

EXPANDING NEEDS Diminishing Means

Mapping of trends in funding for social enablers in Southern and East Africa

ARASA
AIDS & Rights
Alliance
for Southern Africa



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ACRONYMS

ARASA	AIDS and Rights Alliance of Southern Africa
CBO	Community-based organisation
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
COP	Country Operational Plan
CSI	Corporate social investment
CSO	Civil society organisation
GF	Global Fund
IOM	International Organization for Migration
KVP	Key and Vulnerable Populations
LFA	Local Funding Agent
LGBTI	Lesbian, gay, bisexual, transgender, intersex
NAC	National AIDS Commission/Council
MERL	Monitoring Evaluation Research and Learning
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP	National HIV & AIDS Strategic Plan
ODA	Official Development Assistance/Aid
OSF	Open Society Foundations
OSISA	Open Society Initiative for Southern Africa
OSIEA	Open Society Initiative for East Africa
PEPFAR	President's Emergency Plan for AIDS Relief
PR	Principal Recipient
PWUD	People who Use Drugs
RCF	Robert Carr Fund
SDG	Sustainable Development Goal
SEA	Southern and East Africa
Sida	Swedish International Development Cooperation Agency
SR	Sub-recipient
SRHR	Sexual and Reproductive Health and Rights
TA	Technical Assistance
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United National Development Programme
UNFPA	United Nations Population Fund
USAID	The United States Agency for International Development
USG	United States Government
VSO	Volunteer Services International

ABOUT ARASA

The AIDS and Rights Alliance for Southern Africa (ARASA) was established in 2002 as a partnership of civil society organisations to galvanise a movement of progressive civil society actors to advance a human rights-based response to HIV in southern Africa.

Over the past 16 years, the partnership has grown in size, diversity and geographic coverage, which has expanded to 18 countries in Southern and East Africa (SEA).

ARASA seeks to promote respect for and the protection of the rights to bodily autonomy and integrity for all in order to reduce inequality, especially gender inequality and promote health, dignity and wellbeing for sustainable development in Southern and East Africa. We are working to contribute towards the creation of just, equal, productive and resilient societies in SEA, in which social justice and human dignity are at the centre of all development, policy and organising; and health and wellbeing are promoted for sustainable development.

ARASA is the only partnership of its kind in this region and our partners are diverse in their scale, focus and expertise. They include networks of people living with HIV, key population groups, legal aid organisations, youth groups, women's organisations and AIDS service organisations.

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EXECUTIVE SUMMARY

In 2016, world leaders at the United Nations General Assembly adopted a Political Declaration on Ending AIDS.¹ Countries agreed to an urgent agenda to accelerate efforts towards ending the AIDS epidemic by 2030. As part of the Political Declaration, leaders committed to reach ten specific Fast-Track Targets.² One of those Fast-Track Targets includes the commitment to:

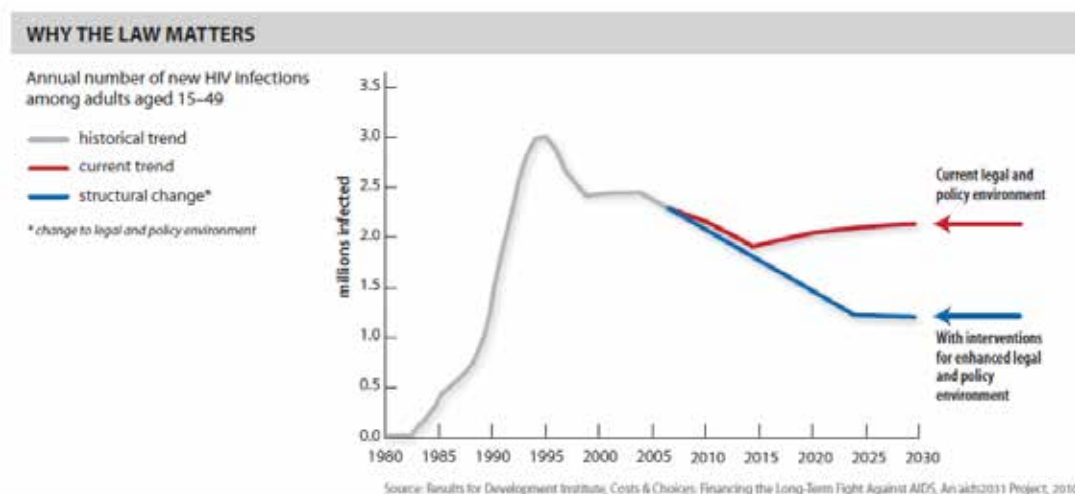
“...invest at least 6% of all global AIDS resources for social enablers, including advocacy, community and political mobilization, community monitoring, outreach programmes and public communication by 2020, and ensure that at least 30% of all service delivery by 2030 is community-led.

The Political Declaration also contains a related commitment around embedding human rights into the HIV response:

“Commit to national AIDS strategies that empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.

Ending AIDS by 2030 will be impossible if the current legal and policy environments remain unchanged (see Figure 1); investing in social enablers, community-led responses and human rights are critical strategies for enhancing legal and policy environments.

Figure 1: Trajectory of new HIV infections: current legal and policy environment vs. interventions for enhanced legal and policy environment³



Four years later, 2020 has arrived, and according to UNAIDS, it appears unlikely that Fast-Track target of 6% of resources to be budgeted for social enablers has been met.⁴ UNAIDS states that key enablers of effective HIV responses remain neglected in dozens of countries across multiple regions, which comes at a terrible price: from 2015 to 2020, there were 3.5 million more HIV infections and 820 000 more AIDS-related deaths than if the world was on track to meet its 2020 targets.⁵

In a survey of AIDS and Rights Alliance of Southern Africa's (ARASA's) member organisations conducted in 2018, some organisations raised the alarm at the decrease in funding for human rights and social enablers in the region. In response, ARASA commissioned this research study - *"Expanding Needs, Diminishing Means"* – in 2019, with support from the Robert Carr Fund. The study aims to document and assess the current funding environment for community-led responses to HIV in East and Southern Africa (ESA), with a focus on civil society organisations' (CSO's) ability to engage in programming for social enabling activities, as well as for human rights programmes. To this end, an online survey was conducted, and in-depth interviews were held with representatives from a range of civil society and community-based organisations from Southern and East Africa, as well as donors which support community-led responses, social enablers and human rights.

Of the organisations which responded to the online survey, more organisations had seen an overall decrease in their funding over the past 3-5 years (46.7%) than had seen an increase (33.3%), while 20% of organisations had remained stable. Study participants observed an upswing in conservatism and nationalism, both globally and in the SEA region, which has impacted on the human rights situation in some countries in the region, including on organisations' ability to organise, register and mobilise funds.

Across the board, respondents spoke of the waning of core funding, and the shift to funding of programmes focused on biomedical service delivery. CSOs identified how they are finding it increasingly difficult to obtain funding to sustain organisational systems. Thus, while donors expect organisations to adhere to increasingly stringent organisational governance criteria in order to access funds, and increasingly onerous reporting requirements, the extent to which they are prepared to support organisations to meet these requirements is decreasing. Organisations reported that, despite their own strategic planning processes to ensure that their programmes are relevant to the needs of the communities they serve, they had to constantly adapt to changing donor priorities.

Respondents were specifically asked about their experiences with the largest HIV donors: the Global Fund and the US Government (The United States Agency for International Development [USAID]; Centers for Disease Control [CDC]; and the U.S. President's Emergency Plan for AIDS Relief [PEPFAR]). Respondents acknowledged that the Global Fund has dramatically increased its funding for human rights. Almost all organisations sampled had received funds from Global Fund at some stage, including funding for work on social enablers and human rights. However, it was acknowledged that Global Fund grants are administratively demanding, and this was seen as being a barrier to community-based organisations.

Regarding the US Government, many felt that the entire US government HIV funding approach, and the approach of human rights and community-based organisations, are not aligned on a fundamental level. Others criticised US Government HIV funding policies and practices which were not just unsupportive of human rights, but actively obstructive of them. The Global Gag Rule and the Anti-

Prostitution Pledge are two examples. Paradoxically, however, the increasingly conservative stance of the US from 2016 to 2020 has prompted a push back from other donor countries to provide greater support for sexual and reproductive health and rights.

All the organisations in this study access most of their funding from foreign donors. Participants felt that, even if domestic governments in the region were to support their national HIV responses, work on social enablers, human rights and key populations was least likely to be funded.

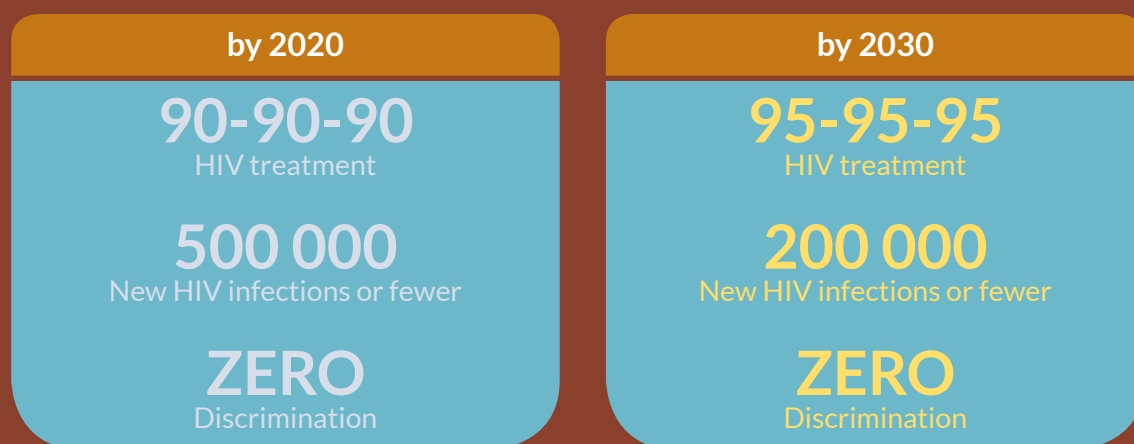
Respondents from human rights donors acknowledged that their contributions to CSOs and community-based organisations (CBOs) to address social enablers and human rights related to HIV could not match the need, amidst so many competing needs in the areas which they fund. They agreed with CSOs on many of the barriers to funding which were identified, and were generally committed to addressing them, including introducing flexibilities into budgets, and strengthening the governance capacity of their beneficiaries.

The funding situation has become even more precarious with the onset of the catastrophic COVID-19 pandemic, with clear signs that this will impact all forms of finance and the level of resources available in developing countries – domestic and international, public and private. As this research will show, as of November 2020, the COVID-19 pandemic has already had a negative impact on civil society organisations working on social enablers and human rights in East and Southern Africa.

Participants were mindful of the fact that external funding for their work would probably not continue indefinitely, and that they needed to plan for the sustainability of their organisations, but argued that social enablers and human rights are not popular issues for corporate or individual donors.

What can donors, governments and United Nations (UN) partners do differently, or do better, in order to support community-led responses and social enablers? How, in turn, can community-led organisations, be more strategic and improve their ability to attract funding?

Fast-Track Targets





Recommendations for donors:

Social enablers and human rights work is different to service delivery work, and requires a different, more flexible funding approach, with monitoring, evaluation, reflection and learning systems which are fit for purpose.

Programmes to shift social norms, policies, structures and practices are complex, and structural barriers can take many years to progress. Donors should either invest in long-term relationships with particular organisations, or should consider a five year grant period.

Strategic core funding is the most enabling source of funding for organisations working to advance critical enablers and human rights, especially in hostile political and social environments.

Donors should coordinate better with each other, align around common goals and adopt common indicators to optimise efficient use of resources.⁶

Ambitious, comprehensive, layered interventions are likely to have the greatest impact on social enablers and human rights. Donors should support consortia whereby several different organisations, all of which have a particular niche, come together and work in partnership.

Donors need to understand that proposals do not always reflect the specific set of skills and expertise which make an organisation effective at implementing community-based programmes, and should consider exploring new ways of assessing the strengths of community-based organisations.

Donors should find ways to reduce and simplify the administration and reporting burden on community-based organisations.

The COVID-19 pandemic has reinforced many of the above recommendations, particularly the need for core and flexible funding, the need for donors to listen to community-based organisations, and to reduce unnecessary administrative requirements.

Donors should find ways to reduce and simplify the administration and reporting burden on community-based organisations.



Recommendations for civil society:

Civil society should avoid working in silos, and should spend effort building and nurturing partnerships and coalitions, particularly with human rights organisations and networks.

Even if HIV-specific funding is plateauing or declining, there are opportunities to support social enablers that address underlying determinants of health in other sectors, and civil society organisations are encouraged to deepen their understanding of how their issues fit into broader agendas. HIV links to many 'development synergies'.

Civil society should increase investment in demonstrating the impact of their work. This means an increased commitment by civil society to documentation, monitoring, learning and evaluation, and communications.

Civil society also need to strengthen skills related to core organisational functions such as monitoring, evaluation and learning; financial management; project management; business development, resource mobilisation and communications.

There should be spaces for civil society organisations to share strategies to diversify their funding streams with each other.

Domestic governments should be supporting community-based organisations to a much greater extent than they are now. As donors and countries plan for transition, civil society needs to stay informed and involved in the establishment of social contracting mechanisms, to ensure that the value of community responses are recognised and utilised, and that social enablers and human rights are not excluded.

COVID-19 has confirmed the value of civil society organisations in reaching the most vulnerable, and has reinforced the need for civil society to be innovative and flexible in its approaches, to build strong partnerships and coordinate its efforts with governments, development partners and other CSOs.

1. INTRODUCTION

In 2016, world leaders at the United Nations General Assembly adopted a Political Declaration on Ending AIDS.⁷ Countries agreed to an urgent agenda to accelerate efforts towards ending the AIDS epidemic by 2030. As part of the Political Declaration, leaders committed to reach ten specific Fast-Track Targets, to be achieved by the end of 2020.⁸

One of those Fast-track Targets includes the commitment to:

“

...invest at least 6% of all global AIDS resources for social enablers, including advocacy, community and political mobilization, community monitoring, outreach programmes and public communication by 2020, and ensure that at least 30% of all service delivery by 2030 is community-led.

”

The Political Declaration also contains a related commitment around embedding human rights into the HIV response:

“

Commit to national AIDS strategies that empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programmes aimed at sensitizing law enforcement officials and members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, and supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support.

”

Four years later, 2020 has arrived, and according to the Joint United Nations Programme on HIV and AIDS (UNAIDS), it appears unlikely that Fast-Track target of 6% of resources to be budgeted for social enablers has been met.⁹ UNAIDS states that key enablers of effective HIV responses remain neglected in dozens of countries across multiple regions, and this collective failure to invest sufficiently in comprehensive, rights-based HIV responses resulted in 3.5 million more HIV infections and 820 000 more AIDS-related between 2015 to 2020 than if the world was on track to meet its 2020 targets.¹⁰

Important as these commitments were, there were fundamental challenges with the two targets, starting with the fact that no clear definition existed at the time as to what “social enablers” actually are.¹¹ To add to the challenge, social enablers and community-led service delivery are not currently being monitored in any kind of standardised, transparent or coordinated way, which makes it impossible to know for sure if the targets have been met. At the time this report was developed, UNAIDS was coordinating efforts to grapple with how to define and measure social enablers and community-led service delivery in order to address them more explicitly.¹² (See Section 4.1. for a discussion on this work on social enablers and community-led service delivery).

However, while these efforts are ongoing, what is already apparent is that funding for HIV and those organisations that implement work on social enablers has entered a time of uncertainty and change.¹³

A changing global political climate, especially characterised by political polarisation and a shift towards the election of conservative governments in some donor countries, has started to have a significant effect on the funding situation. One of the noteworthy impacts of this is the 2017 reinstatement and expansion of the Mexico City Policy, which restricts funding to organisations which provide or advocate for abortion - also known as the Global Gag rule - (which will be addressed in more detail in Section 4.6) by the United States Government (although at the time of writing, in November 2020, with the imminent change in government in the US it is expected that the Mexico City Policy will be repealed).¹⁴ In addition, the Anti-Prostitution Loyalty Oath, although struck down in the US Supreme Court as far as it applies to US-based organisations, is still being applied to foreign-based potential recipients of PEPFAR funds.¹⁵

The funding situation has become even more precarious with the onset of the catastrophic COVID-19 pandemic, with clear signs that this will impact all forms of finance and the level of resources available in developing countries – domestic and international, public and private. As this research will show, as of November 2020, the COVID-19 pandemic has already had a negative impact on civil society organisations working on social enablers and human rights in Southern and East Africa.

However, reductions in funding are not experienced uniformly across all regions, all countries and all sectors. Some ARASA partners have been able to position themselves to increase their funding, even in a time of great uncertainty. This report will attempt to tease out some of the nuances in the current funding landscape, looking especially at what the impact is for civil society and community organisations in Southern and East Africa.

2. OBJECTIVES OF THE RESEARCH

In a survey of ARASA's member organisations conducted in 2018, some organisations raised the alarm at the decrease in funding for human rights and social enablers in the region. In response, ARASA commissioned Equal Africa to conduct this research study - *"Expanding Needs, Diminishing Means"* - with support from the Robert Carr Fund.

ARASA aims, through this research, to document and assess the current funding environment for community led responses to HIV and, with a focus on CSO's ability to engage in programming for social enabling activities, including advocacy, community and political mobilisation and community monitoring, as well as for human rights programmes such as law and policy reform, and stigma and discrimination reduction.



In particular it seeks to:

- ✓ Map out and assess the impact of a changing donor climate on civil society, specifically those implementing human rights programming and other social enabling activities in the context of HIV and TB, in 18 countries in Southern and East Africa.¹⁶
- ✓ Map out trends in funding for HIV and TB, specifically for human rights programming and activities on social enablers, over the past 5-7 years in 18 countries in Southern and East Africa and how these have impacted and will impact on CSO sustainability in the region.
- ✓ Map out and assess CSO's access to different funding sources (Where do these CSOs get their funding from? What kind of funding is it? What are the challenges and opportunities?).
- ✓ Map out current global funding priorities, and how these effect the region, including priority issues and thematic shifts, such as sexual and reproductive health and rights (SRHR), Universal Health Coverage [UHC], prevention, and others.
- ✓ Assess CSOs engagement with Global Fund processes as well as other major donors such as PEPFAR.
- ✓ Identify barriers to access to funding by CSOs, particularly those implementing human rights programming and other social enabling activities in the context of HIV and TB.
- ✓ Assess the impact of the COVID-19 pandemic on funding for community-led responses to HIV, with a focus on CSOs ability to engage in social enabling activities.
- ✓ Make recommendations for addressing barriers to access to funding for CSOs and for ensuring that at least 30% of all service delivery is community-led by 2030 and that at least 6% of HIV resources are allocated for social enabling activities.

3. METHODOLOGY

The study was carried out in two phases. The initial phase was from September 2019 to February 2020. It included a desk review of relevant literature. An online survey was developed and circulated to ARASA partner organisations in Southern and East Africa. with responses from fifteen organisational representatives.

In addition, in-depth key informant interviews were conducted with seventeen selected representatives from local, national, regional and global civil society organisations, most of whom were also ARASA partner organisations. Further, representatives of six donors who fund social enablers and human rights were interviewed.

In the second phase, with the onset of the global COVID-19 pandemic, a rapid follow-up online survey was conducted in May-June 2020 to investigate the impact of the pandemic on funding for social enablers and human rights.

The study had some limitations. Whilst the study has included a wide literature review and a broad base of key informants, the study was limited by time, resources, and responsiveness of key informants. In addition, the number of respondents to the online survey was relatively low to enable broadly generalisable findings; however, data from the online survey was triangulated with data from other sources to strengthen its reliability.

The study did not undertake to analyse primary funding data. This study, and others which have attempted to analyse funding trends for community-led responses, social enablers and human rights, are hampered by a lack of publicly available funding data, a lack of transparency, and inconsistency in how data is recorded and reported.¹⁷

4. DESK REVIEW

In this desk review, we will start by exploring some of the key concepts that will be covered in this discussion.

4.1. Understanding Key Concepts

The 2016 Political Declaration contains targets relating to community-led responses, and social enablers; however, there is not yet consensus within the global HIV community as to what these terms mean. UNAIDS has set up a working group to develop consensus, and to assist in revising targets for social enablers for 2025 and 2030. A definition for community-led responses emerged from a 2-day Technical Consultation on Social Enablers convened by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in June 2019. The group agreed on definitions for some key concepts:



Community-led responses

Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups, and networks that represent them.

Community-led responses are determined by, and respond to, the needs and aspirations of their constituents.

Community-led responses include advocacy, campaigning and holding decision-makers to account; monitoring of policies, practices, and service delivery; participatory research; education and information sharing; service delivery; capacity building, and funding of community-led organizations, groups, and networks.

Community-led responses can take place at global, regional, national, subnational, and grassroots community levels, and can be implemented virtually or in person. Not all responses that take place in communities are community led.

Community-led responses are in themselves social enablers for the HIV response, shaping the social, economic, political and environmental factors that affect the performance of HIV and AIDS programmes and influence the outcomes.¹⁸

Community-led organisations, groups, and networks, irrespective of their legal status, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies.

Community-led organisations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.¹⁹



Critical enablers

Critical enablers are strategies, activities and approaches that aim to improve the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of HIV interventions and services. Enablers operate at many levels – individual, community, institutional, societal and national, regional and global. Critical enablers aim to overcome major barriers to service uptake, including social exclusion and marginalisation, criminalisation, stigma and inequity.²⁰

Critical enablers can be divided into two subcomponents: social enablers and programme enablers.²¹



Social enablers

Social enablers are those strategies, activities and approaches which create environments where responses can flourish. They include the following:

- | | | | |
|---|--|---|---|
| 1 | Laws, policies, practices and enforcement, including decriminalisation | Sexual and reproductive health rights | 6 |
| 2 | Access to justice | Addressing violence through both prevention and response | 7 |
| 3 | Community-led organisations | Economic justice, security and livelihoods (poverty, housing stability, work, social capital) | 8 |
| 4 | Addressing stigma and discrimination | Changing public views and attitudes, for example through comprehensive sexuality education or sensitisation training. ²² | 9 |
| 5 | Gender equity | | |

In addition to these specific social enablers, there are also cross-cutting issues, which can be part of each social enabler.

Cross-cutting issues are:

Human rights, including the right to health

Political will, commitment and investment

Community system strengthening²³

Figure 2: Nine Social Enablers and Three Cross-cutting issues²⁴

SOCIAL ENABLERS	CROSS-CUTTING ISSUES		
Laws, policies, practices and enforcement, including decriminalisation	Human rights (including right to health)	Political will, commitment and investment	Community systems strengthening
Access to justice			
Community-led organisations			
Addressing stigma and discrimination			
Gender equality			
Sexual rights and reproductive rights			
Addressing violence (prevention and response)			
Economic justice, security and livelihoods (poverty, housing			
Changing public views and attitudes, for example through comprehensive sexuality education or sensitisation training			



Human rights programmes

Human rights programmes: Social enablers include the seven human rights programmes referred to in UNAIDS' *'Seven key programmes to reduce stigma and discrimination and increase access to justice in national AIDS responses.'*²⁵



These are:

- 1 Stigma and discrimination reduction;
- 2 Training of health-care workers on human rights and medical ethics related to HIV;
- 3 Sensitisation of lawmakers and law enforcement agents;
- 4 Legal literacy ("*Know your Rights*");
- 5 HIV-related legal services;
- 6 Monitoring and reforming laws, regulations and policies relating to HIV; and
- 7 Reducing discrimination against women in the context of HIV.

4.2. The case for community-led responses and social enablers

Members of community-led organisations have long understood the value of the work they do in addressing the structural barriers²⁶ which both increase the vulnerability of people to HIV, and which also impede their access to, and retention in services.²⁷ However, many organisations may have struggled to get governments and donors alike to recognise and support their work. Many a community activist will have been asked “Where is the evidence?”. Indeed, because of the complex and long-term nature of activities which address social enablers, their impact has been harder to prove.

However, it is no longer possible to claim there is not enough evidence to act: there is extensive evidence on the impact of structural barriers to HIV prevention, treatment and care, as well as measurement tools for social enablers, and growing (although still not enough) data on interventions that work.²⁸

According to the Global Fund, such programmes have **proven public health outcomes**: these include decreases in new infections; positive effects on the percentage of people living with HIV who know their status; increases in coverage of prevention, treatment and care; and improved adherence. They also have **proven human rights outcomes**, including stigma and discrimination reduction and increased legal literacy and access to justice. The evidence also shows that such programmes work best if they are implemented **consistently, at scale**, through **institutionalisation** and **integrated approaches**.²⁹

Social enablers for HIV may also simultaneously address multiple Sustainable Development Goal (SDG) targets (the concept of development synergies). The SDG framework agreed upon in 2015 now includes one overarching health goal: **SDG 3: Ensure healthy lives and promote wellbeing for all at all ages**. SDG3 includes universal access to HIV prevention services, sexual and reproductive health services and drug dependence treatment and harm reduction services. However, the 17 SDGs are interconnected: they recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth.³⁰

To illustrate the concept of development synergies, let's use the example of programmes which aim to reduce stigma and discrimination against transgender people. These programmes not only reduce transgender people's vulnerability to HIV, but also promote better general physical and mental health (SDG 3: Good Health and Well-being), reduce gender inequality (SDG 5); may make schools more inclusive for transgender children (Goal 4: Quality Education); and may also improve work opportunities and therefore economic status for transgender adults (SDG 8: Decent work and economic growth).

Sustainable Development Goal 3:

Ensure healthy lives and promote wellbeing for all at all ages (including universal access to HIV prevention services, sexual and reproductive health services and drug dependence treatment and harm reduction services).

3 GOOD HEALTH AND WELL-BEING



Recently, twelve multilateral health, development and humanitarian agencies, including WHO, UNAIDS, UNDP, UNICEF, UNFPA, and Unitaid, came together to develop a Global Action Plan for Healthy Lives and Well-being for All, in order to accelerate progress towards reaching the health-related SDGs. The agencies recognised that community and civil society engagement as well as addressing the determinants of health are vital accelerators for creating an enabling environment for health and well-being for all, as committed in the SDGs.³¹ These programmes are also best able to reach the most vulnerable, and the most excluded, in line with a global commitment to “leave no-one behind”.³²

Finally, the costs of inaction – of not funding social enablers – should also be taken into account. When social enablers are absent, investments in prevention, treatment and other programmes are undermined, and money is wasted.³³

4.3. The importance of advocacy to advance social enablers

Advocacy is a key strategy to advance social enablers. There is no denying that advocacy by people living with and affected by HIV has been critical to the progress made in the response to HIV since the beginning of the epidemic. Advocacy has sparked action in the face of denialism and indifference, mobilised unprecedented financial resources, enabled communities to participate in designing health services that meet their need and has accelerated more equitable scale-up of effective HIV and health programming.³⁴

According to UNAIDS:



When traditional policy-making processes stall due to bureaucracy, advocacy shines a light on the problem and leverages community power, increased awareness and political will to drive action and innovation.³⁵



The following achievements would not have happened without advocacy to address structural barriers:

- ✓ Getting funding to the response
- ✓ Lowering medicine prices
- ✓ Combating discrimination
- ✓ Getting duty bearers to adopt evidence-informed approaches
- ✓ Overturning punitive laws and holding law enforcement accountable.

In South Africa, in the face of government inaction and AIDS denialism in the late 1990s/early 2000's, when hundreds of lives were being lost daily to AIDS, it was the Treatment Action Campaign, which deployed a range of advocacy strategies, including civil disobedience, mass mobilisation, commissioning its own research and strategic litigation, which eventually forced the South African government to make anti-retroviral treatment available within the public health service, and forced drug companies to reduce the prices of branded anti-retroviral drugs, and allow the licensing of lower-cost generic drugs.³⁶

A more recent case study of impact of advocacy can be illustrated by an example from ARASA's own experience. In, 2016, with support from the Robert Carr Fund, ARASA and the International Treatment Preparedness Coalition (ITPC) successfully mobilised and strengthened the capacity of leaders and activists of eleven organisations, including networks of key populations and people living with HIV in Botswana, Malawi and Tanzania to influence national funding platforms and processes. As a result of the project, country partners secured better representation for key populations on national decision-making bodies. This meant key population leaders were in a better position to secure improved allocations of national budgets for the communities they represent.

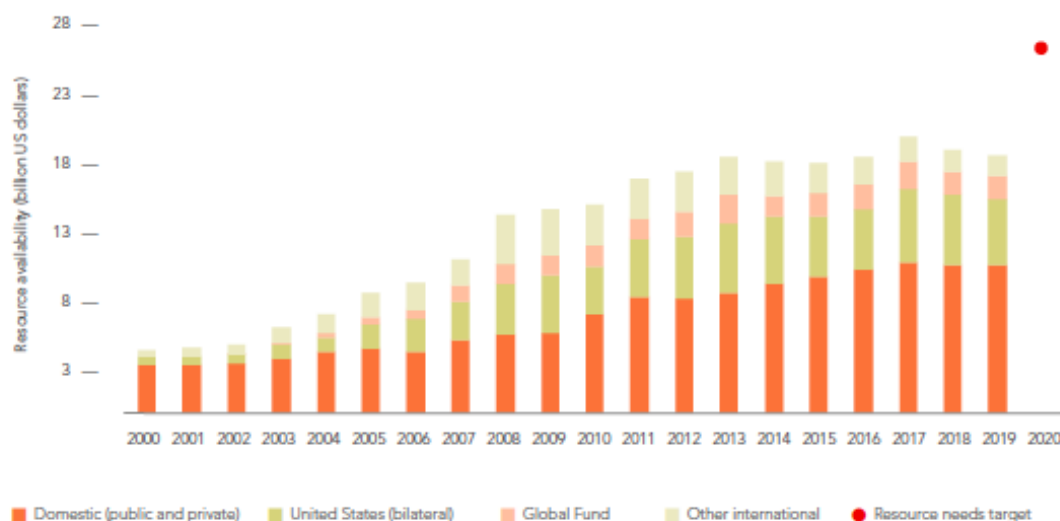
For example, project partners in Botswana advocated for increased allocations to key population programming through the PEPFAR Country Operating Plan (COP) process. As a result, under the 2017 PEPFAR COP, the national sex workers organisation received an allocation for \$145,000, three other NGOs functioning as a key population consortium received \$200,000 for direct treatment provision and one ARASA partner received \$45,000 for human rights related interventions.³⁷

4.4 Trends in funding for HIV - globally and in East and Southern Africa

4.4.1. Funding for HIV Globally

The Fast-Track commitments include a pledge to ensure that HIV investments increase to \$26 billion by 2020. The UNAIDS 2020 report indicates that, globally, resources for HIV in low- and middle-income countries (LMICs) increased steadily from 2010 to 2017, but have since declined (see Figure 2). As of 2019, global investments in HIV in LMICs amounted to \$18.6 billion, equivalent to 70% of the target set by the UN General Assembly in 2016.³⁸ However, the resource gap for HIV programming for key populations is much greater than the funding gap for the overall HIV response in LMICs. Between 2016 and 2017, only 20% of the funding required for HIV programmes for key populations was available (\$1.3 billion versus an estimated need of \$6.8 billion).³⁹

Figure 3: Resource availability and key funding sources for HIV in low- and middle-income countries, 2000-2019, showing 2020 target resource needs



Source: UNAIDS Global AIDS Update 2020: Seizing the Moment⁴⁰

The pattern of increases in HIV investments between 2010 and 2017, followed by a decline, holds true for investments from domestic sources, as well as the two major HIV funders, the Global Fund and the US Government (primarily PEPFAR). Figure 3 below shows the breakdown of contributors to the HIV response, by region.

Figure 4: Sources of global HIV funding, by region



Source: UNAIDS Global AIDS Update 2020: Seizing the Moment⁴¹

The Global Fund to Fight AIDS, TB and Malaria was established in 2002 to mobilise funds and coordinate investments, mainly by donor governments, as well as from the private sector and foundations. The Global Fund Strategy 2017-2022 includes the key objectives of promoting and protecting human

rights and gender equality, as well as building resilient and sustainable systems for health, including strengthening community responses and systems.⁴²

In 2019, the largest contribution to the global HIV response was from the United States Government, at \$4.8 billion, followed by the Global Fund, at \$1.7 billion.⁴³

PEPFAR, launched in 2003, is the largest investment by any country to a single disease ever.⁴⁴ As the USA is the largest bilateral HIV donor, changes in US HIV funding affect HIV funding overall. Despite fears that the US government would cut HIV spending, in December 2019, Congress voted against Trump's proposed budget cuts, and instead voted to slightly increase funding for HIV, including an increased US contribution to the Global Fund.⁴⁵

Another important decision, which is mostly viewed as a positive one is the announcement by Ambassador Deborah Birx, the U.S. Global AIDS Coordinator, in July 2018, committing to directing most of PEPFAR's funds to local organisations, rather than international organisations, with a target of 70% of funds going to local organisations by the end of the 2020 financial year. This is up from a baseline in 2018 where only 34% of PEPFAR funds went to local organisations.⁴⁶

4.4.2 Funding for Civil society working on human rights globally

In 2015, UNAIDS noted with concern that there were indications that the civil society organisations and community networks that have led the human rights responses to HIV were under threat of downsizing or disappearing entirely.⁴⁷



They conducted a survey of 123 organisations working on human rights and found that:

- ✓ The majority of survey respondents reported that their funding had decreased in the previous financial year, compared to earlier years .
- ✓ The majority of survey respondents anticipated that the decrease in funding would limit their ability to carry out HIV-related human rights programming and will lead to organisational downsizing.
- ✓ Survey respondents that anticipated less severe decreases in funding were in sub-Saharan Africa and carried out diversified programming, including service delivery.
- ✓ Survey respondents anticipating the most severe decreases in funding for HIV-related human rights programmes were in middle-income countries. As some countries graduate to middle income status, there is an expectation from donors that domestic governments should and will assume responsibility for funding the HIV response. However, a country's gross national income per capita may obscure significant social and economic inequalities. In addition, the ability and the willingness of domestic governments to provide health for all is not guaranteed.⁴⁸

- ✓ Although domestic funding for national HIV responses grew in recent years, 70% of survey respondents did not access domestic funds for their work on human rights and social enablers. Domestic governments tend to prioritise spending on treatment, including medication and other commodities. Social enabling activities, like advocacy, human rights work, and efforts to hold governments accountable, which can put community-led organisations in conflict with government, are less likely to be funded by domestic governments. In addition, programmes ensuring that key populations and other marginalised populations are not left behind may be unfunded or underfunded by domestic governments.
- ✓ Although their work is on human rights and law, only 51% of survey respondents reported accessing funds from non-HIV donors, such as those that focus on human rights, democracy and governance, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people. This shows that potentially there has been a failure to tap into non-HIV-specific funding.⁴⁹

4.5 Funding for HIV in sub-Saharan Africa

Trends in funding for HIV vary from region to region. In fact, Southern and East Africa, at the epicentre of the global HIV epidemic, has a relatively low gap between the funds available and the estimated funds needed, at 9% in 2019, in comparison to West and Central Africa, for example, where the resource gap is 32%. Funding for HIV responses in the region increased by 25% between 2010 and 2019, including a 26% increase in domestic funding, a 50% increase in United States Government bilateral funding and a 18% increase in contributions from the Global Fund.

Domestic sources accounted for 41% of total HIV funding in 2019, United States Government bilateral funding for 40% and the Global Fund for 10%. While the contribution by governments is encouraging, the caveat is that South Africa is responsible for most of the domestic spending in eastern and southern Africa; other countries in the region depending on external sources for about 80% of their HIV response financing challenges with allocative efficiency, or a combination of the above.

Figure 5: Resource availability for HIV, by source, 2010-2019, and estimated Fast-Track resource needs in 2020, Southern and East Africa



Source: UNAIDS Global AIDS Update 2020: Seizing the Moment⁵⁰

As Figure 5 illustrates, HIV financing peaked in 2017 and then declined by 12% between 2017 and 2019. A closer look reveals that in, 2017, the resources available actually exceeded the estimated need; thus, while the estimated need was \$10.1billion, in fact \$10.6 billion was mobilised from both domestic and international funding.⁵¹ This is noteworthy: the region mobilised more resources than what the resource needs estimates indicated was needed, and yet service delivery was still not at the targeted levels. This seems to suggest either that interventions are more costly to implement than anticipated, or the estimated resource needs were incorrect, or there has been wastage or inefficient implementation, or challenges with allocative efficiency, or a combination of the above.⁵²

4.5.1. Funding for civil society in East and Southern Africa

There is a mixed picture of funding trends for civil society organisations working on community-led responses, social enablers and human rights in Southern and East Africa (SEA), where ARASA works. There seems to be increasing funding for some, and decreasing funding for others. ARASA conducted a survey with 100 partners from 17 countries in 2018:⁵³ seventy three percent (73%) of organisations reported that the number of staff which they employed changed between 2012 and 2017. Fifty five percent (55%) of the total number of partners (52/95) reported that their staff size has increased since 2012 due to new positions having been created by new programmes, along with an expansion of activities to new geographical areas; while, 11 percent of the total (10/95) reported that their staff size has decreased due to reductions in funding.⁵⁴ Funding from partners such as the Global Fund, the United States President's Emergency Fund for AIDS Relief (PEPFAR), and Amplify Change were credited for contributing to the increase in staff size and reach of the majority of organisations. ARASA was also mentioned as having contributed to an increase in human resource capacity in partner organisations. The tenth edition of the CSO Sustainability Index for Sub-Saharan Africa,⁵⁵ covering developments in 2018 based on an assessment of the state of a broad range of civil society organisations CSOs (not just CSOs focused on HIV) in thirty-one African countries, gives a slightly different picture.



The assessment found that:

Financial viability has consistently been the weakest dimension of CSO sustainability in sub-Saharan Africa...About half (fourteen out of thirty-one) of the countries reported declines in 2018. Most CSOs are highly dependent on foreign support, and donors prefer to work with or through international organizations, crowding out smaller CSOs. Even larger domestic organisations that receive donor funding directly rarely receive multi-year grants, support for core costs, or opportunities to improve their internal capacities.

4.6 Barriers to funding for social enablers and community-led responses

According to the Global Action Plan for Healthy Lives and Well-being for All, despite the proven benefits of engaging communities and civil society, on a global level “many barriers limit their effectiveness and influence, including lack of resources, capacity and support and challenging legal, social, and policy environments. Inequitable access to resources, policy dialogue and decision-making nationally and internationally particularly affects marginalised communities, including women and girls, young people, ethnic, racial and religious minorities, indigenous populations, lesbian, gay, bisexual, trans-gender and intersex (LGBTI) people, migrants and people with disabilities.”⁵⁶

In this section, we will first examine some of the barriers faced by civil society organisations in Southern and East Africa. These barriers can be classified into: i) political and legal barriers ii) barriers created by donors and iii) civil society practices which create barriers.

4.6.1. Political and legal barriers

Political barriers include political restrictions on organising, freedom of association and expression. Criminalisation of key populations affects their ability to register, organise, open bank accounts and raise funds. For example, Sisonke Botswana, the sex worker led movement, has been trying for many years to register officially as a non-governmental organisation. Their application has been turned down by the government on the grounds that sex work is illegal in Botswana. Similarly in Mozambique, despite homosexuality being decriminalised in Mozambique in 2015 and a ruling by Mozambique’s Constitutional Council declaring a clause in the country’s Law on Associations, which was used to deny their registration, unconstitutional, LGBT organisation LAMDA has been refused registration. In Tanzania, amidst institutionalised homophobia, and in disregard to both freedom of association and the right to health, the government formally deregistered Community Health Education and Advocacy Services (CHESA), one of Tanzania’s most established organisations working to advance health and rights for LGBT people, accusing it of “promoting unethical acts.”⁵⁶

Two specific political barriers which affect organisations who would seek to apply for funding from a US Government donor, such as PEPFAR/USAID or CDC are the so called “Global Gag Rule” and the so called “Anti-Prostitution Pledge”.



Gag Rule

The Mexico City Policy, popularly known as the ‘Global Gag Rule’ prohibits foreign non-governmental organisations that perform or promote abortion from receiving US government family planning funds. The impact of the Mexico City Policy is to prevent non-US-based NGOs – and their sub-recipients – which are in receipt of U.S. funds from advocating for or promoting access to abortion at all, not just with US Government funds but even with funding that is not from the US government. US-based organisations are also affected by the Global Gag rule, but not as stringently: whereas they are prohibited from conducting or promoting abortion with US Government funds, there are no restrictions on their use of funds from other sources.

NGOs can either accept US federal funds and discontinue delivery of comprehensive sexual and reproductive health services or maintain these services without US federal funds. In the past, Democrat-led US administrations have tended to rescind the Gag Rule, while Republican administrations have brought it back. In 2016, the Trump administration reinstated the Mexico City Policy, and added more restrictions on PEPFAR funding.⁵⁸ Nearly 70% of foreign aid funding is earmarked for PEPFAR, so this was a significant and unprecedented expansion of the Mexico City Policy, and impacted a total of \$8.8 billion in foreign aid funding, more than 14 times more than that restricted under President George W. Bush.⁵⁹

As of November 2020, with the election of Joe Biden to the US Presidency, it is expected that the Mexico City Policy will be repealed.⁶⁰ However, over the past four years, the impact of the expansion of the Global Gag Rule has been felt in several ways - some expected, some unexpected – including in East and Southern Africa. The harm is not limited to abortion and family planning service provision, but far more broadly on sexual and reproductive health services, including HIV prevention, treatment and care.

Cuts to PEPFAR partners that are providing integrated family planning and HIV services had major public health implications, especially for women living with HIV. The integration of family planning into HIV service sites is a key way to reach women living with HIV and has been shown to increase the use of modern contraception among women living with HIV in several sub-Saharan African countries. By prompting clinic closures and funding cuts to key SRH providers, the expanded Global Gag Rule limited access to family planning, including for those living with HIV, thereby increasing unintended pregnancies, the number of infants born with HIV, and other associated health concerns.⁶¹ One global SRHR organisation alone, Marie Stopes International, estimated that the cuts to its programmes because of the loss of funding due to the expanded Global Gag Rule could lead to 6.5 million unintended pregnancies, 2.1 million unsafe abortions and 21,700 maternal deaths between 2017 and 2020.⁶²

Local organisations were much more likely to be affected by the expanded Global Gag Rule than international organisations.⁶³ When local organisations which implement evidence-informed, human rights-based SRHR work, refuse to sign the Global Gag Rule, prime organisations, most of which are international, then appoint alternative local subcontractors, who may not have the relationships with communities, and may be less concerned with implementing rights-based work.

The expanded Global Gag Rule also preferentially favoured US-based organisations, at a time when PEPFAR has committed to transition to 70% implementation by ‘indigenous’ local organisations, rather than international organisations, by the end of the 2020 financial year. Although this was already going to be a challenge: (in the 2018 financial year, only 34% of PEPFAR funds globally went to local organisations, while 50% of PEPFAR funds went to international partners),⁶⁴ as a result of the Global Gag Rule, reaching the 70% target is now even more unlikely.



Case study: The impact of the Global Gag Rule on the ground in Mozambique: Focus on AMODEFA

“By the time you get the policy repealed, many people will have died,” AMODEFA staff member

AMODEFA is a Mozambican NGO, which provides integrated sexual and reproductive health services, including family planning, cervical and breast cancer screening and referral, counselling for gender-based violence, and HIV and STI prevention and treatment, with a focus on marginalised and vulnerable communities. AMODEFA has been a long time recipient of PEPFAR funding, including to work with LGBT people, children living with HIV, and adolescent girls and young women (AGYW) (as a partner in the DREAMS programme). After the passing of the expanded Global Gag Rule, AMODEFA reported in 2018 that it would lose 60 percent of its budget because it could not comply with the Global Gag Rule. Since then, AMODEFA has had to close clinics across the country and let go of approximately 30 percent of its staff.

Source: CHANGE (2018) Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018, June 2018. Available at: http://www.gender-health.org/files/uploads/change/publications/Prescribing_Chaos_in_Global_Health_full_report.pdf



Anti-Prostitution LOYALTY OATH

The *Prohibition on the Promotion and Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking* - also known as the Anti-Prostitution Loyalty Oath (APLO) - requires that organisations receiving US funding must certify that they will not “promote or advocate the legalization or practice of prostitution or sex trafficking.” They must have an explicit policy against sex work AND human trafficking.

In 2013, the US Supreme Court ruled that APLO violates freedom of speech. Despite this successful challenge, foreign organisations receiving funding directly from the US government are bound by its restrictions.⁶⁵ In July 2020, the US Supreme Court stated that foreign affiliates of U.S.-based health organisations are not protected by the U.S. Constitution, and thus are not provided the same right of free speech.⁶⁶

While PEPFAR is channelling millions of dollars to programmes that support sex workers, the Pledge precludes organisations working with sex workers from advocating for decriminalisation of adult,

consensual sex work, even though decriminalisation is recognised as a key strategy for preventing HIV infection for sex workers and increasing access to services for them and is supported by WHO, UNAIDS, the Global Fund, Amnesty International, Human Rights Watch, and other bodies, and has been modelled as the intervention which will potentially have a greater impact on reducing new HIV infections amongst sex workers than any other intervention.⁶⁷

4.6.2. Barriers created by donors



Donor-related institutional barriers

Donor-created barriers include burdensome application, procurement and reporting procedures. These procedures favour larger, more sophisticated organisations which can afford to attract highly qualified staff, and to invest time and money into business development. In addition, many international donors require funding to be routed through large, established and legally-registered organisations, and therefore funding for small community-based organisations is often too limited to deliver the required impact.

Many HIV donors also favour funding biomedical and behavioural interventions, and are reluctant to fund structural interventions and social enablers, including advocacy, legal aid and litigation, as they are less easily measured, or citing difficulty with tracking impact. Also, the impact of structural interventions is longer term, and may require longer-term committed funding.



Limited funding for core costs and sustainability

Funding for core operating expenses is increasingly rare.⁶⁸ Many donors that provide funding for civil society and community activities allocate funding for projects, based on the cost of delivering interventions, often without consideration for the need to finance core expenses, such as management, governance costs, human resources support costs and staff salaries, or financial and other administration costs such as evaluations and annual audits. An over-emphasis on project or activity funding impedes the ability of smaller organisations to stabilise and grow and for bigger organisations to remain stable and sustainable in the long term. At times, sufficient funding for core costs is available only for large grants or to large organisations with the capacity to manage complex accounting systems, which are often international organisations. This can lead to a vicious cycle where only the most sophisticated and well-funded organisations are able to meet donors' complicated requirements to demonstrate the need to fund core costs.⁶⁹ It is often the case that large NGO's that operate as grant managers are able to include overhead costs whilst smaller implementing organisations are only permitted to include direct costs associated with service delivery in their budgets and are not allowed to include overheads which are needed for organisations strengthening, governance and sustainability.



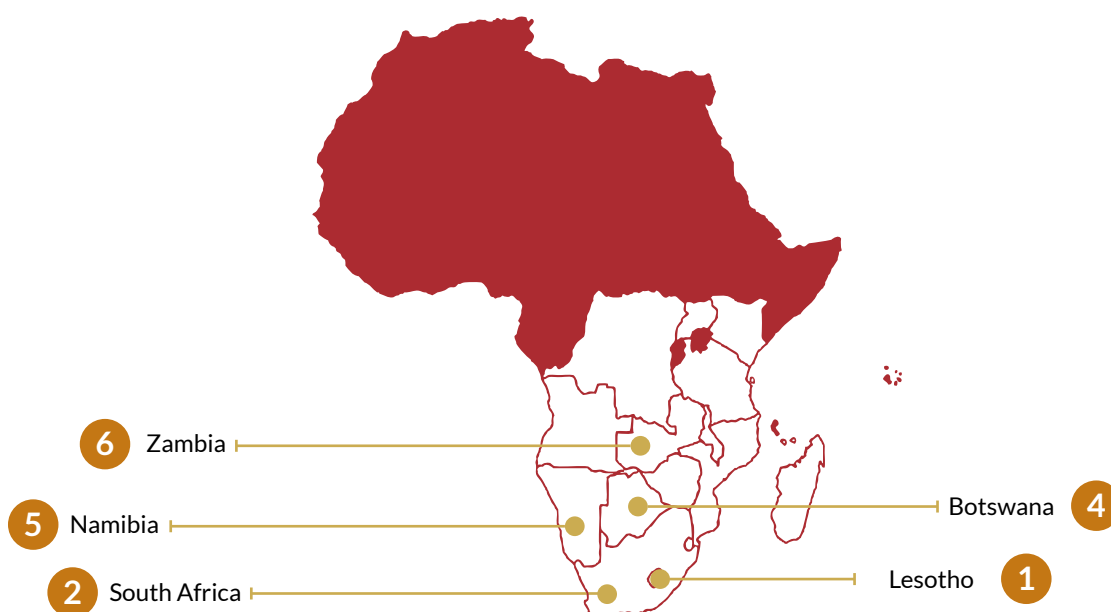
Transition policies

The major HIV donors have indicated that, as countries either become wealthier, or their HIV disease burden improves, or both, they will be expected to increase domestic resource allocation to their HIV and TB programmes.⁷⁰ The Global Fund has indicated that upper middle income countries, regardless of their disease burden, should start planning for transition at least 10 years in advance, in order to give themselves time to put domestic funding systems in place. In southern Africa, these upper middle income countries are Botswana, Mauritius, Namibia and South Africa (there are none in East Africa).⁷¹ However, donor transitions out of countries, based on rigid externally-determined criteria such as country per capita income status, may negatively impact on the ability of community-based organisations to sustain their services,⁷² especially where governments are averse to providing resources for advocacy activities, or providing services for stigmatised and/or criminalised populations.⁷³

Furthermore, a country's income status can mask considerable economic inequality between the richest and poorest in the country. The world's most unequal countries include the upper middle income countries named above. In 2020, 5 out of the 6 most unequal countries in the world are in southern Africa.

These are, in ranking:

- 1) Lesotho;
- 2) South Africa;
- 4) Botswana;
- 5) Namibia and
- 6) Zambia.⁷⁴





Weak donor coordination

Weak donor coordination, for instance among bilateral donors with diverse and frequently-changing interests and priorities, may create gaps and unpredictability in funding for some areas of the HIV response, and duplication in others.⁷⁵

4.6.3. Civil society practices that create barriers

Factors within the civil society sector can also create barriers, including competition between groups over legitimacy and access to decision-making platforms and funding.⁷⁶ Other obstacles include poor governance and accountability; a lack of investment in financial management and insufficiently prioritising donor reporting as well as monitoring and evaluation; and a lack of investment in communicating/profiling success.

The tenth edition of the *CSO Sustainability Index for Sub-Saharan Africa* had this to say about the link between CSO organisational capacity and financial sustainability:



...throughout the region, CSOs struggle to develop their internal capacity. Most organizations, from the largest and most established to the smallest and most remote, have trouble building constituent bases, conducting effective strategic planning, nurturing effective management processes and staff, and acquiring and maintaining advanced technology. The majority of CSOs inconsistently adhere to their core missions as they pursue funding. In Mozambique and South Africa, for example, organizations moved away from their missions and strategies in 2018 because of poor funding environments. Brain drain is also an issue, with qualified and experienced CSO staff often poached by international CSOs or government entities. Domestic CSOs often play a supporting role to large international organizations, which deprives them of the chance to develop their own competencies in key areas. Declines in organisational capacity were reported in Malawi, Namibia, Sudan, Uganda, and Zimbabwe, in large part because CSOs lacked the funding to recruit personnel or retain skilled staff. Unexpectedly, declining funding had a positive effect on...CSOs in Botswana, where limited funding forced CSOs to rely more effectively on interns and volunteers.



4.7. Opportunities in the funding environment

Despite the frustrating lack of progress towards the finance targets for social enablers and community-led responses of the *2016 Political Declaration*, and despite the multiple challenges faced by community-led organisations in accessing funding for social enablers, there are still opportunities in the external environment. It is prudent for civil society organisations to be aware of these opportunities, and to align their efforts to take advantage of some of these opportunities.



Social contracting

Social contracting describes mechanisms that allow for government funds to flow directly to CSOs to implement specific activities. Social contracting recognises the critical role that civil society organisations play in the HIV response, including their ability to reach key and vulnerable populations.⁷⁷ Social contracting is receiving increasing attention, especially in countries in the region which have graduated to upper middle income status, such as Namibia and Botswana. In Namibia, for example, the government, civil society and donors are working together to assess and plan ways to systematise social contracting.⁷⁸



Innovative financing

Innovative financing: involves a range of novel ways in which CSOs can generate income, beyond applying for grants from donors. These can include:

- ✓ Leveraging support from the state, either in terms of subsidies or tax breaks, or, for example, renting premises from the government at low or no cost;
- ✓ Leveraging the organisations own assets, which could include sub-letting office space
- ✓ Social entrepreneurship, which involves the use of entrepreneurial business strategies to advance the work of the organisation. For example, it may include the sale of goods made by community members or the provision of training or consulting services, the profits of which are ploughed back into the organisation.
- ✓ Partnerships with the private sector corporate social investment initiatives, which could take the form of co-branding, whereby a proportion of the sale of particular goods goes to the CSO
- ✓ Direct giving, whereby members of the public give directly. Strategies here include regular subscriptions from members of the public, or bequests in benefactor's wills, or crowdfunding campaigns, which use web-based platforms for online donations.
- ✓ However, most CSO's have not explored funding opportunities beyond traditional support from foreign donors, and are continuing with business as usual. The *2018 CSO Sustainability Index* found that, for the most part, CSOs have not diversified their funding sources.

“

“Few CSOs conduct traditional or social media fundraising campaigns, although the practice is beginning to catch on in some countries. Corporate social responsibility programs provide some support in Angola, Ghana, Kenya, Madagascar, and Namibia. Most organizations lack the procedures and tools to manage financial resources efficiently and compliantly.”⁷⁹

”



Some CSOs are being innovative about fundraising however, as the CSO Sustainability Index reports:

One bright spot is organizations’ increasing ability to find ways to generate their own revenue. CSOs in Botswana, Tanzania, Zimbabwe, and elsewhere raise revenue by renting space to other groups or marketing products and services. Social enterprises are becoming more common in Kenya, and Mozambique, while Nigerian CSOs engage effectively in crowdfunding, an opportunity that is also being explored by Tanzanian CSOs.⁸⁰



Case study:

In March 2020, in South Africa, Sisonke (the national movement of sex workers) and the Sex Workers Education and Advocacy Taskforce (SWEAT) launched a backabuddy fundraising campaign to help support the immediate needs of sex workers during the lockdown imposed to stop the spread of COVID-19. Sex workers across the country were hit by a sudden and complete loss of income and they, and the families they support were left facing starvation.

The backabuddy campaign had an initial target of R20 000 (approximately US\$1200). As of the end of November, 2020, the campaign has received over R215 000 (approximately \$15000) in donations. These have included very large donations from partner organisations and friends of SWEAT and Sisonke’s work internationally but also smaller donations from individuals who, despite their own difficulties at this time, were willing to put their hands into their pockets to support sex workers. Other supporters made direct donations of food to the organisations.

100% of the funds were used to support emergency relief for sex workers and their families. Sisonke and SWEAT used the funds to send grocery vouchers to sex workers’ phones, ultimately supporting more than 700 adults and 900 dependent children.⁸¹



Examples of alternative financing from another region

Europe and Central Asia have seen a decline in donor funding for HIV in recent years. The Eurasian Harm Reduction Association collected case studies from its members of alternative ways of mobilising resources.⁸² These are categorised in the table below.

Table 1: Alternative financing:

Models of sustainable development for non-profit organisations

Indirect State Support	<ul style="list-style-type: none">Tax Deduction (i.e. donations are tax deductible)Subsidies for social service providersPreferential rent of premises (e.g. from municipalities)Vehicles set up by lotteries and gambling activities
Internal Resources	<ul style="list-style-type: none">Social entrepreneurshipExpert services, e.g. consulting, trainingSales of goodsMembership fees
Business Partnerships	<ul style="list-style-type: none">Royalties on the sale of goods and services (also known as co-branding)Charitable grantsInvolvement of company staff (or their clients) in charitable activitiesInvestment in specific projects
Interaction with Society	<ul style="list-style-type: none">Cash DonationsCrowdfunding campaignsDonations of goods or equipment

Source: Eurasian Harm Reduction Association (2019). *Alternative Financing: Models of sustainable development for non-profit organisations*. Available at: <https://harmreductioneurasia.org/alternative-financing/>

5. STUDY FINDINGS

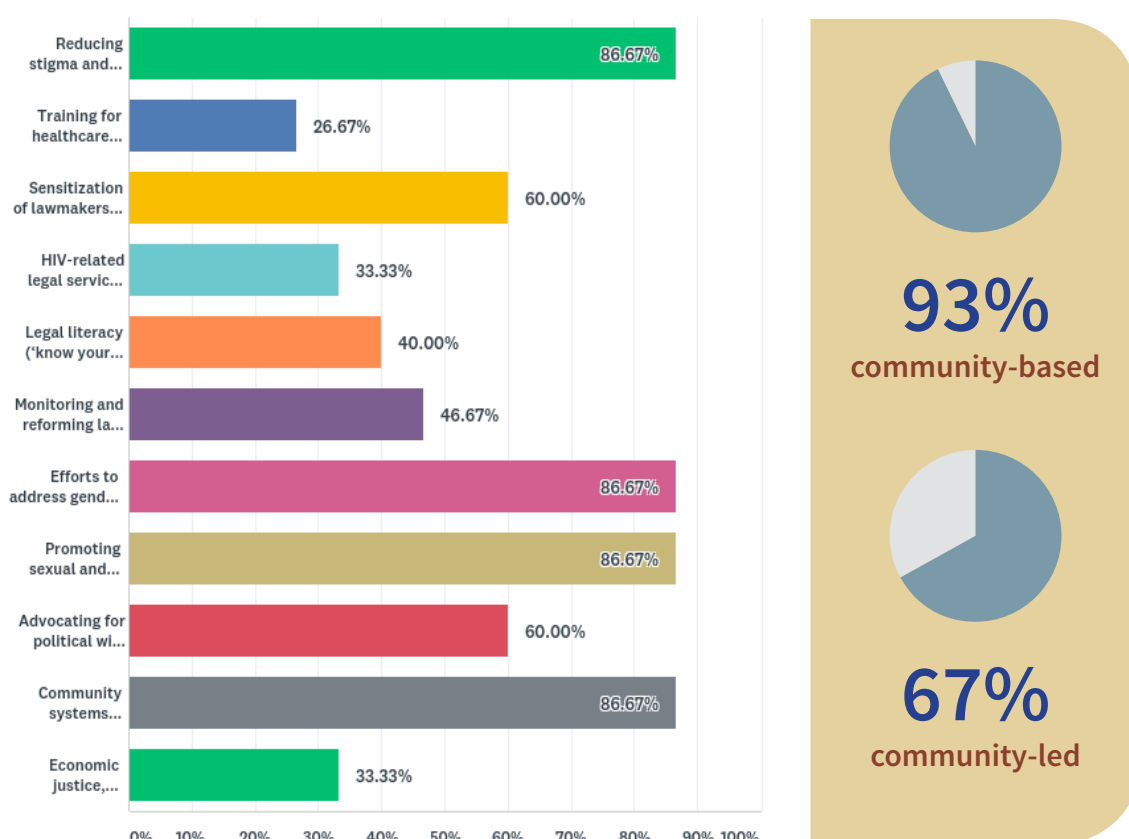
In this section, we will review the findings from the online survey, and the in-depth interviews with representatives from civil society organisations from Southern and East Africa, and with a range of donors.

5.1. Online Survey

Respondents to the online survey were from national organisations in Democratic Republic of Congo, Malawi, Mozambique, Seychelles, Tanzania, Zimbabwe and Zambia. In addition, there were responses from regional organisations from East Africa.

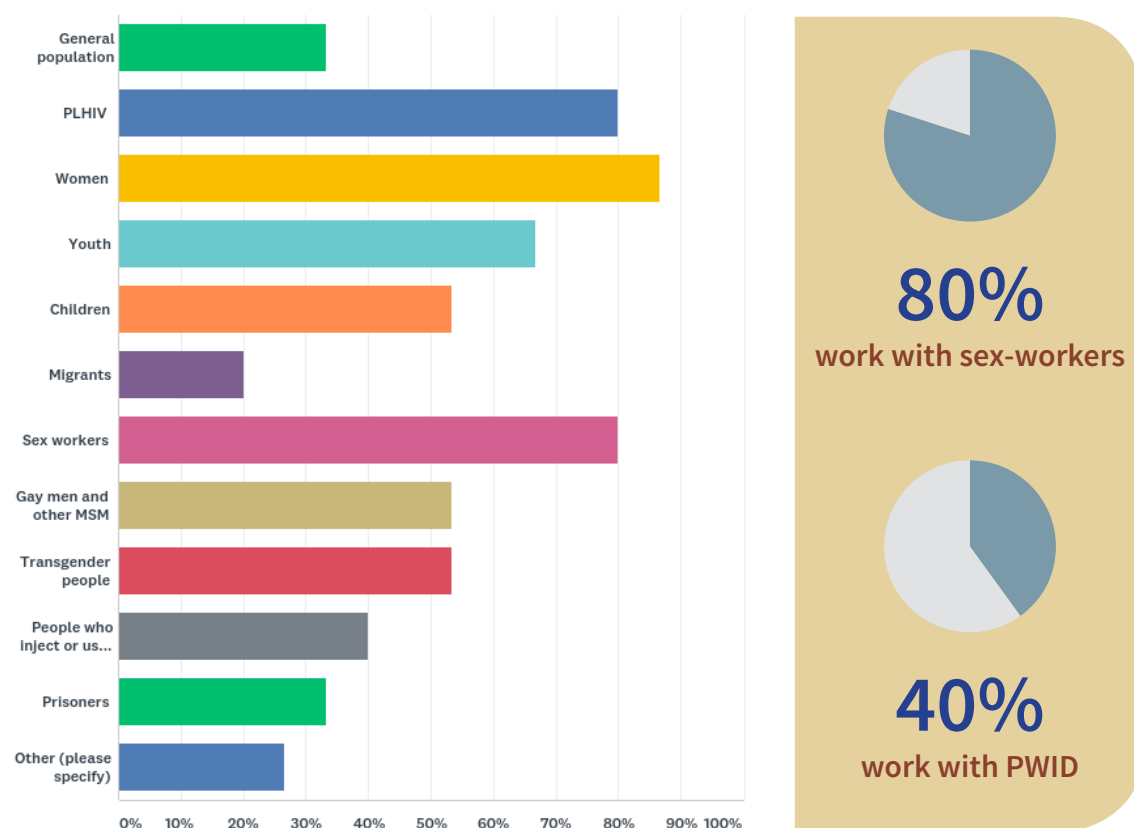
The organisations' work covered a range of social enablers, and many did work across multiple areas. Over 80% of the organisations sampled did work on reducing stigma and discrimination, addressing gender inequality, including addressing sexual and gender-based violence; promoting sexual and reproductive health and rights, and community systems strengthening.

Figure 6: What work does your organisation do in promoting social enablers, including human rights programmes, for HIV and TB?



93% of organisations were community-based, and 67% were community-led (both responses were possible). The majority of organisations worked with key and vulnerable populations for HIV and TB, with the most common responses being women, youth, people living with HIV and sex workers (see Figure 7). All of the organisations had under 40 employees. 33% had five or less, and 27% had between 6 and 10.

Figure 7: Which populations does your organisation focus on?



Organisations were supported by a range of multilateral and bilateral donors, and foundations. These included the following, in descending order of frequency:

Table 2: Donors supporting responding organisations to implement social enablers and human rights programming, in descending order of frequency

Donor	#		
PEPFAR or CDC	4	UNDP	2
SIDA	4	OSF/OSISA/OSEIA	2
Aidsfonds	4	Steven Lewis Foundation	1
Global Fund	3	Arcus Foundation	1
Comic Relief	3	Oxfam	1
Robert Carr Network Fund	3	IOM	1
National AIDS Council	3	UNFPA	1
Amplify Change	2	UN Women	1
Bill and Melinda Gates Foundation	2	AJWS	1
UNAIDS	2	HIVOS	1
		VSO	1

5.2. Interviews with key informants

The national civil society organisations which participated in the in-depth interviews were from eSwatini, Kenya, Malawi, Mozambique, South Africa and Zimbabwe. There were also organisations working regionally across Southern and East Africa, and one global organisation. Organisations ranged in size from 4 to over 80 staff members. All were involved in work promoting social enablers and human rights: for most this was their core work.

Donors represented private foundations, corporate social investment (CSI) funders, bilateral and multilateral funders.

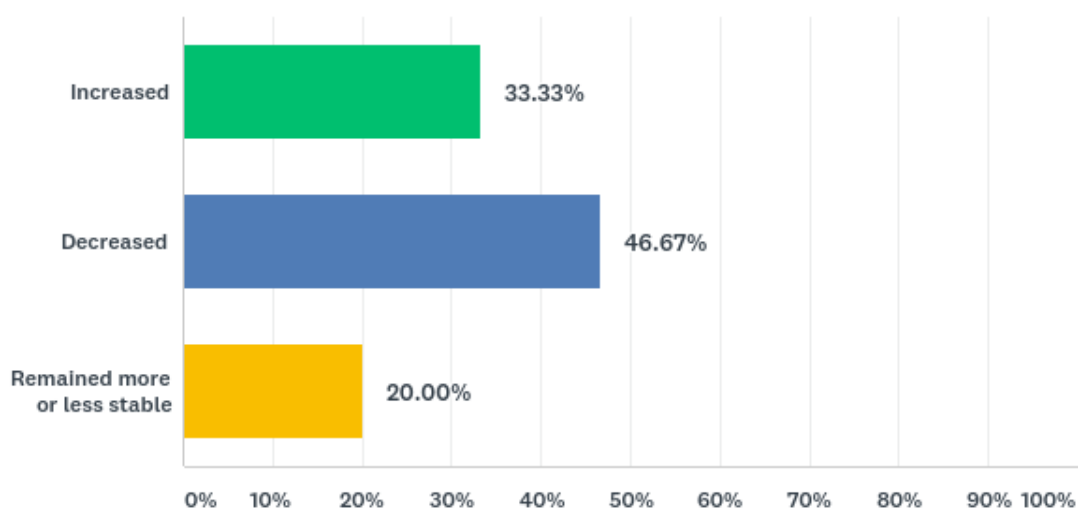
5.3. Trends in funding for social enablers and community-led responses



Has there been increase or decrease in funding for social enablers over the past 5 to 7 years?

There have been mixed fortunes for social enablers and community-led responses in recent years. More organisations had seen an overall decrease in their funding over the past 3-5 years (46.7%) than had seen an increase (33.3%), while funding for 20% of organisations had remained stable.

Figure 8: How has funding for your organisation changed over the past 3-5 years?



Overall, civil society participants reported either a plateauing or a decrease in funding, both for themselves and for other organisations they work with:

“

AIDS Service Organisations are dying.

If there's an increase, it's not coming to civil society and communities.

There was a point where there was an increase, but in the last two years, things are now extremely challenging.

Definitely decreased steadily in past seven years. We had double three years ago, we have half for next year.

There has been waning interest in specific area of human rights.

There has been a decrease in the number of donors, and in the amount of funds received.

A lot of closure and retrenchments in gender-based violence organisations. In South Africa, we see organisations facing serious challenges.

”

Donors who were interviewed affirmed the observations of civil society representatives:

“

The landscape has changed dramatically. It's not shifting for the better. There is shrinking funding. When you look at the big donor organisations, they themselves are going through their own strategies, engaged in transitions, phasing out of countries. Some countries are getting less money. PEPFAR is reducing number of counties they are funding.

”

Reasons given by survey respondents for a decrease in funding were:

“

Changes in funding focus of major donors (Global Fund and Comic Relief);

The economic and political situation in Zimbabwe;

A three year project which ended in 2018.;

Globally there is a shift of priorities from HIV and AIDS to other thematic areas. Within the country, the Global Fund grant moved from National AIDS Commission to ActionAid and their approach is very different and very few local CSOs have accessed the funds.;

Economic crisisx;

Political situation and change of interest from donor community.

”

Smaller organisations appeared most vulnerable to a decrease in funding as they tend to rely on far fewer funders, and receive smaller amounts. In fact, at least one ARASA partner organisation, AIDS Legal Network - an established human rights organisation - has had to close its doors in the past year as funding has dried up.

Community-based key and vulnerable population organisations seemed to be the worst affected:

“

For community-based LGBT funding, it's very tough. They rely on per diems and small project activity money to keep going.

”

However, some positive trends were identified. There has been a shift towards supporting communities in some areas, in recognition that certain groups, especially key populations, have been underfunded. One example is the creation of the Red Umbrella Fund, a vehicle developed to fund sex worker-led community organisations. Other donors which have seen the gaps and stepped into this space include the Robert Carr Fund; the Count Me In consortium; and Amplify Change. All of these mechanisms were welcomed by the respondents. In addition, the Global Fund Breaking Down Barriers was acknowledged as making a major financial contribution to human rights interventions in 20 focus countries, but on the other hand, this programme was used to justify the ending of the highly valued regional Global Fund grants – Removing Legal Barriers and KP REACH, which, between 2016 and 2019, invested significant resources and capacity into human rights programming and institutional strengthening for key populations organisations.

The survey respondents which had experienced an increase in funding cited the following reasons:

“

Enhanced resource mobilisation and management of donor relations.

Organisational growth; improved visibility; compliance; accountability and transparency.

Visibility of our work.

Understanding the donors and making sure that we address and meet their requirements and expectations in our grant applications increased our success rate hence increased funding for the organisation.

”

All survey respondents cited a range of challenges in mobilising resources, including:

“

Challenges with identifying donors and writing winning proposals

Inadequate proposal-writing capacity.

Proposals are being developed but not too sure of where it all goes wrong.

Having proposals for large funds accepted. We write and send out several proposals each year but the competition is high because even CBOs are assessed at the same level as the international NGOs and research institutions who have much better resources which includes putting together technical and highly experienced teams to research-write-put together a proposal, as well as very strong internal and governance systems;

Competitive environment in writing proposals;

Lack of skilled personnel to develop proposals;

Lack of skills in resource mobilisation;

We do not have a dedicated full-time staff for fundraising, we do not have alternative means of generating funds (infrastructure like offices that we could let out), we do not have skills and capital to venture into other income generating activities;

Donors themselves do not link the grantees to other donors. Lack of skills in searching for the new partners outside the country.

”

- “ **Small organisations with inadequate systems**
- As a small NGO, we find it seriously difficult to convince big donors.
- Implementation arrangements from country CCM [Country Coordinating Mechanism] towards local organisations whereby they did not allow SSRs [sub-sub recipients] to operate and came with new terms.
- Withdrawing of donors due to constraints in the government system.
- Lack of expertise. Small size of organisation.
- ”
- “ **Mismatch with donor priorities**
- Ever-changing donor priorities.
- Lack of donors’ interest to fund Congo projects.
- Small country whereby all organisations are knocking on the same door, while international funding are geared more towards activities in line with the environment, climate change and blue economy.
- ”
- “ **Legal, policy and political barriers at national level**
- It is difficult to mobilise funds for PWUD [people who use drugs] and PWID [people who inject drugs] within the country because of criminalisation and related stigma. During the past years, nothing was allocated for PWUD by the Global Fund mainly because there was no substantial data in terms of population size estimate.
- Political arena of the country; investment policy of the country; the issues we tried to advocate around are not selling.
- ”



Shrinking civil society space

Respondents cited shrinking civil society space as a barrier to accessing funding and unpacked the concept, explaining that in the last decade, there has been an upswing in conservatism and nationalism. This is a trend in both the Global North and the Global South, including in sub-Saharan Africa. One of the consequences has been a negative impact on the freedom that civil society has to operate and a domestic space that has become increasingly restrictive particularly for organisations aiming to hold their governments to account and represent the interests of marginalised communities.

- “ There is a pervasive pushback against the kind of programming that we engage in.
- Anything that is seen as being critical of government is seen as a threat to national security.
- ”

For example, there has been police harassment of activists, or spurious legal and bureaucratic obstacles to the registration of organisations, as is the case with sex worker led organisation Sisonke Botswana, or LGBT organisation LAMDA in Mozambique. In Tanzania, LGBT organisation CHESA has been deregistered for ‘promoting unethical acts.’⁸³

The implication for civil society organisations is that they are working in societies where the dominant narrative is one which opposes and undermines what they stand for, and which takes time, effort and strategy to defend against.

“

Donors have to consider that we have an opposition to human rights. There is an active well-funded movement that are anti-women's rights, anti-key populations, anti-family planning and abortion, and actively opposes our work. This is especially true in Africa where religious organisations have taken hold, and are not answerable. They've been in communities for ages. They actively undermine our work.

”

Work on social enablers and human rights is intrinsically controversial because it so often challenges the status quo. Bilateral funders who support human rights, but at the same time want to maintain diplomatic and economic relationships between their countries and domestic governments, have been known to withdraw funding from CSOs who are seen as being too aggressive in their tactics.



Changes in thematic focus: Who determines the agenda?

Rapid changes in donor priorities was voiced as a major frustration by civil society respondents. Donor shifts can be influenced by political and policy changes in the donor capitals, by global trends, by macro-economic data, or by macro-epidemiological data. However, there may be a mismatch between CSO's strategic plans, and priorities and what donors want to fund in a given funding cycle.

“

A big challenge for us is rapid shifts in funding partner priorities, which don't always match the needs on the ground.

”

This is a dilemma. CSO's undertake strategic planning processes, based on their analysis of the issues in their environment that need to be addressed, and which they have the competence to address. What happens then if funding is not available to support the CSO's strategic plan and thematic priorities? Do they amend their strategy in order to survive, or turn down the money and face financial risks? This is a balancing act, and CSO's had different ways of managing these tensions. Some were very clear about the change they wanted to see (their 'theory of change'), were confident about their mandate and 'comparative advantage', and thus were able to be assertive about the funds they would and would not accept.

However, most organisations were not in this fortunate position, and had to make concessions to donor agendas:

“

It's hard to get funding to do what is in your strategic plan.

You spend time trying to repackage what you do in order to meet their new flavour of the year, without losing your focus. We had to do new theory of change, a new strategic plan, to make sure that what we were selling to them was something they could buy. At the same time, we have to make sure we don't lose our ability to do what we set out to do.

”

What are the thematic shifts which are taking place? A major shift observed is that away from HIV-specific funding. This was partly attributed to the fact that, whereas the Millennium Development Goals specifically mentioned HIV (MDG 6: combat HIV/AIDS, malaria and other diseases), there is no SDG which singles out HIV, rather there is one overarching SDG for Health (SDG 3). Donors rightly align their strategies with the SDGs with an increased focus on Universal Health Coverage (UHC).

In line with this trend, one of the major changes which has affected ARASA partner organisations is Sida's shift away from HIV specific work to a strategic framework focused on advancing Sexual and Reproductive Health and Rights (SRHR) more broadly, including HIV. Sida has traditionally been a major funder of social enablers and human rights related to HIV in the region.

Some organisations also observed an increased focus on supporting work on LGBT rights, which, although a positive trend, is sometimes at the expense of work with other populations.



Decrease in core funding

Across the board, participants spoke of the waning of core funding, and the shift to funding of programmes focused on service delivery. CSOs identified how they are finding it increasingly difficult to obtain funding to sustain organisational systems: this includes funds for office expenses, governance, resource mobilisation, strategic planning and for human resources which are not directly involved in service delivery, including management; finance; communications; monitoring, evaluation, research and learning (MERL); administration and fundraising. Thus, while donors expect organisations to adhere to increasingly stringent organisational governance criteria in order to access funds, and increasingly onerous reporting requirements, the extent to which they are prepared to support organisations to meet these requirements is decreasing.



What's changed is that there's been a move away from core funding to programmatic funding. It's not impossible, but it makes it more difficult, building the core costs into programmes but not calling it that. Donors are happy to throw programme funds, but who do they think is doing the work?

Donors don't want to pay for salaries or overheads. They always push back on that, it's always a negotiation. People don't talk about stuff like this. We don't really have unrestricted funding.

Several of the traditional aid partners have shifted away from institutional funding to project funding; critical costs for operations and overheads are often tedious to negotiate and become repeatedly an issue of debate – taking away energy and focus from the actual 'work' to be done.

It's harder and harder to get core funding to strengthen your institution. Donors don't do it unless they trust you, and it's hard to get into that cycle of trust.

Some donors want to fund smaller organisations with budgets under one million, but the criteria are so stringent, and the application process is so laborious, and then the donors complain that they don't get enough quality proposals.





“You don’t have capacity”

A key challenge is that, despite the fact that organisational strengthening activities are increasingly difficult to fund, donors are risk-averse when it comes to funding less established community-based and community-led organisations. Participants observed that donors’ decisions on which organisations to fund often boils down to the quality of the proposal submitted. This gives an advantage to larger, more sophisticated organisations, which are able to invest in capacity, employ well-qualified staff with technical skills and can invest in having robust systems. Community-based organisations, in particular those led by key populations and young people, often fail to qualify for donor funding because they lack these technical skills.

“

Others have mastered the game, they know how to write proposals.

A lot of people are now doing work on human rights, they will say that (we) sex worker- led organisations do not have capacity.

International NGOs are registering in Southern Africa, pretending to be African NGOs, and then they use their global resources to bid on global contracts and thereby squeeze out African organisations.

We have donors who are funding international organisations in Malawi. They always say we don’t have capacity. They give the lion’s share of the grants to international NGOs, who then subgrant to local organisations.

You find these intermediaries, positioning themselves to get contracts, forming front companies.

”

However, organisations which are able to produce high quality funding proposals do not always have the skills needed to implement quality, relevant, meaningful, impactful community-based programmes.

A donor agreed:

“

The reality is that the grant structure is not meant for small organisations. They have to find intermediaries, and intermediaries not interested in transformation. Grant managers are administrative organisations.

”

Participants argued that donors should take the time to understand the civil society context in the country. Which organisations are known by and accepted by communities? Who has experience in working with communities, and has learnt from this experience what works and what doesn’t? Which organisations have relationships with the important gatekeepers, influencers and constituents?



Short-term funding

Implementing socially enabling activities and human rights programmes that address structural barriers to HIV and TB is complex and long-term work. Doing it properly, and starting to see impact takes time. Unfortunately, the nature of the current funding environment is such that too often, funding is for short periods, sometimes for one year or less. This leads to piecemeal, incoherent and unsustainable work.

“

Short-term funding which does not allow for sustained results to be secured and maintained.

Our greatest challenge is that when we have a donor, it's projects of one year. You are doing good work, but it comes to end. You're just getting started, then have to start winding down. People build expectations. They still come to your offices, but you can't offer them services. You have vibrant staff. But when the project ends, there is a brain drain, you lose them. If someone comes to your office with a different issue, if you don't have funding for it, the person gets frustrated. The people we are dealing with, they don't understand, they are in a desperate situation.

”

Many participants spoke of the tremendous value of the Global Fund regional grants – KP REACH and Removing Legal Barriers, implemented from 2016-2019, and how these were discontinued when they were starting to bear fruit.

“

I don't think donors realise how important it is for a range of organisations to work collaboratively together. If its supported by broader advocacy, and organisations on the ground, it's the only way to tackle this issue. Working in partnership we can do it better. There was a huge amount of momentum, which sadly coming to an end. We are going back to working in our silos, not sharing advances and successes as we did previously;

Abrupt ending of programmes, and non-continuity into scale-up or sustainability phases, with sudden shifts in GF focus areas, has a risk of reversing gains made.

”

A five year grant was seen as being ideal for making a meaningful difference.

One donor, OSISA, has definitely taken heed, and is transitioning towards longer term funding:

“We are transitioning away from year-to-year funding. Administratively, it was heavy. We also couldn't measure the impact, one year is too short. We are transitioning into longer term funding. Mixed periods – some organisations will be funded for 10 years, renewable, but mostly we are moving towards minimum of 2 to 3 years.”



Human rights interventions need to be programmed differently

Programmes which address social enablers and human rights barriers to HIV and are different to those which provide direct prevention, treatment and care services. Applying the same funding model to human rights programmes as to service delivery programmes is not appropriate. Organisations which have the capacity to provide quality health services are not the same as those which have the capacity to deliver effective human rights programming, and vice versa. Human rights programmes do not necessarily lend themselves to the same monitoring and evaluation processes, such as quantitative targets, as service delivery. Thus, while the Global Fund, in particular, was commended for its decision to substantially increase investment in human rights, its grant management systems were thought in many ways to be not fit for purpose.

“

What's required for addressing human rights for key and vulnerable populations? It's complex, responsive; funding needs to be flexible and nimble. You need to have freedom to adjust to how the context is moving. Qualities which make a good organisation to address human rights, are not the same as that which Principal Recipients (PRs) require from their Sub-recipients (SRs). The Global Fund requires predictability, templates, quantitative targets. Targets are good, but they need to be developed in careful consultation with organisations that have worked in the human rights space before and know what will make an impact.

With advocacy, you need to move with the moment, you need to be responsive. Issues arise, like drug shortages, you need to jump on it right there and then. But they do not always allow you to respond. Your work plan may become out of date. But there's not much room to negotiate, so you miss out on key advocacy moments.

”

A human rights donor agreed:

“

The way in which they [Global Fund] structure the grants is really difficult for organisations to do meaningful work. Organisations are so busy with templates and targets that they lose sight of the meaning of the work around social change.

”

5.3.1 Experiences with US Government funding

Many of the organisations interviewed were of the view that US government funding is focused on biomedical service delivery. Moreover, many felt that the entire US government HIV funding approach, and the approach of human rights and community-based organisations, are not aligned on a very fundamental level.

“

We are not the kind of organisation they fund.

PEPFAR lacks that human and community element; their funding for communities is not that much. In Zimbabwe, we are fighting for funding for community-led responses. We see the person holistically, we are responsive, we understand how communities work, and about the individual within communities.

There is a significant misalignment between PEPFAR and what we stand for. They don't take a person-centred approach. It's about minimum investment, maximum scale. You shouldn't treat people as vectors of diseases.

”

Many community organisations which had engaged, or attempted to engage with PEPFAR felt that PEPFAR processes were 'difficult to navigate', 'intimidating', 'very technical', 'very biomedical', 'rigid', and contained 'a lot of bureaucracy'.

Others criticised US Government HIV funding policies and practices which were not just unsupportive of human rights, but actively obstructive of them. The Global Gag Rule and the Anti-Prostitution Pledge, discussed in the previous section, are two obvious examples.

“

The change of government in the US, and reintroduction of Global Gag Rule, has affected many people working in SRHR.

The restrictions placed on access to funding from the US Government are very destructive to the human rights agenda.

”

Mention was also made of PEPFAR's willingness to fund conservative religious organisations. One participant spoke of the withdrawal from the ICPD 25 Conference by politically conservative groups and the setting up of a side conference. The participant reported that PEPFAR presented at that side conference:

“

It sends a message to organisations that base their work on evidence that groups who do not base their work on evidence is supported by PEPFAR.

”

Paradoxically, the increasingly conservative stance of the US has prompted a push back from other donor countries, notably the Dutch and Swedish governments, which has led to initiatives like She Decides, a global movement promoting the rights of women and girls to bodily autonomy. The Swedish government's new strategy for Sida includes a major SRHR focus, including advancing the rights of women, girls and LGBT people; shifting harmful gender norms; addressing gender-based violence: implementing comprehensive sexuality education; as well as improving access to family planning and abortion. Some participants in the study said that Sida had communicated to existing or potential grantees that “they won't fund if you are taking money which imposes those kind of condition” and “you cannot have American money and Swedish money. If you take American money, Sweden will walk away”.

A key informant from Sida provided some context, explaining that they work with organisations which are able to advance their strategy of full SRHR, and that indeed, it would be impossible for an organisation to do so, if they have agreed not to support access to comprehensive SRHR services including access to abortion. However, there are exceptions, and ultimately the context affects grant-making decisions.

Despite all the above criticisms of the US Government's HIV funding approach, participants had witnessed some positive changes. The decision to shift towards greater funding for community-based organisation was seen as positive. In addition, since civil society has become more actively engaged in the PEPFAR Country Operational Plan (COP) processes, through the People's COPs, there has been a perceived increase in the responsiveness of PEPFAR to include the priorities articulated by communities:

“

The People COPs are an attempt to get PEPFAR to be more responsive, to listen to organisations in the country that have the experience. To a certain extent it has worked. Participation in Peoples COP gives organisations a chance to interrogate PEPFAR policies and processes, and this increases their engagement and familiarity. It also gives the US Government a chance to see what CSOs need and want.

”

5.3.2. Experiences with Global Fund

I don't think there's anyone else who funds structural work quite at that scale.

Participants acknowledged that Global Fund has dramatically increased its funding for human rights, through its Breaking Down Barriers initiative, in line with the strategic objective to address human rights barriers to HIV and TB services in its latest strategic plan. Almost all organisations sampled had received funds from Global Fund at some stage, including funding for work on social enablers and human rights.

Organisations' experiences as implementers of Global Fund programmes depended significantly on the Country Coordinating Mechanism (CCM), and the PR.

It makes a big difference to the extent to which directives from GF are interpreted and communicated onwards, and the extent to which the SRs can feedback and influence the programme. For a lot of the countries, the PR (which in many cases is the government) is an obstacle to how that money is prioritised. Depending on experience and capacity of PR, the money can go a long way, or not.

The local CCM and Global Fund structures don't empower the SRs and SSRs. Our PR received funding for HIV interventions for MSM. They had the right to choose which organisation they want to work with – they ended up awarding some of the grants to religious groups, and they haven't performed because of the internal politics. Global Fund needs to do more work to check that the PR is accountable.

The extent to which GF money can be used to make joined up impact as opposed to individual SR impact is up for serious consideration. PRs are not taking up that role. PRs are just doing grant management, keeping LFAs [Local Funding Agents] happy.

It is well known that Global Fund grants are administratively demanding, and this was seen as being a barrier to community-based organisations:

In many cases, organisations that do human rights and social enablers [activities] do not fit the bill for being PRs and SRs, and this deters many CSOs. Funding goes to service delivery organisations that don't implement the work with quality. The people who understand how work should be done don't have the governance systems.

Global Fund can be a burdensome donor, in that their reporting requirements and funding mechanisms are difficult, especially for smaller KVP [key and vulnerable population] organisations, who find it difficult to access funding from the Global Fund. In addition, PRs which are able to access funding and whose organisational governance structures make them eligible, are not fit for purpose for managing smaller, community-based KVP organisations.

There is too much documentation that is needed. Some sex workers have low literacy levels. Some of [GF'S] templates are too complicated.

Also the Global Fund is possibly the worst in the world at down-sourcing risk to the most vulnerable organisations. So you get told you need to have Partner X, but then Partner X is corrupt or falls apart, then you are liable for that \$40K to the Global Fund, and they'll persecute you to the point of closing down the organisation. I hear lots of similar stories from around the continent.

Several organisations had experience with the Community Rights and Gender (CRG) Strategic Initiative. They appreciated the CRG's efforts to support key and vulnerable population groups to engage with Global fund processes. The CRGs support had had varying levels of success. One observer remarked:

“

Their rhetoric is right, they want to support human rights and social enablers. Internally, they have people who support this. But their modalities of operation, and their structures and systems completely undermine their intentions. It has never changed: CCMs are inflexible and unwilling to accommodate KVPs. You do so much work with these populations. We did everything to position them...country dialogues, had meetings with proposal writers... and at the end of it the money did not come to them. It was lip service. People in government positioned themselves to get the money.

”

5.3.3. Alternative means of mobilising resources

All the organisations in this study access most of their funding from foreign donors. The only country where an organisation interviewed received any funding from their own government was South Africa. Participants felt that, even if domestic governments in the region were to support their HIV responses, that work around social enablers, human rights and key populations were least likely to be funded.

Participants were mindful of the fact that external funding for their work would probably not continue indefinitely, and that they needed to plan for the sustainability of their organisations. In seeking alternative sources of funds, some had targeted corporate social investment, but argued that social enablers and human rights are not popular issues for corporate donors:

“

Corporates like funding teddy bears for sick kids. Because we work with sex workers, drug users, and MSM – these are not popular causes.

I'm not aware of any organisations that have managed to successfully raise funds from corporates.

They all go crazy for Women's Month, and 16 Days of Activism, and that's it. It's quite superficial. It's never for long term social change around norms. They like quick activities and like their names on everything. For us, it's not really worth the effort.

”

Quite a few organisations generated income through consultancies, but this was not a significant amount for any of them. Consulting was useful in that it generated unrestricted funding, but was not without its challenges:

“

The problem is that if you are going to generate money from consulting, you are taking time away from people who are doing other work. I am yet to see a sustainable model of organisation who does this. The amount of profit is not that big.

”

In terms of other innovative funding mechanisms, participants were aware of them, but did not have any direct experience of them. They were aware that grant-making paradigms were shifting, and moving in a direction which aimed to minimise risk while maximising impact. One human rights donor felt that:

“

Organisations being forced to think in a language they don't understand. The new Silicon Valley funders use a different model to groups who have traditionally done this work. 'Return of investment' on social justice work? How do you measure such things? I don't know if civil society should ignore it or play the game..

”

6. RECOMMENDATIONS

What can donors, governments and UN partners do differently or do better, in order to support community-led responses and social enablers? How, in turn, can civil society and community-led organisations, be more strategic and improve their ability to attract funding?

Both the civil society and the donor respondents had important ideas as to how civil society organisations working on social enablers and human rights could survive, and indeed thrive, in a sustainable way. Recommendations emerged for how both donors and civil society could address challenges and harness opportunities in the funding environment.

Below are some key recommendations, drawn from all three sources: the desk review, the online survey and the key informant interviews.

6.1. For Donors:



Social enablers and human rights require flexible funding

Work on social enablers and human rights is significantly different to service delivery work. Many donors' reporting templates, budgets and MERL frameworks are tailored to service delivery programmes and are not fit for purpose for programmes addressing social enablers and human rights. Quantitative indicators like "number of advocacy meetings convened" are unlikely to give an indication of how effective the programme is. Obviously the broad outline of an advocacy strategy should be planned in advance; however, advocacy also has to be agile and responsive to the context. Skilled HIV and human rights advocates are always reading the environment, developing relationships with stakeholders, understanding which meetings are critical to attend, and which issues are critical to respond to.

Some donors have thought deeply about how to best support human rights and social enablers, and there are lessons to be learnt from them: examples are the Robert Carr Fund, American Jewish World Service, Aidsfonds, and Open Society Foundations which were identified as supportive donors.



Social enablers and human rights require a longer-term investment

Efforts to shift social norms, policies, structures and practices do not bear fruit in the short term. This area of work is complex, and structural barriers can take many years to progress. Anything less than a three year investment is unlikely to generate any meaningful change. Donors should either invest in long-term relationships with particular organisations, whereby funding is renewed every grant period, or should consider a five year grant period, as with US Government donors.



Provide core funding

Strategic core funding is the most enabling source of funding for organisations working to advance critical enablers and human rights especially in hostile political and social environments.



Coordinate with other donors

Donors acknowledged that they often do not coordinate sufficiently with each other. This can lead to duplication of funding as well as insufficient funding going to organisations who are doing good work. When donors coordinate with each other, they are also able to align around common goals (for example, the Political Declaration targets for social enablers and community-led responses), and adopt common indicators (such as those in the Global AIDS Monitoring tool), which ultimately makes the evaluation of impact a more achievable task. One good example of donor coordination is Breaking Barriers, Advancing Rights, a collaboration between Global Fund, GIZ Backup and Frontline AIDS to align efforts to address human rights-related barriers to HIV and TB, which occurred from 2019-2020.⁸⁴ Funders Concerned About AIDS (FCAA), a network of 45 philanthropic foundations and charities which aims to foster coordination and alignment of donor's efforts, is another example of donor efforts to identify and address gaps in funding for the response to HIV.⁸⁵



Coordinate to track and share data

If the Political Declaration commitments that 30% of the HIV response should be community-led and 6% of HIV funding should be allocated to social enablers are to be met by 2030, urgent and concerted efforts are needed on behalf of UNAIDS and all major funders to reach consensus on definitions of the two concepts, as well as how they are to be measured. Furthermore, the investments of all donors which support community-led responses, social enablers and human rights must be systematically disaggregated, tracked and made public.



Support consortia

Ambitious, comprehensive, layered interventions are likely to have the greatest impact on social enablers and human rights. This is the kind of impact which is best achieved when several different organisations, all of which have a particular niche, come together and work in partnership. Such partnerships are not only an efficient use of resources, but also create synergies.



If there is a regional response together, and groups band together where they will have a multi-faceted response. Approaches and proposals take a long time to put together. It needs to be supported financially.



See beyond the proposal

Selecting grant beneficiaries, or implementing partners must obviously be a transparent, neutral and objective process. But donors who wish to make an impact at community level need to understand that a strong proposal may not capture the specific set of skills and expertise which make an organisation effective at implementing community-based programmes. Donors should think carefully about their selection criteria – which skills are most important to achieve the impact desired on social enablers and human rights, and how can they be assessed? Sometimes it takes seeing an organisation 'in action' in the community, to understand their rapport with the community, and their ability to speak a language which the community can relate to.

“

They need to give capacity to NGOs that have shown that they are doing good work. It's not about proposal writing, it's about empowering them. They know the politics, they know the context, they will be accepted by locals. International NGO can't criticise the government, local NGOs can do so. They understand the nuances of the context, when to use hard or soft diplomacy. It should be a partnership. Give them the capacity to be able to manage money, work with them as partners.

”



Minimise bureaucracy

Is the excessive administration really necessary? Should community-based organisations have to draw on funds from other donors in order to subsidise a grant's reporting requirements? Is it correct that the administrative burden takes time away from doing the actual work?

“

If you are going to be incredibly demanding about M&E, you are forcing them to take time away from programmes, which compromises the quality and quantity of their work.

”

The message from civil society to donors was clear: if you want to reach global and donor targets for community-led response, find ways to either reduce the amount of administration, or adapt administrative requirements for organisations with lower levels of capacity and technical skills. Of course, donor organisations have to ensure that the funds generated by ordinary taxpayers and private donors in (usually) the Global North, are spent in an efficient, transparent and accountable manner. Donors and beneficiaries should think creatively and flexibly about how to simultaneously maximise accountability while minimising administration.

6.2. For Civil Society:



Greater impact through partnerships

Just as donors need to move towards supporting consortia, civil society needs to avoid working in silos, and spend effort building and nurturing partnerships and coalitions with like-minded organisations at national, regional and international levels. There should be a strengthening of collaboration and coalition-building between communities, including within the HIV movement, for example, across intersecting issues affecting key populations (e.g. sex work and drug use), but also outside the HIV response (e.g. with the women's movement, the labour movement, the broader human rights movement etc.)

“

Opportunities lie in getting better at working together in consortia, at national and regional levels, come up with a coordinated plan of work. Everyone has a strengths and undertakes a different aspect of it, rather than competing.

A collective and comparative advantage approach to how CSOs engage with one another is not only ideal but becoming more and more requisite; as currently there is an underlying competitiveness – which disadvantages both the CSOs directly, but also places pressure on common funding partners to distinguish between our respective comparative advantages.

”



Embrace synergies, intersectionality and integration

Whereas HIV-specific funding may be plateauing or declining, there are opportunities in other sectors, and civil society organisations are encouraged to deepen their understanding of how their issues fit into broader agendas. HIV links to many ‘development synergies’: human rights, gender equality, social justice, democracy, governance, economic development, efforts to reduce inequality and marginalisation, universal health coverage, sexual and reproductive health and rights, anti-corruption, labour rights, LGBT rights, and more.



Engage with players outside of HIV, address issues of transparency, accountability, financing. Start engaging with organisations out of comfort zones. Start inviting others. They don’t have to fully transition, just expand their scope.

We need to justify our contribution to SDGs more than we are doing. We need to be way more articulate about our substantial contribution to broader development agenda.



Strengthening resource mobilisation

This research clearly identified that there is a widespread need for strengthening organisations’ capacities to mobilise resources. Many ARASA partners and other CSOs working on social enablers and human rights feel that they lack the ability to craft winning funding proposals.

Organisations should develop skills in identifying appropriate calls for proposals. These skills include the ability to do thorough research on donors to understand the agendas these donors are aiming to advance and the policy frameworks they are mandated to deliver on through their Overseas Development Aid (ODA) contributions. Organisations should be savvy about aligning their efforts and their language with the donor’s political agenda.

“ We work with people who understand how to analyse funding calls and strategically respond to them. You have to make sophisticated arguments. I’m not sure CSOs have that skill. We do an analysis - what is the back agenda of the donor? This is an increasingly complex task.”

Creative problem-solving will be needed to build CSOs capacity to fund-raise. Solutions could include: training programmes on resource mobilisation; shadowing arrangements whereby sub-recipients can observe principal recipients’ proposal development processes; or the pooling/sharing of fundraising personnel between a group of organisations.



Make the case for human rights and social enablers

A major recommendation to civil society, particularly from donors, was that it is imperative to contribute to the growing understanding of what works in programmes which seek to address social enablers and human rights. This is crucial if donors are to continue to fund this work. This means a commitment by civil society to investing in developing expertise in documentation, monitoring, learning and evaluation of their interventions and their impact. It also means investing in communicating one’s successes, failures and lessons learnt.

“

Help make the case more strongly for investments in human rights. Help identify where specific interventions should be. Human rights investments are for their own sake, but in addition civil society organisations need to demonstrate the impact of investment in human rights and community [systems] strengthening on HIV.

If you can continue to show successes, even if small, you will continue to attract donors towards your work.

Documentation – we don’t do enough of it. We don’t get the support of experienced persons to document our experiences, our work. The better you do so, the better you can mobilise resources.

”

Where civil society organisations lack the resources to conduct research, they can seek partnerships with research organisations. It is also strategic to develop relationships with the media, including sensitising media practitioners if necessary.

“

Many of the organisations that are strong on advocacy and activism are not strong on research capacity. We need to do partnerships to ensure that we can do evidence-based advocacy.

”

Civil society organisations should be mindful that bilateral donor agencies are accountable to their governments for reporting on the effective management of funds as well as the impact of investments. Grant managers can be supported in communicating the needs and significant change their funding is helping to achieve in the whole programme cycle from strengthening of CSO strategy, planning, delivery, impact and measurement of change in the environment relating to critical enablers and human rights.



Governance and other capacities

Organisational governance systems are crucial: they minimise the donor’s risk and ensure accountability. CSOs need to ensure they have a strong mandate from the communities they represent, have a clear organisational strategy, a strong governance structure to oversee the delivery of the strategy, strong financial management systems and efficient and focused reporting tools.

“

Make sure that your governance and your financial management is good so that they don’t have an excuse not to fund you.

”

With the move away from strategic core funding for organisations it is essential that the costs for systems strengthening are identified and factored into proposals to support a virtuous circle of stronger CSOs more able to demonstrate delivery and impact leading to greater donor confidence.



Explore innovative financing

Even though it is unlikely that human rights and community-based organisations will ever be able to exist without donor funding, opportunities exist for diversifying funding streams. There are civil society organisations who have been smart about developing social enterprises or making investments to supplement their income. Participants said they would appreciate getting together with other organisations to share their ideas and experiences.

“

It's worthwhile for civil society to look and share ideas, but remember, we are not businesses.x

We are looking into whether fee for service is the way to go, there are pros and cons – it needs juggling. We need to look back over the last year and look into what benefit there has been. It would be good if we could develop it further.

”

The brave new world of innovative, technology-driven financing is a confusing space for many CSOs. Some participants were sceptical as to whether innovative financing mechanisms are suitable for community-based organisations, but most were keen to learn more about and explore these opportunities.

“

We do have to start educating ourselves about new innovative models, the sooner they learn how the world operates, the sooner they can make use of the opportunities.

We are definitely interested to rapidly learn how to leverage these.

”



Tell donors what civil society wants

The relationship between donors and civil society is often seen as one in which donors have all the power. But in fact, donors can and should learn from community organisations, who are the ones with the knowledge of the context and the experience with implementation. Both the donors and the civil society participants in this study supported open dialogue between donors and grantees. Structured opportunities for donors and civil society to get together and discuss issues, like the ones raised in this research, would be welcomed:

“

There must be more CSO engagement with donors. Donors should be more of a target group for advocacy. The Red Umbrella Fund would not have emerged if organisations had not done advocacy with donors.

A regional advocacy campaign is needed to influence the donor community – to convince the donors that the human rights agenda is still important.

Stop being passive receivers of money, giving all the power to funders. Do more capacity strengthening of them, continue pushing them.

There was a call for donors to get together and get feedback from CSOs – that is a good idea.

”

The Bill and Melinda Gates Foundation was singled out as one of the three biggest HIV donors that currently does not fund human rights and social enabler interventions, and should.

“

Civil society must push others [donors] not currently doing it to include it – like Gates Foundation. Convince them that human rights have a way of improving outcomes. Make the donors see that connection.

”



Demand accountability from governments

National governments should be supporting community-based organisations to a much greater extent than they are now. As donors and countries plan for transition, civil society needs to stay informed and involved in the establishment of social contracting mechanisms, to ensure that the value of community

responses are recognised, and that social enablers and human rights are not excluded. However, civil society organisations working on social enablers and human rights advocacy should ensure that social contracting does not compromise their autonomy and silence their advocacy voice. This includes having discussions with governments about the crucial role of civil society independence, advocacy and watch-dog role.

In addition, organisations need to educate themselves about governments' health budgets, and hold governments accountable for meeting the funding and other targets they have committed to at regional, continental and global platforms. In addition, they need to track expenditure, and ensure that health funds are spent properly and efficiently.

“

For domestic financing, there needs to be equal investment in advocacy efforts by KP groups to ensure that governments comply and that government investments are effective.

We seriously need to look at domestic funding. They need to be involved in domestic funding for health broadly, holding African governments accountable to, for example, the Abuja Declaration.⁸⁶ You have a situation where a woman goes to hospital, and they say they run out of money, yet there is money that goes missing due to corruption and mismanagement.

The business case is not well made for the things that we do better than government - government thinks we are an add-on luxury that they would preferably do without.

”

7. THE IMPACT OF COVID-19 ON FUNDING FOR SOCIAL ENABLERS AND COMMUNITY-LED RESPONSES

The initial version of the “Expanding Needs, Diminishing Means” report was completed in February 2020 just as it became apparent that the COVID-19 pandemic was going to have a grave impact on the global economy, and was going to cause unprecedented disruption globally, including in East and Southern Africa.

It was therefore decided to conduct follow-up research to supplement the report with information on the impact of the COVID-19 crisis on funding for community led responses to HIV, with a focus on CSOs ability to engage in human rights programmes. To this end, a desk top review of various documents from donors, development partners, civil society organisations, advocacy groups, researchers was conducted. This was supplemented with a survey, assessing current and expected changes in the funding environment, which was conducted with ARASA partners. These findings are presented here.

7.1. Context

This report is written at a time when the world is still in the grips of an unfolding global COVID-19 pandemic. After the first COVID-19 case was detected in East and Southern region in early March 2020, countries imposed restrictions or lockdowns of differing intensity and duration as an urgent response in dealing with the health crisis posed by the pandemic. Declarations of States of Emergency, States of Disaster, and declarations of public health emergencies which were imposed to reduce the spread of COVID-19, also caused devastating contractions of economies in the region, with surges in unemployment, poverty and hunger.⁸⁷

According to UNAIDS, the COVID-19 pandemic has created an environment which amplifies inequalities, disproportionately affects vulnerable and marginalised populations, and exacerbates human rights violations and gender-based violence.⁸⁸ It also presents complex challenges in terms of reaching key and vulnerable populations with health services, when they are already stigmatised and hesitant or unable to seek treatment.

7.2. Findings

HIV Community-based organisations are well placed to respond to COVID-19

Community-based and community-led organisations are more critical now than ever. The key approaches which CSOs have used to address structural and social barriers to HIV - taking services to community level, ensuring that processes are participatory, protecting human rights, reducing stigma and discrimination, preventing and responding to violence - are also crucial to ensuring an effective response to COVID-19. The community-led aspect of the HIV response offers existing and well-established structures for health promotion and service provision and important building blocks

with which to build community ownership and trust, share information and education on COVID-19 prevention, combat myths and stigma and empower communities in dealing with the ongoing COVID-19 pandemic.⁸⁹ From the onset of the pandemic in Southern and East Africa, community-based and community-led organisations rapidly pivoted to respond to the COVID-19 health and humanitarian crisis, while at the same time, ensuring that HIV services are not interrupted due to COVID-19 containment measures.

Funding has been disrupted

COVID-19 has changed every aspect of our lives, and that includes the funding environment for civil society and community-based organisations. At a critical moment when many CSOs are experiencing an unprecedented demand for their services, their funding is under threat, or uncertain.

A survey by EPIC-Africa and @African NGOs, investigating the impact of COVID-19 on funding for African civil society organisations, found that:



Out of 1015 NGOs in 44 African countries:⁹⁰

- ✓ 98% reported that COVID-19 impacted and disrupted their operations;
- ✓ 55.69% had already experienced a loss of funding, while 66.46% expected to lose funding in the next 3-6 months;
- ✓ 84.48% indicated that they were not prepared to cope with the disruption caused by COVID-19 to their operations;
- ✓ 49.87% had already introduced measures to reduce costs because of the loss of funding, or the uncertainty about future funding; and
- ✓ 77.97% believed that COVID-19 would have a devastating impact on the sustainability of many CSOs.

A rapid survey of ARASA partners in May/June 2020 found that COVID has impacted significantly on existing grants. All respondents have had to work with their donors to adapt their workplans, cancelling activities which were no longer feasible or relevant, and devising ways of implementing activities virtually. Others had been able to re-programme funds towards supporting an emergency humanitarian response. Other partners have taken on unfunded work to respond to the immediate crisis, as donor funding had not been secured fast enough.

Some organisations had already experienced a downturn in funding due to COVID-19: for example, some CBOs which had been in discussion with potential donors, had heard that the funding was no longer available as it was being diverted to the COVID-response. Partners also noted that there had been no new non-COVID calls for proposals since the onset of the pandemic. On the positive side, several organisations had been able to mobilise small grants for community-based COVID-related research or to mitigate the impact of COVID on their communities.

A later study by ARASA, in September 2020,⁹¹ confirmed these findings, and found that civil society displayed different levels of resilience and flexibility in navigating their activities within a restricted working environment. Larger and more established CSOs, with direct links to government and donors, demonstrated the greatest agility and resilience, often intensifying their outreach efforts, while the smaller, less established, grassroots community-based organisations had almost no ability to absorb this shock while simultaneously facing the increased needs of their communities under the pandemic.⁹²

Grassroots community-based organisations faced pressing immediate concerns, such as looming evictions from rented office spaces and an inability to retain staff and outreach workers as salary costs or stipends were tied to project deliverables that could no longer be met. Importantly, none of the 25 CSOs surveyed in the study reported having received financial support from their government or National AIDS Councils to continue their operations.⁹³



Donors' responses to the crisis

Generally, ARASA partners found that donors were understanding of the circumstances, and indeed, that there was the feeling of 'being in this together' as everyone grapples to come to terms with the new reality. As an example, Funders Concerned About AIDS, implemented a survey amongst philanthropic donors and found that they are *"finding ways to be responsive: relaxing grant requirements, converting grants to general operating support, and providing counsel and resources to their grantees. They are working to support vulnerable populations – particularly transgender communities and sex workers – who are increasingly struggling within this crisis."*⁹⁴

Many donors who traditionally support health, HIV and human rights have set up emergency COVID relief funds. Donors which are providing additional COVID funding to organisations implementing community-based responses to HIV include Viiv Healthcare, AIDSfonds, Robert Carr Fund, Open Society Foundations and Frontline AIDS. For example, Frontline AIDS expanded its Rapid Response Fund, with a focus on speeding up service delivery to communities where funds are urgently needed: they have simplified the application process, reduced turnaround times and introduced flexibility to assessing organisations' eligibility. It has also been important for grant managers to tune in to what community organisations articulate as their most critical needs. The most common requests have been personal protective equipment (PPE), food parcels, communication costs, and transport for either staff or beneficiaries.⁹⁵

However, some civil society and community organisations have argued that the larger HIV donors have been too slow and inflexible in their responding. Some organisations have found donors unwilling to renegotiate targets. In addition, funds have often not been available for the most pressing need of all: livelihood support.⁹⁶



Looking to the future

We are in the middle of an unfolding crisis. At this stage it is not clear the extent to which COVID-19 will impact on the gains made in the response to HIV or the extent to which human rights and critical enablers will come under threat. Economically the impact of the crisis is already at a magnitude that's hard to comprehend, globally, in our own countries, at the community and individual level. It

is predicted that the pandemic will impact all forms of finance and the level of resources available in developing countries – domestic and international, public and private.⁹⁷ As a result of the global economic downturn and resultant reduction in gross-domestic product (GDP) in all counties, the level of ODA previously available will reduce significantly.⁹⁸ Supporting the global response and recovery from COVID-19 will become a priority focus for ODA for some years to come and will require ARASA and partners to look at and present their work through the frame of contributing to address the primary and secondary impacts of COVID-19.

ARASA partners are generally very concerned about the future of funding, beyond current grant cycles. They have noted a drastic decline in calls for proposals, and anticipated that they may experience serious sustainability challenges at the end of current grant cycles.

There are so many unknowns, but some of the questions which civil society working on critical enablers and human rights and their allies should continue to explore and discuss when planning for an uncertain future are:

How will the geopolitical shifts which are occurring in response to COVID-19 affect the already “shrinking civil society space”?

Will the larger landscape of HIV donor funding, which was already strained, be further impacted?

Is it even more unlikely that the Political Declaration target of 6% of funding for social enablers will be met?

Will donors be narrowing their focus to service delivery, and what will this mean for programmes to address social and structural barriers, including human rights?

What do contracting economies mean for shifts to domestic HIV funding?

Are donor transitions out of middle income countries more or less likely now?

Finally, civil society has a critical role to play in tracking the resources made available to respond to COVID-19, and to ensure that there is accountability and transparency. The new funds have, of necessity been made available very rapidly and so may have bypassed some of the multi-sectoral participatory accountability processes which have become the norm in HIV financing. Likewise, national procurement processes have been circumvented to ensure that commodities are secured and services provided as swiftly as possible and already there are reports of corruption and fraud related to these processes.⁹⁹

7.3. Recommendations in the context of the Covid-19 pandemic

Findings on the impact of the COVID-19 on civil society organisations in Southern and East Africa only serve to reinforce the recommendations of this study. COVID-19 has confirmed the need for donors to provide core funding and flexible funding for community-led programmes, and to be responsive to the needs articulated by their grantees, who being embedded in communities, are best placed to realise the SDG commitment to ‘reaching the furthest behind first’.¹⁰⁰ Going forward, donors should move towards funding mechanisms which encourage the agility, innovativeness and responsiveness of civil society and buffer against disruptions and shocks.

CSOs should advocate for adequate funding to both continue their work on HIV, and to take on an expanded role in responding to COVID. COVID-19 has confirmed the urgency of strong and sustainable partnerships between CSOs and governments, as well as between CSOs in different sectors. It has highlighted the necessity of CSOs seeing the links between the struggle to ensure that no one is left behind in the HIV response and other struggles for a more just and equitable society.

8. CONCLUSION

Even before the onset of the global COVID-19 pandemic, the funding environment for HIV was changing. Policy decisions made in boardrooms and parliaments in Geneva, New York, Washington D.C., Stockholm and The Hague have an impact on the sustainability and effectiveness of organisations implementing social enablers and human rights programmes, particularly those led by young women, sex workers, gay men and people living with HIV in Blantyre, Kampala, Arusha and Bulawayo.

Global commitments such as the Political Declaration on Ending AIDS and the Sustainable Development Goals represent an effort by the global community to coordinate and to harness their collective efforts. Politically, there are global forces at play: forces which strive for human rights, gender equality, social justice, and those which oppose them.

In the 2016 Political Declaration on Ending AIDS, world leaders committed to “invest at least 6% of all global AIDS resources for social enablers, including advocacy, community and political mobilization, community monitoring, outreach programmes and public communication by 2020, and ensure that at least 30% of all service delivery by 2030 is community-led”. At this stage, it is impossible to measure progress towards the Political Declaration targets as there is not clear agreement on definitions and indicators for these concepts: however, UNAIDS is leading efforts to develop consensus in this area.

Nevertheless, this study has found that the HIV funding environment, especially for social enablers and human rights, is uncertain. Still, in Southern and East Africa, while many civil society and community-based organisations are experiencing greater challenges in mobilising funds, overall, the region does not seem to be as badly affected by declines in funding compared to other regions. In addition, some funders seem to be increasingly acknowledging that the 2030 goal of eliminating HIV as a public health threat will not be achieved unless human rights barriers are reduced: the Global Fund is a key example here.

Nevertheless, many organisations implementing social enabler and human rights programmes are finding the funding environment to be very challenging, observing that the number of funders, and the amount of funding is declining. Smaller, community-based organisations without diverse sources of funding, and without funding for core organisational functioning, are particularly vulnerable. At a time when some donors are committing to scaling up human rights programmes, credible, trusted, community organisations which have long track records of working at grassroots level, run the risk of not being able to qualify for such funding because of a lack of organisational systems and infrastructure. In addition, countries in the region which have graduated to upper middle income status will become less and less eligible for funding from international donors. There is an expectation from donors that domestic governments will increasingly fund the HIV response, including via social contracting mechanisms; however there are concerns from civil society that advocacy around social enablers and human rights are much less likely to be funded in this way than direct service delivery.

The COVID-19 pandemic has thrown the global economy into turmoil. ARASA partners have already experienced disruptions, delays and diversions in existing or promised grants, although some have been able to mobilise funds to contribute to responding to the challenges which the COVID emergency poses to key and vulnerable populations in Southern and East Africa countries. However, there is a very real fear that the economic fallout as a result of the crisis may further threaten funding for HIV, especially for social enablers and human rights.

More than ever before, civil society needs to unite, coordinate and collaborate. The way forward lies in creating opportunities for dialogue and partnership between civil society, governments and donors. Civil society organisations in Southern and East Africa have the expertise, the reach and the commitment to contribute towards the achievement of the global target to end AIDS as a public health threat by 2030, but only if, at a minimum, governments keep their promise to ensure 6% of HIV funding for social enablers and 30% of service delivery being community-led.

REFERENCES

- ¹ United Nations General Assembly (2016). *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*. Available at: <https://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>
- ² UNAIDS (undated). *10 Fast-Track commitments to end AIDS by 2030*. Available at: https://www.unaids.org/sites/default/files/media_asset/fast-track-commitments_en.pdf
- ³ UNDP, (2012), *Global Commission on HIV and the Law: Risks, Rights & Health*. Available at: <http://www.hivlawcommission.org/index.php/re- port> [Accessed on 5 June 2018].
- ⁴ UNAIDS (2019). *2025 AIDS targets: Target-Setting, Impact and Resource Needs for the Global AIDS Response: Technical consultation on social enablers: 19 – 21 June 2019 Montreux, Switzerland*. Available at: https://www.unaids.org/en/topics/2025_target_setting
- ⁵ UNAIDS (2020). *Seizing the Moment: Tackling entrenched inequalities to end epidemics*. Global AIDS Update. Available at: https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf
- ⁶ <https://www.fcaids.org/about-us/>
- ⁷ United Nations General Assembly (2016). *Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030*. Available at: <https://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>
- ⁸ UNAIDS (undated). *10 Fast-Track commitments to end AIDS by 2030*. Available at: https://www.unaids.org/sites/default/files/media_asset/fast-track-commitments_en.pdf
- ⁹ UNAIDS (2019). *2025 AIDS targets: Target-Setting, Impact and Resource Needs for the Global AIDS Response: Technical consultation on social enablers: 19 – 21 June 2019 Montreux, Switzerland*. Available at: https://www.unaids.org/en/topics/2025_target_setting
- ¹⁰ UNAIDS (2020). *Seizing the Moment: Tackling entrenched inequalities to end epidemics*. Global AIDS Update. Available at: https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf
- ¹¹ UNAIDS (2019). *ibid*
- ¹² UNAIDS (2019). *ibid*
- ¹³ UNAIDS Programme Coordinating Board (2018a). UNAIDS/PCB (43)/18.28. *Best practices on effective funding of community-led HIV responses*. https://www.unaids.org/sites/default/files/media_asset/20181120_UNAIDS_PCB43_Financing_Communityled_Responses_EN.pdf
- ¹⁴ Saldinger, A. & Lieberman, A. (2020). *Biden says he'll rescind the 'global gag rule': What then?* Devex, 20 November 2020. Available at: <https://www.devex.com/news/biden-said-he-ll-rescind-the-global-gag-rule-what-then-98582>
- ¹⁵ Beard, J. (2018). *What's up with PEPFAR's Anti-prostitution pledge?* Available at: <https://www.publichealthpost.org/viewpoints/whats-up-with-pepfars-anti-prostitution-pledge>
- ¹⁶ Aidsfonds (2020). *Fast-track or off track? How insufficient funding for key populations jeopardises ending AIDS by 2030*. Available at: <https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populationsjeopardises- ending-aids-by-2030>
- ¹⁷ UNAIDS (2019). *ibid*
- ¹⁸ UNAIDS (2019). *ibid*
- ¹⁹ WHO (2016). *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations – 2016 Update*. Geneva: 5, CRITICAL ENABLERS. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK379680/>
- ²⁰ UNAIDS (2012a). *Investing for results. Results for people*. Geneva, Available at: <http://www.unaids.org/en/resources/publications/2012/ name,72628,en.asp>
- ²¹ UNAIDS (2019). *ibid*
- ²² UNAIDS (2019). *ibid*
- ²³ UNAIDS (2019). *ibid*
- ²⁴ UNAIDS (2012b). *Key Programmes to reduce stigma and discrimination and increase access to justice in national human rights responses*. Available at: https://www.unaids.org/en/resources/documents/2012/ Key_Human_Rights_Programmes
- ²⁵ UNAIDS (2019) *ibid*

- ²⁶ Global Fund (2019). *Focus on Human Rights*. Available at: https://www.theglobalfund.org/media/8119/publication_humanrights_focuson_en.pdf?u=637066556900000000
- ²⁷ <https://sustainabledevelopment.un.org/sdgs>
- ²⁸ WHO (2019). *Stronger Collaboration, Better Health. Global Action Plan for Healthy Lives and Well-being for All*. Available at: <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>
- ²⁹ UNAIDS (2018a) *ibid*
- ³⁰ UNAIDS (2019) *ibid*
- ³¹ UNAIDS (2016) *Invest in Advocacy: Community participation in accountability is key to ending the AIDS epidemic*. Available at: https://www.unaids.org/sites/default/files/media_asset/JC2830_invest_in_advocacy_en.pdf
- ³² UNAIDS (2016) *ibid*
- ³³ Geffen, N (2017). *The role of activists in access to HIV and tuberculosis treatment and prevention*, *Curr Opin HIV AIDS* 2017, 12:398–402
- ³⁴ Robert Carr Fund (2017). *From Invisibility to Indivisibility: Robert Carr Fund Annual Report 2017*. Available at: https://aidsfonds.nl/uploads/rcnf_annual_report_2017.pdf
- ³⁵ UNAIDS (2020). *Seizing the moment: Tackling entrenched inequalities to end epidemics*. Global AIDS Update 2020. Available at: <https://aids2020.unaids.org/report/>
- ³⁶ UNAIDS (2020). *ibid*
- ³⁷ UNAIDS (2020). *ibid*
- ³⁸ UNAIDS (2020). *ibid*
- ³⁹ The Global Fund (2017). *The Global Fund Strategy 2017-2022: Investing to end epidemics*. Available at: https://www.theglobalfund.org/media/1176/bm35_02-theglobalfundstrategy2017-2022investingtoendepidemics_report_en.pdf
- ⁴⁰ UNAIDS (2020). *ibid*
- ⁴¹ <https://www.hiv.gov/federal-response/pepfar-global-aids/pepfar>
- ⁴² <https://www.kff.org/news-summary/bipartisan-fy20-appropriations-package-includes-funding-for-biodefensepepfar-global-fund/>
- ⁴³ The Center for Policy Impact in Global Health (2019). *Health Aid in transition: a review of the US President's Emergency Plan for AIDS Relief (PEPFAR), September 2019*. Available at: <http://centerforpolicyimpact.org/wpcontent/uploads/sites/18/2019/09/PEPFAR-AID-Transition-Profile.pdf>
- ⁴⁴ UNAIDS (2015). *Sustaining the human rights response to HIV: Funding landscape and community voices*. Available at: https://www.unaids.org/en/resources/documents/2015/JC2769_humanrights
- ⁴⁵ UNAIDS Programme Coordinating Board, (2018b). UNAIDS/PCB (43)/18.25. *Way forward to achieving sustainable AIDS results*. https://www.unaids.org/sites/default/files/media_asset/20181122_UNAIDS_PCB43_Way_fw_achieving_sustainable_AIDS_resp_results_EN.pdf
- ⁴⁶ UNAIDS PCB (2018b). *ibid*
- ⁴⁷ UNAIDS (2020). *Seizing the moment: Tackling entrenched inequalities to end epidemics*. Global AIDS Update 2020.
- ⁴⁸ UNAIDS East and Southern Africa (2019). *Fast-tracking prevention in East and Southern Africa: On what do we focus and how?* Presentation at ARASA 2nd Activist meeting on advocacy for the elimination of structural barriers to HIV prevention.
- ⁴⁹ UNAIDS East and Southern Africa (2019). *ibid*
- ⁵⁰ ARASA (2018). Report: ARASA Partner Audit 2018
- ⁵¹ ARASA (2018). *ibid*
- ⁵² United States Agency for International Development Bureau for Democracy, Conflict and Humanitarian Assistance Center of Excellence on Democracy, Human Rights and Governance (2018). *Civil Society Organization Sustainability Index for sub-Saharan Africa, 10th Edition, November, 2019*.
- ⁵³ WHO (2019). *Stronger Collaboration, Better Health. Global Action Plan for Healthy Lives and Well-being for All*
- ⁵⁴ Human Rights Watch (2020). *"If we don't get services, we will die" Tanzania's Anti-LGBT Crackdown and the Right to Health, February 3, 2020*. Available at: <https://www.hrw.org/report/2020/02/03/if-we-dont-get-services-we-will-die/tanzanias-anti-lgbt-crackdown-and-right-health>

- ⁵⁵ Diamond, N. (2018). *Shifting US foreign aid policy impedes Ugandan sexual minority mens health*. Available at: <https://www.publichealthpost.org/viewpoints/shifting-us-foreign-aid-policy-impedes-ugandan-sexual-minority-menshealth/>
- ⁵⁶ AMFAR (2018). *Issue Brief: Impact of Mexico City Policy on PEPFAR, July 2018*. Available at: https://www.amfar.org/uploadedFiles/_amfarorg/Articles/On_The_Hill/2017/IB-Mexico-City-Policy-PEP-B-071818.pdf
- ⁵⁷ Saldinger, A. & Lieberman, A. (2020). *Biden says he'll rescind the 'global gag rule': What then?* Devex, 20 November 2020. Available at: <https://www.devex.com/news/biden-said-he-ll-rescind-the-global-gag-rule-what-then-98582>
- ⁵⁸ Sherwood, J., Sharp, A., Honermann, B. et al. *Mapping the impact of the expanded Mexico City Policy for HIV/ family planning service integration in PEPFAR-supported countries: a risk index*. BMC Public Health 18, 1116 (2018). <https://doi.org/10.1186/s12889-018-6008-2>. Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6008-2>
- ⁵⁹ Marie Stopes International (2017). *The Mexico City Policy: a world without Choice*. Available at <https://www.mariestopes-us.org/wp-content/uploads/2017/01/Mexico-City-Policy-A-World-Without-Choice.pdf>
- ⁶⁰ AMFAR (2018). *ibid*
- ⁶¹ <http://centerforpolicyimpact.org/wp-content/uploads/sites/18/2019/09/PEPFAR-AID-Transition-Profile.pdf>
- ⁶² Beard (2019). *ibid*
- ⁶³ MPact Global (2020). *MPact decries US Supreme Court decision to uphold PEPFAR's Anti-Prostitution Loyalty Oath*. Available at: <https://mpactglobal.org/mpact-decries-u-s-supreme-courts-decision-to-uphold-pepfars-antiprostitution-loyalty-oath/>
- ⁶⁴ Shannon K, Strathdee SA, Goldenberg SM, Duff P, Mwangi P, Rusakova M, Reza-Paul S, Lau J, Deering K, Pickles MR, Boily MC. (2015). *Global epidemiology of HIV among female sex workers: influence of structural determinants*. Lancet 385(9962): 55-71. doi: 10.1016/S0140-6736(14)60931-4
- ⁶⁵ Open Society Foundation - Public Health Program (2014). *HIV and Human Rights: A Mapping of Donor Priorities and Trends in Southern Africa*. Available at: <https://www.opensocietyfoundations.org/publications/hiv-and-humanrights-mapping-donor-priorities-and-trends-southern-africa>
- ⁶⁶ UNAIDS PCB (2018a). *ibid*
- ⁶⁷ Flanagan, K., Rees, H., Huffstetler, H., Kennedy McDade, K., Yamey, G. et al (2018). *Donor transitions from HIV programs: What is the impact on vulnerable populations?* The Center for Policy Impact in Global Health, Pharos Global Health Advisors. Available at: https://centerforpolicyimpact.org/wp-content/uploads/sites/18/2018/12/Donor-Transitions-from-HIV-Report_Final.pdf
- ⁶⁸ Global Fund (2020). *Projected transitions from Global Fund country allocations by 2028: projections by component, January 2020*. Available at: https://www.theglobalfund.org/media/9017/core_projectedtransitionsby2028_list_en.pdf?u=637104488100000000
- ⁶⁹ Global Fund (2017). *Focus on Sustainability, Transition and co-Financing*. Available at: https://www.theglobalfund.org/media/8467/publication_sustainabilitytransitioncofinancing_focuson_en.pdf?u=637066556910000000
- ⁷⁰ UNAIDS PCB (2018a). *ibid*
- ⁷¹ <https://worldpopulationreview.com/countries/gini-coefficient-by-country/>
- ⁷² UNAIDS PCB (2018a). *ibid*
- ⁷³ UNAIDS PCB (2018a). *ibid*
- ⁷⁴ EANNASO (undated). *Social Contracting: A mutual agreement made between CSOs and the Government*. Available at <https://www.eannaso.org>
- ⁷⁵ Republic of Namibia Ministry of Health and Social Services (2019). *Sustainability Framework for the HIV/ AIDS response in Namibia*. Available at: https://acs.r4d.org/wp-content/uploads/2020/04/Where-We-Work_Namibia_Resource.pdf
- ⁷⁶ United States Agency for International Development Bureau for Democracy, Conflict and Humanitarian Assistance Center of Excellence on Democracy, Human Rights and Governance (2018). *Civil Society Organization Sustainability Index for sub-Saharan Africa, 10th Edition, November, 2019*.
- ⁷⁷ United States Agency for International Development Bureau for Democracy, Conflict and Humanitarian Assistance Center of Excellence on Democracy, Human Rights and Governance (2018). *ibid*
- ⁷⁸ <https://www.sweat.org.za/2020/06/15/sweat-and-sisonke-says-thank-you/>

- ⁷⁹ Eurasian Harm Reduction Association (2019). *Alternative Financing: Models of sustainable development for nonprofit organisations*. Available at: <https://harmreductioneurasia.org/alternative-financing/>
- ⁸⁰ Human Rights Watch (2020). *"If we don't get services, we will die" Tanzania's Anti-LGBT Crackdown and the Right to Health*, *ibid*
- ⁸¹ <https://frontlineaids.org/what-weve-learned/breaking-barriers-advancing-rights/>
- ⁸² <https://www.fcaaid.org/about-us/>
- ⁸³ UNFPA East and Southern Africa. *A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa* (in press)
- ⁸⁴ UNAIDS (2020) *The Cost of Inaction: COVID-19 service disruptions could cause hundreds of thousands of deaths from HIV*. Available at: https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/may/20200511_PR_HIV_modelling?utm_source=UNAIDS+Newsletter&utm_campaign=b63565560d-20200511_PR_HIV_modelling&utm_medium=email&utm_term=0_e7a6256e25-b63565560d-114153501.
- ⁸⁵ ARASA (2020). *Impact of the COVID-19 national measures on community-led HIV responses in SADC*. Draft report
- ⁸⁶ Epic-Africa & @AfricanNGOs (2020) *The Impact of COVID-19 on African civil society organizations: Challenges, responses and opportunities*, June 2020
- ⁸⁷ ARASA (2020). *Impact of the COVID-19 national measures on community-led HIV responses in SADC*. Draft report
- ⁸⁸ ARASA (2020). *Ibid*.
- ⁸⁹ ARASA (2020). *ibid*
- ⁹⁰ Funders Concerned About AIDS. *Our COVID-19 response: FCAA member funding responses* <https://www.fcaaid.org/2020/04/09/our-covid-19-response-fcaa-member-funding-responses-from-gilead-amfar-levistrauss-conrad-n-hilton-foundation-the-elton-john-aids-foundation/>
- ⁹¹ UNFPA East and Southern Africa. *A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa* (in press)
- ⁹² UNFPA East and Southern Africa. *A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa* (in press)
- ⁹³ *Development Initiatives: Covid-19 and financing projections for developing countries*. Available at: <https://devinit.org/publications/covid-19-and-financing-projections-developing-countries/>
- ⁹⁴ *Development Initiatives: Covid-19 and financing projections for developing countries*. Available at: <https://devinit.org/publications/covid-19-and-financing-projections-developing-countries/>
- ⁹⁵ Transparency International (2020). *In South Africa, COVID-19 has exposed greed and spurred long-needed action against corruption*. Available at: *Development Initiatives: Covid-19 and financing projections for developing countries*. Available at: <https://devinit.org/publications/covid-19-and-financing-projections-developing-countries/>
- ⁹⁶ United Nations (undated). *Transforming our world: the 2030 Agenda for Sustainable Development*. Available at: <https://sdgs.un.org/2030agenda>