



PIONEERS, PARTNERS, PROVIDERS:

The Dynamics of Civil Society
& AIDS Funding
in Southern Africa

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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**

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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.

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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.

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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.



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ABBREVIATIONS AND ACRONYMS

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

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