia (1)
- Centre for Health, Science and Social Research (1)
- CARE international – Zambia (1)

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APPENDIX C: PRE-TESTING TOOL

1. Reactions of respondents to research procedures	**Acceptable**	**Not acceptable**	**Areas of revision/suggestions**
Desire of interviewees to respond to questions			
Acceptability of questions			
Clarity of language used			
2. Data collection tool: interview guide	**Acceptable**	**Not acceptable**	**Areas of revision/suggestions**
Adequacy of time allocated for questions			
Sequencing of questions			
Interview guide questions eliciting reliable data for analysis			
Pre-categorization of questions			
3. **Procedures for data processing and analysis**	**Acceptable**	**Not acceptable**	**Areas of revision/suggestions**
Clarity and ease of			

data to be interpreted			
Duration of transcription of data			

Table 1: Adapted from Hardon, Boonmongkon, Streefland, Tan, Hongvivatana, Van der Geest, van Staa, Varkevisser (1994).

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APPENDIX D: RESEARCH MANAGEMENT (TIME-LINE)

Task	Duration	Date for Completion	Notes
Peer review	1 day	April 15-16	
Literature Review	4 months	Apr 11 - Aug 11	
Draft proposal submitted to supervisor (1st Draft)	1 week	May 1	
Revise proposal based on supervisor's comments	3 days	May 8	
Submit final research proposal		May 15	
Develop interview guide	1 week	May 19 – 25	Purchase Dictaphone
Defend the research proposal		August 27-29	
Revise proposal based on comments by committee	1 week	Sept 1-7	
Refine interview guide	1 day	Sept 116	
Prepare document review guide	2 days	Sept 9-10	
Test and revise interview guide	2 days	Sept 24-26	
Data Collection: Conduct In depth interviews	4 weeks	Sept 29-Oct 29	Interview key respondents: government, CSO, donor
Data Analysis	3 weeks	Sept 30 – Oct 20	
Data Presentation	1 weeks	Oct 21 – 27	
Compile first draft	3 weeks	Oct 29 - Nov 12	
Submit draft research report to supervisor (1st draft)	1.5 weeks	Nov 12 – 21	Submit report during block H (meet with supervisor)
Revise proposal based on supervisor's comments	1 week	Nov 22 - 29	
Submit draft research report to supervisor (3rd draft)	1 week	Nov 30 - Dec 7	
Revise proposal based on supervisor's comments	1 week	Dec 8 – 13	
Submit research report to supervisor (4th draft)	1 week	Dec 14 - 19	

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Revise proposal based on supervisor's comments	2 weeks	Dec 20 – 31	
Submit research report for professional editing/proof-reading	2 weeks	Jan 1 -14	
Revise proposal based on editor's comments	1 week	Jan 14 -21	
Print and Bind Document	5 days	Jan 21-26	
Submit final Research Report	1 day	Jan 27, 2009	Submit via courier

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NATURE OF MEETING	MONTH											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
POLICY MEETINGS	29TH			30TH	28TH	25TH		27TH		29TH		
SECTOR ADVISORY COMMITTEE MEETINGS				2ND						1ST		
ANNUAL CONSULTATIVE MEETING												3RD

MINISTER'S & HEAD OF MISSION MEETING												**1ST**
MONITORING & EVALUATION (M&E)	*4 X 4*	*4 X 4*	*4 X 4*	*4 X 4*	*4 X 4*	*4 X 4*	*4 X 4*	*4 X 4*	*4X 4*	*4 X 4*	*4 X 4*	*4 X 4*
JOINT ANNUAL REVIEW MEETINGS			*4 X 4*									

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