



# PIONEERS, PARTNERS, PROVIDERS:

---

The Dynamics of Civil Society  
& AIDS Funding  
in Southern Africa



# **PIONEERS, PARTNERS, PROVIDERS:**

---

## **The Dynamics of Civil Society and AIDS Funding in Southern Africa**

**Research conducted for the HIV and AIDS Programme of the  
Open Society Initiative for Southern Africa**

### **Principal researchers**

Karen Birdsall and Kevin Kelly (CADRE)

### **Country researchers**

Mpolai Moteetee and Sechaba Consultants (Lesotho)  
John Kadzandira and Alister Munthali, Centre for Social Research (Malawi)  
Dirce Costa, Austral Consultoria e Projectos (Mozambique)  
Andrew Harris, Namibia Network of AIDS Service Organisations (Namibia)  
Alfred Mndzebele, Alf Solutions (Swaziland)  
Chandiwira Nyirenda, Legend Consulting (Zambia)

**June 2007**

**Open Society Initiative for Southern Africa**

12th Floor, Braamfontein Centre  
23 Jorissen Street  
Braamfontein 2017  
South Africa  
Tel.: 011 403 3414/5/6  
[www.osisa.org](http://www.osisa.org)



**Centre for AIDS Development Research and Evaluation**

11th Floor, Braamfontein Centre  
23 Jorissen Street  
Braamfontein 2017  
South Africa  
Tel.: 011 339 2611  
[www.cadre.org.za](http://www.cadre.org.za)



**Disclaimer**

The opinions expressed herein are those of the authors and do not necessarily reflect the views of the Open Society Initiative for Southern Africa.

**Suggested citation**

Birdsall, K. and Kelly, K. (2007) *Pioneers, Partners, Providers: The Dynamics of Civil Society and AIDS Funding in Southern Africa*. CADRE/OSISA, Johannesburg.

## ABOUT THE AUTHORS

The **Centre for AIDS Development, Research and Evaluation (CADRE)** is a South African non-profit organisation, founded in 2001, that conducts research into social aspects of HIV/AIDS in South and southern Africa. Its main areas of work include: qualitative and quantitative epidemiological, socio-behavioural and communication surveys; monitoring and evaluation of HIV/AIDS interventions; communications research and interventions; and research related to HIV/AIDS policies, strategies, models and interventions.

**Karen Birdsall** joined CADRE in 2003 and is the Research Manager in the Johannesburg office. At CADRE, her research interests have centred on community-level responses to AIDS and models for funding and supporting civil society organisations. She has led or worked on projects for the Global Fund, PEPFAR/USAID, the Ford Foundation, and the national Department of Social Development in South Africa. She holds a Master of Philosophy in Social and Political Sciences from the University of Cambridge and a Bachelor of Arts in History from Swarthmore College (USA).

**Kevin Kelly** is a Director of CADRE based in Grahamstown, Eastern Cape, South Africa. He has been active in the AIDS field since 1990, initially in support of early NGO responses to AIDS in South Africa and since 2001 as a part of the CADRE research team. His recent research work has focused on community-level responses to AIDS, basic service needs in AIDS care and mental health of people with HIV. He is also active in developing monitoring and evaluation strategies and systems and is a founding member of the South African Monitoring and Evaluation Association. He is a founder and managing editor of the African Journal of AIDS Research and is the author or co-author of more than 40 journal articles, book chapters or commissioned research reports. Kevin Kelly has been the principal investigator or collaborator on projects initiated, inter alia, by the Global Fund, UNFPA, Save the Children, the World Bank, the South African Cities Network, South African provincial and national government, and USAID. He holds a PhD in Psychology from Rhodes University.

### **About the Open Society Initiative for Southern Africa (OSISA)**

OSISA is an advocacy organisation based in Johannesburg and operating in ten countries in

southern Africa: Angola, Democratic Republic of Congo, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. OSISA's vision is that of a vibrant southern African society in which people, free from material and other deprivation, understand their rights and responsibilities and participate democratically in all spheres of life. OSISA works towards this vision through advocacy, capacity-building, networking and grant-making.

OSISA's HIV and AIDS programme supports the right to health through the promotion of civil society participation in policy-making processes related to HIV and AIDS; monitoring public expenditure on HIV and AIDS programmes; and amplifying the voices of communities living with and affected by HIV and AIDS.

## ACKNOWLEDGEMENTS

We would like to express our thanks to the large number of organisations, groups and individuals that contributed to this study. They include:

- 439 civil society organisations who took the time to complete questionnaires;
- 60 donor and NGO representatives who agreed to be interviewed by members of the research team and who provided supplementary information, often requiring additional effort on their part.

We hope that this study will be of sufficient direct and indirect benefit to justify the time they gave to it.

Members of the research reference group who provided useful initial guidance were Alison Hickey, Caroline Sande and Zakaria Yakubu. Teresa Guthrie, Jodi Jacobsen, Rachel Grellier and Dean Peacock were generous in sharing insights from related work, as were Zoe Hudson and Anne Marie Anderson of the Open Society Institute office in Washington, D.C.

Thanks go also to Cecilia Khachane, Fezeka Mhlaba, Lynn Merckel, Mary Ng'ombe, Tshepang Mofokeng, and Vanessa Ulia Dantas e Sá for their contributions to the data collection and capturing process, and to Asta Rau and Pumla Ntlabati who assisted with background research and analysis.

We also acknowledge the energetic, supportive and engaged role played by Sisonke Msimang at OSISA throughout the course of this research.



# FOREWORD

For many years AIDS activists struggled for funding to carry out lifesaving programmes to educate and care for people living with and affected by HIV. Throughout the 1980s, in countries as disparate as Uganda and the United States, activists pioneered the struggle against stigma and discrimination, fought centuries-old taboos against speaking openly about sex and sexuality, and insisted that those affected by the virus were as worthy as any others in society of respect, dignity and the right to health.

Over the years, AIDS activists have shown a remarkable ability to adapt their modes of activism to suit the times. Once bureaucracies began to finally respond to the pandemic in the early 1990s, activists moved from the street-level protests and die-ins of the 1980s, to insisting on the greater involvement of people living with HIV and AIDS in institutions and policy spaces. AIDS activists have been adept at reading the political moment and crafting constructive approaches to ensuring that the voices of those most affected by AIDS are front and centre, guiding the collective global conscience.

The hard work has paid off: there is now money to fight AIDS. The establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief, combined with significant increases in bilateral commitments by donor nations and higher levels of resource allocations to health by poor countries, have meant that although the resources are still insufficient, there is now more hope for scaling up programmes and interventions that work.

Yet this success brings with it challenges. In southern Africa, where HIV infection levels are highest, and where the impact of the epidemic has frayed and stretched the fabric of many communities, states and civil society actors are trying to find new ways to provide services on a wider and grander scale. Yet all too often, they are using systems and institutions that are unprepared for scale up.

Today we are faced with a paradox of plenty: there is more money for AIDS in circulation, but not always enough human capacity and resources to make the money work. This partially accounts for the sense amongst many people in the southern African region that money for AIDS is being wasted on groups who do not deserve it, and that it seems

not to be accessible to organisations that are doing good work. Indeed, in everyday conversation, many southern Africans will say that there is too much AIDS money out there. This, of course, is not factually correct – there is a globally acknowledged shortfall of resources to combat the epidemic. But there is no denying that the perception that there is too much money for AIDS points to systemic problems in AIDS funding modalities. It is plain to all of us who work at country level that there are real questions that need to be addressed by governments, donors and NGOs about how AIDS funds are used, by whom and to what end.

It is therefore useful that OSISA's HIV and AIDS programme, out of which this report emerged, focuses among other things on the tracking of resources that are allocated by governments or by donor agencies and intended for use in programmes that affect the lives of people. This report signals an attempt to begin to deal with some of these questions of the political economy of AIDS resources. Indeed, as one of the survey respondents for the study noted, it seems that there is a lot of AIDS money 'splashing around.' The imagery is appropriate: the money is landing in big drops in some places and missing other spots entirely. In some places the drops of money are useful, and in others, the money simply pools, collecting in puddles that seem to be 'evaporating.'

The challenge ahead is to refine and target funding more appropriately – bringing an end to the era of 'splashing money' and making sure that the right organisations access funds and have the capacity to manage these funds in ways that are appropriate. As this new frontier of 'getting the money right' is tackled, it will be critical to build partnerships between civil society actors, states and donors to ensure mutual accountability. Research of this kind, which monitors and provides corrective and constructive suggestions, will be crucial as we continue to develop sustainable and consistent streams of funding for groups acting as 'pioneers, partners and providers' at the forefront of AIDS responses in communities across this region.



**Mark Stirling**  
Regional Director for Eastern and Southern Africa,  
UNAIDS



# CONTENTS

Abbreviations and Acronyms.....	vii
<b>OVERVIEW .....</b>	<b>1</b>
<b>PART I – INTRODUCTION .....</b>	<b>3</b>
1 Rationale.....	5
2 Objectives.....	6
3 Approach and methods .....	7
3.1 Research team.....	7
3.2 Data collection.....	7
3.3 Limitations of the methodology .....	10
<b>PART II – BACKGROUND AND CONTEXT.....</b>	<b>13</b>
1 AIDS impact and response.....	15
1.1 AIDS impact in southern Africa.....	15
1.2 Structures of AIDS response.....	16
1.3 Strategies of AIDS response .....	20
2 Resourcing the response .....	26
2.1 Funding modalities.....	28
2.2 Bilateral and multilateral funding for AIDS in southern Africa.....	29
2.3 Foundation funding for AIDS.....	30
3 Trends in development assistance .....	31
3.1 More aid, better aid .....	31
3.2 Aid harmonisation and effectiveness.....	32
3.3 How aid is being delivered .....	35
4 AIDS and civil society responses .....	37
4.1 The concept of civil society .....	37
4.2 Civil society in AIDS response .....	40
<b>PART III – CIVIL SOCIETY ACCESS TO AIDS FUNDS .....</b>	<b>45</b>
1 Civil society and AIDS response .....	47
1.1 Location of CSOs.....	47
1.2 Organisational characteristics.....	47
1.3 CSO involvement in AIDS response .....	50
1.4 Human resources.....	56
1.5 Services provided.....	58
1.6 Beneficiaries of programmes .....	60
2 The resource environment for CSOs working on AIDS .....	62
2.1 How much are CSOs spending on AIDS?.....	63
2.2 What are the main sources of support for CSOs? .....	67
2.3 What are CSOs being funded to do? .....	78
2.4 What issues are CSOs facing in accessing support? .....	81
3 Donor funding for civil society and AIDS .....	84
3.1 The challenges of monitoring and interpreting funding for civil society.....	84
3.2 Donor perspectives and strategies on civil society and AIDS .....	85
3.3 Country analysis of funding for civil society .....	93
<b>PART IV – CASE STUDIES .....</b>	<b>127</b>
1 Ha Ramapepe, Lesotho .....	129
1.1 Description of the site.....	129
1.2 AIDS in Ha Ramapepe.....	130
1.3 Responses to AIDS in Ha Ramapepe .....	131

1.4 The evolution of SWAALES in Ramapepe.....	132
1.5 Issues around funding and resources.....	135
1.6 Achievements and challenges.....	136
2 Bangwe Township, Blantyre, Malawi .....	137
2.1 Description of the site.....	137
2.2 AIDS in Bangwe Township.....	138
2.3 Major challenges faced by the CBOs and NGOs in Bangwe.....	140
2.4 Funding and support for AIDS activities.....	141
2.5 Sustaining AIDS activities .....	142
3 Boane, Mozambique .....	143
3.1 Description of the site.....	143
3.2 AIDS in Boane.....	144
3.3 Responses to AIDS in Boane.....	145
3.4 CSO experiences in accessing funding .....	147
4 Epako, Namibia .....	151
4.1 Description of the site.....	151
4.2 AIDS in Epako.....	153
4.3 Responses to AIDS in Epako.....	154
4.4 Sources of funding for CSOs in Epako .....	160
4.5 The funding environment for CSOs.....	162
4.6 Implications .....	164
5 Motshane, Swaziland .....	166
5.1 Description of the site.....	166
5.2 AIDS in Motshane .....	167
5.3 Responses to AIDS in Motshane .....	168
5.4 Funding dynamics.....	173
6 Linda Compound, Lusaka, Zambia .....	174
6.1 Description of the site.....	174
6.2 Impact of AIDS in Linda Compound.....	175
6.3 Identification of the problem.....	175
6.4 The emergence of a community project.....	177
6.5 Structure of the project.....	179
6.6 Challenges and setbacks .....	179
6.7 Plans for the future .....	181
7 Perspectives from the ground .....	181
<b>PART V – DISCUSSION .....</b>	<b>185</b>
1 The growth of CSOs .....	187
2 Funding for CSOs, funding for services .....	189
3 Imbalances in the funding environment.....	191
4 Systematisation, but not at the expense of diversity and flexibility.....	194
5 Support needs go beyond money .....	196
6 Implications for the future.....	198
<b>PART VI – RECOMMENDATIONS .....</b>	<b>201</b>
1 Recommendations for optimising funding to civil society .....	203
2 Recommendations for civil society organisations and networks .....	204
3 Recommendations for further study .....	205
<b>REFERENCES .....</b>	<b>207</b>
<b>APPENDIX .....</b>	<b>212</b>

# ABBREVIATIONS AND ACRONYMS

<b>ART</b>	Anti-retroviral therapy
<b>ASO</b>	AIDS service organisation
<b>CANGO</b>	Coordinating Assembly of Non-Governmental Organisations (Swaziland)
<b>CBO</b>	Community-based organisation
<b>CCM</b>	Country Coordinating Mechanism
<b>CHAI</b>	William J. Clinton Foundation's HIV/AIDS Initiative
<b>CHAZ</b>	Churches Health Association of Zambia
<b>CIDA</b>	Canadian International Development Agency
<b>CNCS</b>	Conselho Nacional de Combate ao HIV/SIDA (Mozambique)
<b>CRAIDS</b>	Community Response to HIV/AIDS (Zambia)
<b>CSO</b>	Civil society organisation
<b>DAC</b>	Development Assistance Committee of the OECD
<b>DACC</b>	District AIDS Coordinating Committee (Malawi)
<b>DATF</b>	District AIDS Task Force
<b>DFID</b>	UK Department for International Development
<b>FBO</b>	Faith-based organisation
<b>FCAA</b>	Funders Concerned About AIDS
<b>GBS</b>	General budget support
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GIPA</b>	Greater involvement of people with AIDS
<b>GTZ</b>	Gesellschaft für technische Zusammenarbeit
<b>IGA</b>	Income generating activity
<b>INGO</b>	International non-governmental organisation
<b>JASZ</b>	Joint Assistance Strategy for Zambia
<b>JFA</b>	Joint Financing Arrangement
<b>LAPCA</b>	Lesotho AIDS Programme Coordinating Authority
<b>LENEPWHA</b>	Lesotho Network of People Living with HIV/AIDS
<b>MANASO</b>	Malawi Network of AIDS Service Organisations
<b>MANET</b>	Malawi Network of People Living with HIV/AIDS
<b>MAP</b>	World Bank Multi-Country AIDS Program
<b>MDG</b>	Millennium Development Goal

<b>MONASO</b>	Mozambique Network of AIDS Service Organisations
<b>MTP III</b>	Third Medium Term Plan (National Strategic Plan on HIV/AIDS, Namibia)
<b>M&amp;E</b>	Monitoring and evaluation
<b>NACA</b>	National AIDS Coordinating Authority
<b>NAMACOC</b>	National Multisectoral AIDS Coordination Committee (NAMACOC)
<b>NANASO</b>	Namibian Network of AIDS Service Organisations
<b>NANGOF</b>	Namibian Non-Governmental Organisation Forum
<b>NERCHA</b>	National Emergency Response Council on HIV/AIDS
<b>NGO</b>	Non-governmental organisation
<b>NORAD</b>	Norwegian Agency for Development Cooperation
<b>NZP+</b>	Network of Zambian People Living with HIV
<b>ODA</b>	Official Development Assistance
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>OGAC</b>	Office of the US Global AIDS Coordinator
<b>OVC</b>	Orphans and other vulnerable children
<b>PAF</b>	UNAIDS Programme Acceleration Funds
<b>PATF</b>	Provincial AIDS Task Force
<b>PEPFAR</b>	US President's Emergency Plan for AIDS Relief
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>RENSIDA</b>	Rede Nacional de Associações de Pessoas Vivendo com HIV/SIDA (Mozambique National Network of People Living with HIV/AIDS)
<b>Sida</b>	Swedish International Development Agency
<b>STI</b>	Sexually transmitted infection
<b>SWANNEPHA</b>	Swaziland National Network of People Living with HIV and AIDS
<b>SWAp</b>	Sector-wide approach
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>USG</b>	United States Government
<b>VCT</b>	Voluntary counselling and testing
<b>ZNAN</b>	Zambia National AIDS Network