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THE SCOPE OF GOVERNANCE IN ADDRESSING HIV/AIDS ISSUES IN ETHIOPIA

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**THE SCOPE OF GOVERNANCE IN ADDRESSING HIV/AIDS
ISSUES IN ETHIOPIA**

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I declare that I wrote the dissertation myself and all the sources and literature used have been credited.

In Prague, 27 February 2015   Daniel Messele Balcha

TABLE OF CONTENTS   PAGE

ACKNOWLEDGEMENTS

ACRONYMS

AIDS - Acquired Immunodeficiency Syndrome

BCC - Behaviour Change Communication

CSO – Civil Society Organization

ECA – Economic Commission for Africa

EU – European Union

FBO – Faith Based Organization

GO – Government Organization

HAART - Highly Active Antiretroviral Therapy

HAPCO – HIV/AIDS Prevention and Control Office

HIV - Human Immunodeficiency Virus

IEC – Information, Education and Communication

MARP - Most-at-Risk and/or Highly Vulnerable Populations

MOH – Ministry of Health

NGO – Non Governmental Organization

NPFAAE - National Partnership Forum against HIV/AIDS in Ethiopia

OVC - Orphans and Vulnerable Children

PLWHA – People Living with HIV/AIDS

PMTCT - Prevention of Mother to Child Transmission

SNNPR - Southern Nations, Nationalities, and Peoples' Region

STD – Sexually Transmitted Diseases

UN – United Nations

UNAIDS - The Joint United Nations Programme on HIV/AIDS

USAID - The United States Agency for International Development

VCT – Voluntary Counseling and Testing

WACS - Woreda AIDS Council Secretariats

WHO – World Health Organization

ZACS - Zonal AIDS Council Secretariats

LIST OF TABLES PAGE

LIST OF FIGURES PAGE

iv

Bibliography Entry

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EXECUTIVE SUMMARY

Annotation

This case study seeks to understand the scope of governance in addressing HIV/AIDS issues in Ethiopia by making use of HIV/AIDS partnership forums that exist in the country. All individuals representing the government sector, the NGO sector, the for profit sector and HIV/AIDS Prevention and Control Office (HAPCO) both at the national level and in the three regions namely Oromia Region, Southern Nations, Nationalities, and Peoples' Region (SNNPR) and Addis Ababa have been interviewed. Additional data were gathered using a PARTNER tool survey and also relevant documents have been analyzed. The social capital and governance theories create a framework where actors enjoy partnerships and use the benefits in both policy making and implementation. With the help of a problem tree and thematic analysis the study describes the causal effect relationship of the factors affecting partnerships and their ultimate consequence in maximizing social capital and governance. Accordingly, the thesis identifies the specific effects of the 2009 law on partnership endeavors in particular and HIV/AIDS policy implementation in general. Moreover, the study points out the existence of insufficient partnership in both decision making and policy implementation.

Anotace

Tato případová studie se snaží zjistit rozsah vládnutí při řešení problematiky HIV/AIDS v Etiopii s využitím fór partnerství HIV / AIDS, které v této zemi existují. S účastníky studie, kteří zastupují vládní sektor, neziskový sektor, komerční sektor a Úřad pro prevenci a kontrolu HIV / AIDS (HAPCO) jak na národní úrovni, tak ve třech regionech, jmenovitě region Oromia, region Jižních národů, národností a lidu (SNNPR) a Addis Abeba, byly provedeny rozhovory. Další data byla získána pomocí tzv. PARTNER tool dotazníku, a rovněž byly analyzovány dokumenty významné pro danou problematiku. Teorie sociálního kapitálu a vládnutí vytváří konceptuální rámec, v němž aktéři vytváří partnerství a využívají výhod spolupráce jak při tvorbě politiky, tak při její implementaci. Studie pomocí stromu problémů a tematické analýzy popisuje kauzální vztah účinku faktorů ovlivňujících partnerství a jejich konečný důsledek pro maximalizaci sociálního kapitálu a vládnutí. Tato práce také poukazuje na konkrétní účinky zákona z roku 2009 na partnerskou snahu a provádění politik HIV / AIDS, a též upozorňuje na existenci nedostatečné spolupráce jak v rozhodovacím procesu, tak při implementaci politiky.

CHAPTER ONE

INTRODUCTION

1.1. Introduction to the Problem

The effect of HIV/AIDS[1] does not stop at the individual level but it also affects the family, firms and businesses and the macro economy of a country. Due to the magnitude and multisectoral problems associated to HIV/AIDS there is a strong need of coordinated efforts to tackle the issue. Though there are encouraging results of the government's approach in training higher number of health extension workers in Ethiopia, there is still higher need of increasing access to health facilities. The provision of socioeconomic programs for people affected by HIV/AIDS has also a number of challenges. The limited resources available and the lack of efficient coordination among various sectors are the major ones. Boydell et al. (2007) emphasize that partnerships across government departments, trade unions, community based voluntary institutions and the business sectors is essential for the successful implementation of government policies addressing complex problems. Therefore, understanding the public - business - NGO partnership in addressing the HIV/AIDS issue in Ethiopia is important. That is the reason why this work is entitled as "the Scope of Governance in Addressing HIV/AIDS Issues in Ethiopia". In this work the scope of governance denotes the level of partnership by taking into consideration the

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[1] Human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV). During the initial infection, a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. As the illness progresses, it interferes more and more with the immune system, making the person much more likely to get infections, including opportunistic infections and tumors that do not usually affect people who have working immune systems. HIV is transmitted primarily via unprotected sexual intercourse, contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding (Sepkowitz (2001) and Rom and Markowitz (2007)).

governance definition of self-organizing, interorganizational networks characterized by interdependence, resource-exchange, etc. Rhodes (1997) and Bekkers, et. al (2007).

In 2009, the government of Ethiopia ratified Charities and Societies Proclamation. The proclamation and the subsequent regulation endorsed by the council of ministers of Ethiopia provide guideline for the registration and regulation of charities and societies. Both before and after the law came to effect, it faced a number of challenges. One of the major complaints is that the new law gives absolute control to the government over NGO activities. It prohibits human rights activities undertaken by national organizations that receive more than ten percent of their funding from abroad. It also prohibits human rights activities by foreign NGOs, including campaigning for gender equality, children's rights, disabled persons' rights and conflict resolution. Though the HIV/AIDS issue is not explicitly stated in the law, it is assumed that the HIV/AIDS work will also be affected by this law. One major reason for this is that a number of human right issues are attached to HIV/AIDS, Beagle (2013), Utyasheva and Pradichit (2013). And even the HIV/AIDS policy, itself suggests mainstreaming the HIV/AIDS work with various endeavors, FDRE (1998). This includes NGO activities in various sectors. Therefore, the study explores the effects of the 2009 Charities and Societies Proclamation in addressing the HIV/AIDS issue in general and its specific effect on HIV/AIDS partnership forums in particular.

1.2. Background of the Study

People living in the world have various challenges. The challenges they face are also different from one place to the other. People in some places suffer from lack of basic

needs and services while others look for the best ways of providing them. Various groups of communities living in developing countries are disadvantaged due to poverty in general and social problems in particular. One of such social problems includes HIV/AIDS. The lack of basic social services is even worse for communities disadvantaged due to HIV/AIDS. As it is already mentioned the HIV/AIDS issue is not only an individual health issue. It is much more than that affecting the family in general as it affects the bread winner in most of the cases, firms and businesses and even the macro economy of the country. Some of the effects include increased medical expense, loss of time and income due to illness, etc. Therefore, this makes HIV/AIDS, one of the major socioeconomic challenges that countries like Ethiopia face. For instance, HE Girma Wolde Giorgis, President of the Federal Democratic Republic of Ethiopia in 2004 expressed the magnitude of the problem as (ECA, 2004), *"Our cemeteries are filled beyond capacity. Parents are dying from HIV/AIDS or burying their children; a generation of fathers and mothers is being lost leaving the grandparents to grieve and raising the next generation. I cannot understate the terrible nature of the crisis that is enveloping our societies. As bad as it is today, the reality is that it is getting worse."*

1.3. Statement of the Problem

In August 1998, the Ethiopian government has approved the National HIV/AIDS Policy. The policy has the overall objective of providing an enabling environment for the prevention and lessening of the HIV/AIDS problem. Various programs are also being carried out by multinational organizations including the UN, governmental organizations /GO/ and nongovernmental organizations /NGO/ to address the HIV/AIDS issue. Most of these programs are mainly focused on improving the access

of the disadvantaged communities to basic social services. They are also engaged in various awareness and advocacy works. One good example of such work could be the work of Clinton Health Access Initiative as witnessed by the then health minister and current foreign minister of Ethiopia (Ghebreyesus, 2014). But due to the magnitude and multisectoral problems associated to HIV/AIDS there is a strong need of coordinated efforts to tackle the problem and increasing access to health facilities. For example, WHO (2007) manifests the limited access to health services in the country. It states that the major reason for the scarce health system is the small hospital network (0.2 beds per 1000 population) and geographical constraints as more than 50% of the population lives more than 10 km away from the nearest health centers and with poor transportation infrastructure. In addition to the limited number of health institutions there is also inefficient distribution of medical supplies (Ibid.).

The complicated nature of the HIV/AIDS problem requires effective policies and timely activities to be implemented. Implementation of socioeconomic programs related to social work with family units, psychological support, income generation activities, provision of trainings in various marketable skills to the disadvantaged communities and other community works, which enhance the livelihood of those affected by HIV/AIDS need to be emphasized and carried out efficiently in line with the provision of basic social services and educating the community. Such works can only be done through effective partnerships among various sectors, since one sector or organization cannot provide all such services.

The implementation of socioeconomic programs in Ethiopia seems to have lots of challenges. One thing is that the limited resource available as compared with the magnitude of the problem. Other problems like stigma and discrimination; and the

lack of psychosocial care are among other things that remain the biggest challenges. Therefore, in a place where there exist all these problems there has to be a coordinated response, which encourages partnership. Due attention should also be given to address the socio economical impacts of HIV/AIDS. This is why authors like Boydell, et al. (2007) emphasize working in partnership across government departments and their agencies, trade unions and with community, voluntary and business sectors as essential to government policies for tackling complex problems. However, many believe that the Charities and Societies Proclamation No. 621/2009, which is the most recent NGO law adopted by the Ethiopian Parliament in January 2009, has a negative effect on such partnership endeavors.

In addressing the HIV/AIDS problem the partnership among the state, nongovernmental organizations (NGOs) and that of the private (for profit sector) is mandatory. One thing is the lack of capacity of the state to meet these challenges by its own. The other is the lack of well defined environment or legal framework where different stake holders function for achieving a common goal. Therefore, at these stake times examining the relevance of governance, which provides the chance for more coordinated responses and also sharing of resources at different levels, is essential to address the HIV/AIDS problem. By its very definition, governance is, *"how governments and other social organizations interact, how they relate to citizens, and how decisions are taken in a complex world. Thus governance is a process whereby societies or organizations make their important decisions, determine whom they involve in the process and how they render account."*(Graham, et al, 2003)

1.4. Objectives of the Study

This case study seeks to understand the scope of governance in addressing HIV/AIDS issues in Ethiopia. For the purpose of this study the scope of governance is defined as the extent to which governance principles like interdependence, resource-exchange (Rhodes 1997) have been employed in addressing the HIV/AIDS issue. This helps to discover if there are any drawbacks in the HIV/AIDS response. The study is therefore aimed at analyzing the existing ways of responding to the HIV/AIDS problem with a special focus on the partnership experience of various actors. That is, it explores the partnership patterns among NGOs, GOs and the private sector in addressing the HIV/AIDS problem and identifies the major challenges in the HIV/AIDS response and their consequences. Accordingly, the study has the following specific objectives.

a. Explore the partnership pattern among NGOs, GOs and the private sector and identify the major factors affecting their partnership in addressing the HIV/AIDS issues.

b. Identify the effects of the new NGO law on partnership in addressing the HIV/AIDS issue.

1.5. Research Questions

In addressing the HIV/AIDS issues the partnership among the state, NGOs and that of business sector is mandatory. One thing is the lack of capacity of the state to meet these challenges. The other is lack of well defined environment where different stake holders function for achieving a common goal. Therefore, exploring the governance experience, which provides the chance for more coordinated responses and also

sharing of resources at different levels, is essential to address significant social problems. Based on the experience from the Czech Republic and other Central and Eastern European countries, one of the good governance criteria Potůček (2004:91) mentions is communication in the public space. He states that *"public administration effectiveness is inseparably linked with a vibrant civil society (without which fair and efficient policy is less likely). Administration carried out by Government only is not able and capable to respond adequately to the real needs of the people in many areas of public policy. Governments must search for partnership, cooperation, and joint decision-making with the civic sector."*

From these we understand that partnership is important not only while implementing programs but also in decision making.

Accordingly, the study seeks to answer the following research questions.

1. What kinds of partnership experiences do GOs, NGOs and the private sector have?

2. What are the challenges of partnership among NGOs, GOs and the private sector in addressing the HIV/AIDS problem?

3. What are the implicit and explicit effects of the new NGO law in addressing the HIV/AIDS issue?

1.6. Hypothesis

The lack of efficient partnership and legislative, cultural, administrative, financial and other barriers are sometimes suggested as bottle necks for the proper implementation of HIV/AIDS programs. The lack of governance, which ensures and recognizes the role of the civic and business sector in addressing the HIV/AIDS problem as well as the existence of unclear cooperation between the state and other actors, is manifested.

Accordingly, the research has developed the following three research hypothesis, which will be analyzed using empirical data and the theoretical framework.

1.6.1. Hypothesis I

If there is individualistic nature and uneven share of the government, civic and business sector in addressing the HIV/AIDS issue then there will be partnership failure, because of the manifestation of competitions especially among NGOs for limited resources (tragedy of the commons, Ostrom (1990)) and the lack of participation in policy making (unicentric systems, Bekkers, et. al (2007)).

1.6.2. Hypothesis II

The Charities and Societies Proclamation No. 621/2009 has limited partnership endeavors and the opportunity to generate social capital to address the HIV/AIDS issue in Ethiopia.

1.6.3. Hypothesis III

If the Charities and Societies Proclamation No. 621/2009 prohibits human rights activities undertaken by NGOs, then addressing the HIV/AIDS issue will be difficult because there are a lot of human right issues attached to HIV/AIDS.

1.7. Significance of the Study

The research helps to explore the country's HIV/AIDS experience in line with the scope of HIV/AIDS partnerships and the impacts of Charities and Societies Proclamation No. 621/2009 in addressing the HIV/AIDS issue in Ethiopia. The

findings pave the way for efficient policy development and implementation strategies to solve the HIV/AIDS problem. It can also be used for advocacy purpose since it assesses the partnership experience as well as the impact of the new NGO law. Additionally, it can be used by other organizations engaged in social policy and development research as a source of information. Therefore, the research is relevant because it explores the country's HIV/AIDS partnership experience by examining its effectiveness. This provides feedback to the organizations dealing with the HIV/AIDS response and encouraging multi-sectoral partnership. Hence, the policy outcome proposes improvements on the partnership practice of the government, NGOs and for profit sector by emphasizing governance concepts like self-organizing, interdependence, resource-exchange, rules of the game, and significant autonomy from the state (Rhodes 1997). Such partnership framework is an important step to address the HIV/AIDS issue.

In particular, the study creates an opportunity to understand the role played by the business sector and nonprofit sector, which includes voluntary associations and volunteers, charities and philanthropic organizations, community based organizations, advocacy groups and other political intermediaries. It is believed that understanding the functional capacities, their inter-organizational linkages (cooperation, partnership and networking scheme) helps to improve the roles they can play both in the policy formulation and implementation.

Moreover, the study is significant because it contributes to the understanding of the new NGO law /Charities and Societies Proclamation No. 621/2009/ in line with the dilemmas suggested by Frič (2008:241). That is, the choice between creating an

adequate legal framework for the operation of various different types of NGOs and the tendency to keep the NGOs in state of financial precariousness and at a comfortable distance from decision-making processes. Since the study is not looking at the general impact of the law on NGOs in general, identifying the tendency of the government in relation to the law under discussion can be an independent research of its own. But the results of this study, which relates to the laws contribution towards HIV/AIDS partnership, can be an important input.

1.8. Delimitation of the Study

The concept of governance, partnership, public policy formation and implementation and social problems in general and HIV/AIDS in particular cannot thoroughly be addressed only with this work. This research is therefore delimited to assess the HIV/AIDS partnership experience in Ethiopia due to my practical experience in the field and factors affecting the existing partnership forums in the country. The research problem was mainly delimitated to the HIV/AIDS partnership experience among the public, business and the NGO sector as well as HIV/AIDS Prevention and Control Office (HAPCO) both at the national and the three regions selected namely Oromia Region, Southern Nations, Nationalities, and Peoples' Region (SNNPR) and Addis Ababa.

1.9. Definition of Terms

For the purpose of this study the following terminologies and/or concepts are defined as follows:

Scope of Governance - the scope of governance is defined as the level of governance in addressing the HIV/AIDS issue in Ethiopia. That is, the level of partnership by taking into consideration the governance definition of self-organizing, interorganizational networks characterized by interdependence, resource-exchange, rules of the game, and significant autonomy from the state, Rhodes (1997) and Bekkers, et. al (2007).

The HIV/AIDS Issue – Human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS) is a disease of the human immune system caused by infection with human immunodeficiency virus (HIV). When it is refereed as the HIV/AIDS issue in this study it means beyond its definition as a disease of the human immune system. That is, the HIV/AIDS issue includes the socio economic issues associated with it like discrimination, effect on the work force, orphans and vulnerable children, etc.

Public Sector – in this study the public sector refers and sometimes interchangeably used with the government or the state sector.

For Profit Sector – in this study for profit sector refers and sometimes interchangeably used with the business or the private sector.

Non for Profit Sector – in this study the non for profit sector refers and sometimes interchangeably used with the NGO or the civic sector.

1.10. Organization of the Study

Following on this introductory chapter that gives background to the study and discusses the research issue, the research objectives and questions, the hypothesis

followed by the significance and delimitation of the study, the following chapter presents a theoretical framework. The theoretical framework is presented by reviewing the relevant related literature. Chapter three details the method used by discussing the research design, population, sampling frame, geographical location, instrumentation, data collection and analysis. Chapter four presents the research results and discussion. Finally, chapter five presents the research conclusion and possible policy recommendations. In the appendix section materials used for the data collection are presented.

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CHAPTER TWO

REVIEW OF THE LITERATURE

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The scope of governance is used in the title of this work because the level of HIV/AIDS partnership and the multisectoral nature of the HIV/AIDS problem can be best described using the governance concept. Therefore, this study examines the HIV/AIDS partnership patterns and the participation in policy formulation and implementation of various stake holders. The theoretical framework is created by analyzing the concepts of governance, partnership /stakeholder analysis/, social capital, legal framework and the normative models of public policy in relation to HIV/AIDS. First this chapter gives the historical development of HIV/AIDS in Ethiopia. Next it discusses the various theoretical concepts followed by a suggestion of a partnership model.

2.1. Historical Development of HIV/AIDS in Ethiopia

The first HIV infections in Ethiopia were identified in 1984, and the first AIDS cases reported in 1986. In 1985, one year before diagnosis of the first AIDS case in Ethiopia, the government of Ethiopia responded to a potential AIDS epidemic by forming a national task force for the prevention and control of HIV infection and AIDS. The task force issued the first AIDS control strategy by the end of 1985. In 1987, Ethiopia developed short- and medium-term plans in accordance with guidelines from the Global Program on AIDS. In September 1987, the government established an HIV/AIDS department within the Ministry of Health, and in 1988, an HIV surveillance system was established. In 1989, the MOH drafted a four-point policy

statement on AIDS prevention. The minister of health convened a 13-member policy drafting committee on HIV/AIDS to create a comprehensive national policy. The committee produced the first draft of the national policy in 1991 and forwarded it to the MOH. Between 1992 and 1993, there were numerous revisions. However, between 1993 and 1996, there was little progress on the policy, largely because the Ethiopian government was engaged in significant decentralization of many of its activities, including health. The decentralization led to a major reduction in HIV/AIDS technical staff at the MOH. That is, the AIDS Control Program employed 70 people at the national office in Addis Ababa before decentralization, but only three remained by 1996 as most functions of the central department were shifted to regional health bureaus. Consequently, the momentum to produce an HIV/AIDS policy declined. However, in the middle of 1996, the MOH revived the effort to prepare the national policy. In August 1998, after further revisions and review, a national HIV/AIDS policy was finally approved by the Council of Ministers. The National AIDS Prevention and Control Council was established in 2000 and is charged with implementing the Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2000-2004. The overall goals of the strategic framework are to reduce HIV transmission, associated morbidity and mortality; and burdens on individuals, families, and society at large. The council, chaired by the president of Ethiopia and comprising members from government, NGOs, religious bodies, and civil society, has declared HIV/AIDS a national emergency (Stover and Johnston 1999, Garbus 2003, and Drimie et al 2006).

The first draft of a national policy was created in 1991, though not approved until 1998 due to the changes from centralized political system to federal system, which

resulted in decentralization of all public institutions. Though Ethiopia started the process of developing a comprehensive national policy much earlier in 1989 than most other countries, the process took much longer to complete than in other countries because of the disruption caused by decentralization. Moreover, Stover and Johnston (1999) studied the experience of nine African countries in policy formulation and state that the Ethiopian process of policy making was characterized by many rounds of internal government review involving relatively few people and almost no participation by interests outside government.

The establishment of the National HIV/AIDS Council and the National AIDS Council Secretariat in 2000 has led to the formation of the HIV/AIDS Prevention and Control Office (HAPCO) in 2002. HAPCO's responsibilities are overseeing, coordinating and evaluating the national response to HIV/AIDS. HAPCO was first organized under the Prime Minister's Office. The office has recently been reorganized and positioned under the Ministry of Health. Moreover, the Federal Democratic Republic of Ethiopia joined UN Member States in June 2006 at the UN General Assembly to issue the Political Declaration on HIV/AIDS, which included a commitment to move towards the goal of universal access to HIV prevention, treatment, care and support by 2010. Since that commitment, Ethiopia has updated its planning framework with ambitious targets to achieve universal access (Drimie et al 2006).

The 2012 Country Progress Report on HIV/AIDS states that Ethiopia is among the countries most affected by the HIV epidemic. With an estimated adult prevalence of 1.5%, it has a large number of people living with HIV (approximately 800,000); and about 1 million AIDS orphans. The application of preventive interventions to avert

infection, use of Highly Active Antiretroviral Therapy (HAART), and sustained global and national commitment continue to register success in the response to the epidemic. But there are key challenges like low utilization of some services like Prevention of Mother to Child Transmission (PMTCT), emergence of new at-risk population groups like young girls engaged in transactional sex, and low coverage of interventions for Most-at-Risk and/or Highly Vulnerable Populations (MARPs), and ensuring quality of available services.

2.2. The HIV/AIDS Governance

It is true that since the 1980's the governance literature referred to the term as different from government and including civil society actors. The concept of governance encourages states to work together in various issues, which of course includes HIV/AIDS. For instance, Rhodes (1997:15) argues: *"Governance refers to self-organizing, interorganizational networks characterized by interdependence, resource-exchange, rules of the game, and significant autonomy from the state."* He also emphasizes on governance characteristics like continued interactions between all kinds of public, semi-public and private actors within several societal domains and at different levels, which is rooted in trust and regulated by rules of the game negotiated and agreed by the actors involved. From Rhodes' definition of governance, Bekkers, et. al (2007) draw three elements characterizing governance: self-regulation, cooperation and political decision making. Where, self-regulation implies government's recognition that organizations or society in general have self-regulating or self-organizing capacities. The cooperation signifies that governance indication towards organizations with different interests or views are capable of co-producing common or shared goals or outcomes.

According to Bekkers, et. al (2007) the idea that government could effectively intervene in societal developments and solve societal problems from a centralized and hierarchical position, detached from society, and according to the goals laid down in policy programs has been criticized. This tradition of putting the government in the center of societal developments and problems has proven not to be effective. Therefore, they state that the governance approach assumes wide variety of public, private and civil society actors affect social problems. The successful interventions in these problems require the organized, concerted actions of all of these actors, thereby overcoming the problems of collective action that this variety of actors implies.

Potůček (2004, 2006a) discusses three dimensions of the Multi – Dimensional Concept of Governance. They are vertical layers of governance, regulators – market, state, and civic sector; and actor's networks and networking. The first dimension, vertical layer of governance is significant to understand the multi level of governance in Ethiopia, as the country is composed of nine semi autonomous states. We can see the functions of the various actors both at the federal and regional levels in addressing the problem of HIV/AIDS. Though the transfer of power to the supra national level is almost nonexistent, the country follows a federal system where the nine states are divided into 70 zones. The zones are comprised of 600 'Weredas' (Districts), and these are divided into approximately 28,000 'kebeles' (communities). Therefore, the vertical layers of governance concept are applied in the country with the transfer of power from central to local administrations. Moreover, the effects of decentralization and the lack of capacities at the lower level of administration is important to note here.

The second dimension discusses the regulators of market, state, and civic sector. This approach also explained by Peters (2003:22) as: *"... a basic concept of governing that involves building, within the public sector, a capacity for collective goal-setting and a capacity for steering the economy and society to reach these goals. Such a concept need not, and increasingly is not, based on hierarchical imposition of rule from the centre, but it does involve an ability to translate goals and ideas into action. Governance may be created in conjunction with individuals and organizations in for profit sector, and indeed may rely heavily on those instrumentalities for their success."* This concept of regulators emphasizes their interrelationship and their respective role in the policy formulation and implementation. This also helps to explain how the state, profit and nonprofit sectors work together in achieving the same goal.

The third dimension focuses on how these various actors work together in networks, which is actor's networks and networking. This dimension helps to see the significance of horizontal layers/stake holders in responding to the problem. This concept will again be used to frame the partnership experience in Ethiopia by doing stakeholder analysis. This is particularly significant in understanding the networking trends in the country and cooperation of various stakeholders at different levels. Bekkers, et. al (2007) also indicates that the governance concept refers to pluricentric rather than unicentric systems, where networks play an important role and hierarchy or monocratic leadership is less important. That is, it is focused on the process of governing rather than the structure of the government. In other words, it is negotiation and cooperation instead of command and control. This shows how governance is significantly different from government.

Authors like Börzel (2007) argue that state and non-state actors with sufficient resources to engage in non-hierarchical coordination to improve the effectiveness of public policy. In the 1970s, the comparative policy and politics literature already showed that non-hierarchical modes of governance might help to overcome problems of state failure. That is direct participation of non state actors in public policy-making would improve both quality of public policies and effectiveness of their implementation, which later credited for the emergence of new modes of governance. This new approach of governance is particularly important to address increasingly interrelated world issues. Potůček (2006a) states that *"The main paradox of contemporary governance is that governments are expected to solve ever more challenging and complex tasks in an increasingly interdependent world with less and less direct power and control at their disposal. The only rational response to this tension is to develop such tools of public action that will be more effective with less direct control and involvement…"* Significant participation of the government, non government organizations and for profit sector is necessary in addressing the HIV/AIDS issue. This can happen only when there is due recognition that these different actors have important roles in the overall process.

The following five governance propositions suggested by Stoker (1998) summarize the governance concept used in the research.

1. Governance refers to a set of institutions and actors that are drawn from but also beyond government.

2. Governance identifies the blurring of boundaries and responsibilities for tackling social and economic issues.

3. Governance identifies the power dependence involved in the relationships between institutions involved in collective action.

4. Governance is about autonomous self-governing networks of actors.

5. Governance recognizes the capacity to get things done which does not rest on the power of government to command or use its authority. It sees government as able to use new tools and techniques to steer and guide.

According to Kjaer (2004) the governance theory also assumes that accountability increases with increased reciprocity between state and societal actors. This will help build democracy and, essentially, it will strengthen the state's ability to formulate and implement policies that promote economic and social development. Such reciprocity among institutions in partnerships results on social capital. The following section discusses how partnership is related with the social capital concept and help in understanding HIV/AIDS partnerships in Ethiopia.

2.3. Partnership vs. Social Capital

The HIV/AIDS issue is associated with a number of challenges. As a result, there needs to be continued multisectoral efforts in prevention, care and support services. Some of the major challenges that require strong partnerships and benefit from the resulting social capital include the lack of sufficient human resources, weaker health infrastructure, maintaining the quality of care in parallel with scaling up of services, resource limitations, ownership and empowerment problems, lack of surveillance and research works, stigma and discrimination, the expansion of the epidemic to remote rural areas, etc. Recognizing the importance of partnership among different actors and increasing their role at different levels is important in addressing such challenges. Baker (1990) defines social capital as, *"a resource that actors derive from specific social structures and then use to pursue their interests; it is created by changes in the*

relationship among actors" In general, social capital facilitates collective actions for mutual benefits.

Social capital is significantly related to public policy because implementation of government programs eventually depends less on authority and control than on mobilizing policy stakeholders, including policy recipients. The less the social capital, the more difficult such mobilization becomes. That is, in a society with very low social capital, administrators are much quicker to find dependence on authority and control, with resulting low governmental effectiveness. On the other side, in a society with very high social capital, many problems are taken care of by social networking outside of government, and when remaining problems are addressed through governmental intervention, administrators find a rich collection of implementation allies, Dodge, et al (2004).

2.3.1. Why Partnerships?

Skage (1996) describes a partnership as an undertaking to do something together in a relationship that consists of shared and/or compatible objectives and an acknowledged distribution of specific roles and responsibilities among participants. Partnership involves co-operation, i.e. "to work or act together". In a public policy, it can be defined as co-operation between people or organizations in the public or private sector for mutual benefit (McQuaid 2000). Here some of the assumptions that McQuaid (Ibid) underlies for partnership definition include: the potential for synergy of some form, i.e. *'the sum is greater than the parts'*. Therefore, actors having limited financial or institutional power and/or resources can influence policy through coalition strategies. Also it is assumed that the partnership involves both development and delivery of a strategy or a set of projects or operations, although each actor may not be

equally involved in all stages. Waddell and Brown (1997) describe partnership as a wide range of inter-organizational collaborations where information and resources are shared and exchanged to produce outcomes that each partner would not achieve working alone. That is each partner commits itself to working toward shared goals for mutual benefit.

Boydell, et al. (2007) also emphasize that working in partnership across government departments and their agencies, trade unions and with community, voluntary and business sectors as essential to government policies for tackling complex problems. Here it is important to note that partnerships need to be nurtured not only among heterogeneous institutions/sectors but also among homogenous institutions/sectors. This is particularly important to better use the limited resources such homogenous institutions like NGOs for instance use. Otherwise, we may experience the model of tragedy of the commons, which is the exhaustion of a common resource by individual institutions, acting independently and rationally according to their self-interest (Ostrom 1990).

2.3.2. The Need for Evaluating Partnerships

The assumptions that partnership is more effective than individual efforts need to be verified, though evaluating partnerships is difficult due to the longer time needed for achieving result, the partnership environment, etc, Boydell, et al. (2007). Moreover, partnerships depend on high levels of commitment, mutual trust, common goals, and equal ownership (Stern & Green, 2005). Therefore, there needs to be a mechanism to measure the effectiveness of partnerships. If one cannot clearly measure the performances of various kinds of partnerships, it would be difficult to talk about the

benefits of partnership. According to Poister (2003) performance measurement is the process of defining, monitoring and using sets of indicators of performance in order to assess an organization or a program on a regular basis. Here having clearly stated indicators is important to effectively measure the performance of partnerships.

Boydell, et al. (2007) developed indicators to assess performance along connections, learning, action, and impacts of partnerships. According to their model presented in the following figure, a successful partnership will add benefit within each category of benefit or 'circle' of the model, as well as along the pathway of change.

Figure 1- The Benefits of Partnership
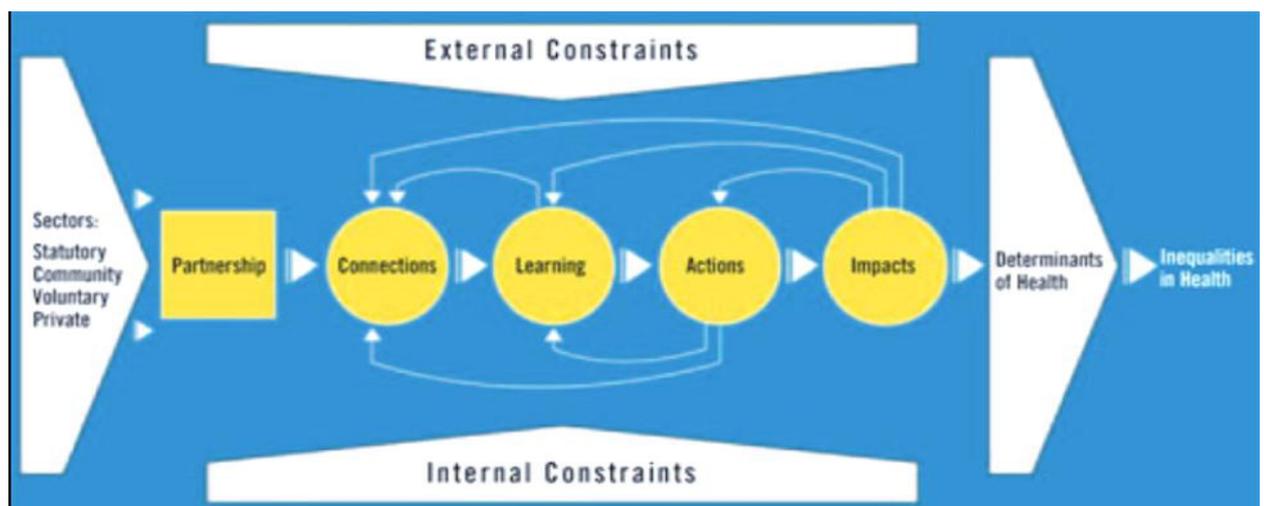
Source: Boydell, et al. (2007)

As we can see from the figure, through partnerships people make new connections and form relationships with partners and connect to other partners' networks. As relationships develop, people begin to learn from each other and about each others' roles and organizations as well as about local communities. As a result of the relationships and learning, partners and the organizations they represent may start to act differently. Due to these connections, learning and actions, partnerships can

develop projects and program, improve services and strengthen community infrastructure.

Measuring the impacts of partnerships in addressing the HIV/AIDS issue needs longer time. The table below summarizes the indicators, which could be used in the process of relationship formation, learning one another, acting together and finally the execution of programs.

Table 1 - Partnership Performance Measurement Indicators

Level	Partnership Performance Measurement Indicators
Connections	*developing relationships to all sectors* *inclusive communication* *developing reliability* *getting support in their work role* *able to contact senior staff in the statutory sector* *able to access a range of organizations and people* *developing trust and respect in partnership members* *participating in open dialogue at meetings* *constant interaction at all levels*
Learning	*getting access to information* *gaining a better understanding of community needs* *gaining a better understanding of what impacts on HIV/AIDS issues* *raising awareness of HIV/AIDS issues* *understanding the constraints of others' organizations* *better understanding of the partnership's agenda and goal setting* *personal and professional development* *developing new perspectives*
Actions	*being better able to do one's job* *the organization meeting its objectives* *increase in capacity to respond to emerging issues* *work leading to organizations redirecting funding* *work with partners in other contexts* *others in organization getting involved* *partnership objectives incorporated into those of organizations* *improved targeting of organization's services* *sharing of resources* *Shared responsibility and accountability* *Flexibility with institutional policies and processes* *change in the way partners work and innovation*
Impacts	*development and sustainability of projects* *mainstreaming of learning derived from projects* *shared leadership of projects and program* *development of new services or changes to existing services* *communities getting stronger*

Adopted from: Boydell, et al. (2007) and Fishbough (1997)

According to Trubowitz and Longo (1997) partnerships can be influenced by predictive problems like institutional difference, leadership changes, different values and practices, lack of unified philosophy on addressing the problem, unrealistic expectations and misconceptions, poor lines of communication, and external directives or agreement that limit collaboration. Therefore, looking for such factors is essential to measure partnership effectiveness.

2.3.3. The Social Capital Theory

It is widely believed that there is no set and commonly agreed upon definition of social capital and the particular definition adopted by a study depends on the discipline and kind of investigation. For this reason, Dolfsma and Dannreuther (2003) conclude that social capital does not have a clear, undisputed meaning, for substantive and ideological reasons. Therefore, the author picked the following definitions fit for the purpose of this investigation.

'the process by which social actors create and mobilize their network connections within and between organizations to gain access to other social actors' resources' (Knoke 1999:18).

'the ability of people to work together for common purposes in groups and organizations' (Fukuyama 1995:10).

'features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit' (Putnam 1995:67).

'those voluntary means and processes developed within civil society which promote development for the collective whole' (Thomas 1996:11).

'the sum of the actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit. Social capital thus comprises both the network and the assets that may be mobilized through that network' (Nahapiet and Ghoshal 1998:243).

Social capital is a broad term that encompasses the 'norms and networks facilitating collective actions for mutual benefits' (Woolcock 1998:155).

From these definitions, we see that social capital is related to collective actions, mutual benefits, network of relationships, mobilization, coordination and cooperation, gaining access, common purposes, etc. Here the question is what are the necessary preconditions, which must be fulfilled to bring about these benefits of social capital? Social capital helps solve challenges by maximizing the benefits of coordinated actions and achieves common goals. Woolcock and Narayan (2000) summarizes that those communities gifted with a diverse collection of social networks and civic associations are in a stronger position to confront poverty and vulnerability, resolve disputes, and take advantage of new opportunities.

Building of trust, accountability and reciprocity are important for social capital to exist. Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions (Putnam, 2000). Increasing evidence shows that partnerships are important for societies to prosper economically and for development to be sustainable. This shows the importance of social capital to formalized institutional relationships and structures. Since implementation of government programs ultimately depends less on authority and control than on mobilizing policy stakeholders, including policy recipients. The less the social capital, the more difficult such mobilization becomes. At the same time, in a society with very low social capital, we find reliance on authority and control resulting in low governmental effectiveness. In the contrary, in a society with very high social capital, many problems are taken care of by social networking with rich array of implementation allies, Dodge, et al (2004).

2.4. Formation and Implementation of HIV/AIDS Policy

There are various kinds of theoretical frameworks to describe the policy process. One way of looking at the policy process is considering the many actors involved in the process. Walt and Gilson (1994) talk of five key groups arguing that much health policy wrongly focuses attention on the content of reform, and neglects the actors involved in policy reform. The first ones are technocrats, who are experts that provide information on the extent and nature of the problem. The second groups include bureaucrats, who bring knowledge of government institutions. The other group includes interest groups, which are generally formed to represent the concerns of particular groups of people like PLWHA, religious groups, etc. And the fourth ones include politicians that are usually the ultimate decision makers. And finally donors often play an important role in policy formulation and implementation, by supporting the process with funds and technical assistance, providing international recommendations and guidelines, and have significant influence on implementation through their funding decisions.

According to Kjaer (2004) in public policy formation and implementation partnership networks is important due to the fact that they increase policy-making efficiency. They also help by generating information and ease implementation greatly. Birkland (2005:5) also states that *"In studying public policy, we focus upon those decisions made (or implicitly accepted) by government and nongovernmental actors to address a problem that a significant number of people and groups consider to be important and in need of a solution. In other words, we study individual, group, organizational, or governmental activities that, for better or worse, influence our lives through the creation and implementation of public policy."*

It is true that formulating a policy requires a good understanding of local needs, opportunities and constraints (population needs, capacities and commitment of local actors). The most accepted model of the policy process is a four-stage model, which includes Agenda setting, formulation, implementation and evaluation (Potůček, et al 2003). The authors continue stating four theoretical models of implementation. They are the authoritative model, which emphasize on such instruments as directive instructions, planning, control, hierarchy and accountability. The participative model, which rely more on indirect instruments of control such as setting goals, spontaneity, training, adaptation, negotiation, cooperation and trust as suitable methods and conditions of implementation. The coalition of actors model, which results from the assumption of a plurality of actors, who participate in the actualization of a particular policy and who communicate between one another, negotiate, reach compromises, but who at the same time share a definite common set of values and who are striving to achieve the same objectives. And the endless learning model, where those who enact policy, in an effort to achieve an optimal solution gradually (often by making use of the method of trial and error or by sheer imitation), optimize the structure of their objectives and the techniques used to achieve them. Some of the basic problems of policy implementation are the problems caused by a policy's undesired consequences. This unintended effect of a policy may have a negative influence on an area and may even danger its implementation. This is due to the fact that no policy is realized in isolation (Ibid).

2.5. Normative Models of Public Policy

One of the normative models of public policy is the Rawl's principle of justice. This model emphasizes the necessity of maximizing the advantages of the least preferred. It

underlines that fairness occurs when a society insures each citizen is treated equally in the eyes of the law and is given equal opportunity to succeed in a socially balanced life of his or her own choosing. It supports two principles which would regulate the distribution of social and economic advantages across society. The first principle states that, *"Each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others."* And the second principle states social and economic qualities are to be arranged so that they are both reasonably expected to be to everyone's advantage and attached to positions and offices open to all (Rawls 1971).

Another important consideration of normative model is that of reducing inequality. This model draws attention to the fact that there are two undesirable aspects to the functioning of market relations. On the one hand, the market does not concern itself with the type of resource used by individuals to assert themselves be it their state of health or social background, nor is it sensitive to the specific needs of the individual. Thus it occurs that, under otherwise similar circumstances, some people are gifted with large resources while others lack the resources to satisfy their basic needs. Therefore, it signifies the importance of supplementing the market with a redistribution of resources. According to the criterion of human dignity model each person has its own inner values which derive more from the fact that he/she is a human being than he/she contributes to society's well-being. And this concept of dignified survival is dependent on concrete cultural and economic realities of a given country (Potůček et al. 2003).

Providing equal opportunities regardless of their state of health or social background is essential when it comes to HIV/AIDS victims. The high prevalence rate of HIV/AIDS resulted in high number of orphans and vulnerable children. The needs of HIV/AIDS affected communities especially their children is very high as HIV/AIDS undermines, and then destroys, the fundamental human attachments essential to normal family life, and exposes them for stigma and discrimination. Therefore, not only those who are directly affected by HIV/AIDS but also increasing number of AIDS orphans face social problems as the spread of HIV/AIDS continues.

AIDS orphans face a host of social problems with many of them being forced to live on the street. Various researches also show that stigma prevents governments and communities from effectively responding to the orphan's problem. Stigma and discrimination also intensify violations of these children's rights—particularly with their access to education, social services, and community and family support (UNAIDS/WHO 2004). The World Vision[2] summarizes this fact as *"Children orphaned or made vulnerable by AIDS (OVC) are more likely to be malnourished, less likely to be educated, more likely to be abused and suffer severe psychosocial distress. In many communities, traditional ways of caring for orphans and vulnerable children, such as the extended family system, are being severely strained by the multiple, mutually exacerbating impacts of HIV/AIDS. The challenge is to find ways to help communities care for the unprecedented number of children and families rendered vulnerable by HIV/AIDS."*

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[2] http://www.worldvision.org.nz/advocacy/HIV_AIDS_ovc.aspx

As stated above even the traditional ways of support couldn't cope up with the high prevalence rate. Therefore, there is a high need of care and support programs, which target not only affected parents but also their children. In general, due to the magnitude of the HIV/AIDS problem, there is a high need for multi sectoral ways of addressing the problem. These can only be achieved by strong partnership relations among the major actors involved and giving due attention to the equal opportunity that they deserve regardless to their state of health or social background.

2.6. Actors

It is believed that the involvement of civil society actors including for profit actors creates opportunities to enhance social capital and bring resources together. It also initiates partnership between different actors. Moreover, actors influence policy through coalition. For instance, while studying the role of new modes of governance in EU enlargement, Börzel (2007) referred to the making and implementation of collectively binding decisions that *"are not hierarchically imposed, i.e. each actor involved has a formal or de facto veto in policy-making and voluntarily complies with the decisions made, and systematically involve private actors, for profit (e.g. firms) and/or not for profit (e.g. non-governmental organizations) in policy formulation and/or implementation."* In the same manner, Papadopoulos (2003) states that governance should include features like enhancing state's resources in terms of knowledge, organization and authority. It involves networks that usually include public actors who can represent different territorial levels, experts and interest representatives. From both Börzel (2007) and Papadopoulos (2003) conceptions we can suggest the following partnership model in addressing the HIV/AIDS issue. Here it is important to note the relevance of a coordinating institution/body tasked with the

responsibility of carrying out its mission by enhancing social capital and bring resources together. One such institution in the case of this study is HIV/AIDS Prevention and Control Office (HAPCO). HAPCO plays the role of a coordinator. For successful coordination involving the important sectors of the society is essential. Here there are about three important considerations in the following figure. One is that the coordinator needs to involve each sector of the society, in this case the profit sector, the non for profit sector and the public sector as all important actors in addressing the HIV/AIDS issue (Figure 2). The other important factor is its consistence across geographical locations. That is, whether we can clearly map similar figures like the one indicated below across regions. And the third one is whether there exists connections among the actors as well as the coordinator /HAPCO/ in the case of this study.

Figure 2 – Suggested Partnership Model
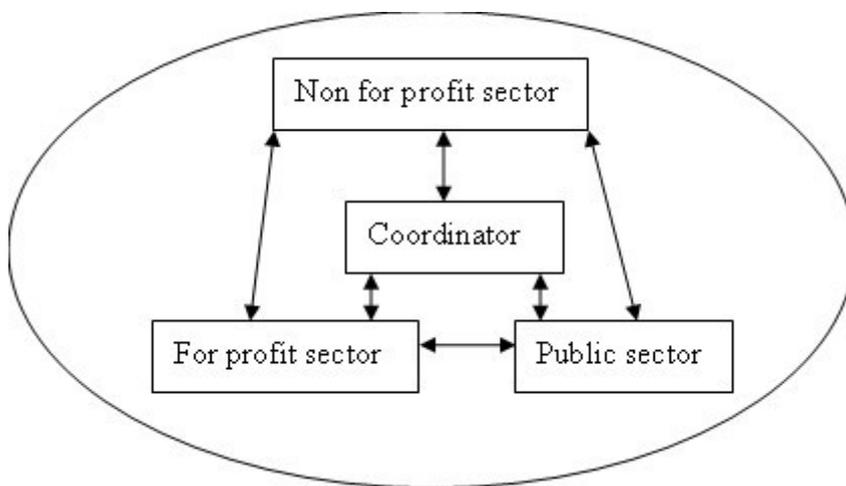
Source: Author

Scharpf (2000) states that actors include organizations, groups and individuals who actively participate in politics/policy-making. The other important characteristics of actors include their capacity like amount of power and other resources like money, knowledge, and personnel. The influence of the various actors in policy making and

implementation also highly depends on their respective power and capacity. As a result, actor-centered theory defends that policy results from actors who have capacity (power for) to act independently; and also able to impose their preferences on other actors (power over).

2.7. Legal Framework

While discussing the rebirth and consolidation of the third sector in the Czech Republic after 1989, Frič (2008:241) summarizes the legal framework using three main dilemmas. They are:

• *The choice between tendencies to construct an adequate legal framework for the operation of various different types of NGOs aimed at maximum facilitation of their development, on the one hand, and tendencies to keep the NGOs in state of financial precariousness and at a comfortable distance from decision-making processes, on the other.*

• *The choice between an ambitious restructuralization of the system of public financing of NGOs, on the one hand, and maintenance of the present system, which prefers the old conformist NGOs over the problematical new NGOs, on the other*

• *The choice between maintaining "easily" manageable budgetary and state subsidized organizations on the one hand, and creating greater scope for competition in the provision of services in such areas as education, the health service and social care, on the other.*

Here understanding the new NGO law /Charities and Societies Proclamation No. 621/2009/ in line with the above suggested dilemmas is essential. Even if most of the arguments in relation to this law relate to the first dilemma. That is, the choice between creating an adequate legal framework for the operation of various different

types of NGOs and the tendency to keep the NGOs in state of financial precariousness and at a comfortable distance from decision-making processes. Since the study is not looking at the general impact of the law on NGOs in general, identifying the tendency of the government in relation to the law under discussion can be an independent research of its own. But the results of this study, which relates to the laws contribution towards HIV/AIDS partnership can be an important input.

Some of the basic problems of policy implementation, that Potůček, et al. (2003) mention are the problems caused by a policy's undesired consequences. This unintended effect of a policy may have a negative influence on an area and may even danger its implementation. This is due to the fact that no policy is realized in isolation. In the Charities and Societies Proclamation No. 621/2009 as well, even if HIV/AIDS is not explicitly stated in the law, the law's synergic effect can also be felt by NGOs addressing the HIV/AIDS issue.

2.8. Conclusion

This section summarizes the theoretical framework discussed in the review of literature. That is, by putting all together, it logically presents the concepts, variables and relationships involved in the study with the purpose of clearly identifying what will be explored. As it has been indicated in the first chapter, the HIV/AIDS issue is a multifaceted multi sectored problem. Therefore, the major concepts used to understand the problem are summarized below. That is, the **actors** involved, the scope (level) of **governance** observed, the **social capital** created, the kind of **partnership** formed, and the **policy formulation and implementation** experienced and the existing **legal framework** in addressing the HIV/AIDS issue is explored.

Börzel (2007) clearly summarizes the interrelationship of these concepts while defining new modes of governance. She says, *'new modes of **governance** refer to the **making** and **implementation** of collectively binding **decisions** (based or not based on **legislation**) that are not hierarchically imposed, i.e. each **actor** involved has a formal or de facto veto in **policy-making** and voluntarily complies with the **decisions** made, and systematically involve private **actors**, for profit (e.g. firms) and not for profit (e.g. non-governmental organizations) in **policy formulation and/or implementation**.'* From this definition, the two concepts, which we don't see word by word but hidden in the definition are social capital and partnership. The *'systematic involvement'* of actors symbolizes the partnership concept, which results in social capital. Social capital can in return enhance capacity by facilitating collective actions by *'**making** and **implementation** of collectively binding **decisions'**,* as it stands for mutual benefits, network of relationships, mobilization, coordination and cooperation, gaining access, and common purposes.

How the concepts of actors, governance, social capital, partnership, policy formulation and implementation; and that of the existence of convenient legal framework and an active coordinating institution like HAPCO can effectively address the HIV/AIDS issue is summarized using the following figure. Then, the study uses this framework as a basis to measure the practice in Ethiopia. That is, it explores whether these variables exist and how they are empirically interrelated and function in addressing the HIV/AIDS issue. As we can see from the figure below, governance can play a major role by bringing together the government actors, nongovernmental actors and for profit sector by initiating various kinds of homogeneous (with in the public sector,

with in the nonprofit sector and within the profit sector) and heterogeneous partnerships (among the three sectors). Governance can result in social capital, by encouraging trust and partnership among the actors. The other important issue about the figure is that of governance. It plays a significant role being in the center of the actors by encouraging partnership and gaining the necessary social capital to both formulate and implement policy in addressing the HIV/AIDS issue. The existence of a convenient legal framework and an institution like HAPCO that can play the role of coordination is important for efficient partnerships among the actors.

Figure 3 - HIV/AIDS Governance Model
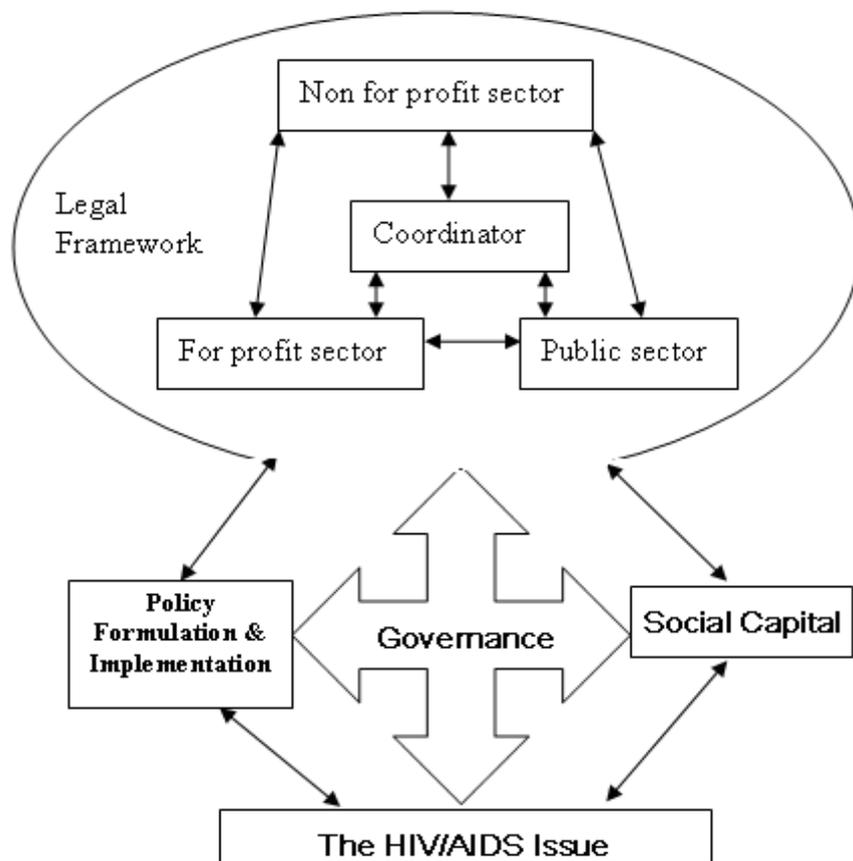
Source: Author

Governance is centered in between because it provides a basis for joint action. It recognizes the role of the public sector, the non for profit sector and the profit sector as important actors. Self-regulation, cooperation and political decision making are the

three elements characterizing governance. The cooperation signifies the important governance role that organizations with different interests or views are capable of co-producing common or shared goals or outcomes (Bekkers, et. al, 2007). In general, governance creates opportunities to enhance social capital and pluricentric rather than unicentric systems (Ibid). The cooperation of state, profit and nonprofit sector as major actors in solving the problem in partnership networks is also another significance of governance.

In public policy partnership networks are viewed important due to the fact that they increase policy-making efficiency. Partnerships also help generate information and ease implementation greatly. Due to this fact we see that both actors' partnership and the HIV/AIDS policy formation and implementation affect each other. Additionally, the partnership among the three sectors reveals how they can also be interrelated and also act independently. That is, each of the actors has their important functions in the pool of actors addressing the HIV/AIDS issue. We see how these sectors are interrelated and affect each other in the figure. But the basic existence of some of the institutions as well as their functioning can easily be affected by legislative factors, which is why it was stated as a factor in the actors' partnership. In the figure as well the legal framework is indicated as it is the basis for the partnership activities of all the actors. Therefore, such challenges could result due to the lack of state's support and fair grounds or legislation for the overall functioning of the actors. In a place where there exist legislative barrier for the proper functioning of such partnerships, it is difficult to imagine joint efforts while individual organization's existence is at stake. Therefore, this is also another important consideration for the analysis.

CHAPTER THREE
METHOD

3.1. Research Design

This case study analyzes the partnership experience in addressing the HIV/AIDS issue in Ethiopia. That is, the actors involved, the scope (level) of governance observed, the social capital created, the kinds of partnership patterns and the existing legal framework in addressing the HIV/AIDS issue is explored. Since it is a case study in Ethiopia focusing on the above mentioned concepts, it doesn't stop at describing the existing processes but also interprets them. Finally, by making use of the data collected it seeks to evaluate the practice.

Gay & Airasian (2000) have described a set of basic steps, which should guide descriptive research. The basic ones are identifying a topic or problem, selecting appropriate sample, collecting valid and reliable data, and analyze and report conclusions. Accordingly, in the first chapter the study discussed the research problem and in the second chapter it created the theoretical framework by discussing the current knowledge on the issue. Therefore, under this section the various important components of the methodology applied will be discussed. The study first reviewed available documents. Secondly, semi structured interviews and PARTNER tool survey were used with key informants and additional documents relevant to their partnership experience were collected. After getting the necessary information on the challenges and how the partnership forums practically work in Ethiopia, the reasons behind partnership formation or the lack of interest to join such partnerships is summarized

using a problem tree. Therefore, the study used a combination of approaches like document analysis, semi-structured interviews and PARTNER tool survey.

3.2. Population

In most cases NGOs are generally engaged in service provision, relief and development activities, advocacy, research, human right issues amongst other issues in Ethiopia. The government also plays significant role in the service delivery and advocacy targeted in bringing about behavioral change. Drimie et.al. (2006) present the key implementing agencies and stakeholders and their respective HIV/AIDS policies and intervention programs in more detail. The actors include all the government ministries and commissions, the parliament, CSOs, the uniformed services; association of PLWHA, FBOs, for profit sector, etc. The study extracts and modifies the major actors being considered from the stakeholder mapping suggested by Drimie et al. (2006). Hence, the public institutions are grouped under the government sector; civil society and faith based institutions are grouped under NGOs; and the business or commercial sector is labeled as the for profit sector.

Table 2 - Major Stakeholders, their Interests and Activities

Stakeholders	Interests	Activities
Government	Minimizing impact on people and on development effort	Policy guidance, Strategic framework, Resource mobilization, Prevention, care & treatment intervention, Legislation, Monitoring & Evaluation, Data collection
Non governmental organizations	Protection of low income groups, Equity, justice, Satisfaction of basic Needs, Minimizing impact, Coordination of interventions, Effective & efficient resource utilization	Implementation of preventive measures, Provision of care and support, Financing HIV/AIDS related programs, Implementation of preventive, care & support programs, Monitoring & evaluation
For profit Sector	Minimizing labor cost, Effective management of health benefit, management of staff	Facilitating awareness creation, Facilitation of VCT, Sponsoring/implementing studies
Actors' Partnership	Minimizing HIV/AIDS prevalence by partnering at all levels	Strategic framework (prioritizing program areas), Resource mobilization, Information exchange

Source: Adopted from Drimie et.al. (2006)

The above table summarizes the roles of the three major actors in addressing the problem of HIV/AIDS. Especially, their interests and activities have been presented. Obviously, all the three sectors have their own important roles in addressing the HIV/AIDS issue. Their interests and activities can also be realized using homogenous partnerships, while seeking for heterogeneous partnership where each can bridge their social capital. Jochum (2003) states that bridging social capital is related to diversity (i.e. people different from one another) and needed for generalized reciprocity and trust. Therefore, the three sectors represent the study population, where they have homogenous partnerships amongst their own sectors (bonding social capital) and heterogeneous partnerships with other sectors (bridging social capital). Having this into consideration, the study population includes all those government, non government and for profit sector organizations represented both at the federal and regional partnership forums.

3.3. Sampling Frame

As mentioned already, this case study focuses on the partnership issue in Ethiopia in addressing the HIV/AIDS problem. Accordingly, from all the study population (government, non government and for profit sector institutions) represented at the federal and regional HIV partnership forums, all the three individuals/institutions at both the federal and regional level are selected. Since the research mainly focuses on the role of the government, NGOs and for profit sector in addressing the HIV/AIDS issue organizations working (at the same time representing their sector) at the federal level and three regional levels have been selected. The following table summarizes the organizations representing each sector at the partnership forum both at the national and regional level. The government sector representatives do not have institutional

representation rather the individuals elected to represent the sector work for the stated institutions and chair the partnership forum in their own sector. The fourth organization, selected both at the federal and regional levels is the Federal HAPCO, which plays the role of co-ordination and also chairs the NPFAAE. Here in the same manner the regional HAPCOs are selected from the three regions under consideration.

Table 3 - Summary of the Sampling Frame

Partnership Forum /PF/	Coordinating Institution	Government Sector Representative	NGO Sector Representative	For profit Sector Representative
National PF	Federal HAPCO	National Lottery	Consortium of Christian Relief and Development Association (CCRDA)	Ethiopian Business Coalition against AIDS (EBCA)
Addis Ababa PF	Addis Ababa HAPCO	Addis Ababa City Judges Administration	Timret Lehiwot Ethiopia (TLH Ethiopia)	Ethiopian Business Coalition against AIDS (EBCA)
Oromia PF	Oromia HAPCO	Oromia President's Office	Community Based Development Concern (CBDC)	Ethiopian Business Coalition against AIDS (EBCA)
SNNPR PF	SNNPR HAPCO	SNNPR Bureau of Finance and Economic Development	SNNPR HIV & AIDS Forum of Civil Societies Consortium (SHAFOCS)	Ethiopian Business Coalition against AIDS (EBCA)

Source: Author

The organizations mentioned in the table represent a number of other organizations in their respective sectors. Additionally some of the organizations like CCRDA and SHAFOCS are consortiums or umbrella NGOs. This by default gives them the chance to represent the member NGOs at various forums. The private sector is represented by

EBCA at all levels. Here since the engagement of the for profit sector especially at the regional level in addressing the HIV/AIDS issue in general and active participation in partnership forums is almost none. One good example is the inexistence of such active representative at the regional levels. EBCA claims that they have representatives at the regional levels but are not totally engaged. The partnership forum coordinators also mention that the private sector is represented by the person leading EBCA at the national level. Most importantly, the contacted representatives of EBCA at the regional level preferred if the interview is conducted with the person leading the institution at the national level. Below is presented short summary of the organizations selected for the study.

Consortium of Christian Relief and Development Association (CCRDA) previously known as CRDA is a local non-profit umbrella organization. It is an association of Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs) engaged in rehabilitation, relief, and diverse developmental activities focusing on poverty mitigation. It is the first legally registered association of NGOs/CSOs working in Ethiopia that serves as a forum for shared vision and action. It helps in resource mobilization and the sharing of experiences for successful and continued impact. CCRDA builds capacity to make sure efficiency and quality are met, efforts are not duplicated and lessons can be learnt. Now, CCRDA's membership has broadened considerably and many secular and non-Christian religious organizations have joined the association, motivated by a basic obligation to serve all rather than to promote any religious values. As such, the association is aware of its stated value to be inclusive, that membership and their staff come from a diverse range of faith and secular backgrounds. Its membership has varied missions and objectives.

At establishment in 1973, CCRDA had 13 members. As of February 2010, this number has increased more than twenty six times over to 334 member agencies operating in Ethiopia. This number covers good portion of active NGOs operating in the country. Of CCRDA's total membership, 73% (243) are local NGOs, and 27% (90) are international. The membership work throughout the country, covering both urban and rural areas in the areas of food security, rural and urban development, health, HIV/AIDS, education, water and sanitation, infrastructure, environmental protection, etc. Though they are varied in their organization, activities and scope of intervention, all CCRDA members jointly envision developed and prosperous Ethiopia.[3]

SNNPR HIV/AIDS Forum of Civil Societies Consortium (SHAFOCS) formally SHAFON was first established in May 2004 by 51 Non-governmental organizations (NGOs), Faith-based organizations (FBO), Community-based organizations (CBO) and People Living with HIV/AIDS (PLWHA) associations that operate in the region. It was originally founded under the Regional Health Bureau HIV and AIDS Prevention and Control Sector (RHAPCS) office in Hawassa. Starting from May 2005 SHAFON became legally registered in Regional Bureau of Justice, as an independent local NGO. In May 2011, SHAFON changed its name to SHAFOCS and registered as an Ethiopian Residence Charity with the Federal Civil Societies & Charities Agency. SHAFOCS was mainly established to unite and empower its members to develop a sustained collective response to the HIV&AIDS epidemic and HIV impact in SNNPR through participation, information exchange, networking & partnership and providing

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[3] http://www.crdaethiopia.org/aboutCRDA.php (Accessed on October 5, 2013)

factual data and information on HIV & AIDS particularly in the region and generally at National and International level.[4]

The Federal HIV/AIDS Prevention and Control Office (HAPCO) plays the role of co-ordination and support of prevention, treatment and care activities regarding HIV/AIDS. The National HIV/AIDS Prevention and Control Council and its Secretariat were established in April 2000. The council is chaired by the president of the Federal Democratic Republic of Ethiopia and comprises the Deputy Prime Minister and other higher officials and representatives from government, NGOs, Religious bodies, and civil society. The Council oversees the implementation of the NSP and examines and approves annual plans and budgets, and monitors performance and impact.[5]

Addis Ababa HAPCO is also established to fight HIV/AIDS and to mitigate its impact. After the federal HAPCO was established, it was decided at a national level to establish HIV/AIDS Prevention and Control Offices (HAPCO's) in every region of Ethiopia. As a result of this Addis Ababa HAPCO (AAHAPCO) was founded in January 2001 to coordinate all HIV/AIDS prevention and control programs in the Addis Ababa region. Addis Ababa is one of the cities in Africa highly affected by the HIV/AIDS pandemic. The overall challenge of curbing the epidemic in the city is the need for a coordinated, complementary and harmonious joint effort of all stakeholders in Addis Ababa.

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[4] http://www.shafocs.org/aboutus (Accessed on October 7, 2013)
[5] http://www.moh.gov.et/english/information/pages/HIVAIDSPreventionandControlOffice.aspx
(Accessed on January 15, 2014)

Oromia HIV/AIDS Prevention and Control Office (OHAPCO) was also established by the Oromia Regional Government to organize, mobilize, manage, guide and support the HIV/AIDS actions and regional responses of various organizations and groups in Oromia. Just like in other regions of Ethiopia, Oromia faces severe problems from HIV/AIDS. OHAPCO is at the front position of the struggle against the epidemic in the region. According to its official website[6], the office works in a situation of difficulties, resource scarcity, and limited capacity in an environment where many people are exposed to the danger of HIV/AIDS, suffering from HIV and burdened with the impact of AIDS. OHAPCO mobilizes and coordinates the regional HIV/AIDS activities in 26 woredas[7] among civil society organizations and regional government offices.

According to its official website,[8] **Southern Nations, Nationalities, and Peoples' Region (SNNPR) HAPCO** is also established to prevent and control the spread of HIV/AIDS and alleviate its negative impact on the society through well harmonized, intensified, efficient, continued and widespread national response with the devoted, full and active involvement of all partners in SNNPR and Ethiopia including the support of the international community. The program is led by the Regional AIDS Council Secretariat (RHAPCO) based in Hawassa. Reporting to the RHAPCO are Zonal AIDS Council Secretariats (ZACS) working in all the 13 zones of the SNNPR. Finally, there are Woreda AIDS Council Secretariats (WACS) which report to the ZACS and RHAPCO. The Woredas and special woredas are accountable for

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[6] http://www.etharc.org/oromia/about/index.htm (Accessed on December 9, 2013)

[7] Woreda or districts or (also spelled wereda) are the third-level administrative divisions of Ethiopia and are managed by a local government. Woredas are composed of a number of wards (kebele), or neighborhood associations, which are the smallest unit of local government in Ethiopia. Woredas are typically collected together into zones, which form a region; districts which are not part of a zone are designated Special Districts and function as autonomous entities.

[8] http://www.etharc.org/debub/about_hapcs.htm (Accessed on December 9, 2013)

administering funding and evaluating, monitoring and evaluating community level projects in the kebeles in their woredas.

Community Based Development Concern (CBDC) is a non-profit and non-governmental organization engaged in supporting integrated development activities in Oromia as well as other regions of the country. It is registered with the Federal Democratic Republic of Ethiopia Ministry of Justice on July 4th, 2007, and signed an operational agreement with Federal Disaster Prevention and Preparedness Agency. Consequently, the organization has signed a five-year project agreement focusing on agricultural livelihoods, women's empowerment, health, education and child rights with the Oromia Bureau of Finance and Economic Development.

The National Lottery Administration of Ethiopia was established as the first autonomous & legal state lottery by Proclamation number 183 in 1961. The Administration was again reorganized & strengthened by proclamation No 210/1981. According to this proclamation National Lottery Administration has dual objectives. The first objective is operating and administrating money lottery. The other objective is regulating and controlling all activities that are related to lottery games and gambling. The second objective includes the power of issuing permits to other persons who carry out Tombolla and sport betting, suspend and cancel the permits for sufficient reasons, and collect charges for the permits issued. Below is an exemplary figure, where we see how offices responsible for HIV/AIDS programs are created almost in all government offices. The person responsible for the HIV/AIDS and Gender Affair Coordination Office at the National Lottery Administration of Ethiopia is elected to lead and represent all the government institutions at the federal level.

Figure 4 - Organizational Structure of the National Lottery Administration[9]
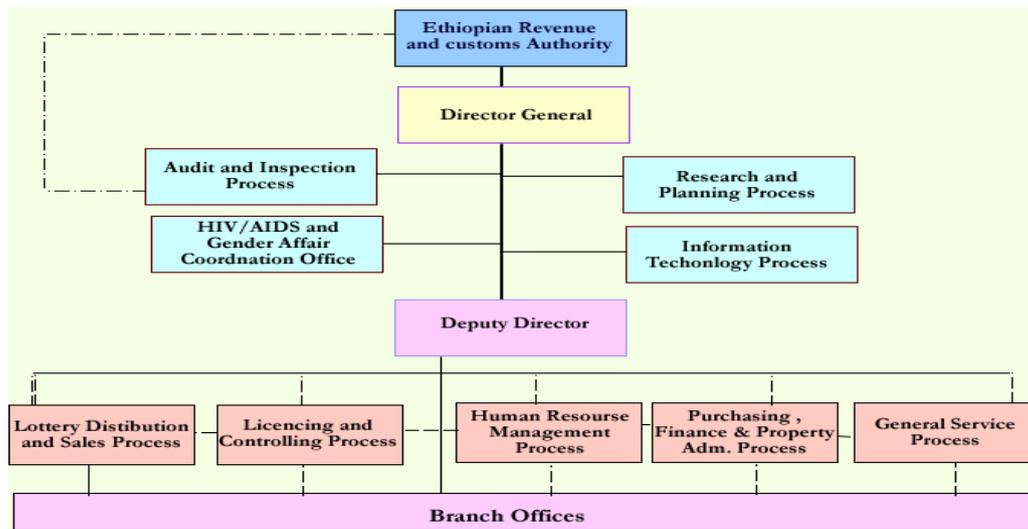
The Ethiopian Business Coalition against AIDS (EBCA) was set up in 2004 when local businesses, concerned about the impact of HIV/AIDS, agreed to launch a collaborative national business coalition. EBCA is a membership body which coordinates and mobilizes the business response on HIV/AIDS and other social responsibility issues in Ethiopia. The concerned local business leaders, who formed EBCA come from big companies, SMMEs (small, medium and micro enterprises), major business associations, and even the informal sector.

In this study EBCA has represented the private sector due to the fact that it is a private membership organization and its involvement in the partnership forums representing the private sector. Here attempt was made to have some data from other private umbrella organizations like the Ethiopian chamber of commerce and the regional chambers of commerce of those regions included in the study but there was no information since they have no engagement in addressing the HIV/AIDS issue.

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[9] http://www.nla.gov.et/organizatioanl%20str.html (Accessed on January 8, 2013)

3.4. Geographic Location

Ethiopia is located in eastern Africa in the southern Red Sea region. It borders Sudan on the west, Eritrea on the north, Djibouti and Somalia on the east, and Kenya on the south. The total area of the country is 1,127,127 square kilometers. The 2012 World Population Data Sheet indicates that Ethiopia has a total population of 87 million in the mid of 2012. The data indicates the projected population by the year 2025 will be 115 million and by the year 2050 it will increase to 166.5 million. 41% of the population is below the age of 15 while only 3% of the population is above the age of 65. 17% of the population leaves in urban areas. Conventional health parameters like infant mortality rates and average life expectancy at birth place Ethiopia among the least privileged nations. For instance, the average life expectancy is 57 for males and 60 for females. And the infant mortality rate is 59 per 1000 live births.

Ethiopia follows a federal government system, which is made of nine semi autonomous states. In order to get the most representation coherent with the research problem, the research collected the necessary data from the NPFAAE. NPFAAE assists HAPCO to coordinate the initiatives by government, civil society, for profit sector and donors. Accordingly, representatives of the three key actors (government, NGO and for profit sectors) at the NPFAAE; and HAPCO as a coordinating body have been selected. The necessary data has been collected from these federal (national) level institutions. Moreover, in order to be able to compare and understand how the partnership works at the regional level, three regions namely Addis Ababa, Oromia and SNNPR are selected. The same sampling framework has been used to select the institutions representing the three regions. The major reasons for the selection of these regions are:

Addis Ababa is the capital city of Ethiopia. It is the largest city in Ethiopia, with a population of 3,384,569 according to the 2007 population census with annual growth rate of 3.8%. Based on this estimation, the population in the year 2013 would be 4,156,251.

Oromia Region is one of the nine ethnically-based regions of Ethiopia. It covers 284,538 square kilometers. The 2007 census reported its population at over 27 million, making it the largest state in terms of both population and area.

Southern Nations, Nationalities, and Peoples' Region (SNNPR) is one of the nine ethnic divisions of Ethiopia. It is also referred as little Ethiopia due to the nearly 50 ethnic groups living in the region. Diversity is the major symbol of this region.

Figure 5 - Study Area

3.5. Instrumentation and Data Collection

The research employs interview with key informants of the major actors, PARTNER tool survey and document analysis methods. The key informants are all the three sectors' representatives' and HAPCO as a coordinating institution of the partnership forums. A total of 13 key informants and four others who provided important information have been interviewed using semi structured interviews. The same people were also provided with PARTNER tool survey. A combination of both primary and secondary data was used. First available secondary data was consulted and then the researcher collected the primary data using semi structured interview and PARTNER tool survey. Moreover, emails and a research assistant have been used in the collection of the necessary data.

3.6. Data Analysis

The data collected is analyzed using the theoretical framework discussed and the HIV/AIDS governance model suggested in chapter two. The current HIV/AIDS governance experience in Ethiopia is compared with the suggested model. The partnership challenges have been analyzed using a problem tree. Moreover, the method of thematic analysis is used to identify, analyze, and report the dominant themes both from the interview, PARTNER tool survey data and document analysis. Using these themes as categories for the analysis, the partnership practice has been analyzed, to understand how partnerships among the government, NGOs and for profit sector works.

CHAPTER FOUR
RESULTS

4.1. Ethiopian HIV/AIDS Policy

The current HIV/AIDS policy, which is officially known as the "Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia" is in place since August 1998. The policy recognizes that HIV has already infected many with a high prevalence rate, which puts the country among the countries with the highest levels of infection in Africa. It clearly identifies the primary mode of HIV transmission in Ethiopia as sexual contact, even if there is small magnitude of infections due to blood transfusion, harmful indigenous practices and unsafe injections.

According to the MOH (1998), AIDS will have a great demographic, psychological, social and economic impact on both the individuals and societies. On top of the worrying stress and death that AIDS causes to the individual patients, the familial, social and economic problems that follow are numerous and diverse. Such problems include divorce, family collapse, orphaned children, etc. While discussing the need for HIV/AIDS policy, the document states that the activities being implemented to alleviate the AIDS effects in the country are not enough, not coordinated and weakly targeted. The policy also recognizes that the health care services providing diagnosis and management of HIV/AIDS including psychological support, follow-up and home care are found to be seriously stretched both in quality and quantity. As a result, the policy assumes that these scarce health institutions are expected to be overwhelmed by the fast spreading 'silent AIDS epidemic' (Ibid). The other very important need for the policy is the issue of stigma and discrimination. Experiences show that PLWHA quite

often are subjected to stigmatization and social discrimination. Therefore, government policy, counseling services and educational efforts need to address these issues.

Ensuring the full protection of the human rights of PLWHA can be achieved using HIV/AIDS policy. In this regard the policy also recognizes the problem of gender inequality in the spread of HIV/AIDS in the country. This includes access to information and services regarding HIV/AIDS and family planning that help women in decision making. Considering the need for a holistic approach in the provision of care to PLWHA and understanding the magnitude of the problem, significant resources are needed. Combating the HIV/AIDS epidemic needs due awareness for a concerted multi-sectoral effort and the human rights of PLWHA. The overall objective of the policy is to create an environment for the prevention and control of HIV/AIDS in the country. The policy clearly states promotion of integrated coordination of government and NGO sectors for the prevention and control of HIV/AIDS, which is the focus of this research. In order to achieve its objectives there are ten general strategies identified. They are IEC; STD Prevention and Control; HIV Testing, and Screening; Sterilization and Disinfection; HIV/AIDS Surveillance, Notification and Reporting; Medical Care and Psychosocial Support; Research and Development; HIV/AIDS and Human Rights; Regional and International Relations; and Policy Implementation and Coordination.

The other prominent policy issue is the development of the Education Sector Policy and Strategy on HIV& AIDS. This policy responds to the education sector challenges of HIV & AIDS in Ethiopia. According to MOE (2009) the education sector constitutes more than 24% of the country's population. One of the draft strategies of

the policy includes involving community institutions in HIV/AIDS prevention activities around local schools. The large number of the education community (students, teachers and non teaching staff) represents a strategic opportunity to the national response to HIV prevention, treatment, care and support as well as reduction of stigma and discrimination. This is particularly important in the case of Ethiopia, where its high prevalence rate categorizes it as a country with a generalized epidemic. But undertaking such policy step is important because the trends of the HIV/AIDS prevalence are higher in particular risk-groups that are driving continued transmission. These groups include students, youth and mobile workers (often including teachers). For instance, orphans are likely to face serious difficulties in completing their education. Many of them may be withdrawn from schools and colleges, in response to rising household expenditure, and in providing care to household members. Similarly, HIV and AIDS also reduce the number of teachers and other staff in the sector. Due to illness and death, there are an increasing number of teachers and other staff in the sector who are unable to carry out their work effectively in schools, thereby reducing the number of qualified professionals in the education system. Therefore, these and many other reasons contributed to the development of education policy and strategy on HIV and AIDS that aims at facilitating and ensuring the prevention, care, support, and treatment services for the individuals and community of the sector at large (MOE 2009).

4.2. HIV/AIDS Prevalence

Various programs are being carried out by multinational organizations including the UNAIDS, governmental authorities and nongovernmental organizations to address the HIV/AIDS problem. Some of these institutions are engaged in various awareness and

advocacy works to decrease the HIV prevalence in the country. Here in order to understand the progress made in reducing the prevalence rate it is helpful to look at the preliminary evidence and the current trend of HIV/AIDS prevalence.

Even if there are promising signs of decline in the prevalence rate data there are conflicting issues on what caused the progress and even on the validity of the prevalence data. One important health program noted here is the training and deployment of over 34,000 health extension workers over five years.

Figure 6 - Number of Health Extension Workers Deployed, 2004/05–2009/10
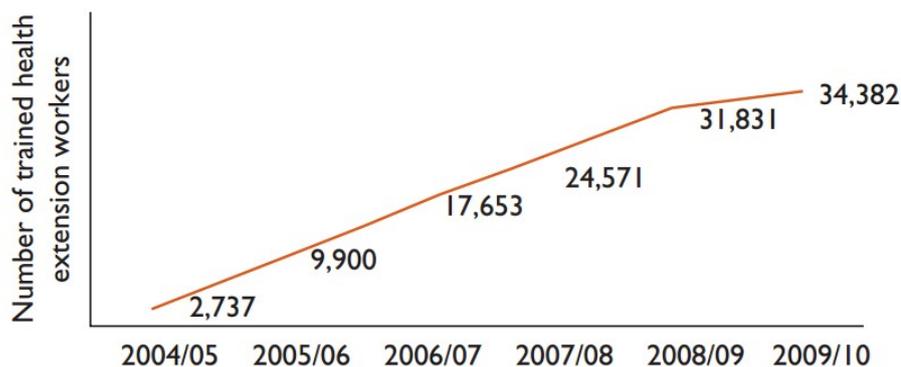
<div align="right">Source: MOH (2010)</div>

Since prevention and control of HIV/AIDS is indicated as the first priority under the disease prevention and control, which is a major area of health extension program, there is no question about the contribution of the increasing number of health extension workers in addressing the HIV/AIDS issue. The health extension workers are also engaged in other programs like health education and communication, family health services; and hygiene and environmental sanitation, MOH (2005). As it is reported by HAPCO, this and other factors may have contributed to the decreasing prevalence rate as indicated below.

Table 4 - HIV/AIDS Estimates and Projections in Ethiopia, 2011-2016 [10]

Adult Prevalence (%)	2011	2012	2013	2014	2015	2016
Total	1.5	**1.3**	1.3	1.2	1.1	1.1
Males	1.0	**0.9**	0.9	0.8	0.8	0.7
Females	1.9	**1.8**	1.7	1.6	1.5	1.4

Here it is important to note the various trends and challenges faced in estimating HIV prevalence rate in the country. Since the country reported the first two cases of HIV infection in Ethiopia in 1986, the disease has spread at an alarming rate. The prevalence projections were based on infection rates in antenatal clinic attendees, where there is significant disparity between rural and urban antenatal clinics as well as distribution of the general population. After increased number of sites in rural areas the estimated adult HIV prevalence was 3.5% in 2005. In the same year the Demographic and Health Survey (DHS) was also conducted, and it concluded that there was a 1.4% prevalence rate where the prevalence among women was nearly 1.9% while that among men was just under 0.9%, FDRE (2005).

Since the two surveys (antenatal clinics and DHS) came up with varied results due to their methodologies, it was decided to use both sets of data and establish one common estimate for national reference. The two results were reconciled into a single-point estimate of 2.1% in 2007 with an estimated total of 977,394 PLHIV, HAPCO (2007). The HIV/AIDS prevalence in the country can be explained in various ways. One is by comparing the different regions in the country by making use of prevalence, number infected and density as indicated in the Figure below.

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[10] http://www.etharc.org/images/stories/downloads/hivaidsprevalenceestimate.pdf Accessed on 10/12/2014

Figure 7 – HIV Prevalence in Ethiopia
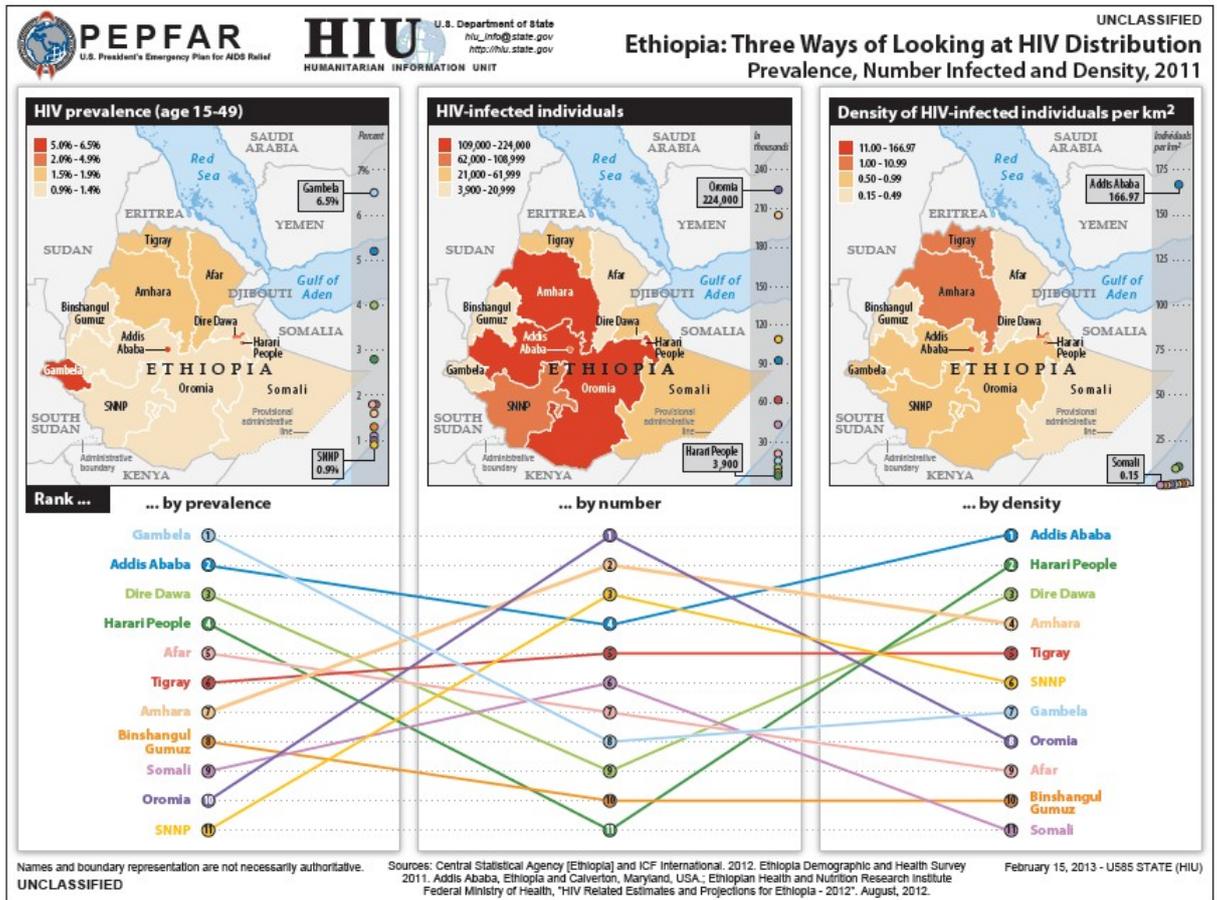
Here we see that Gambela, Addis Ababa and Dire Dawa are the highest by HIV prevalence ranging from 4% to 6.59%. When compared by the number of HIV infected individuals Oromia region stands first by 224,000 people followed by Amhara and SNNPR. Addis Ababa also takes the lead by the density of HIV infected individuals per km^2, due to the fact that it is the capital city where people are densely populated.

The other important classification of the HIV/AIDS distribution can be the urban/rural demarcation. Here it is important to note the stabilizing urban prevalence with a rise in prevalence in rural areas, which is indicated in the previous report since 2005, HAPCO (2007). Since 80% of the population live in the rural community depending on agricultural activities in a much more scattered way, there is a significant urban/rural prevalence rate gap in Ethiopia, which is almost 7 fold in the urban areas in comparison with the rural areas. The following figure from the cities report

published in connection to the 2014 world AIDS day shows how this gap is significant in Ethiopia.

Figure 8 – Ratio of HIV prevalence for people aged 15-49 years in urban versus rural areas for selected countries
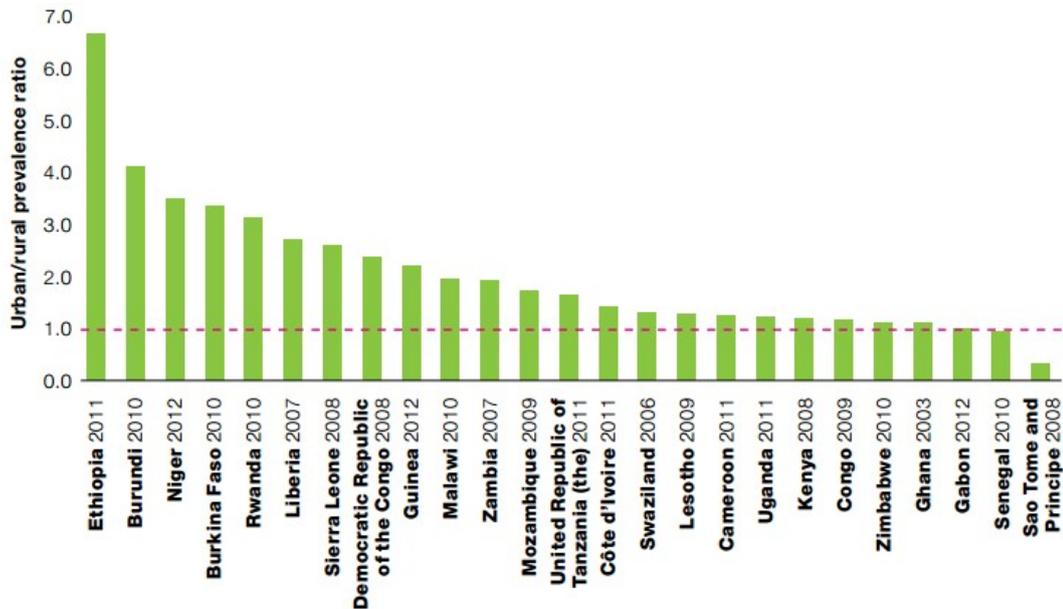
UNAIDS (2014)

One could wonder on the changes across the number of years on the HIV/AIDS prevalence data. Here there are conflicting data and reports coming out as regards to the HIV/AIDS prevalence. There are many reasons for this. One is the efficiencies of methodologies applied in coming up with the right HIV prevalence estimate in a country where over 80 percent of the population live in the country side. The other is the practice of the general public to go to health centers and have VCT services. Here the practice shows that only people, who go to health centers due to some health issues, get VCT services, on which most of the prevalence data is based on. Of course, there is increasing VCT service use due to awareness raising activities as well.

Figure 9 – Ethiopia HIV Prevalence (15-49)[11]

Ethiopia, HIV Prevalence - Percent
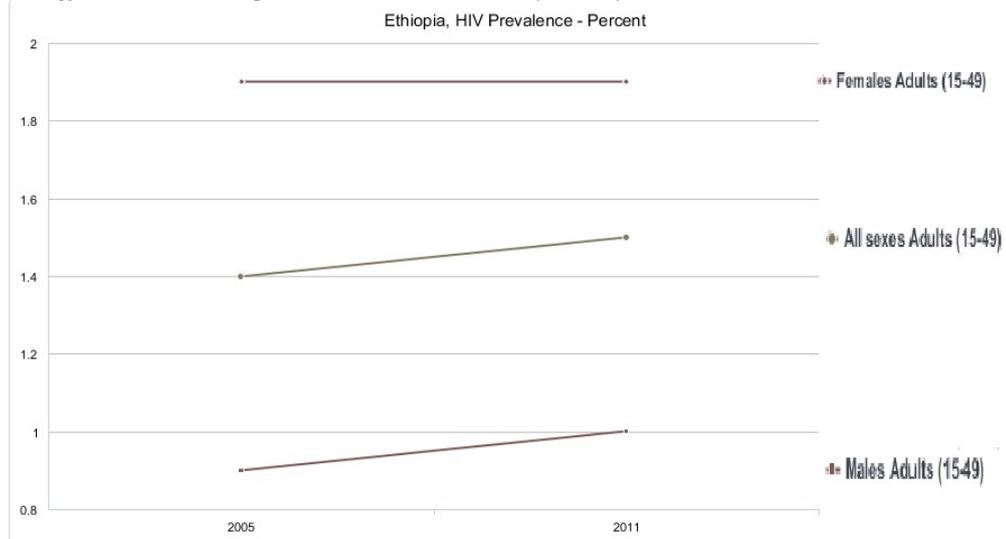
4.3. Partnerships in Addressing HIV/AIDS Issues in Ethiopia

The study looks into the three sectors and HAPCO's role in addressing the HIV/AIDS issue. But in each of these sectors there are many actors working to alleviate the problem. The NPFAAE has been established to provide linkages among the actors and avoid duplication of efforts. The National Strategic Plan recognizes the importance of partnership due to the multifaceted problems associated with HIV/AIDS but does not clearly state the roles of for profit sector and that of the NGO sector. As a result of the high HIV/AIDS prevalence rates in specific regions and in specific age groups, there is continued need of prevention, care and support services. However, the government, NGOs as well as the for profit sector report various challenges. Some of the prominent challenges seen in the government sector include the lack of the necessary funding to carry out their responsibilities at all levels and the inadequacy of professional staff dealing with the issue especially at the regional levels.

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[11] Ethiopia HIV Prevalence figure is the most recent survey data made available by UNAIDS and accessed on 12/20/2014 3:45:58 PM at http://aidsinfoonline.org:80/devinfo

The NGOs also have significant challenges in addressing the HIV/AIDS issue. The new NGO law which will be discussed in detail in section (4.4.) is one of the major challenges of the NGO sector both to address the HIV/AIDS issue independently and also in partnerships. Though the partnership with the other sectors is much emphasized in the research, the NGOs also report that inefficient partnerships resulted due to the competition for financial resources, which resulted in competitions for beneficiaries. The for profit sector mainly reveals neglect by specially the government as the main challenge. They focus on the issue that they are not invited to take part in HIV/AIDS related activities. Having said this much in general about partnerships in addressing HIV/AIDS in Ethiopia, in the following sections the results will be presented and discussed in much detail.

4.3.1. Benefiting from Social Capital

Social capital is significantly related to public policy because implementation of various government programs eventually depends more on mobilizing policy stakeholders, including beneficiaries than on authority and control. The less the social capital, the more difficult such mobilization becomes. At the extreme, in a society with very low social capital, administrators are much quicker to find dependence on authority and control, with resulting low governmental effectiveness. On the other side when there is high social capital a number of issues can be addressed by social networking outside of government. Even at a time when the government sector is leading some activities, it is possible to mobilize a number of implementing partners.

Recognizing the importance of partnership among different actors and increasing their role at different levels is important in addressing social problems. Baker (1990)

defines social capital as, *"a resource that actors derive from specific social structures and then use to pursue their interests; it is created by changes in the relationship among actors"* In general, social capital facilitates collective actions for mutual benefits. For social capital to occur building of trust, accountability and reciprocity is important. Ethiopia has a strong collectivist culture and traditional institutions like 'iquib'[12] 'idir'[13] 'debo'[14] which can boost social capital. But the extent to which these traditional institutions are used as a basis to encourage partnerships and benefit from the social capital it can bring is almost inexistent except using 'idirs' as partners of some NGOs in their HIV/AIDS work. Here mainly the 'idir' is used as an institution to help the HIV/AIDS work. There is no attempt to build on the practice of these traditional institutions and replicate the experience in the HIV/AIDS partnership. In some parts of the country 'idirs' in partnership with other NGOs play an active role in prevention, care and support activities. They are also represented in the partnership forums as part of the NGO sector. To benefit from social capital building on the existing traditions like 'iquib', 'idir' and 'debo' enhances mobilizing of resources and volunteerism, which can help in the mitigation of the HIV/AIDS problem.

4.3.2. HIV/AIDS Partnership Experiences

Asking questions whether the public, business and NGO sectors are partnering enough in addressing the HIV/AIDS issue or exploring the kinds of partnership experiences they have is relevant to understand the HIV/AIDS partnership experience in Ethiopia. Skage (1996) describes partnership as an activity of doing something together where a

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[12] 'Iquib' is an association formed by a small group of people in order to provide substantial rotating funding for members in order to improve their lives and living conditions.
[13] 'Idir' is an association formed by mostly neighbors or employees of the same organization to raise funds that will be used during emergencies.
[14] 'Debo' is a tradition of group of people usually neighbors working together during harvesting, etc

relationship that consists of shared and/or compatible objectives and an acknowledged distribution of specific roles and responsibilities among participants distributed to achieve the shared objectives. Partnership involves co-operation. In a public policy, it can be defined as co-operation between people or organizations in the public or private sector for mutual benefit (McQuaid 2000). Here some of the assumptions that McQuaid (Ibid) underlies for partnership definition include: the potential for synergy of some form, i.e. *'the sum is greater than the parts'*. Waddell and Brown (1997) discuss partnership as a wide range of inter-organizational collaboration. This is particularly true due to the fact that information and resources are shared and exchanged to produce outcomes that each partner would not achieve working alone. That is each partner commits itself to working toward shared goals for mutual benefit. Stern & Green (2005) state that partnerships depend on mutual trust, equal ownership, high levels of commitment and common goals.

The most frequent themes emerging from the HIV/AIDS partnership experience in Ethiopia as major partnership challenges are resource limitations in all the sectors; the lack of recognition of the NGO and the business sector as important partners and their sense of belongingness in addressing the HIV/AIDS issue are paramount. Diversity and unhealthy competition for resources; and the issue of trust and reciprocity are among the major themes characterizing the NGO sector. Moreover, high staff turnover, the lack of partnership interest, and the lack of accountability to initiate and actively engage in such partnerships are the themes characterizing the government organizations. The business sector is dominantly characterized as lacking interest to take part in such partnerships in particular and dealing with the HIV/AIDS issue in general due to other priorities. The kind of partnerships that the government sector, the

NGO sector and that of the business sector is characterized as partial, since in most of the cases the business sector engagement is very low. The following figure summarizes the thematic summary using a problem tree. The policy objective is presented using the problem tree. The figure summarizes the emerged themes that describe their partnership experiences in addressing the HIV/AIDS issue. The themes are presented in their respective category, where they are dominant.

Figure 10 - Problem Tree Presentation of the Thematic Summary
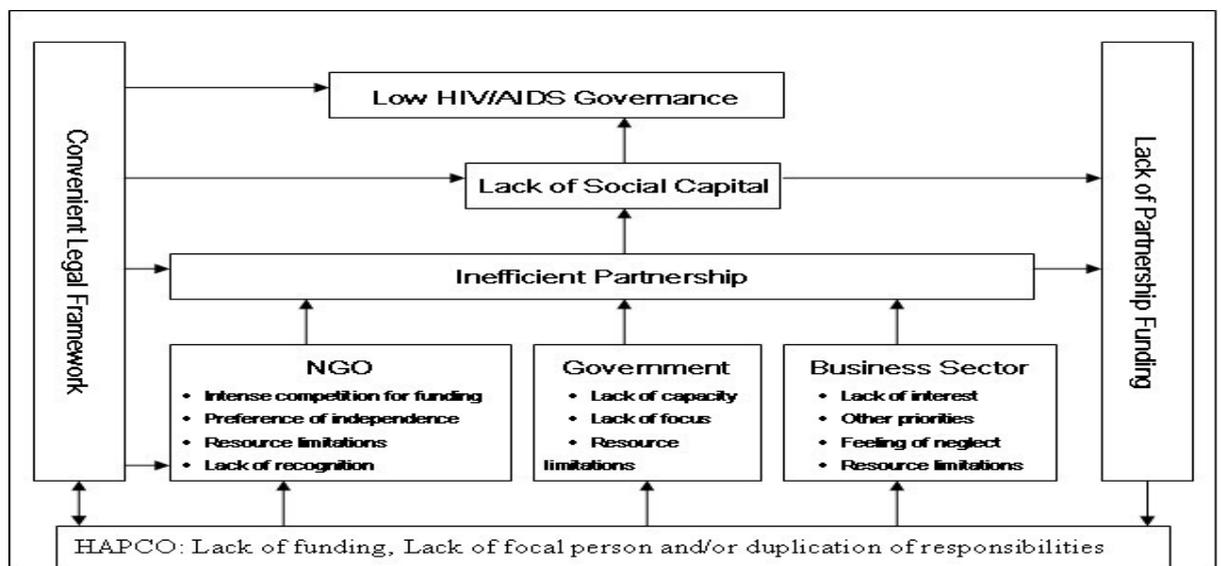
Source: Author

The figure summarizes that though HAPCO is tasked with the coordination efforts due to lack of funding and focal persons in carrying out partnership responsibilities especially at the regional level we see significant effect on the initiation and management of partnerships. Lack of interest of the private sector to be engaged on HIV/AIDS related activities and the expectation that their representatives need to focus on much sought priorities like tax issues contribute to the inefficient partnership in addition to the resource limitations. In the contrary, even if such concerns exist on

the part of the business community, the representative feels that they are sometimes neglected in addressing the HIV/AIDS issue.

Even if the mission of the government sector institutions unlike HAPCO are not only focused on HIV/AIDS issues. The existence of HIV/AIDS mainstreaming contact personnel and/or office is encouraging. But the problem is that the capacity of the personnel, their focus and resources is not well matched with partnering outside of the individual institution. On the other side, there is diversity among NGOs, which is revealed in their capacity to act independently; and also able to impose their preferences on other actors. Those NGOs having the capacity to act independently show lack of interest in partnerships, where as NGOs lacking capacity are seen in continuous competitions for resources due to the resource limitations that they have.

The other interesting finding here is that NGOs do not only lack interest when they have the capacity but even those lacking capacities to act independently lack the interest in partnership. One of the major reasons here is that the NGOs are not measured by their activities in partnerships rather the number of beneficiaries that they have. As a result this has led them to compete on the number of beneficiaries as well, which has led to duplication. This correlates with the model of tragedy of the commons, which is the exhaustion of a common resource by individual institutions, acting independently and rationally according to their self-interest (Ostrom 1990). In addition to the rush for resources and using ones expertise and material resources for individual benefits, another way where we see the application of the tragedy of commons model is the rush for beneficiaries. That is, the beneficiaries are used as common resources to maximize the chance of getting more funds but this affects the

long term interest of addressing the HIV/AIDS issue by avoiding duplication of efforts. This signifies the importance of a mechanism that helps to act in a shared interest.

Understanding the importance of joint action towards HIV/AIDS, there are networks of organizations working on HIV. Some of them are National Partnership Forum, Donors' Forum, NGOs Forum, Youth Forum, Association of People Living with HIV/AIDS /PLWHAs/, Faith Based Organizations, Network of Ethiopia Women Association, Ethiopian Women Coalition and Media Forum. Moreover, there are also networks of people living with HIV like Dawn of Hope Ethiopia, Mekdim HIV Positive and AIDS Orphans National Association, and Tilla Association of Women Living with HIV/AIDS.

4.3.2.1. Federal/National Level Partnership Experience

National HIV/AIDS partnership forum has been established to provide linkages and avoid duplication of efforts. The National Strategic Plan identify this importance of partnership but does not, however, make clear the roles of for profit sector, community-based organizations (CBOs), NGOs, the media and other actors. The National Partnership Forum /NPF/ used to have an office of its own with a coordinator employed but now it is assisted by HAPCO delegating one employee to coordinate the activities. NPF is composed of the Government Forum, Business Coalition Forum and the NGO Forum.

Figure 11 - The National Partnership Forum against HIV/AIDS in Ethiopia Symbol
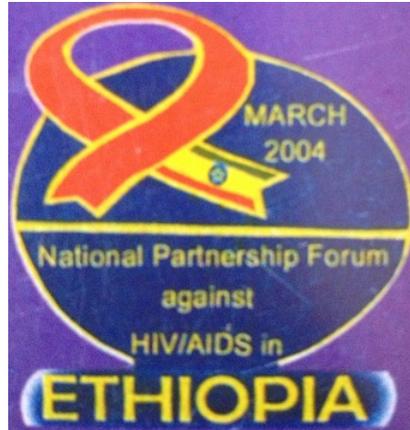
In the process of policy making the Ethiopian process was characterized by many rounds of internal government review involving quite few people and almost no participation by interests outside government (Stover and Johnston 1999). In contrary to this fact, the following vision designed to prevent HIV/AIDS in Ethiopia in better partnership, sustainability and results reveals good understanding of the partnership principle.

Figure 12

Figure 12 - Vision designed to prevent HIV/AIDS in Ethiopia in better partnership, sustainability and results[15]

በኢትዮጵያ ኤችአይቪ/ኤድስን ለመከላከል ለተሻለ ቅንጅት፣ዘላቂነትና ውጤታማ ለማድረግ የተነደፈ ራዕይ

1

2 ስንተባበር እንቆማለን፣ ስንበታተን እንወድቃለን

3 አጋርነት ለለውጥ፣ህብረት ለብርታት

4 ፈተናዎቻችንን አብረን እንጋፈጣቸው

5 የድርሻችንን ተከፋፍለን የኤችአይቪ/ኤድስን ጫና እንወጣው

6 በመተባበር ለውጥ እናምጣ

7 ኤችአይቪ/ኤድስ በተናጠል የሚጋፈጡት ችግር አይደለም

8 ልንሸነፍበት የማይገባ ፍልሚያ

9 አጋርነት ባለቤትነትንና ዘላቂነትን ያበረታታል

10 ሁላችሁም ስለኤችአይቪ/ኤድስ እንወያይ

11 ኤችአይቪ/ኤድስን ለመዋጋት ሁሉም የድርሻውን ያበርክት

12 ከኤችአይቪ/ኤድስ ነጻ የሆነች ኢትዮጵያን የመፍጠር ራዕይ እንጋራ

13 የአሁኑ የለውጥ ዕድላችን የወደፊቱ ተስፋችን

The vision designed to prevent HIV/AIDS in Ethiopia in better partnership, sustainability and results is one good example where; 2. If we partner we stand if not we fail; 3. Partnership for change and cooperation for strength; 4. Let us face the challenges together; 5. Let us share our part to shoulder HIV/AIDS burden; 6. Let us bring results in partnership; 7. HIV/AIDS is not a challenge to face alone; 8. It is a

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[15] 1. Vision designed to prevent HIV/AIDS in Ethiopia in better partnership, sustainability and results; 2. If we partner we stand if not we fail; 3. Partnership for change and cooperation for strength; 4. Let us face the challenges together; 5. Let us share our part to shoulder HIV/AIDS burden; 6. Let us bring results in partnership; 7. HIV/AIDS is not a challenge to face alone; 8. It is a confrontation we shouldn't loose; 9. Partnership strengthens ownership and sustainability; 10. Let us all discuss about HIV/AIDS; 11. To fight HIV/AIDS let us all contribute our share; 12. Let us share the vision in creating HIV/AIDS free Ethiopia; 13. Today's opportunities for change are our tomorrows hope

confrontation we shouldn't lose; 9. Partnership strengthens ownership and sustainability; 10. Let us all discuss about HIV/AIDS; 11. To fight HIV/AIDS let us all contribute our share; 12. Let us share the vision in creating HIV/AIDS free Ethiopia; 13. Today's opportunities for change are our tomorrows hope

Here quoting what for profit sector representative at the national partnership forum (NPF) said shows the current status of the NPF. He said, *"What is the objective of the partnership forum now. Is it only to come together and have meetings? Or to say that we have set objectives and we are working accordingly is difficult for me. Just now recently we have worked on the terms of reference of the NPF but still we didn't finalize it. May be after the finalization of the terms of reference things could improve because sustainability needs to be insured. The benefit of the NPF is avoiding duplication and saving costs. If there are repeated activities everywhere, the resources will be lost. In order to avoid this there has to be good information. The partnership needs to be able to show the gaps, which need to be filled."*

Therefore, the criticism that there exists inefficient partnership mainly comes from the NGO and for profit sector. When it comes to the NGO sector, the criticism mainly states that the government partners with this sector only due to financial resources. For profit sector complains especially at the regional level the lack of interest and they are not invited on any kinds of partnership related activities.

4.3.2.2. Oromia Region Partnership Experience

In the Oromia region there are various kinds of regional partnerships. There exist different kinds of sub forums, like the government sub forum and NGO sub forum.

The NGO sub forum is established three years ago but since their establishment they couldn't call for the general assembly due to various capacity related issues, only the executive committee is meeting though. The government sub forum has about 40 government institutions. They meet twice a year. They evaluate what they have achieved in the sector. Sometimes they take a sample of government institution or all government institutions present their report and the good practices are shared among the government institutions. They have a five member executive committee. Above all the government sub forum has also registered at the justice bureau so that they can propose and get funds from donors, and conduct HIV mainstreaming work in government institutions and members' capacity building training. Though they are licensed still they didn't start to do the activities.

The representation of for profit sector in Oromia region is minimal. The information the researcher had from the region's HAPCO was for profit sector is being represented by the person leading EBCA, who is also representing for profit sector at the federal/national level, since for profit sector in the region is not active. The Oromia HAPCO representative states that *"Once the federal for profit sector representative came to establish its counterpart at the regional level at Adama and we invited them to come and work with us but never showed up. I think their engagement is very limited. There is no willingness and motivation to take part. It is not functional now."* This information was challenged stating that we have established a committee to represent us in the region. Accordingly the head of EBCA stated that *"This is mainly the gap of Oromia HAPCO…once they called and told me that please come tomorrow we will be celebrating HIV/AIDS day in Zeway (which is about 160kms from Addis Ababa)."* He mainly argues that there is lack of interest and capacity to involve for profit sector in

the region. He claims that they have introduced their representatives to Oromia HAPCO but they are never invited to take part in any event. He says, *"If the region is not participating or inviting for profit sector it is difficult to only look for profit sector initiative. Here the structure of Oromia HAPCO need to be reorganized due to the large area coverage the region has."*

This year Oromia HAPCO plans to establish the partnership forum that includes NGOs, government institutions including the government medias of the region, and NGOs that includes FBO. So far there existed homogenous kind of partnership in respective sectors excluding for profit sector in Oromia. Just like the SNNPR, the Oromia health bureau had plans to form a strong consortium of NGOs in the region but as discussed in section (4.4.) due to legal issues they could not materialize it.

The other interesting issue when it comes to even participation of the various sectors in policy formulation and implementation, the official states that, *"Mainly NGOs expect to hear from the government guidance. They have no interest in lobbying the government about their preferences. For profit sector on the other side has no engagement, even if the government wants to hear from them."*

4.3.2.3. SNNPR Partnership Experience

The partnership forum in SNNPR is first established in 2007. It was again reestablished at the end of 2009. The forum has its own term of reference and regulation, which is adopted from the national partnership forum. At the regional level in 19 zones and special woredas and in Hawassa City Administration, which is the regional capital, there are about 12 sub forums. All these forums are members of the

regional partnership forum. The regional HAPCO is the chair person of the forum. The vice chair person of the partnership forum is SHAFOCS, which is a consortium of NGOs as discussed in section (3.3.). The partnership forum meets every six months. The yearly meeting is much more detailed in sharing of experiences from members.

What makes the SNNPR partnership forum unique is that they have actively supported the formation of SHAFOCS, so that they will be able to accelerate the coordination efforts among various actors. At the time when the researcher was conducting interview with the HAPCO representative, the former employee of HAPCO and the current executive director of SHAFOCS was in the same office seeking for assistance from the regional health bureau. As indicated in section (4.4.) due to the new NGO law they couldn't generate enough funding to sustain their work. Consequently, the organization SHAFOCS had no funding and the founder SNNPR health bureau was paying the salary of the employees and in the mean time many of their experienced employees have left the organization. Here what the SNNPR Health Bureau has done is exemplary.

If the law lets them, the NGO sector in SNNPR is much active to take part and work in partnerships because they understand that they can have better voice and strength when they are together. And the researcher has witnessed the various materials developed, and experiences shared particularly in the NGO sub forum. So unlike the government sector, where most of their HIV/AIDS mainstreaming officers are bound only in their respective institutions, the NGOs are much active in the partnership. They use it to seek for funding and to solve their problems. We could not push for profit sector due to shortage of time but we plan to do that in the future. The government

sector lacks time and the partnership sub forum is not actively working. There is no budget and office. And one mainstreaming officer said *"We are working on voluntary basis."* The business sector has no active representation in the partnership forum in the region. Except that Ethiopian Business Coalition against AIDS is acting as the business sector representative throughout the country. From the discussion with the Ethiopian Chamber of Commerce regional representatives in Hawassa, it is noted that there is no HIV/AIDS related engagement. One has said, *"The burning issue for our business community is the tax issue and they want us to lobby on that not on HIV/AIDS issues, which they think should be addressed by the government."*

The other gap which is essential to note for all the other regions, is that the process of NGO registration in the country. If one tries to register HIV related NGO, HAPCO has no role. You go to the civil society agency and you sign your budget with BoFED. Whether you meet with HAPCO or not there is no legal obligation. As a result, even if HAPCO has a responsibility to coordinate HIV/AIDS related NGOs, but in reality HAPCO may not even have the right information on the number of NGOs working on HIV/AIDS.

4.3.2.4. Addis Ababa Partnership Experience

There are various kinds of partnerships in Addis Ababa. Unlike the other regions, due to the available infrastructure and access to the grass root level, partnership forums are even established at the kebele level. For example, the representative of the NGO forum at Addis Ababa partnership forum states that *"We have initiated and established own HIV/AIDS partnerships and we are also involved as members. At 10 sub city level we are initiating partnerships at the sub city level. We are also strengthening 10 NGO*

forums working on HIV/AIDS in Addis Ababa." But the sub partnership forums much active here are NGOs.

The NGO forums, which are very active in Addis Ababa, are affected by the new NGO law. The representative notes this fact saying that *"Before 2009 any organization can work on networking, we have also started before that but now there are many issues, which we don't cover any more. Still we are not sure on what we are doing because we get various views from different officials of the (Civil Society) Agency on our work. Some of them tell us that we are wrong and we shouldn't work on networking and others understanding positively the impact they tell us we can. The law has directly affected organizations from establishing partnerships. Currently according to the law networks run from members contributions of their respective 30% administrative cost. For example, if we get funding for our network we should give it to our members and members contribute back to us as part of their administrative cost. Even for us it seems that we will stop after finishing our projects because there is no convenient environment to continue."*

Due to the law, the representative says that many partnerships have stopped. Many of their members have closed their projects. Some have decreased budget. In the past they were working on women's right in connection to HIV but now it is not possible. Also it is not possible to work on human right related activities. Networks are also prohibited if they are related to human rights. The 30/70 law has also significantly affected the NGOs, because due to this law, some of their member organizations have decreased the number of their employees. It is directly affecting partnerships. In the past many organizations were working on partnership but now not.

From the side of the government, HAPCO has interest if NGOs partner but apart from interest there is no budget to initiate and strengthen such partnership. For that reason the NGO sector states that *"Our activities are mainly meant to be done by HAPCO but because it lacks expertise, technical capacity and the finances, we are stepping and creating various partnership networks in the city. Currently we are lobbying and they have one or two focal persons working in the networking and partnership department and it is the same at federal HAPCO level as well. They have no budget to carry out such activities though there is little progress."*

Among NGOs in Addis Ababa, some understand the importance and they are dedicated and sometimes share the costs of partnership activities. Sometimes you see lack of interest among some other NGOs, who don't clearly understand the benefits because they have no legal obligation to work in partnership. They only worry to deal with their donors and fulfilling government regulations. They don't worry on avoiding duplication. You see two different NGOs doing the same thing.

On the side of for profit sector because they think that they won't benefit from partnership activities, even if you invite them to work on HIV/AIDS issues they are not willing. Even to mainstream HIV in their work place is sometimes difficult. The privatized public organizations are better in this regard.

The decreased budget due to the current economic crisis has an impact on their work. For that reason the Addis Ababa NGO representative says, *"to say that HAPCO is in reality coordinating is difficult, because they have no budget for that."* Even if there

are all this problems there are active partnerships at least with the NGO sector and sometimes jointly working with the government, so we cannot say the partnership is a failure in general. But it should be improved. There are few NGOs taking part in partnerships. For that reason the NGO sub forum representative states that *"We are even lobbying HAPCO to consider giving funds for the NGOs, which are active in partnerships. Currently this is not effective because HAPCO has no funds."* When it comes to the government sub forum it is established as a rule, so each government institution has HIV/AIDS mainstreaming officers, though they have very limited activities. So there is no even participation. For profit sector has limited role. NGOs take it as their main duties. HAPCO though they have resource limitations they are mandated to do the job.

According to the Addis Ababa NGO forum chair person partnership has no immediate direct effect though it has long term impact. *"One impact is in our partnership network until now we have reached more than 40,000 beneficiaries, even if there is resource limitation in all our members. For example, if one beneficiary comes for HIV related service he cannot get all the service in our organization. If he needs VCT, psychosocial support, income generating trainings or other kinds of services we send him to the respective organizations where he can get the service if we don't have the service. The organizations who understand the benefits are jointly working with us. But the commitment is not the same. Lack of taking responsibilities is also visible on some members."* The other benefit gained from such partnership is that they have lobbied HAPCO to provide office spaces, to hire project officers, to provide them with office supplies like computers, etc. The other important partnership result mentioned was that they have published service directories to provide information regarding

HIV/AIDS related services. Currently, they are working to create database of all organizations working on HIV/AIDS related objectives in Addis Ababa.

The main concern here especially on the side of the NGOs is for a policy supporting partnerships. If the government wants to prohibit partnerships related to human right related activities, they recommend that partnerships working on HIV/AIDS should not be prohibited. Government needs to be more committed to allocate budget and assign enough personnel as one of their duties and responsibilities. The current trend of decreasing HIV/AIDS budget shows that scarce resource can be used effectively through partnership. For profit sector as well needs to be committed in the HIV/AIDS sector to improve their productivity.

4.3.3. Partnership Performance Measurement

To the question "Do you evaluate the performance of your HIV/AIDS partnership forum on a timely basis?" the PARTNER tool survey response shows that 58.33% replied positively while the remaining 41.67% responded negative. The same question was also discussed during the interview. The majority of the respondents, who stated that they have never conducted an assessment to see the effectiveness of their partnership forums, give various reasons. The most recurrent reasons include the lack of finances and easily applicable evaluation tool. Confessing these facts one of the respondents have said the following:

"There was no formal assessment of our partnership forum ……So far for only reporting purposes in our meetings, in order to see our challenges and how far we have gone we have conducted informal kind of assessment. There was no formal

assessment done. The main reason for not doing assessment is lack of knowledge and understanding its benefits, budget constraints, but currently we would like to see the progress we have made with our partnership forum."

The major reason provided for the lack of partnership assessment efforts is the lack of a mechanism to assess its effectiveness. Accordingly, the suggested Partnership Performance Measurement Indicators (Table 1) and the existence of HIV/AIDS Governance Model (Figure 3) can be used to analyze the practice.

Here the lack of well established partnership performance measurement tool has contributed for the existence of inefficient partnerships. As it was discussed earlier, performance measurement is the process of defining, monitoring and using sets of indicators of performance in order to assess an organization or a program on a regular basis (Poister 2003).

4.3.4. Public, Business and NGO Sector Characteristics

The NGOs feel they are neglected. They feel that they are not invited to take part in HIV/AIDS related activities. One reply states, *"From the government side there is lack of interest to engage the NGOs and the for profit sector. The major problem is high turnover. We start initiatives with government representatives but doesn't sustain due to high turnover."* The government sector is represented in the partnership forums at the national and regional levels. It suffers from the lack of focus on the partnership forum. Though there are HIV/AIDS and/or Gender Mainstreaming Officers present across institutions, they are barely engaged in partnerships. In most of the cases they

have multiple of responsibilities. It has resource limitations and limited capacity to engage in partnerships.

The NGOs working on the HIV/AIDS issue are diverse in Ethiopia. One way of looking at their difference is related to their financial capacity. While some NGOs have relatively stable financial resources most of the local NGOs working at the grass root level are in a continuous competition to secure funding. It is not only the existence of competitions among NGOs for resources but also due to the fact that some NGOs, who are financially independent, would like to carry out their work independently, NGOs lack the interest to partner. On the other side the smaller NGOs, especially those working at the community level, sometimes called community based organizations are the ones continuously seeking out for financial resources. As a result they sometimes enter into unhealthy kind of competition, which is manifested by duplication of efforts. Because they tend to register as many beneficiaries as possible, without making the necessary checks that beneficiaries could also be getting support from other similar organizations. This in turn encourages the beneficiaries to use the gap and have support from as many organizations as possible, while there are many others who do not get any support. As a result, the manifestation of competitions among NGOs especially for resources has contributed for the inefficient partnership among themselves. Effective partnerships can obviously rectify such problems but the priority for such local NGOs seems to be survival. That is funding. Moreover, the representatives of the NGOs have concern that their performance is not measured by their activities in the partnership forum rather as an individual organization, which is vital for their existence.

4.3.4.1. The Non Governmental Sector

In this study the NGO representation includes the Civil Society Organizations /CSOs/, Faith Based Organizations /FBOs/, various kinds of associations like association of people living with HIV/AIDS /PLWHA/. These institutions are engaged in service provision, relief and development activities, advocacy, research, human right issues, etc. Moreover, most of the indigenous or locally established NGOs have better access to the communities. They can also mobilize their communities easily. As a result, they can implement community initiatives in their localities more efficiently. Moreover, the role of FBOs in educating their members is of great significance. There are many such NGOs that are involved in HIV prevention activities and care and support in Ethiopia. The policies and intervention program of this sector mainly include:

- Provision of community based care and support. Most of the support programs focus on social services for PLWHA and OVCs.

- Educating the public at large through sharing their life experiences IEC/BCC (promoting abstinence before marriage and faithfulness after getting marriage Promoting VCT before marriage.

- Mobilizing resources and policy advocacy.

- Training health personnel and building the capacity of service giving institutions.

Even if there are international development partners like UN, EU, USAID, and some international NGOs financing projects carried out by the government institutions, most of the NGOs in Ethiopia are either directly engaged in implementing various projects, or providing training, financial and technical support, organizing exposure and experience sharing visits to local NGOs or community based organizations. Here the role played by associations of PLWHA is significant and they are considered the key

actors of the national HIV/AIDS response. Their major roles include protecting the rights of their members, advocating for responsible behavior among their members, fighting stigma and discrimination, advocating for increased access to ART and policy formulation and legislation.

The NGO sector recognizes the scarcity and the pressure being placed on health services. As a result focusing on preventive efforts to reduce the prevalence rates is the core of their work. The FBOs as members of the NGO sector in this study play a pivotal role in various ways. As mentioned above they have the potential of reaching out to their followers, educating, and mobilizing resources. In addition to prevention programs, they are also engaged in care and support activities. The most active FBOs active in addressing the HIV/AIDS issue in Ethiopia are the Ethiopian Orthodox churches, the Ethiopian Islamic Affair Supreme Council, the Ethiopian Catholic Secretariat, the Ethiopian Evangelical Church Mekane Yesus, etc. Garbus (2003) summarizes that the NGO sector in Ethiopia remains weak and underdeveloped due to years of centralized power. Nevertheless, it has started mobilizing against HIV/AIDS. NGOs are largely concentrated in and around major cities. Numerous NGOs (FBOs and CBOs) are providing support to AIDS orphans and other vulnerable children.

As it is mentioned in the first hypothesis, it is not only due to the existence of competitions among actors for resources but it is also due to the fact that some NGOs, who are financially independent, would like to carry out their work independently. As a result, they lack interest to partner with smaller NGOs. On the other side the smaller NGOs, especially those working at the community level, sometimes called community based organizations are the ones continuously seek out for financial resources. As a

result they sometimes enter into unhealthy kind of competition, which is manifested by duplication of efforts. Because they tend to register as many beneficiaries as possible, without making the necessary checks that beneficiaries could also be getting support from other similar organizations. This in turn encourages the beneficiaries to use the gap and have support from as many organizations as possible, while there are many others who do not get any support. As a result, the manifestation of competitions among NGOs especially for resources has contributed for the inefficient partnership among themselves. Effective partnerships can obviously rectify such problems but the priority for such local NGOs seems to be survival. That is funding. Moreover, the representatives of the NGOs have concern that their performance is not measured by their activities in the PF rather as an individual organization, which is vital for their existence.

4.3.4.2.   The Governmental Sector

The government sector includes various public institutions like ministries, bureaus, commissions, etc. Each of the institutions have adopted and mainstreamed the HIV/AIDS issue in relation to their work. The most prominent institution in addressing the HIV/AIDS issue is the MOH. As a public institution leading the health sector, the MOH has the overall responsibility of guiding the HIV/AIDS response. Some of the major focuses of the health ministry include organizing and providing health services, providing a regulatory and implementation role, setting out and implementing health standards and health service delivery systems, training health workers, informing policy, strategy and program development, procuring drugs and medical supplies, ensuring quality control (QC) and quality assurance, producing relevant guidelines protocols and manuals, etc. According to its current arrangement

HAPCO is under the MOH. In the past HAPCO was set under the Prime Minister's Office. The current arrangement, which placed HAPCO under the MOH, creates some confusion regarding the respective roles and responsibilities of the institutions. This mainly raises the question over who will manage and oversee the multi-sectoral approach (Drimie et al 2006).

In addition to the MOH and HAPCO, which is leading the HIV/AIDS response there are many other public institutions, which can play significant role in addressing the HIV/AIDS issue. Such institutions include The Ministry of Education (whose specific education related HIV/AIDS policy is discussed in section 4.1.); the Ministry of Labor and Social Affairs, which is mainly responsible for developing and following up of work place intervention and social rehabilitation schemes; Ministry of Women, Youth and Children's Affairs, which is advocating for the empowerment of women since gender inequality in rural and urban communities has had contributed to the spread of the virus; the Ministry of Agriculture and the Rural Development, which can play a significant role in reaching the majority of the Ethiopian population through its rural development agents; the Trade, Industry, Transport and Communications Sectors, which are tasked to focus on their workers practicing high-risk behaviors; the Ministry of Information, Media and Information, which has a comparative advantage of guiding and developing the use of the mass media in disseminating HIV/AIDS related information and messages to the general public and special target groups; the Justice Ministry in protecting the rights of PLWHA; the Ministry of Finance and Economic Development in making sure that relevant government line ministries and agencies have included HIV/AIDS prevention and impact mitigation activities in their annual work plans and budget. Being the supreme legislative power of the country, the

parliament has the responsibility of issuing relevant HIV/AIDS related legislation and demanding and enforcing. Even the Uniformed Services has a role to mainstream HIV/AIDS in the general activity of defense, militia and police force at all levels. The Foreign Affairs Sector is tasked with facilitating networking for accessing external resources. The Ministry of Science and Technology is also expected to initiate and direct applied and basic research activities and disseminating finings to stakeholders.

The government sector is represented in the national partnership forum by the forum of Federal Government institutions. They have currently 70 members. The forum focuses on the awareness creation and support to HIV/AIDS victims. Up to 2% of the respective organization's budget is left for HIV/AIDS related activities. Some of the activities carried out include free condom supply. The government employees are also expected to contribute 0.5% of their salary for the same cause. The employee's contribution is used to support orphaned children due to HIV/AIDS. For instance, they pay school fees of 5 employees' children at the national lottery administration. The forum also helps in assisting HIV affected employees to get suitable job positions. The government partnership forum coordinator, stresses that the national lottery has powerful tools to reach to the public in order to create awareness. They use lottery prints like the ones below to transmit various messages.

Figure 13 - National Lottery Promotion Materials
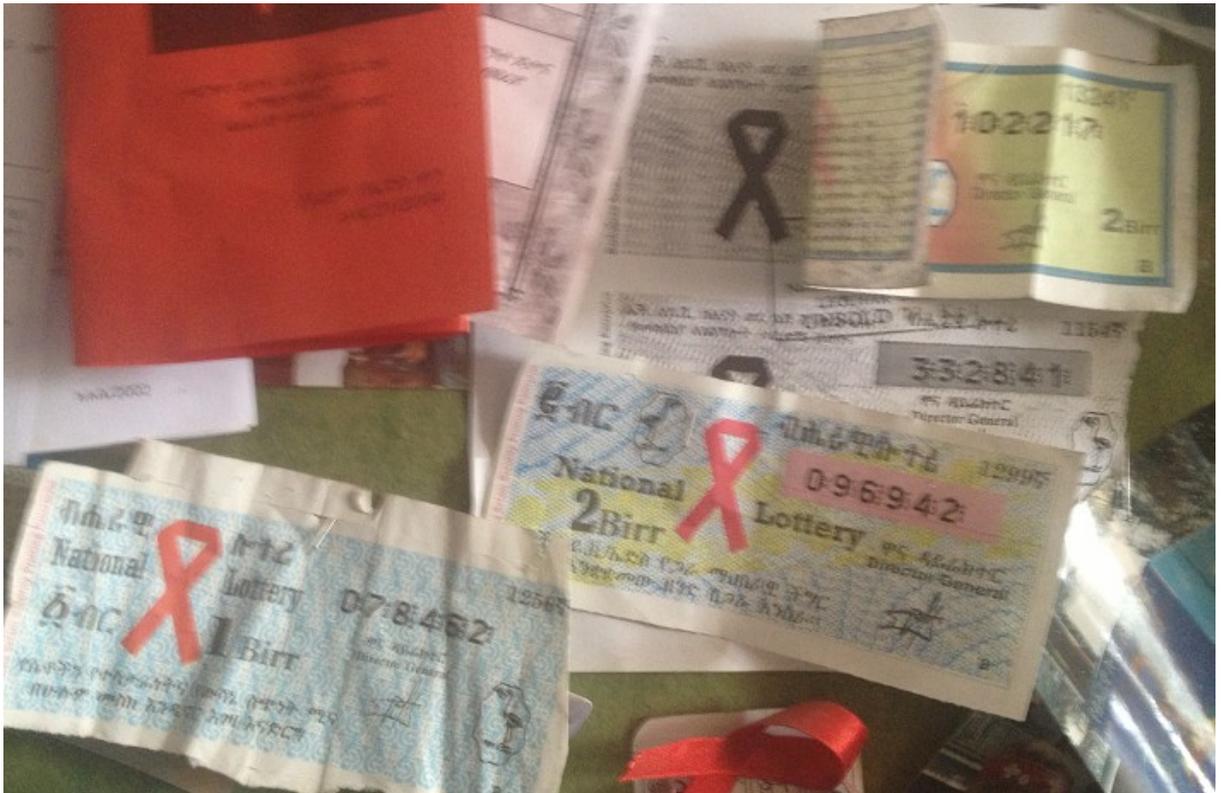
4.3.4.3.   For profit Sector

For profit sector has also a very important role to play in addressing the HIV/AIDS issue. Since the sector is not engaged in the expected level, much is expected from for profit sector. The sector is responsible for mainstreaming HIV/AIDS into the business sector where significant number of businesses have not done yet unlike the government sector. Though there are efforts by organizations like Ethiopian Business Coalition against AIDS, mobilizing resources for combating the epidemic, lobbying for the revision of labor laws, and organizing and operating workplace interventions (IEC/BCC, care and support) for their workers and clients is at a low level.

The Ethiopian Business Coalition against AIDS (EBCA) represents for profit sector in the federal level as well as in regions. EBCA is actively engaged at the federal level

but the representation at the regions has various challenges like their representatives not being called to regional partnership forums. EBCA is established as NGO in 2004 with the initiators. Though it was established in 2004, it became active since 2005 due to the man power support it received from the World Bank institute. EBCA's partnership program with the World Bank Institute which was first launched in 2005, and has since expanded and engaged support from partners, including UNAIDS, GTZ, Action Aid, DKT, Initiative Africa, business organizations and NGOs. They get fund from HAPCO as well. It seeks for funding from various companies. Their work mainly focuses on prevention at the work place. The overall objectives are to increase the leadership capacity of the business community in national multi-sectoral HIV/AIDS responses and the HIV/AIDS responses of companies in Ethiopia. The program is also a way to build the institutional capacity of EBCA. The general assembly includes company members. 7-9 members of boards are elected in the general assembly. In 2012, 244 companies including big companies are members.

Since 2005, the program has made progress in its efforts to transform the business response to HIV/AIDS, promote HIV/AIDS workplace and community outreach program development in companies, and form innovative partnerships with governments and civil society. Technical assistance has consisted of the provision of access to expertise on HIV/AIDS and organizational development, multi-stakeholder consensus building and consultation, exhibitions, localized training, report cards, regional experience-exchange and hands-on assistance to develop resource networks and problem solve on the design of policy, programs and services.

When for profit sector representatives were asked about their engagement with the chamber of commerce? He said: *"Once we were in a conference with someone from the chamber of commerce and we were presenting totally opposing presentations to the conference. This was mainly because they are not engaged in the HIV/AIDS work. After the meeting I offered him to discuss and work together. We invite the chamber of commerce whenever we have events but due to their other priorities they are not taking part."* He even continued saying, *"The chamber leaders repeatedly say that their business community accuses them when they try to work on issues related to HIV/AIDS. They say we have elected you to deal with the government on tax issues not on HIV/AIDS, which the government should do by its own."*

4.3.4.4.   HAPCO

Obviously, HAPCO belongs to the government sector. But since it is playing the coordination role of the partnership forums both at the federal and regional levels, four of the key respondents come from this institution. As it was already discussed in the historical overview section (4.1.) to realize an AIDS free society, the institution is charged to successfully and competently manage the activities of all actors engaged in the prevention and control of the spread of HIV/AIDS and decreasing its impacts; and to build the capacity, draw commitments and marshal resources for the struggle against HIV/AIDS. To accomplish this mission HAPCO uses holistic and comprehensive approaches. Some include multi-sectoralism, efficiency in the use of human and financial resources, human rights of PLWHA and orphans, fighting against stigma and discrimination, flexibility and sharing of knowledge & experience acquired; appropriate evidence based and result oriented intervention, etc.

The national HIV/AIDS council secretariat logo below depicts the sign of partnership and states "Let's fight HIV/AIDS together." This denotes the facilitation of favorable situations for the realization of the multi-sectoral AIDS response program launched against HIV/AIDS and ensures that resources are efficiently utilized at different levels. HAPCO also coordinates the launching of a coordinated AIDS prevention and control program by working in close contact with HIV/AIDS Prevention and Control Council through the participation of governmental and non- governmental organizations and the general public. These are the things which we understand from the documents written about HAPCO. During all the interviews the persons who are close to the issue of partnership have been interviewed. The interviewees have the following titles. Multi Response Senior Expert at the federal level and at the regional level they had positions like HIV/AIDS Partnership Coordinator; and Partnership and Networking Coordinator.

Figure 14 - The National HIV/AIDS Council Secretariat Logo

Is HAPCO successful in mobilizing the various sectors in order to solve the socioeconomic and psychological impacts that HIV/AIDS brings and to eventually eliminate the problem is the question? How far is successful in mobilizing the necessary resources to carry out its coordination duties? Here the short answer from the data could be not enough financial resources and personnel to do its main mission, coordination. Even if there are different experiences at the federal and regional level, the capacity to enhance social capital seems to be impaired either due to lack of budget for such causes or the new NGO law. Due the impairment to initiate partnerships and enhance social capital, there seems to be less participation in voluntary associations and the capacity of problem-solving outside the governmental sector.

4.3.5. Sectoral and Areal Comparison

HAPCO is tasked with the role of coordinating the HIV/AIDS response. Hence, it should take the lead in initiating partnerships and leading them. However, the office currently faces significant decline in funding. This emerged as the major reason for the drawbacks related to the initiation and coordination of partnership forums at all levels. Moreover, the lack of professional focal persons when it comes to partnerships was the other challenge. The lack of enough time to focus on partnership forums has also been mentioned. This particularly contradicts with the major coordination mission of the institution, having personnel lacking time to work on partnership forums. The other interesting phenomenon emerged is the effect of the legal framework on HAPCO (Oromia Region) itself. That is, the initiatives to form NGO consortium by Oromia HAPCO has failed due to the current NGO law. Therefore, these factors limit HAPCO to influence the sectors and this contributes towards the inefficiency of partnerships.

Table 5 - Sectoral Comparison

Items	Public Sector	NGO Sector	Business Sector
Resource limitations	Yes	Yes	Yes
Lack of recognition	No	Yes	Yes
Diversity	No	Yes	No
Unhealthy competition for resources	No	Yes	No
Trust and reciprocity	No	No	No
High staff turnover	Yes	No	No
Lack of partnership interest	Yes	Yes	Yes
Lack of accountability	Yes	No	Yes
Inconvenient legal framework	No	Yes	No
Participation in policy formulation	Yes	No	No
Participation in policy implementation	Yes	Yes	Yes[16]

Source: Author

As a result of the high HIV/AIDS prevalence rates in specific regions and in specific age groups, continued work related to prevention, care and support services are needed. However, the government, business and NGO sectors report various challenges. Resource limitation is identified to be the major challenge across all the sectors. This has been mentioned as the major reason for the inefficiency of the partnerships. Specifically each institution discusses how that affected them. For instance HAPCO both at the national and regional level currently has a limited funding to strengthen partnership efforts. The NGOs lack the capacity to outsource and support partnership efforts. Due to limited number of participation and the capacity of member NGOs, partnerships cannot raise enough membership contributions.

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[16] **The Ethiopian Business Coalition against AIDS (EBCA)** is the only institution representing the business sector in addressing the HIV/AIDS issue. It is set up in 2004 as an NGO when local businesses, concerned about the HIV/AIDS problem, agreed to launch a collaborative national business coalition. Even if the coalition is active at the national level, it has no representation and insignificant activities at the regional levels.

Though the partnership with the other (a third) sector is much emphasized in the research, the NGOs also report that inefficient partnerships resulted due to the competition for financial resources, which resulted in competitions for beneficiaries. Here the business sector mainly reveals neglect by specially the government as the main challenge. The existence of inconvenient legal framework is also the most frequent theme that emerged in the interview especially by the NGO sector representatives. This has contributed significantly not only to the inefficiency of partnerships but also it has put the member NGOs' existence in to question. This has had diverse impact in the work on addressing the HIV/AIDS issue. Therefore, the existence of inconvenient legal framework has directly affected NGOs and contributed to the inefficiency of partnerships, lack of social capital and witnessed low level of HIV/AIDS governance.

The participation of the NGOs both at the national and regional level is mostly limited to policy implementation. At the regional level NGOs do not as such lobby the government in the policy formulation process except jointly requesting the government for the facilitation of implementation environment like office space (in the case of Addis Ababa). Otherwise they are passive and only expect guidelines from the government. When it comes to the federal level, even if there were attempts to lobby the government on various issues including lobbying on the 2009 NGO law, there was no success. This led some into frustrations. As it was already discussed under the historical overview section, the Ethiopian process of comprehensive HIV policy making was characterized by many rounds of internal government review involving relatively few people and almost no participation by interests outside government.

Table 6 - Area Comparison

Items	National	Oromia Region	SNNPR	Addis Ababa
NGO sub forum	Yes	No[17]	Yes	Yes
GO sub forum	Yes	Yes	Yes	Yes
Business sub forum	Yes	No[18]	No[19]	No[20]
Partnership forum	Yes	No[21]	Yes	Yes

Source: Author

There is uneven and insufficient share of the government and the NGO sector in addressing the HIV/AIDS problem. In August 1998, the Ethiopian government has approved the National HIV/AIDS Policy. The policy in general provides an environment for the prevention and alleviation of HIV/AIDS. But there is lack of governance where unicentric system of government prevails. It gives much more emphasis on the structure of government instead of the process of governing. That is, command and control instead of negotiation and cooperation (Bekkers, et. al 2007). Thus, less social capital is exhibited. This in turn led to greater tendency to rely on authoritative controls and it is more difficult to mobilize the support needed to address

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[17] An attempt by the Oromia Regional HAPCO to establish an NGO partnership forum against HIV/AIDS could not be realized due to Proclamation No. 621/2009 Article 88 No. 1 on administrative and operational costs, *"Any charity or society shall allocate not less than 70 percent of the expenses in the budget year for the implementation of its purpose and an amount not exceeding 30 percent for its administrative activities."* This law in particular has affected various initiatives to form partnerships or consortiums of various NGOs working to address the HIV/AIDS issue. Here the law makes running such partnerships as an independently registered organization difficult because of the limit, which is currently known us 30/70.

[18] Ethiopian Business Coalition against AIDS (EBCA), an NGO established at the national level to represent the business sector. The business sectors at the regional level have no sub forums established to address the HIV/AIDS issue. Though EBCA claims that they have representatives at the regional levels, there were no institutions or person, who assumed this responsibility during the search in the field between February and October 2013. This has also been counter checked with information provided by the NGO sub forums, government sub forums and HAPCO. The data from Oromia HAPCO states that they invite the EBCA representative from the national office, when they have some events.

[19] The data shows no participation of the business sector in the SNNP region sub forum.

[20] EBCA at the national level speak on behalf of the regional level business sectors mainly in the case of Addis Ababa. That is, the person representing the business sector in Addis Ababa comes from the national EBCA.
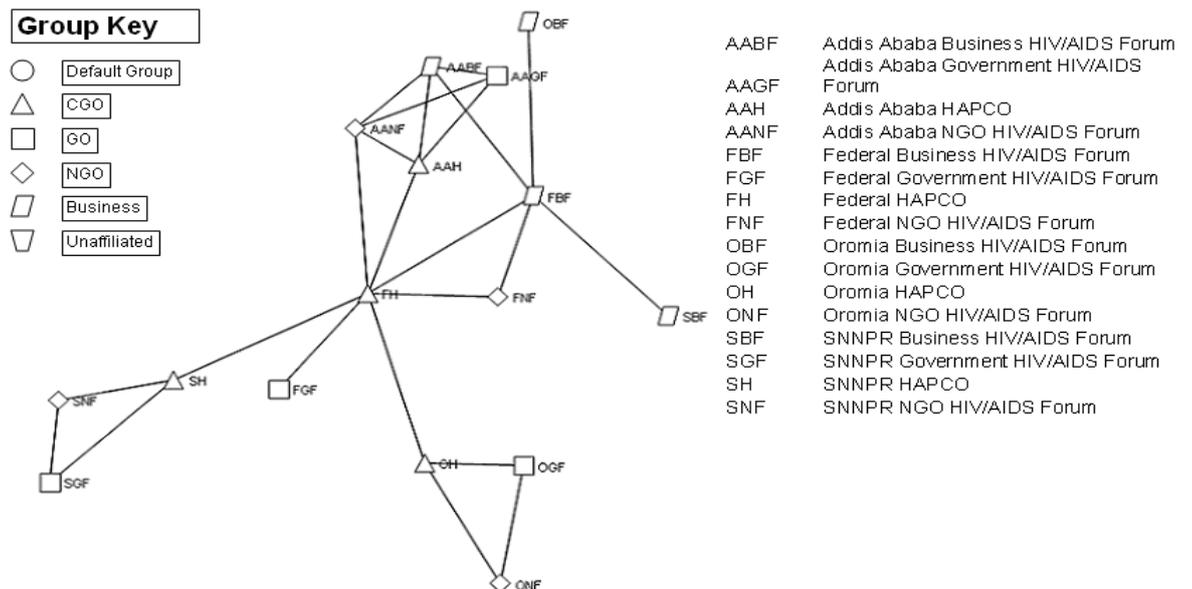
[21] The Oromia region has still not established the regional replica of the National Partnership Forum against HIV/AIDS in Ethiopia / NPFAAE/. During the interview the officials have expressed their plans to establish NPFAAE.

the HIV/AIDS problem. Consequently, the lack of social capital led to the lack of confidence in government and other actors involved, which in turn resulted in the lack of interest in partnerships. Therefore, this inconvenient environment to enhance social capital contributed to less participation in voluntary associations and capacity of problem-solving outside the governmental sector in Ethiopia.

4.3.6. Major Outcomes of the HIV/AIDS Partnership Forums

Before looking at the major outcomes reported of the HIV/AIDS partnership forums, it is worth describing the HIV/AIDS partnership forums. As we can see from figure 15, the partnership forums are mainly working in their respective areas and have no or limited connections with other partnership forums that exist in other parts of the country.

Figure 15 – HIV/AIDS Partnership Forums Map

AABF	Addis Ababa Business HIV/AIDS Forum
AAGF	Addis Ababa Government HIV/AIDS Forum
AAH	Addis Ababa HAPCO
AANF	Addis Ababa NGO HIV/AIDS Forum
FBF	Federal Business HIV/AIDS Forum
FGF	Federal Government HIV/AIDS Forum
FH	Federal HAPCO
FNF	Federal NGO HIV/AIDS Forum
OBF	Oromia Business HIV/AIDS Forum
OGF	Oromia Government HIV/AIDS Forum
OH	Oromia HAPCO
ONF	Oromia NGO HIV/AIDS Forum
SBF	SNNPR Business HIV/AIDS Forum
SGF	SNNPR Government HIV/AIDS Forum
SH	SNNPR HAPCO
SNF	SNNPR NGO HIV/AIDS Forum

Source: Author

91

The HIV/AIDS partnership forums map shows that Federal Government HIV/AIDS Forum (FGF) has no other connection except the connection that they have with the Federal HAPCO (FH). Even if the partnership forums are created in accordance with where they are located, there is no question about the strong influence FGF can have on regional government sub forums (SGF, OGF and AAGF). Therefore, creating new connections in such a case will be highly beneficial. This is true also for both the federal NGO HIV/AIDS forum (FNF) as well as for federal business HIV/AIDS forum (FBF). Even if there is no active representation of the business sector both in the Oromia region as well as SNNPR, the federal business HIV/AIDS forum claims that they have representatives in these regions and they work together. In the case of Addis Ababa, the same people representing FBF represent also Addis Ababa business HIV/AIDS forum (AABF). Moreover, we see that it is only the FH, which is having an established relationship with regional HAPCOs.

All of the stakeholders believe that the HIV/AIDS partnership forums have a number of benefits. Some of the major outcomes of the HIV/AIDS partnership forum's work pointed out include increased knowledge sharing, improved resource sharing, community support, public awareness, improved communication, etc. Most believe that much of these are possible due to the fact that the HIV/AIDS partnership forum contribute to bringing together diverse stakeholders, meeting regularly, exchanging information/knowledge, informal relationships created among partnership members, collective decision-making and having a shared mission, goals and working towards them.

Table 7 - Major Outcomes of the HIV/AIDS Partnership Forum

Major Outcomes of the HIV/AIDS Partnership Forum	Percentage
Health education services, health literacy, educational resources	8.60%
Improved Services	8.60%
Reduction of Health Disparities	2.90%
Improved Resource Sharing	11.40%
Increased Knowledge Sharing	25.70%
Community Support	11.40%
Public Awareness	11.40%
Policy, law and/or regulation	5.70%
Improved Health Outcomes	2.90%
Improved Communication	11.40%

Source: Author

It is also interesting to see what specific aspects of the HIV/AIDS partnership forum contributed to the outcomes presented in table 7. The assumption that partnership paves the way for resource sharing was not reflected in the PARTNER tool survey (Table 8). But some have indicated that they have benefitted from resource sharing when it comes to sharing experts during trainings and various workshops. Obviously, the majority (33.30%) also believe that exchanging information and knowledge have contributed to a great extent for the success of the partnerships.

Table 8 – Important Aspects of the HIV/AIDS Partnership Forum

Important Aspects	Percentage
Bringing together diverse stakeholders	25.00%
Meeting regularly	8.30%
Exchanging info/knowledge	33.30%
Sharing resources	0.00%
Informal relationships created	16.70%
Collective decision-making	4.20%
Having a shared mission, goals	12.50%

Source: Author

However, most of the respondents believe that this success of the HIV/AIDS partnership forum in delivering these outcomes is being tested due to the law. The various ways how the law specifically affected the HIV/AIDS partnership forums is presented in section 4.4.

4.3.7. Conclusions

From the discussions above the study draws the following three conclusions. First, the lack of resources across the sectors, the lack of recognition of the NGO and business sector and other priorities of the business sector have contributed to the inefficient partnership. Moreover, unhealthy competition for funding, and sometimes existential questions lead to ignore the importance of partnerships and engage in duplication of efforts, which affects the common goal of addressing the HIV/AIDS issue. The kind of partnership that exists could be characterized as partial, since in most of the cases the business sector engagement is very low. It also lacks behind from benefiting from what partnerships can bring to address the HIV/AIDS issues. Hence, the existing partnership forums have limited contributions in benefiting from social capital. This led to greater tendency to rely on authoritative controls and less participation in voluntary associations and capacity of problem-solving outside the governmental sector.

Secondly, the study concludes that the participation of the NGOs both at the national and regional level is mostly limited to policy implementation. At the regional level NGOs do not as such lobby the government in the policy formulation process except jointly requesting the government for the facilitation of implementation environment. Otherwise they are passive and only expect guidelines from the government. When it comes to the federal level, even if there were attempts to lobby the government on various issues including lobbying on the 2009 NGO law, there was no success. This led some into frustrations. Therefore, when it comes to policy formulation issues

unicentric approach of the government prevails. This is manifested in the interaction between the government and the other sectors as well as the process of decision making. Here noting the lack of significant actors who have the capacity or power to influence policy is relevant, since government only is not able and capable to respond adequately to the issue of HIV/AIDS.

Finally, there is insignificant approach of building on the existing tradition to address the HIV/AIDS issue. In some parts of the country 'idirs' play an active role in prevention, care and support. Therefore the lack of due recognition of such traditional institutions as social capital and integrating it with the HIV/AIDS policy has contributed to the inefficient partnership. Therefore, recognizing and incorporating such traditional institutions as stocks of social capital results in effective policy, which encourages partnership that results in interdependence, resource-exchange, etc.

4.4. Charities and Societies Proclamation No. 621/2009 vs. HIV/AIDS

In 2009, the government of Ethiopia ratified Charities and Societies Proclamation. The proclamation and the subsequent regulation endorsed by the council of ministers of Ethiopia provide guideline for the registration and regulation of charities and societies. Both before and after the law came to effect, it faced a number of challenges. One of the major complaints is that the new law gives absolute control to the government over NGO activities. It prohibits human rights activities undertaken by national organizations that receive more than ten percent of their funding from abroad. It also prohibits human rights activities by foreign NGOs, including campaigning for gender equality, children's rights, disabled persons' rights and conflict resolution.

Though the HIV/AIDS issue is not explicitly stated in the law, it is assumed that the HIV/AIDS work will also be affected by this law. One major reason for this is that a number of human right issues are attached to HIV/AIDS, Beagle (2013), Utyasheva and Pradichit (2013). And even the HIV/AIDS policy, itself suggests mainstreaming the HIV/AIDS work with various endeavors, FDRE (1998). This includes NGO activities in various sectors. Therefore, the study explores the effects of the 2009 Charities and Societies Proclamation in addressing the HIV/AIDS issue in general and its specific effect on HIV/AIDS partnership forums in particular.

The Rawls principle of justice emphasizes the necessity of maximizing the advantages of the least preferred. It underlines that fair treatment of citizens results when a society insures equal opportunity to all to succeed and when there is equality in the eyes of the law. Rawls suggests two principles which can regulate the distribution of social and economic advantages across society. The first principle states that, *"Each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others."* And the second principle states social and economic qualities are to be arranged so that they are both reasonably expected to be to everyone's advantage and attached to positions and offices open to all (Rawls 1971). Another important consideration of normative model is that of reducing inequality. This model draws attention to the fact that there are two undesirable aspects to the functioning of market relations. On the one hand, the market does not concern itself with the type of resource used by individuals to assert themselves be it their state of health or social background, nor is it sensitive to the specific needs of the individual. Thus it occurs that, under otherwise similar circumstances, some people are gifted with large

resources while others lack the resources to satisfy their basic needs. Therefore, it signifies the importance of supplementing the market with a redistribution of resources. According to the criterion of human dignity model each person has its own inner values which derive more from the fact that he/she is a human being than he/she contributes to society's well-being. And this concept of dignified survival is dependent on concrete cultural and economic realities of a given country (Potůček et al. 2003).

Providing equal opportunities regardless of their state of health or social background is essential when it comes to HIV/AIDS victims. The needs of HIV/AIDS affected communities especially their children is very high as HIV/AIDS affects the fundamental human attachments essential to normal family life, and exposes children for stigma and discrimination. Stigma and discrimination prevents governments and communities from effectively responding to the orphan's problem by intensifying violations of these children's rights—particularly with their access to education, social services, and community and family support (UNAIDS/WHO 2004). Since the high prevalence rate of HIV/AIDS resulted also in high number of orphans and vulnerable children, not only those who are directly affected by HIV/AIDS but also increasing number of AIDS orphans face social problems as the spread of HIV/AIDS continues.

Children orphaned or made vulnerable by AIDS are more likely to be malnourished, less likely to be educated, more likely to be abused and suffer severe psychosocial distress. In many communities, traditional ways of caring for orphans and vulnerable children, such as the extended family system, are being severely strained by the

impacts of HIV/AIDS. That is, as the number of orphans and vulnerable children increases and an ever larger number of adults is affected by HIV/AIDS, these family networks have come under severe strain Strobbe, et al (2010). Therefore, there needs to be a legal environment that enables to address the challenges and find ways to help communities care for the number of children and families left vulnerable by HIV/AIDS. If the traditional ways of support that mainly involves families and extended families couldn't cope up with the problem, there is a high need of care and support programs to address the HIV/AIDS issue. Moreover, due to the magnitude and multifaceted nature of the HIV/AIDS problem, there is a high need for multi sectoral ways of addressing the problem. These can only be achieved by strong partnership relations among the major actors involved including partnerships among NGOs, which is the main concern of this study.

Tarantola (2008) and Tarantola, et al (2008) also discuss the interdependent nature of health and human rights domains. They show reciprocal interactions between health and human rights. This trend of convergence between health and human rights signifies the importance of policies and regulations that are sensitive to the interaction of these domains.

4.4.1. Impacts of the Charities and Societies Proclamation No. 621/2009

The Charities and Societies Proclamation No. 621/2009 is the most recent NGO law. It gives control to the government over NGO activities. The broad unrestricted power over NGOs allows government inspection and interference in the operation and management of NGOs. Most HIV/AIDS programs are interrelated with human rights

and other programs carried out by national and international organizations. On this regards we see unintended effects of the new law towards NGOs working on human rights issue in addressing the problem of HIV/AIDS. In the following sections the effects of the law in limiting finance for HIV/AIDS partnership forums and the resulted question of survival, the mismatch between expectations from partnerships and working environment; and finally the effects of reregistering are presented and discussed.

4.4.1.1.   Limitation of Finance for HIV/AIDS Partnership Forums

The major effect of the Charities and Societies Proclamation No. 621/2009 is related to accessing finances from foreign resources. As a result, most of the NGOs could not carry out their work. Due to this organizations formed to address the HIV/AIDS issue are leaving partnership forums and some could not continue due to the lack of finance. The 30/70 percent guideline introduced in this legislation directly affects partnership efforts, since NGOs are not allowed to spend over 30% of their budget on administration costs limiting contributions to umbrella, partnership and networking organizations. As a result, HIV partnership forums are directly affected. One such effort to establish partnership in Oromia region and could not be materialized is reflected in the following quote: *"We had planned to create consortium of NGOs working on HIV and health issues and to have legal status from federal charities and society agency. We talked to them and the reply was, because it has no program of its own, if you create consortium you can run only using member's contribution for admin cost. You cannot pool other funding. You cannot get funding for this purpose because you are working on coordination and capacity building. It has been a year now. For this reason, we are discouraged and we left the idea of creating consortium.*

There is negative effect of the new law if you want to register and operate on legal basis."

According to Charities and Societies Proclamation No. 621/2009 Article 88 No. 1 on administrative and operational costs, *"Any charity or society shall allocate not less than 70 percent of the expenses in the budget year for the implementation of its purpose and an amount not exceeding 30 percent for its administrative activities."* This law in particular has affected various initiatives to form partnerships or consortiums of various NGOs working to address the HIV/AIDS issue. Here the law makes running such partnerships as an independently registered organization difficult because of the 30/70 percent limit. Due to the fact that such partnerships incur higher administrative costs, NGOs lack the interest to work in partnerships.

The 30/70 percent law as well as the government's initiative to *"confer various incentives to a charity or society that allocate more than 80% of its total income for operational purposes or demonstrate outstanding performance"* (Article 88 No. 2 of CSP) is intended to minimize administrative costs and maximize benefits for project beneficiaries. However, due to the lack of exceptions on partnerships or "consortiums" as the law calls it, there is this unintended effect of the law in addressing the HIV/AIDS issue in partnerships as one of the interviewee responded, *"There are many rules and guideline for CSOs to follow...but in general it seems 30/70 guideline (law) affects partnership forums (since) partnership, networking, capacity building and related activities are conducted by admin costs."*

Table 9 – Major Factors Affecting HIV/AIDS Partnership Forums

Major Factors Affecting HIV/AIDS Partnership Forums	Percentage
Limited funding	46.15%
Lack of trust	7.69%
Unhealthy competition for funding among members	15.38%
Lack of interest	11.54%
The new NGO law	19.23%

The data from the partner tool survey also confirms how significantly the Charities and Societies Proclamation No. 621/2009 affected HIV/AIDS Partnership Forums. Even if only 19.23% of respondents explicitly indicated that the law has a direct effect on partnership the qualitative data signifies much decrease in funding since the law came to be effective. Here it is also worth noting other causes for limitations in funding (46.15%), which is indicated as the major factor affecting HIV/AIDS Partnership Forums.

4.4.1.2. The Question of Survival

This theme clearly emerges from the responses of the NGOs questioning their own existence as an NGO. This is mainly due to the limit set on the Ethiopian Charities or Societies. The Charities and Societies Proclamation No. 621/2009 limits the funding they can receive from international sources. That is, *""Ethiopian Charities" or "Ethiopian Societies" shall mean those Charities or Societies that are formed under the laws of Ethiopia, all of whose members are Ethiopians, generate income from Ethiopia and wholly controlled by Ethiopians. However, they may be deemed as Ethiopian Charities or Ethiopian Societies if they use not more than ten percent of their funds which is received from foreign sources."* (Article 2 of CSP). Here such restrictions on NGO resources disable many effective local NGOs, which are working closely with the community. There are two important issues to stress here. One is the

lack of local financial sources and significant dependence of local or Ethiopian NGOs on foreign funding. The other is areas of work limited to Ethiopian Charities and societies (which is discussed under section 4.4.1.3. in more detail).

The lack of local financial sources and significant dependence of local or Ethiopian NGOs on foreign funding has been the practice for quite a long period of time. Due to this fact, there are income generating activities (IGA), which are practiced in many NGOs. Moreover, some NGOs are able to cover their training and other project related costs by selling their products. For instance some produce furniture while training AIDS orphans and vulnerable children wood and metal work, others produce agricultural products or various artifacts and cloths by training HIV/AIDS positive people urban agriculture and tailoring. As a result most believe that supporting such products to come to the market and help the NGOs to be self sufficient and even run similar activities and increase their number of beneficiaries should be supported.

But above all, the same law which limits NGOs from getting more than 10% of their funding from foreign sources also sets tough criteria to conduct income generating activities. Article 103 of CSP provides prerequisites that need to be met in order to engage in income generating activities. The preconditions and limitations include securing written approval of the agency; proceeds shall not be distributed among members or beneficiaries; proceeds shall be used to further the purposes for which the charity or society is established; the work has to be incidental to the achievements of the purposes of a given charity or society. Moreover, the law makes it difficult for NGOs to be engaged in IGA activities stating that the requirements and procedures laid down in other laws concerning the registration and licensing requirements for

activities related to trade, investment or any profit making activities are applicable to charities or societies that engage in income generating activities. For these reasons, the law creates a difficult environment for Ethiopian NGOs to generate income from local sources, even if it is important for the sustainability and independence of such organizations that they should engage in income generating activities and set themselves free from dependence on donations. Therefore, due to all these reasons the capacity and possibility of Ethiopian charities are limited to generate 90% of their funding locally.

Hence, the restrictions are in contrary to the principle that social and economic qualities are to be arranged so that they are both reasonably expected to be to everyone's advantage (Rawls 1971). Moreover, in reducing inequality, the law doesn't give adequate consideration to the fact that there are undesirable aspects to the functioning of market relations. One thing is that the market is not concerned with the type of resource used by individuals be it their state of health or social background. Therefore, under similar circumstances, some people are gifted with large resources while others lack the resources to satisfy their basic needs. This signifies the importance of supplementing the market with a redistribution of resources (Potůček et al. 2003). But the restrictions discussed above not only put the existence of some NGOs in question, but also discourage those socially and economically disadvantaged citizens from actively engaging in the betterment of their socio economic status.

4.4.1.3.   Big Expectation in a Restricted Environment

One might wonder if there are all financial restrictions and other challenges like the need of re registration discussed in the next section, much is not expected from the

local NGOs or "Ethiopian charities". But that is not the case. Here the Charities and Societies Proclamation No. 621/2009 Article 14 Sub Article 5 states specific fields of engagement to Ethiopian charities alone. Out of the fifteen fields of engagement listed under Sub Article 2, except for Ethiopian charities, Ethiopian residents and foreign charities cannot engage in the following fields. The article states that: *"5/ Those who can take part in activities that fall under Sub-article 2 (j), (k), (l), (m) and (n) of this Article shall be only Ethiopian Charities and societies."* That is: *"j) the advancement of human and democratic rights; k) the promotion of equality of nations, nationalities and peoples and that of gender and religion; l) the promotion of the rights of the disabled and children's rights; m) the promotion of conflict resolution or reconciliation; n) the promotion of the efficiency of the justice and law enforcement services;"* This is of particular concern among many respondents, who question how can Ethiopian charities take on this big challenges while there are financial and legal restrictions. As a result, most indicate that NGOs working on such issues are leaving their programs and engaging in other areas where there are no restrictions.

If there are areas where only Ethiopian charities are expected to be engaged in most believe that there has to be possible environment enabling them to execute what is expected of them. As it was earlier discussed there is significant interdependence between human rights and HIV/AIDS. Most of the domains restricted only for Ethiopian charities in the previous paragraph show reciprocal interactions with HIV/AIDS as it is one of the significant health issue. The following table clearly shows the effects of the Charities and Societies Proclamation No. 621/2009 on HIV/AIDS Partnership Forums.

Table 10 – Effects of the Charities and Societies Proclamation No. 621/2009 on HIV/AIDS Partnership Forums

Effects of the Charities and Societies Proclamation No. 621/2009	Percentage
Has some unintended negative effects on HIV/AIDS partnership forum (eg. by limiting funding)	18.75%
Has no effect at all on the HIV/AIDS partnership forum	12.50%
Encouraged/Strengthened the HIV/AIDS partnership forum	6.25%
Discouraged/Weakened the HIV/AIDS partnership forum	25.00%
Decreased the number of HIV/AIDS partnership forum/sub forum members	37.50%
Increased the number of HIV/AIDS partnership forum/sub forum members	0.00%

As we can see from table 10, the law clearly played a negative role when it comes to HIV/AIDS Partnership Forums. It mainly decreased the number of HIV/AIDS partnership forum members (37.50%). It discouraged HIV/AIDS partnership forums (25%). It has some unintended negative effects on HIV/AIDS partnership forums like by limiting funding (18.75%). Here it is important to note that even if HIV/AIDS is not explicitly mentioned in the Charities and Societies Proclamation No. 621/2009, the general restrictions in the law make it harder for HIV/AIDS partnership forums as well as the local NGOs or "Ethiopian charities" to fulfill what is expected of them.

4.4.1.4.   Effects of Re registration

Charities and Societies Council of Ministers Regulation No. 168/2009 Article 10 No. 2 states that *"The effects of re-registration shall commence only a year after the effective date of the proclamation and not immediately after re-registration."* The effect of the new registration is well presented by one of the respondents as follows: *"Soon after its establishment we had about 107 members because we are mainly working on capacity building like proposal writing, fund raising, fund management, and project management and the number of members kept increasing due to these benefits ....now there are 45 members because we are reregistered at the national*

level as Ethiopian Residents' Charity Organization [22] Network. Since we have this new registration the institutions, which can be members to us are only Ethiopian Resident Charity Organizations." Here this and other similar partnership institutions have lost significant opportunities of gaining experiences from many well established foreign charities. Since most of such international NGOs can no longer continue being members of consortiums with Ethiopian charities. The loss is not only expertise but also financial resources, which consortiums are expected to generate from members contribution. As indicated, the consortium was able to initiate and bring many NGOs working in the HIV/AIDS area due to the various capacity building initiatives among the members, but the re-registration according to the new law has significantly affected not only the continuation of its capacity building and sharing of experiences program with the same zeal but even its own existence due to the lack of funding.

The PARTNER tool survey data also confirms the decreasing trend of HIV/AIDS partnership forum members. 69.23% of the respondents indicated that the number of their HIV/AIDS forum members is decreasing. As discussed above the major reason for this decline of partnership members is the restrictions in the Charities and Societies Proclamation No. 621/2009.

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[22] According to charities and societies proclamation No. 621/2009, based on where the organization was established, its source of income, composition of membership, and membership residential status, Charities and Societies are given one of three legal designations:

1.   **Ethiopian Charities or Societies** - Charities or Societies formed under the laws of Ethiopia, whose members are all Ethiopians, generate income from Ethiopia and are wholly controlled by Ethiopians. These organizations may not receive more than 10% of their resources from foreign sources. (Article 2 of CSP)

2.   **Ethiopian Resident Charities or Societies** – Ethiopian Charities or Societies that receive more than 10% of their resources from foreign sources. (Article 2 of CSP)

3.   **Foreign Charities** - Charities formed under the laws of foreign countries, or whose membership includes foreigners, or foreigners control the organization, or the organization receives funds from foreign sources. (Article 2 of CSP)

4.4.2. Conclusions

The financial limitation for HIV/AIDS partnership forums and the big expectations in a restricted environment discouraged HIV/AIDS partnership forums. That is, even if HIV/AIDS is not explicitly mentioned in the law, the general restrictions make it harder for HIV/AIDS partnership forums to fulfill what is expected of them. Moreover, while some NGOs find themselves in difficulty to sustain with their individual activities, the issue of partnership forums is not even an issue. Therefore, the study concludes that the 2009 Charities and Societies Proclamation No. 621/2009 has both implicit and explicit effects on addressing HIV/AIDS issues in general and creation and running of HIV/AIDS partnership forums in particular. Particularly, the restrictions to engage in human rights activities, the inability of organizations to make membership contributions and ultimately withdrawal of organizations from partnership forums and the resulted decrease in funding shows the existence of implicit and explicit effect of the new NGO law in addressing the problem of HIV/AIDS, which resulted in unintended consequences in addressing the problem. Due to the reduced partnership interest and decreased funding for the HIV/AIDS work, the majority of the organizations/sub partnership forums lacked the possible contribution of their members like finances, in-kind resources like meeting space, community connections, paid staff, facilitation/leadership, data resources, information/feedback and specific expertise. Therefore, this has weakened HIV/AIDS partnership forums.

Currently, the partnership forums are mainly working in their respective areas/regions and have no or limited connections with other partnership forums that exist in other parts of the country. It is only the federal HAPCO, which is having an established

relationship with regional HAPCOs. Therefore, nurturing such links also among other similar sub partnership forums across regions and the federal HIV/AIDS sub partnership forums can significantly benefit in sharing various kinds of resources and experiences/good practices/. On the other hand, the new law needs to create convenient environment to address the HIV/AIDS issues by taking into consideration the following. First, it should give exceptions to HIV/AIDS related partnership forums, so that they can be initiated and created at various levels. Secondly, understanding the unique nature of partnership forums, the law should let such independently created partnerships to seek for funding and use the resources for coordination of their efforts. This could include supporting them in their income generating activities in due consideration of their vulnerability to compete in the market, as long as they use their financial gains to further their objectives. Third, the law needs to take into consideration the interdependence between HIV/AIDS and human rights and ease the 10 percent limit set for non for profit organizations exclusively working on the HIV/AIDS issue.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusions

This case study draws the following conclusions. First, the lack of resources across the sectors, the uneven participation of the NGO and business sector and other priorities of the business sector have contributed to the inefficient partnership. Moreover, the unhealthy competition for funding, and sometimes existential questions lead to ignore the importance of partnerships and engage in duplication of efforts, which affects the common goal of addressing the HIV/AIDS issue. The kind of partnership that exists could be characterized as partial, since in most of the cases the business sector engagement is very low. It also lacks behind from benefiting from what partnerships can bring to address the HIV/AIDS issues. Hence, the existing partnership forums have limited contributions in benefiting from social capital. This led to greater tendency to rely on authoritative controls and less participation in voluntary associations and capacity of problem-solving outside the governmental sector.

The participation of the NGOs both at the national and regional level is mostly limited to policy implementation. At the regional level NGOs do not as such lobby the government in the policy formulation process except jointly requesting the government for the facilitation of implementation environment like office space (in the case of Addis Ababa). Otherwise they are passive and only expect guidelines from the government. When it comes to the federal level, even if there were attempts to lobby the government on various issues including lobbying on the 2009 NGO law, there was no success. This led some into frustrations. Therefore, when it comes to policy

formulation issues unicentric approach of the government prevails. This is manifested in the interaction between the government and the other sectors as well as the process of decision making. Here noting the lack of significant actors who have the capacity or power to influence policy is relevant, since government only is not able and capable to respond adequately to the issue of HIV/AIDS.

There is insignificant approach of building on the existing tradition to address the HIV/AIDS issue. In some parts of the country 'idirs' play an active role in prevention, care and support. However, in many places the lack of due recognition of such traditional institutions as social capital and integrating it with the HIV/AIDS policy has contributed to the inefficient partnership. Therefore, recognizing and incorporating such traditional institutions as stocks of social capital results in effective policy, which encourages partnership that results in interdependence, resource-exchange, etc. In addition to this drawback of cultivating and making use of traditional institutions, the existing HIV/AIDS partnership forums are mainly working in their respective areas/regions and have no or limited connections with other partnership forums that exist in other parts of the country. Hence, it is only the federal HAPCO, which is having an established relationship with regional HAPCOs.

Therefore, the first hypothesis is partially true since we don't see complete failure of the partnership forums among some sectors and areas. Even if there is uneven share of the government, civic and business sector in addressing the HIV/AIDS issue, the unicentric systems prevail not only due to the government's interest but due to the lack of capacity of the third sector to participate in policy making as it is evident at the regional levels. Moreover, the capacity to partner and even lobby the government is

limited due to the individualistic nature of NGOs and manifestation of competitions for limited resources in line with Ostrom's (1990) concept of tragedy of the commons where individual institutions act independently according to their self-interest.

In relation to the 2009 Charities and Societies Proclamation No. 621/2009, the financial limitation for HIV/AIDS partnership forums and the big expectations in a restricted environment discouraged HIV/AIDS partnership forums. Hence, the second hypothesis is true, since it is evident that the law has limited partnership endeavors and the opportunity to generate social capital to address the HIV/AIDS issue in Ethiopia. That is, even if HIV/AIDS is not explicitly mentioned in the law, the general restrictions make it harder for HIV/AIDS partnership forums to fulfill what is expected of them. Moreover, while some NGOs find themselves in difficulty to sustain with their individual activities, the issue of partnership forums is not even a matter of concern. Therefore, the study concludes that the 2009 Charities and Societies Proclamation No. 621/2009 has both implicit and explicit effects on addressing HIV/AIDS issues in general and creation and running of HIV/AIDS partnership forums in particular. Particularly, the restrictions to engage in human rights activities, the inability of organizations to make membership contributions and ultimately withdrawal of organizations from partnership forums and the resulted decrease in funding shows the existence of implicit and explicit effect of the new NGO law in addressing the problem of HIV/AIDS, which resulted in unintended consequences in addressing the problem. Moreover, the law has significant negative effect on the HIV/AIDS policy, since it highly limits mainstreaming the HIV/AIDS work with various endeavors, whereas the HIV/AIDS policy clearly favors mainstreaming the HIV/AIDS work with various endeavors, FDRE (1998). This is mainly related to the

limitation of NGOs in their area of engagement. Due to the reduced partnership interest and decreased funding for the HIV/AIDS work, the majority of the organizations/sub partnership forums lacked the possible contribution of their members like finances, in-kind resources like meeting space, community connections, paid staff, facilitation/leadership, data resources, information/feedback and specific expertise. Therefore, this has weakened HIV/AIDS partnership forums.

The third hypothesis that if the Charities and Societies Proclamation No. 621/2009 prohibits human rights activities undertaken by NGOs, then addressing the HIV/AIDS issue will be difficult because there are a lot of human right issues attached to HIV/AIDS is correct. This hypothesis is true because the law prohibits human rights activities undertaken by national organizations that receive more than ten percent of their funding from abroad. It also prohibits human rights activities by foreign NGOs, including campaigning for gender equality, children's rights, etc. Though the HIV/AIDS issue is not explicitly stated in the law, HIV/AIDS is interrelated to human right activities, Beagle (2013), Utyasheva and Pradichit (2013). Moreover, the HIV/AIDS policy ensures that full protection of the human rights of PLWHA can be achieved using HIV/AIDS policy. In this regard the policy also recognizes the problem of gender inequality in the spread of HIV/AIDS in the country. Therefore, combating the HIV/AIDS epidemic needs due awareness for a concerted multi-sectoral effort and the human rights of PLWHA and orphans, fighting against stigma and discrimination. Moreover, in addition to HIV/AIDS' direct relation with human rights, addressing HIV/AIDS is affected due to the fact that HIV/AIDS programs are interrelated with human rights and other programs carried out by national and international organizations.

5.2. Recommendations

Due to the complicated nature of the HIV/AIDS problem apart from the policy, professional, efficient and timely activities need to be implemented. Moreover, the individualistic nature of implementation; and competition among especially NGOs on beneficiaries and financial resources have contributed for the lack of interest on partnership, which has affected the multi sectoral approach of addressing the problem. Even if the HIV/AIDS policy, suggests mainstreaming the activity with various endeavors, the Charities and Societies Proclamation No. 621/2009 limits NGOs from engaging in human rights activities, which are related to the HIV/AIDS issue. Here it is important to note that both the local and international NGOs finance their programs related to HIV/AIDS through the funding they get through human right projects. Also HIV/AIDS programs directly benefit from the administrative costs covered by other projects targeted by this specific legislation. Hence, the restrictions make it difficult for NGOs to carry out their mission. Therefore, in line with the major findings of the study, the research provides the following policy recommendations relating to HIV/AIDS partnership forums and the Charities and Societies Proclamation No. 621/2009

5.2.1. Recommendations Relating to HIV/AIDS Partnership Forums

Through partnerships, institutions make new connections and form relationships with partners and connect to other partners' networks (Boydell, et al, 2007). As relationships develop, institutions begin to learn from each other and about each others' roles and organizations as well as about HIV/AIDS affected communities. This

creates a social capital for joint action to address the HIV/AIDS issue by developing joint efficient projects, etc. In order for this to happen there needs to be actors' partnership, where social capital is observed and used for the policy formulation and implementation. This can only be possible on the basis of good will and trust among the different sectors by ensuring even participation of the government sector, the NGO sector and that of the for profit sector. This can mainly be achieved by recognizing the importance of partnership by all the sectors. Hence, creating and supporting a policy initiative, where efficient partnerships can be recognized and supported is essential. Since government only is not able and capable to respond adequately to the issue of HIV/AIDS, the existence of significant actors who have the capacity or power to influence policy is relevant. Moreover, giving due emphasis to existing traditional institutions like 'idirs' as stocks of social capital results in effective policy. Therefore, considering such traditional institutions both during the decision making as well as policy implementation improves the situation.

To make the existing HIV/AIDS partnership forums, which have area/region specific connections more effective, nurturing such links also among other similar sub partnership forums across regions and the federal HIV/AIDS sub partnership forums is very important. This can significantly benefit in sharing various kinds of resources and experiences/good practices/. Therefore, partnerships should not be bound only on sectoral or areal basis rather need to be nurtured as an important tool to share experiences across sectors and regions. This is particularly important due to the significant variations in prevalence across regions.

5.2.2. Recommendations Relating to the Charities and Societies Proclamation No. 621/2009

Efficient partnerships can be achieved when actors partner in an environment where there are convenient rule of the game /legal framework/. Therefore, the Charities and Societies Proclamation No. 621/2009 needs to create convenient environment to address the HIV/AIDS issues by taking into consideration the following. First, it should give exceptions to HIV/AIDS related partnership forums, so that they can be initiated and created at various levels. Secondly, understanding the unique nature of partnership forums, the law should let such independently created partnerships to seek for funding and use the resources for coordination of their efforts and realize their combined mission. This could include supporting them in their income generating activities in due consideration of their vulnerability to compete in the market, as long as they use their financial gains to further their objectives. Third, the law needs to take into consideration the interdependence between HIV/AIDS and human rights and ease the 10 percent limit set for non for profit organizations exclusively working on the HIV/AIDS issue. Moreover, consider the restrictions related to human rights since there are a number of HIV/AIDS issues related to it. In general, considering these paves the way for evidence based policy making, where there will be due focus on the problem than the political regulation orientation in addressing the HIV/AIDS issue. Taking such steps is an important sign of creating an adequate legal framework for the operation of NGOs than the criticisms relating to keeping NGOs in state of financial instability and at a comfortable distance from decision making.

5.2.3. Areas for Further Research

As it is indicated in the delimitation section this research is focused on the HIV/AIDS partnership experience in Ethiopia by considering the existing partnership forums in the country. Even if there is evidence suggesting the government's intent to control NGOs, which in turn affected the HIV/AIDS partnership forums it is difficult to generalize the government's choice in dealing with NGOs by making use of data from HIV/AIDS partnership forums. Therefore, identifying the government's choice could be an important area for further research. That is the choice between creating an adequate legal framework for the operation of various different types of NGOs and the tendency to keep the NGOs in state of financial precariousness and at a comfortable distance from decision-making processes (Frič 2008). Since the study is not looking at the general impact of the law on NGOs in general, identifying the tendency of the government in relation to the law is an important area of further research, where the findings of this research can be used as an important input.

Another important area of further research is the question of what motivates partnerships at various levels. This helps to clearly understand the process of the partnership formation both at the regional or lower level of administration and at a higher or national level. The study has identified some factors like the lack of resources, the uneven participation of the NGO and business sector in decision making, other priorities of the business sector, and the 2009 Charities and Societies Proclamation No. 621/2009 contributing to the inefficient partnership. As a result, understanding what motivates/interests the actors towards partnership and evaluating the practice over a period of time is relevant.

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APPENDIX I

PARTNERTOOL ONLINE SURVEY

Thank you for taking this survey. To begin, you will be asked to answer a few questions about your organization (in case of federal or regional HAPCO) or HIV/AIDS sub forum you represent. You will then be asked to answer questions about other organizations or sub forums.

Answer all questions from the perspective of your organization or sub forum, rather than yourself as an individual. Feel free to check with others in your organization or sub forum for more information.

[Enter Survey]

CONSENT

It is possible to participate in this survey following the link you have received via email or this paper survey (if you have limited access to the internet). The survey is a follow up of the interview you had in relation to the HIV/AIDS partnership forum you are active at (member of). The data from both the interview and this survey will only be used for the research on the 'Magnitude of Governance in Addressing HIV/AIDS Issues in Ethiopia' and will remain confidential. The research is part of a Ph.D. dissertation. By filling the survey, you are agreeing to participate.

Progress: 1 / 28
Skip to question: 3 ▼

Please answer the following question(s)

1. Please select your organization/sub forum from the list:

SNNPR Government HIV/AIDS Forum ▼

2. What is your job title/responsibility in the HIV/AIDS partnership forum?

[   ]

3. How long have you been in this position (in months):

[   ]

[Next]

Please answer the following question(s)

4. Please indicate what your organization/sub forum contributes, or can potentially contribute, to the HIV/AIDS partnership forum (choose as many as apply).

- ☐ Funding
- ☐ In-Kind Resources
- ☐ Paid Staff
- ☐ Volunteers and Volunteers Staff
- ☐ Data Resources including data sets, collection and analysis
- ☐ Info/Feedback
- ☐ Specific Health Expertise
- ☐ Expertise Other Than in Health
- ☐ Community Connections
- ☐ Fiscal Management (e.g. acting as fiscal agent)
- ☐ Facilitation/Leadership
- ☐ Advocacy
- ☐ IT/web resources (e.g. server space, web site development, social media)

[Previous] [Next]

Please answer the following question(s)

5. What is your organization's/sub forum's most important contribution to the HIV/AIDS partnership forum?

- ○ Facilitation/Leadership

[Previous] [Next]

Please answer the following question(s)

6. Outcomes of the HIV/AIDS partnership forum's work include (or could potentially include): (choose all that apply).

- ☐ Health education services, health literacy, educational resources
- ☐ Improved Services
- ☐ Reduction of Health Disparities
- ☐ Improved Resource Sharing
- ☐ Increased Knowledge Sharing
- ☐ New Sources of Data
- ☐ Community Support
- ☐ Public Awareness
- ☐ Policy, law and/or regulation
- ☐ Improved Health Outcomes
- ☐ Improved Communication

[Previous] [Next]

Please answer the following question(s)

7. Which is the HIV/AIDS partnership forum's most important outcome?

- ○ Health education services, health literacy, educational resources

[Previous] [Next]

Please answer the following question(s)

8. How successful has the HIV/AIDS partnership forum been at reaching its goals?

- ☐ Not Successful
- ☐ Somewhat Successful
- ☐ Successful
- ☐ Very Successful
- ☐ Completely Successful

Previous   Next

Please answer the following question(s)

9. What aspects of the HIV/AIDS partnership forum contribute to this success? (Choose all that apply)

- ☐ Bringing together diverse stakeholders
- ☐ Meeting regularly
- ☐ Exchanging info/knowledge
- ☐ Sharing resources
- ☐ Informal relationships created
- ☐ Collective decision-making
- ☐ Having a shared mission, goals

Previous   Next

10. From the list, select organizations/sub forums with which you have an established relationship (either formal or informal). In subsequent questions you will be asked about your relationships with these organizations/sub forums in the context of the HIV/AIDS partnership forum.

- ☐ Addis Ababa Business HIV/AIDS Forum
- ☐ Addis Ababa Government HIV/AIDS Forum
- ☐ Addis Ababa HAPCO
- ☐ Addis Ababa NGO HIV/AIDS Forum
- ☐ Federal Business HIV/AIDS Forum
- ☐ Federal Government HIV/AIDS Forum
- ☐ Federal HAPCO
- ☐ Federal NGO HIV/AIDS Forum
- ☐ Oromia Business HIV/AIDS Forum
- ☐ Oromia Government HIV/AIDS Forum
- ☐ Oromia HAPCO
- ☐ Oromia NGO HIV/AIDS Forum
- ☐ SNNPR Business HIV/AIDS Forum
- ☐ SNNPR HAPCO
- ☐ SNNPR NGO HIV/AIDS Forum
- ☐ I do not recognize any of these individuals/organizations.

Previous | Next

Please answer the following question for each partner you selected in Question 10:

11. How frequently does your organization/sub forum work with this organization/sub forum on issues related to the HIV/AIDS partnership forum's goals?

Organization	Never/We only interact on issues unrelated to the collaborative	Once a year or less	About once a quarter	About once a month	Every Week	Every Day
SNNPR HAPCO	○	○	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○	○	○

Previous | Next

Please answer the following question for each partner you selected in Question 10:

12. What kinds of activities does your relationship with this organization/sub forum entail [note: the responses increase in level of collaboration]?

Organization	None.	Cooperative Activities: involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release)	Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs. (Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.)	Integrated Activities: In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas. (Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.)
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous | Next

126

Please answer the following question for each partner you selected in Question 10:

13. How valuable is this organization's/sub forum's power and influence to achieving the overall mission of the HIV/AIDS partnership forum? *Power/Influence: The organization holds a prominent position in the community be being powerful, having influence, success as a change agent, and showing leadership.

Organization	Not at all	A small amount	A fair amount	A great deal
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous   Next

Please answer the following question for each partner you selected in Question 10:

14. How valuable is this organization/sub forum's LEVEL OF INVOLVEMENT to achieving the overall mission of the HIV/AIDS partnership forum?

*Level of Involvement: The organization/sub forum is strongly committed and active in the partnership and gets things done.

Organization	Not at all	A small amount	A fair amount	A great deal
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous   Next

Please answer the following question for each partner you selected in Question 10:

15. How valuable is this organization/sub forum's RESOURCE CONTRIBUTION to achieving the overall mission of the HIV/AIDS partnership forum?

*Contributing Resources: The organization/sub forum brings resources to the partnership like funding, information, or other resources.

Organization	Not at all	A small amount	A fair amount	A great deal
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous   Next

Please answer the following question for each partner you selected in Question 10:

16. How reliable is the organization/sub forum? *Reliable: this organization/sub forum is reliable in terms of following through on commitments.

Organization	Not at all	A small amount	A fair amount	A great deal
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous   Next

127

Please answer the following question for each partner you selected in Question 10:

17. To what extent does the organization/sub forum SHARE A MISSION with the HIV/AIDS partnership forum's mission and goals?

*Mission Congruence: this organization/sub forum shares a common vision of the end goal of what working together should accomplish.

Organization	Not at all	A small amount	A fair amount	A great deal
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous   Next

18. How OPEN TO DISCUSSION is the organization/sub forum?

*Open to Discussion: this organization/sub forum is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization/sub forum is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this organization/sub forum in an open, trusting manner.

Organization	Not at all	A small amount	A fair amount	A great deal
SNNPR HAPCO	○	○	○	○
SNNPR NGO HIV/AIDS Forum	○	○	○	○

Previous   Next

Please answer the following question:

19. In which HIV/AIDS partnership forum are you active in? (Choose all that apply)

☐ Federal/National HIV/AIDS partnership forum

☐ SNNPR HIV/AIDS partnership forum

☐ Oromia HIV/AIDS partnership forum

☐ Addis Ababa HIV/AIDS partnership forum

Previous   Next

Please answer the following question:

20. The number of your HIV/AIDS sub forum members: (If HAPCO respondent, please consider the number of your HIV/AIDS partnership forum members.)

☐ Is increasing
☐ Is decreasing

Previous   Next

128

Please answer the following question:

21. How many sub forum members do you have? (If HAPCO respondent, please write the number of your HIV/AIDS partnership forum members.)

[Previous] [Next]

Please answer the following question:

22. Please write names of organizations/sub forums, which are active in your HIV/AIDS partnership forum and not listed in this survey (question 1) or are not represented by the government, NGO and business sub forum, if any.

[Previous] [Next]

Please answer the following question:

23. What are the major factors affecting your HIV/AIDS partnership forum? (Choose all that apply)

- ☐ Limited funding
- ☐ Lack of trust
- ☐ Unhealthy competition for funding among members
- ☐ Lack of interest
- ☐ The new NGO law

[Previous] [Next]

Please answer the following question:

24. The 2009 Charities and Societies Proclamation /the new NGO law/ (Choose all that apply)

- ☐ Has some unintended negative effects on HIV/AIDS partnership forum (eg. by limiting funding)
- ☐ Has no effect at all on the HIV/AIDS partnership forum
- ☐ Encouraged/Strengthened the HIV/AIDS partnership forum
- ☐ Discouraged/Weakened the HIV/AIDS partnership forum
- ☐ Decreased the number of HIV/AIDS partnership forum/sub forum members
- ☐ Increased the number of HIV/AIDS partnership forum/sub forum members

[Previous] [Next]

Please answer the following question:

25. Do you believe that there is even and sufficient share of the government, NGO and the business sector in addressing the HIV/AIDS issue in Ethiopia?

- ○ Yes
- ○ No

[Previous] [Next]

Please answer the following question:

26. In what way do you think your HIV/AIDS partnership forum can be strengthened?

[   ]

[Previous] [Next]

Progress: 27 / 28
Skip to question: 27 ▼

Please answer the following question:

27. If you have any comments, please write here.

[text box]

[Previous] [Next]

Progress: 28 / 28
Skip to question: 28 ▼

Please answer the following question:

28. Do you evaluate the performance of your HIV/AIDS partnership forum on a timely basis?

○ Yes
○ No

[Previous] [Next]

Welcome [   ] **you are logged in as Respondent for**

the PARTNERTool Survey and Tool Database.

Thank you for your participation in this survey.

You can edit any of your responses by selecting "Start Survey" from above.

[Click Here to Log Out]

PARTNER © 2010.

Recently, we sent you an email with an invitation to respond to a network survey as a representative of Federal NGO HIV/AIDS Forum. We noticed that you have not yet completed the survey. This email is a reminder to complete this survey, at your earliest convenience, to help us evaluate our efforts at collaboration. Without your response, we will be missing important information.

To complete the survey, please go to www.partnertool.net/survey. Log in with your username: FNF. Use the password provided in the original email invitation you received earlier. If you need to reset your password, you can do so at http://partnertool.net/survey/resetpw.php?sn=FNF&pw=b812e45fdc8d1347bd58a6f05038b6ee

APPENDIX II

PARTNERTOOL PAPER SURVEY

HAPCO AND HIV/AIDS PARTNERSHIP SUB FORUMS QUESTIONNAIRE (PAPER SURVEY)

INSTRUCTIONS

Thank you for taking this survey. To begin, you will be asked to answer a few questions about your organization (in case of federal or regional HAPCO) or HIV/AIDS sub forum you represent. You will then be asked to answer questions about other organizations or sub forums. Answer all questions from the perspective of your organization or sub forum, rather than yourself as an individual. Feel free to check with others in your organization or sub forum for more information.

CONSENT TO PARTICIPATE

It is possible to participate in this survey following the link you have received via email or this paper survey (if you have limited access to the internet). The survey is a follow up of the interview you had in relation to the HIV/AIDS partnership forum you are active at (member of). The data from both the interview and this survey will only be used for the research on the 'Magnitude of Governance in Addressing HIV/AIDS Issues in Ethiopia' and will remain confidential. The research is part of a Ph.D. dissertation. By filling the survey, you are agreeing to participate.

PARTICIPATING ORGANIZATION OR SUB FORUM INFORMATION

1. Please select your organization/sub forum from the list below.

[ ] Federal HAPCO	[ ] Federal Government HIV/AIDS Forum	[ ] Federal NGO HIV/AIDS Forum	[ ] Federal Business HIV/AIDS Forum
[ ] Oromia HAPCO	[ ] Oromia Government HIV/AIDS Forum	[ ] Oromia NGO HIV/AIDS Forum	[ ] Oromia Business HIV/AIDS Forum
[ ] SNNPR HAPCO	[ ] SNNPR Government HIV/AIDS Forum	[ ] SNNPR NGO HIV/AIDS Forum	[ ] SNNPR Business HIV/AIDS Forum
[ ] Addis Ababa HAPCO	[ ] Addis Ababa Government HIV/AIDS Forum	[ ] Addis Ababa NGO HIV/AIDS Forum	[ ] Addis Ababa Business HIV/AIDS Forum

2. What is your job title/responsibility in the HIV/AIDS partnership forum? _____

3. How long have you been in this position (in months)? _____

4. Please indicate what your organization/sub forum contributes, or can potentially contribute, to the HIV/AIDS partnership forum (choose as many as apply).

[ ] Funding	[ ] Expertise Other Than in Health
[ ] In-Kind Resources (e.g., meeting space)	[ ] Community Connections
[ ] Paid Staff	[ ] Fiscal Management (e.g. acting as fiscal agent)
[ ] Volunteers and Volunteer staff	[ ] Facilitation/Leadership
[ ] Data Resources including data sets, collection and analysis	[ ] Advocacy
[ ] Information/ Feedback	[ ] IT/web resources (e.g. server space, web site development, social media)
[ ] Specific Health Expertise	

5. What is your organization's/sub forum's most important contribution to the HIV/AIDS partnership forum? (Choose one.) {Please pick one from list of those selected in Q4}

_____

6. Outcomes of the HIV/AIDS partnership forum's work include (or could potentially include): (choose all that apply).

[ ] Health education services, health literacy, educational resources	[ ] Community Support
[ ] Improved services	[ ] Public Awareness
[ ] Reduction of Health Disparities	[ ] Policy, law and/or regulation
[ ] Improved Resource Sharing	[ ] Improved Health Outcomes
[ ] Increased Knowledge Sharing	[ ] Improved communication
[ ] New Sources of Data	

7. Which is the HIV/AIDS partnership forum's most important outcome? (Choose one.) {Please pick one from list of those selected in Q6} _____

8. How successful has the HIV/AIDS partnership forum been at reaching its goals? (Choose one.)
[ ] Not Successful   [ ] Somewhat Successful   [ ] Successful
[ ] Very Successful   [ ] Completely Successful

9. What aspects of the HIV/AIDS partnership forum contribute to this success? (Choose all that apply)
[ ] Bringing together diverse stakeholders   [ ] Meeting regularly   [ ] Exchanging info/knowledge
[ ] Informal relationships created   [ ] Collective decision-making   [ ] Having a shared mission, goals

The table on the next page lists all of the organizations/sub forums in the HIV/AIDS partnership forum. Please look through the list and, for those organizations/sub forums that you have an established relationship (either formal or informal), please answer the questions within each row. The first column asks about the type of relationship you have with the other organizations/sub forums, the second columns asks what kinds of activities does your relationship entail, and the next three columns ask about the value of this organizations/sub forums as it relates to the HIV/AIDS partnership forum, and the last three columns ask about trust.

Value of Organization to Collaborative:

Power/Influence: The organization/person holds a prominent position in the community be being powerful, having influence, success as a change agent, and showing leadership.

Level of Involvement: The organization/person is strongly committed and active in the partnership and gets things done.

Resource Contribution: The organization/person brings resources to the partnership like funding, information, or other resources.

Definitions of Trust:

Reliable: The organization/person is reliable in terms of following through on commitments.

In Support of Mission: This organization/person shares a common vision of the end goal of what the collaborative should accomplish.

Open to Discussion: this organization/person is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization/person is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this organization/person in an open, trusting manner.

10. From the list, select organizations/sub forums with which you have an established relationship (either formal or informal). In the next columns you will be asked about your relationships with these organizations/sub forums in the context of the HIV/AIDS partnership forum. (i.e. choose the organization/sub forum you are related to and fill in the row as per the question in the column)	11. How frequently does your organization/sub forum work with this organization/sub forum on issues related to the HIV/AIDS partnership forum's goals?	12. Please indicate the activities that you and this organization/sub forum work together on. (Choose as many as apply)	How valuable is this organization/sub forum to achieving the overall mission of the HIV/AIDS partnership forum in terms of: 13.Power/Influence 14. Level of Involvement 15. Resource Contribution			To what extent is this organization/sub forum: 16. Reliable 17. In Support of the Mission 18.Open to Discussion		
	Please use the following code(s): 1) Never/We only interact on issues unrelated to the coalition 2) Once a year or less 3) About once a quarter 4) About once a month 5) Every week 6) Every day	Please use the following code(s): 1) None 2) Cooperative Activities: involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release) 3) Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs. (Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.) 4) Integrated Activities: In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas. (Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.)	Please use the following scale: 1) Not at all 2) A small amount 3) A fair amount 4) A great deal			Please use the following scale: 1) Not at all 2) A small amount 3) A fair amount 4) A great deal		
	INSERT ONE CODE	INSERT ONE CODE	Power/ Influ-ence	Level of Involv-ement	Resou-rce Contri-bution	Re-lia-ble	In Support of Mission	Open to Discu-ssion
Federal HAPCO								
Federal Government HIV/AIDS Forum								
Federal NGO HIV/AIDS Forum								
Federal Business HIV/AIDS Forum								
Oromia HAPCO								
Oromia Government HIV/AIDS Forum								
Oromia NGO HIV/AIDS Forum								
Oromia Business HIV/AIDS Forum								
SNNPR HAPCO								
SNNPR Government HIV/AIDS Forum								
SNNPR NGO HIV/AIDS Forum								
SNNPR Business HIV/AIDS Forum								
Addis Ababa HAPCO								
Addis Ababa Government HIV/AIDS Forum								
Addis Ababa NGO HIV/AIDS Forum								
Addis Ababa Business HIV/AIDS Forum								

19. In which HIV/AIDS partnership forum are you active in? (Choose all that apply)

[ ] Federal/National HIV/AIDS partnership forum   [ ] SNNPR HIV/AIDS partnership forum

[ ] Oromia HIV/AIDS partnership forum   [ ] Addis Ababa HIV/AIDS partnership forum

20. The number of your HIV/AIDS sub forum members: (If HAPCO respondent, please consider the number of your HIV/AIDS partnership forum members.)   [ ] Is increasing   [ ] Is decreasing

21. How many sub forum members do you have? (If HAPCO respondent, please write the number of your HIV/AIDS partnership forum members.) _____

22. Please write names of organizations/sub forums, which are active in your HIV/AIDS partnership forum and not listed in this survey (question 1) or are not represented by the government, NGO and business sub forum, if any. _____

_____

23. What are the major factors affecting your HIV/AIDS partnership forum? (Choose all that apply)

[ ] Limited funding   [ ] Lack of trust   [ ] Unhealthy competition for funding among members

[ ] Lack of interest   [ ] the new NGO law

24. The 2009 Charities and Societies Proclamation /the new NGO law/ (Choose all that apply)

[ ] Has some unintended negative effects on HIV/AIDS partnership forum (e.g. by limiting funding)

[ ] Has no effect at all on the HIV/AIDS partnership forum

[ ] Encouraged/Strengthened the HIV/AIDS partnership forum

[ ] Discouraged/Weakened the HIV/AIDS partnership forum

[ ] Decreased the number of HIV/AIDS partnership forum/sub forum members

[ ] Increased the number of HIV/AIDS partnership forum/sub forum members

25. Do you believe that there is even and sufficient share of the government, NGO and the business sector in addressing the HIV/AIDS issue in Ethiopia?   [ ] Yes   [ ] No

26. Do you evaluate the performance of your HIV/AIDS partnership forum on a timely basis?   [ ] Yes   [ ] No

27. In what way do you think your HIV/AIDS partnership forum can be strengthened?

_____

28. If you have any comments, please write here._____

_____

APPENDIX III

INTERVIEW QUESTIONS USED

1. What kinds of partnerships are you involved in (federal, regional, homogeneous and/or heterogeneous) and what are the major factors affecting your partnership?

2. Have you ever assessed the effectiveness of your partnership? If yes, what were the results? If no, why?

3. Do you see any effect of the new NGO law in your work to address the HIV/AIDS issue? Does it have any specific effect on partnership?

4. How do you see the role of government, non profit organizations and the private sector in addressing the HIV/AIDS issue? Are they willing to work in partnership? If no, what are the reasons for the lack of interest in partnership?

5. Would it be fair to say that there is partnership failure among the government, NGO and the private sector? OR, what would you say to the criticism that there exists inefficient partnership?

6. Can you give me some examples where you have benefited from partnership?

7. Do you believe that there is even and sufficient share of the government, NGO and the private sector in addressing the HIV/AIDS issue?

8. In what way do you think partnerships can be strengthened?