

# EXPANDING NEEDS Diminishing Means

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

**ARASA**  
AIDS & Rights  
Alliance  
for Southern Africa

Research  
**Brief**

In 2016, world leaders at the United Nations General Assembly adopted a Political Declaration on Ending AIDS.<sup>1</sup> 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.<sup>2</sup>

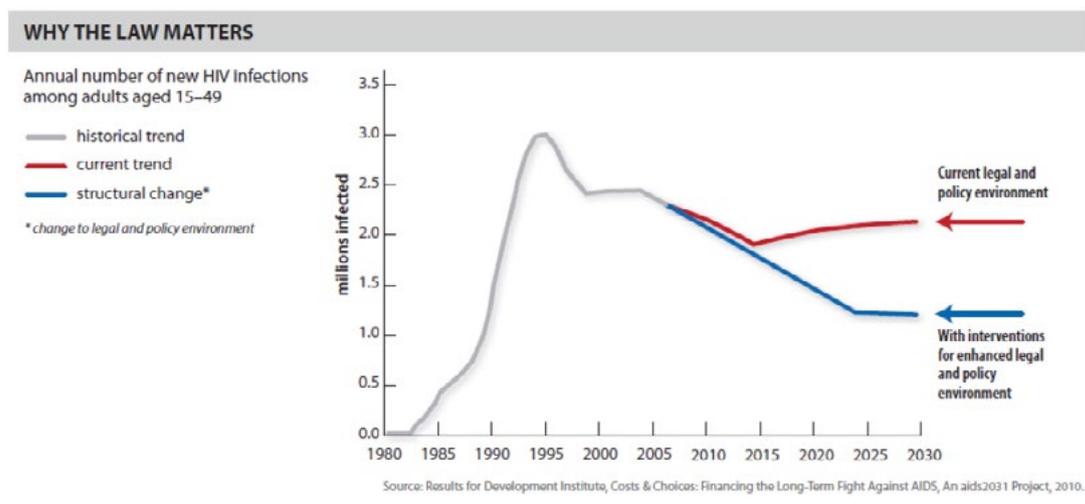
One of those Fast-track Targets includes the commitment to:

...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.

Figure 1: Trajectory of new HIV infections: current legal and policy environment vs. interventions for enhanced legal and policy environment<sup>3</sup>



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 or the 30% target for community-led service delivery has been met.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

Even before the onset of the COVID-19 global pandemic, funding for HIV and those organisations that implement work on social enablers had entered a time of uncertainty. Many civil society organisations (CSOs) globally had reported a decrease in funding,<sup>6</sup> although these reductions were not experienced uniformly across all regions, all countries and all sectors. The COVID-19 pandemic has added to the precariousness of funding for civil society organisations, with smaller organisations being less able to weather the economic shocks.<sup>7</sup>

But in the midst of the uncertainty, there are also new opportunities, as new donor partnerships are forming to amplify their impact, and some major donors are increasing their commitment to human rights.

This study by ARASA teases 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.

## WHAT WE DID

ARASA commissioned research to document and assess the current funding environment for community led responses to HIV, with a focus on how it effects CSO's ability to implement programming to address social enablers, 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 this research sought to:

- ✓ Map out and assess the impact of a changing donor climate on civil society, specifically those implementing social enabler and human rights programming in the context of HIV, in Southern and East Africa.
- ✓ Identify barriers to access to funding by CSOs implementing social enabler and human rights programming.
- ✓ Assess the impact of the COVID-19 pandemic on funding for community-led responses to HIV, with a focus on CSO's 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.

**T**he study was carried out from September 2019 to February 2020. It included a desk review of relevant literature. An online survey was circulated to ARASA partner organisations in East and Southern Africa. In addition, in-depth key informant interviews were conducted with selected representatives from local, national, regional and global civil society organisations, and also with representatives of donors who fund social enablers and human rights were interviewed. With the onset of the global COVID-19 pandemic, a rapid follow up survey was conducted in May-June 2020 to investigate the impact of the pandemic on funding for social enablers and human rights.

## Understanding Key Concepts

There is not yet consensus within the global HIV community as to what the terms ‘community-led responses’ and ‘social enablers’ actually mean. UNAIDS has set up a working group on social enablers;<sup>8</sup> the group has agreed on definitions on key concepts.

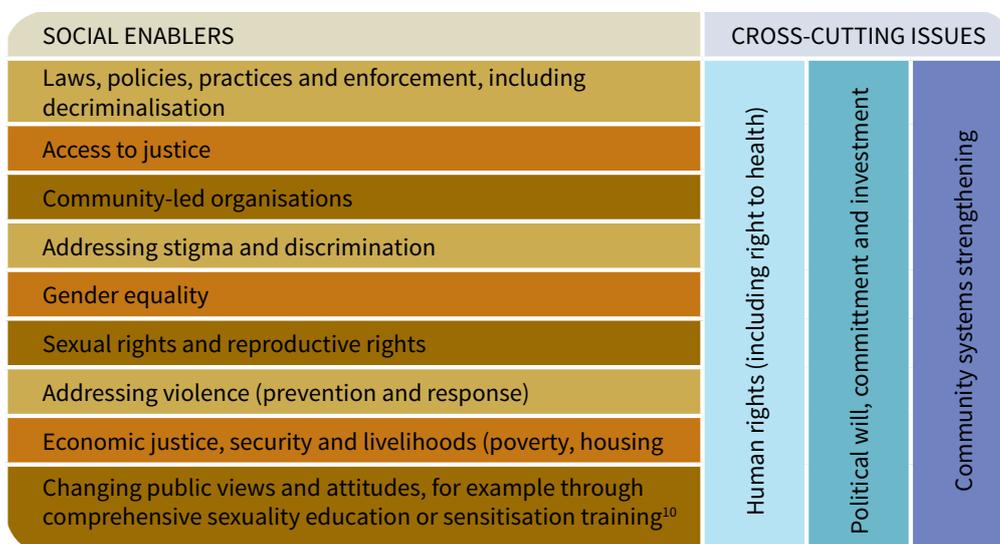
### Community-led responses

Community-led responses are actions and strategies that seek to improve the health and human rights of constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups, and networks that represent them. 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; capacity building, and funding of community-led organisations, groups, and networks.<sup>9</sup>

### Social enablers

Social enablers are strategies, activities and approaches which create environments which promote the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of HIV interventions and services.

Figure 2: Nine Social Enablers and Three Cross-cutting issues<sup>11</sup>





## 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'*:<sup>12</sup>



### 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.

## FINDINGS



### Has there been an increase or decrease in funding for social enablers?

There have been mixed fortunes for social enablers and community-led responses over the past 3-5 years. More CSOs 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.

For those who had seen a downturn, the main reason was a change in donor priorities. Some respondents said that donors were moving away from a focus on HIV, while others said that, within HIV funding, there was less funding for community-led responses, social enablers and human rights.



There was a point where there was an increase, but in the last 2 years, things are now extremely challenging. Definitely decreased steadily in past 7 years. We had double 3 years ago, we have half for next year. There has been a decrease in the number of donors, and in the amount of funds received.



### 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 (changes in) strategies, engaging in transitions, phasing out of countries.



### However, some positives trends were identified. One third of respondents had seen an increase, and the reasons which they gave included:

- ✓ Enhanced resource mobilisation and management of donor relations
- ✓ Organisation growth; improved visibility; compliance; accountability and transparency

There was acknowledgement that some donors have created vehicles for funding community-led responses, social enablers and human rights. Examples include the creation of the Red Umbrella Fund for sex-worker led organisations, the Robert Carr Network Fund for networks of inadequately served populations, and the Global Fund Breaking Down Barriers initiative to address human rights barriers to HIV, TB and malaria services.



## Shrinking civil society space

In the last decade, there has been an upswing in conservatism and nationalism globally. This has had two significant consequences for civil society. The first consequence has been a negative impact on freedom of association and expression for civil society, particularly for organisations which hold their governments to account and/or represent the interests of marginalised communities.

For example, there has been police harassment of activists, or governments have blocked 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 was deregistered for 'promoting unethical acts.'<sup>13</sup>

The second consequence is that the election of conservative governments in some donor countries has started to have a significant effect on their funding. One of the noteworthy impacts was 2017 reinstatement and expansion, by the US Government, of the Mexico City Policy, which restricts funding to organisations which provide or advocate for abortion - also known as the Global Gag Rule. Although it is anticipated that the Global Gag Rule will be rescinded in 2021, the past four years have had a profoundly negative impact on organisations providing sexual and reproductive health services in Southern and East Africa.<sup>14</sup> 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.<sup>15</sup>



## Changes in thematic focus: Who determines the agenda?

Rapid changes in donor priorities was voiced as a major frustration by civil society respondents. Often, there is a mismatch between the 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. ”



## Decrease in core funding

Across the board, participants spoke of the waning of core funding. CSOs identified how they are finding it increasingly difficult to obtain funding to sustain organisational systems: this includes funds for management, finance, monitoring, evaluation and learning, and fundraising. Thus, while donors expect organisations to adhere to increasingly onerous reporting requirements, the extent to which they are prepared to support organisations to meet these requirements is decreasing.



## “You don't have capacity”

Despite the fact that organisational strengthening activities are increasingly difficult to fund, donors are reluctant to fund community-based and community-led organisations, precisely because they are perceived to lack strong organisational infrastructure. The grant system gives an advantage to larger, more sophisticated organisations, which are able to employ well-qualified staff with technical skills, but may not possess the skills to implement 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. ”



## Short-term funding

Addressing 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 and incoherent work.

“ Our greatest challenge is that when we have a donor, its 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. ”



## Human rights interventions need to be programmed differently

Programmes which address social enablers and human rights barriers to HIV and TB are fundamentally 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.

“What’s required for addressing human rights for key and vulnerable populations? Its complex, responsive; funding needs to be flexible and nimble. You need to have freedom to adjust to how the context is moving. ...Targets.. 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.”



## Experiences with US Government funding

Many of the organisations interviewed felt that the entire US Government HIV funding approach (including the President’s Emergency Plan for AIDS Relief – PEPFAR), and the approach of human rights and community-based organisations, are not aligned on a fundamental level.

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.

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’.

Despite these criticisms, participants had witnessed some positive changes. PEPFAR’s commitment to shift towards greater funding for indigenous organisations was seen as positive.<sup>16</sup> 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:



## Experiences with Global Fund

Participants acknowledged that Global Fund has dramatically increased its funding for human rights. Organisations’ experiences as implementers of Global Fund programmes depended significantly on the Country Coordinating Mechanism (CCM), and the Principal Recipient (PR).

“It makes a big difference to the extent to which directives from Global Fund are interpreted and communicated onwards, and the extent to which the sub-recipients 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.”

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



## Alternative means of mobilising resources

All the organisations in this study access most of their funding from foreign donors, and very few accessed domestic government funding. 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. 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.



Quite a few organisations generated some income through consultancies, but this was not a significant amount for any of them. In terms of innovative funding mechanisms, participants were aware that they existed, 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.



## The Impact of COVID-19

COVID-19 has thrown the work of civil society on social and enablers into turmoil. ARASA partners have experienced differing impacts on their funding situations. All have worked with their donors to re-programme their grants to respond to the changed circumstances. Some partners have experienced delays or decreases in their funding; while some have received small grants to mitigate the impact of COVID-19 on their constituencies. All partners share a sense of uncertainty about the future, and are very worried about what will happen after the end of current grant cycles, as a global recession is likely to make donor countries more inward looking.

## 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 monitoring frameworks are tailored to service delivery programmes and are not fit for purpose for programmes addressing social enablers and human rights.



### 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. Donors should either invest in long-term relationships with particular organisations, or should consider a five year grant periods.



### Donors should coordinate better with each other

Donors often do not coordinate sufficiently with each other. When donors coordinate with each other, they are also able to align around common goals, and adopt common indicators, which ultimately makes the evaluation of impact a more achievable task. Donors specifically should reach consensus on how to measure "community-led responses" and "social enablers".



### Support consortia

Ambitious, comprehensive, layered interventions are likely to have the greatest impact on social enablers and human rights. This kind of impact is best achieved when several different organisations, with particular niches, come together and work in partnership.



### See beyond the proposal

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, and how can they be assessed?



### Minimise bureaucracy

The message from civil society to donors was clear: if you want to reach global and donor targets for community-led responses, find ways to either reduce the amount of administration, or adapt administrative requirements for organisations with lower levels of technical skills. Donors and beneficiaries should think creatively and flexibly about how to simultaneously maximise accountability while minimising administration.

## 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.



### 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; economic development; efforts to reduce inequality; universal health care; sexual and reproductive health and rights; anti-corruption; labour rights; LGBT rights, and more.



### Get to know donors and their policy priorities

Organisations are encouraged to do their research on donors, and understand their policy priorities. They should develop donor engagement strategies to guide the building and maintaining of relationships with new, former and existing donors.



### 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 means a commitment by civil society to investing in developing expertise in documentation, monitoring, learning and evaluation, and exploring research partnerships. It also means investing in communicating one’s successes, impact, failures and lessons learnt.



### Strengthen governance

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.



## 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 should be more opportunities for CSOs and donors to share ideas and experiences around innovative fundraising strategies.

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



## Educate donors

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.

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



## Demand accountability from governments

Domestic governments should be supporting community-based organisations to a much greater extent than they are now. As donors 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.

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. You have a situation where a woman goes to hospital, and they say they run out of money, yet there is money that does missing due to corruption and mismanagement.

## Amidst the COVID-19 pandemic, these recommendations are more important than ever

COVID-19 has confirmed the need for donors to provide core 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 Sustainable Development Goal commitment to ‘reaching the furthest behind first’.<sup>17</sup> It is also more important than ever for community-based and -led organisations to establish strong and sustainable partnerships with governments, and with other organisations within the HIV sector and beyond.



The Abuja Declaration was made in April 2001, when the African Union Member States met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector and urged donor countries to scale up support.

See [https://www.who.int/healthsystems/publications/abuja\\_declaration/en/](https://www.who.int/healthsystems/publications/abuja_declaration/en/). Since then, AU Member States have made several commitments to strengthening domestic investment in health, the most recent being the 2019 African Leadership Meeting Declaration: <https://aidswatchafrica.net/alm-declaration/>

- <sup>1</sup>UNAIDS (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>
- <sup>2</sup>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](https://www.unaids.org/sites/default/files/media_asset/fast-track-commitments_en.pdf)
- <sup>3</sup>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](https://www.unaids.org/en/topics/2025_target_setting)
- <sup>4</sup>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](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)
- <sup>5</sup>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](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)
- <sup>6</sup>UNAIDS Programme Coordinating Board (2018). 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\\_Community-led\\_Responses\\_EN.pdf](https://www.unaids.org/sites/default/files/media_asset/20181120_UNAIDS_PCB43_Financing_Community-led_Responses_EN.pdf)
- <sup>7</sup>Epic-Africa & @AfricanNGOs (2020) The Impact of COVID-19 on African civil society organizations: Challenges, responses and opportunities, June 2020
- <sup>8</sup>UNAIDS (2019). *ibid*
- <sup>9</sup>UNAIDS (2019). *ibid*
- <sup>10</sup>UNAIDS (2019). *ibid*
- <sup>11</sup>UNAIDS (2019). *ibid*
- <sup>12</sup>UNAIDS (2012). 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](https://www.unaids.org/en/resources/documents/2012/Key_Human_Rights_Programmes)
- <sup>13</sup>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>
- <sup>14</sup>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>
- <sup>15</sup>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>
- <sup>16</sup>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/wp-content/uploads/sites/18/2019/09/PEPFAR-AID-Transition-Profile.pdf>
- <sup>17</sup>United Nations (undated). Transforming our world: the 2030 Agenda for Sustainable Development. Available at: <https://sdgs.un.org/2030agenda>