

PART I

INTRODUCTION



This report presents and discusses findings from a six-country study of access to AIDS funding by civil society organisations (CSOs) in southern Africa. Drawing upon data from more than 400 CSOs involved with AIDS response activities, as well as community case studies and interviews with a selection of donor institutions in Lesotho, Malawi, Mozambique, Namibia, Swaziland and Zambia, the research has explored the funding environment for local civil society organisations against a backdrop of rapid increases in funding for AIDS, as well as critical shifts in the way that international development assistance is conceived of and delivered.

Part I introduces the rationale, objectives and methods employed in the research.

Part II of the report provides background and an overview of key issues relevant to the study, including national structures and strategies of response, trends in international funding for AIDS, important shifts in the international aid system that are affecting the way funding for AIDS is being delivered, and the role of CSOs in responses to the epidemic.

Part III presents key findings from the CSO survey and analysis of donor funding. The report focuses predominantly upon trends common across the six countries, although important distinctions between individual countries are highlighted where appropriate. Among the issues covered are:

- The organisational and programmatic profile of CSOs working on AIDS in the region, including the history of their involvement in AIDS response, organisational characteristics, main areas of activity and primary beneficiary groups;
- The financial profile of CSOs, including trends in expenditure and sources of funding;
- The general resource environment for CSOs, including their relative access to funding for different types of costs, the amount of time spent fundraising, and their relationships with donor institutions; and
- An analysis of donor funding, including rationales for supporting civil society to respond to AIDS, the proportions of funding being channelled to CSOs, and the channels through which funding flows.

Part IV presents local case studies conducted in each of the six countries and shows the community-level manifestations and implications of the funding trends highlighted in Part III.

Part V discusses the implications of these findings, while Part VI summarises key learnings and makes recommendations on how funding for civil society might be optimised.

1. Rationale

As the resources allocated to AIDS responses increase, growing attention is being paid to how funding is administered and used. Using a variety of approaches, studies that fall under the emerging discipline of resource tracking have investigated how funding for AIDS flows, the purposes for

which it is allocated, and how it is spent. Areas of emphasis in resource tracking have included:

- Analysing the channels and mechanisms through which AIDS funding is committed and distributed at a global level, and trends in the resources available for AIDS;¹
- Analyses of support for AIDS by particular donors, including overall levels of support, trends in funding modalities, and proportions of assistance that can be considered 'real aid';²
- Budget analysis: patterns of allocation and expenditure on AIDS by national governments;³
- National-level spending assessments that estimate total expenditure on AIDS by identifying all sources of AIDS funding (public and private, domestic and external) and providers of AIDS-related services;⁴
- Beneficiary analyses which investigate who is paying for AIDS-related goods and services and who is benefiting from allocated resources;⁵
- Investigations of spending bottlenecks and challenges to absorptive capacity;⁶
- Thematic analyses of AIDS funding, focusing upon the intervention areas for which funds are designated and the beneficiary groups that are targeted;⁷ and
- Institutional analyses of AIDS funding, exploring the types of institutions that are used to channel assistance.⁸

The present research, which was commissioned by the HIV and AIDS programme of the Open Society Initiative for Southern Africa (OSISA) in early 2006, was designed to explore impacts of the changing AIDS funding environment on CSOs engaging in AIDS response activities in southern Africa. At the time the research was conceptualised, several of the major new initiatives for AIDS, including the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM), the US President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank Multi-Country AIDS Program (MAP), were coming into force in countries in southern Africa, dramatically increasing the resources available for AIDS response. A number of studies had been published which examined broad trends in funding for AIDS and national government expenditure on AIDS in selected countries,⁹ but few if any investigations had been carried out which looked at the AIDS funding environment through a civil society lens.

2. Objectives

The research was aimed primarily at discovering and describing funding practices and strategies for supporting civil society responses to AIDS. It also had an evaluative element in that it sought to understand the comparative strengths and limitations of funding practices and strategies identified.

The objectives of the research were as follows:

- To determine the amount of funding being accessed from donor institutions over the period 2001-2005 by CSOs working on AIDS in Lesotho, Malawi, Mozambique, Namibia, Swaziland and Zambia;

Official responses to AIDS at national level are increasingly spearheaded by multisectoral, AIDS-specific structures.

¹ See Kates, J. & Lief, E. (2006); OECD Development Assistance Committee (2004 & 2006).

² See, for example, Bernstein, M. & Sessions, M. (2007); Daly, M. (2005); European HIV/AIDS Funders Group (2006); Funders Concerned about AIDS (2005 & 2006); Greenhill, R. & Watt, P. (2005); Janjua, H. (2003); Pratt, B., Adams, J. & Warren, H. (2006)

³ See Guthrie, T. & Hickey, A. (2004).

⁴ The National AIDS Spending Assessments are based on a methodology developed by UNAIDS and are used to develop country-level assessments of resource expenditure on HIV/AIDS. They use internationally accepted accounting methods and economic costing activities, where needed, to develop national-level estimates for use in planning and resource allocation.

⁵ Dmytracezenko, T. et al (2006).

⁶ See, for example, Foster, G. (2005).

⁷ Human Rights Watch (2005). See also 'Divine intervention: US HIV/AIDS policy abroad' on www.publicintegrity.org/aids and materials available at www.pepfarwatch.org.

⁸ Pratt, B., Adams, J. & Warren, H. (2006); Stockman, F. et al. (2006).

⁹ See, for example, footnotes 1-8.

- To identify the main funding channels through which civil society organisations access support and assess the extent to which these are well suited to the needs of civil society organisations;
- To explore the relationship between donor institutions and civil society organisations in each country, including donors' rationales for supporting civil society in their AIDS funding portfolios;
- To explore factors that mediate the ability of civil society organisations to access donor funding, including disparities in geographical location, sector of response, project orientation and institutional capacity; and
- To investigate, through case studies, how large increases in available funding for AIDS are being experienced by CSOs at community level.

3. Approach and methods

3.1 Research team

In each of the six countries CADRE worked with a consultant or local organisation who had been selected on the basis of previous experience in facilitating research related to AIDS or civil society, and their understanding of key dynamics related to civil society organisations in the AIDS sector. The country consultants were called together and briefed over a period of two days. Thereafter they implemented each of the three research components in their own countries with the guidance of the CADRE research team.

3.2 Data collection

The research was comprised of three main data collection components: a national survey of CSOs working in the AIDS sector; interviews with a selection of donor and intermediary institutions; and a community case study focusing upon funding dynamics at community level.

3.2.1 CSO survey

Data from civil society organisations were gathered through a self-administered four-page questionnaire which captured information on the organisational profile, staffing, budget, sources of funding and programme activities. The questionnaire was piloted with organisations in each country prior to finalisation. The survey instrument was identical in each country, with the exception of minor variations in the question pertaining to beneficiary groups. It was translated into Portuguese and Sesotho for use in Mozambique and Lesotho respectively. In all other countries the questionnaire was administered in English.

In each country a list of CSOs active in the AIDS sector was compiled on the basis of information held by AIDS coordination networks, National AIDS Coordinating Authorities (NACAs), and granting and sub-granting institutions. Efforts were made to include both non-governmental organisations (NGOs) and community-based organisations (CBOs) from all parts of the country. Both AIDS-specific CSOs and CSOs with a significant AIDS component to their work, but not exclusively focused on AIDS, were included in the master lists. Government and parastatal institutions, schools, clinics and private organisations were removed from the lists, as were regional or district-level branches of NGOs.

In Malawi, Mozambique, Namibia and Zambia, where the number of organisations in the consolidated list exceeded 300, 120 organisations were randomly sampled to receive the survey. In Lesotho and Swaziland where the total population of CSOs was less than 100, the questionnaire was distributed to the full list. Questionnaires were distributed by email, fax, hand, and post according to circumstances. In all six countries the consolidated lists were found to contain many organisations which no longer existed, which existed in name only, or which could not be reached due to changes in contact information. Each organisation to which the survey was originally distributed was contacted a minimum of three times to secure a response. If the organisation could not be contacted or did not return the questionnaire after three follow-ups, it was dropped from the list and replaced by the next randomly selected organisation. A 65% response rate was pursued.

A total of 439 surveys were returned (see Table 1). The questionnaires were checked for completeness and targeted follow-ups were made to verify information where necessary. Financial data provided in national currencies was converted into US dollars according to an average annual exchange rate. Data was captured and analysed using SPSS statistical software.

Table 1
Survey response rates

	Surveys Successfully Distributed	Surveys Completed	Return Rate
Lesotho	73	66	90%
Malawi	120	80	67%
Mozambique	120	87	67%
Namibia	120	77	64%
Swaziland	80	55	69%
Zambia	120	74	62%
Total	633	439	69%

3.2.2 Donor analysis

In each country 10 donor institutions were selected for investigation based on the significance of their funding for AIDS, either in terms of absolute amounts provided or a particular focus on civil society. Face-to-face semi-structured interviews were arranged with programme officers responsible for health and/or AIDS funding portfolios to collect information about the institution's funding for AIDS, the channels used to disburse support, funding provided to civil society organisations and the rationale behind this support, and issues related to civil society involvement with AIDS response in the country. Donor institutions were also asked to complete a data capture form with details of their funding for AIDS over the period 2001-2005, including committed and disbursed funds and the proportion of funding allocated to civil society organisations.

Representatives of the national AIDS coordinating authorities and key intermediary institutions were also interviewed in each country to provide further information about the architecture of AIDS funding as it relates to civil society recipients.

A total of 57 interviews were conducted. Not all donor and intermediary institutions availed themselves for interviews or provided data. A list of interviews conducted is included in the appendix.

Where interviews or data could not be secured, an Internet-based search was conducted for publicly available information on donor activity and strategies around AIDS support. Key documents included annual reports, programme documents and evaluations, AIDS strategies, and policy documents for engagement with civil society institutions. Some donor institutions make data about funding commitments and disbursements available on their websites; these were systematically downloaded and captured wherever possible.

3.2.3 Case studies

In each country a case study was undertaken to explore the dynamics of AIDS funding in a community context. The case study methodology was designed to go beyond the work of major donor agencies and funding mechanisms to look at smaller-scale forms of support that are important at community level, including the work of national and international NGOs, foundations, churches, the private sector, and contributions from community members themselves.

Sites were identified on the basis of several criteria, not all of which were met in each site: likelihood of illustrating interesting dynamics related to donor funding that had been identified in the other research components; the site was relatively accessible and conveniently situated for the research team, but not heavily researched in previous studies; the site was home to a particular population group that is seen as vulnerable or marginalised; specific funded programmes or interventions of interest have been carried out in the site; and there has been a change or shift in the character or profile of the site in relation to AIDS that is linked to economic or other developments.

The case study locations and their key features are summarised in Table 2.

Table 2
Case study sites and key features

Country	Case Study Site	Key Features
Lesotho	Ha Ramapepe Leribe District	Village in district with highest HIV prevalence rate in Lesotho. AIDS response activities in the village dominated by a group of local women who provide home-base cared and support to orphans and other vulnerable children. Case study allows for in-depth exploration of the 'support group' phenomenon, which is the dominant form of grassroots civil society AIDS response in Lesotho.
Malawi	Bangwe Township Blantyre	A township within the rapidly urbanising City of Blantyre. More than 70% of residents live below the poverty line. The case study looks at a number of organisations addressing community needs related to AIDS and provides an opportunity to understand the different funding and development needs of organisations at different stages of development.
Mozambique	Boane Boane District	A small town near Mozal, a large aluminum smelter which has introduced employment opportunities in an area where the only other economic opportunities link to the location of the town on the main route between Mozambique and South Africa. These two factors pose a high HIV threat to the local community. The case study looks in depth at the difficulties of local organisations obtaining funding for AIDS efforts and it examines in particular the efforts of KindliMuka, a village-level AIDS support organisation providing services to its members and other community members in need.

Country	Case Study Site	Key Features
Namibia	Epako Omaheke Region	Former apartheid-era township for Gobabis, the administrative centre of one of the poorest and most sparsely populated regions of Namibia. The community is located on the Trans-Kalahari Highway close to the border crossing with Botswana and is home to a significant San population. HIV prevalence rates in the region are low, but specific HIV risk factors in the community, as well as the remote and rural character of the region, make the site an interesting one to explore in terms of the mix of local, national and international AIDS responses.
Swaziland	Motshane community	A traditional rural area presided over by a chief and heavily affected by AIDS. The case study looks at the different ways in which AIDS needs are serviced at community level. It provides an interesting insight into the jigsaw-nature of community AIDS responses and the difficulties posed by piecemeal funding.
Zambia	Linda Compound Lusaka Province	Informal peri-urban settlement on outskirts of Lusaka with few public or private services and large numbers of orphaned and vulnerable children dropping out of school. In the absence of other forms of support, guardians and concerned community members organised themselves to address the problem. The resulting project is an example of a non-funded, grassroots self-help initiative.

The sites were visited for periods ranging from two to four days. Prior to the research visits, a list of key research questions was developed to guide the data collection process. These questions linked to the original reasons for selecting the case and were also shaped by country-specific issues that had emerged to date in the other components of the research.

Data collection involved a range of elements: interviews with key informants, focus group discussions, site visits to local organisations, and gathering key documents related to the community (from the media, official data sources, and other studies). Attention was paid to the physical environment and factors that may affect AIDS responses in the community, including access to transportation, the geography of the community, living conditions, and the availability of key services.

The case studies are presented in Part IV.

3.3 Limitations of the methodology

A number of inherent limitations to the research methodology need to be noted, apart from any limitations that may have arisen from problems of implementation.

- The study did not attempt to evaluate the ultimate achievements of funding, but rather to explore the structures and channels through which it flows to civil society organisations.
- Complete or updated lists of CSOs engaged with AIDS response were not available in any of the countries, and these had to be constructed from a range of sources in each country. The sources of information that were drawn upon may have resulted in a sample that is biased towards organisations that are funded and/or networked with other organisations.
- CBOs in rural areas were more difficult to reach than urban-based CSOs and their response rates to the survey were lower.
- Data collected from both CSOs and donor/intermediary institutions were self-reported and may contain gaps, inaccuracies

- and internal contradictions, although attempts were made to identify problems and correct them.
- Donor institutions use different terminology and categorisations for their funding, making the use of a standard data collection tool problematic, and leading to data that was fragmented and often difficult to interpret. Analysis of donor allocations to civil society required extensive triangulation against secondary sources.

In addition to these, the research was subject to the following problems of implementation:

- The research process took longer than expected at almost all stages.
- Initial response rates from CSOs were low and required extensive follow-up before targeted response rates were attained.
- High costs and difficulties of communication meant that rural responses to the survey in Lesotho had particularly high non-response rates and it is likely that rural responses from that country are underrepresented.
- Difficulty was experienced in accessing certain institutions for interviews and appropriate representatives were frequently unavailable or failed to respond to repeated attempts to set up appointments.
- Donors frequently did not provide promised information and in many instances appeared not to have past records available or accessible. There was considerable difficulty experienced in obtaining reliable and relevant information from donor organisations. These difficulties are further described in Part III, Section 3.1.