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RESOURCE FLOWS TO COMMUNITY GROUPS CARING FOR CHILDREN AND FAMILIES AFFECTED BY HIV

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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AIDS Support and Technical Assistance Resources Project

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AIDSTAR-One

John Snow, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
E-mail: info@aidstar-one.com
Internet: aidstar-one.com

CONTENTS

Acronyms.....	v
Introduction	1
Methodology.....	3
Search for Published Literature.....	3
Search for Gray Literature	3
Major Developments in the Global HIV Response	5
Implications of Changing Funding Environment.....	9
Rapid Growth of Civil Society.....	9
Shift in the Role of Civil Society.....	9
Loss of Ownership	10
Reduction in Direct Funding Opportunities.....	10
Current Modalities for Delivering HIV and AIDS Funding	11
Sources of Funding for Community Groups.....	11
Flow of Resources from Donors to Community Groups	12
Funding Community Groups: Challenges and Recommendations.....	15
Difficulty Obtaining Funding.....	15
Inefficient Financial Mechanisms for Channeling Funds to Communities.....	16
Weak Absorptive Capacity of Community Groups.....	18
Limited Understanding of Monitoring and Evaluation Processes	20
Insufficient Linkages and Coordination between Organizations and Other Actors Involved with AIDS Responses.....	21
Summary of the Literature	23
Funding Mechanisms and Resource Flows to Community Groups.....	23
The Role and Engagement of Civil Society Organizations.....	28
The Impact of Global Health Initiatives.....	31
International Development Assistance and Aid Effectiveness.....	34
Conclusion.....	37
References.....	39

ACRONYMS

AAA	The Accra Agenda for Action
AIDS	acquired immunodeficiency syndrome
BMGF	Bill and Melinda Gates Foundation
CBO	community-based organization
CDC	Centers for Disease Control and Prevention
CSO	civil society organization
DFID	United Kingdom's Department for International Development
FBO	faith-based organization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	global health initiative
HIV	human immunodeficiency virus
JSI	John Snow, Inc.
MAP	World Bank's Multi-Country HIV/AIDS Program for Africa
M&E	monitoring and evaluation
NGO	nongovernmental organization
NPI	New Partners Initiative
NuPITA	New Partners Initiative Technical Assistance Project
OVC	orphans and vulnerable children
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	United States Government

INTRODUCTION

Since the onset of the HIV epidemic, significant progress has been made to halt and reverse the spread of HIV. According to the UNAIDS *Report on the Global HIV Epidemic* (2012), the number of adults and children acquiring HIV infection in 2011 (2.5 million) was 20 percent lower than in 2001, and in several countries, there has been a decline in the number of people dying from AIDS-related causes. Further, since 1995 antiretroviral therapy (ART) has saved 14 million life-years of individuals living in low- and middle-income countries.

Yet, despite these significant advancements, the situation for children and families affected by HIV continues to remain bleak. At the end of 2011, 34 million people were living with HIV. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9 percent) HIV-positive. Global ART coverage for children remains low at 28 percent (UNAIDS 2012). Furthermore, many households caring for children affected by HIV are still not accessing any external care and support.

Communities have been at the forefront of the HIV response and play a pivotal role in addressing the needs of children and families affected by the epidemic. In the early 1980s, individuals and families delivered the first response services. This included critical care and protection in the form of food, clothing, and educational assistance (Foster 2008). Shortly thereafter, formal and informal community groups mobilized and formed to provide key prevention, care, and treatment services (Rau 2006). It was not until the early 1990s that international agencies and country governments began to establish responses. In fact, most government responses have only occurred within the last five to ten years, and the scale of these efforts has been limited (Foster 2008).

Donors, national and international nongovernmental organizations (NGOs), and governments have all recognized the importance of supporting community-level responses. They have provided financial and technical assistance to community groups to scale up service access while simultaneously improving the quality and diversity of services. The rationale for supporting community groups includes their unique positioning “close to the ground”; their keen understanding of local needs, conditions, and cultural expectations; and their ability to ensure that funding reaches “those who need it most” (Birdsall and Kelly 2007).

Donor refers to the organization/entity that gives funds for projects and programs. Donor is used interchangeably with agency when appropriate.

Civil society organization (CSO) is a broad term for local country-based organizations, irrespective of their size or scope, including both nongovernmental and not-for-profit organizations (community groups, nongovernmental organization, labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations).

Community groups are civil society non-profits that operate within a local community; essentially a subset of CSOs. They are often small local or faith-based entities with limited geographical coverage, but strong roots in their local communities. Within community-based organizations (CBOs), there are many variations in terms of size and organizational structure. Some are formally incorporated, while others are much smaller and more informal networks of community members; local CSOs/CBOs, and faith-based organizations that work at the community level.

In the last decade, donors have increased their funding levels and capacity-building efforts to community groups addressing the needs of children and families affected by HIV and AIDS. Since 2003, the U.S. Government (USG) alone has provided approximately U.S.\$1.6 billion to give four million children affected by HIV and AIDS care and support through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (Bryant et al. 2012).

Given this influx of funding, a central focus has been how to more efficiently get financial and technical resources to community groups. Complicated financial mechanisms, inflexible funding arrangements, and burdensome donor requirements have hindered the flow of resources to community groups. Furthermore, community groups are also viewed as lacking the absorptive capacity to properly account and manage rapid increases in funding (Amoaten 2011). Therefore, despite their commitment and the numerous responsibilities they take on, community groups face strong external challenges that limit their potential to contribute to the HIV response and to care for children and families impacted by HIV (Kelly and Birdsall 2010).

The aim of this literature review is to identify and summarize existing research, assessments, and initiatives addressing resource flows to community groups caring for children and families affected by HIV. As the research on funding flows to these groups is limited, literature that also provides an overview of general funding flows to community-based organizations (CBOs) providing HIV services more broadly has also been included.

METHODOLOGY

SEARCH FOR PUBLISHED LITERATURE

Electronic searches for published literature were conducted using Google Scholar, Google, Journal Storage, and PubMed. Examples of search terms used include the following:

community-led responses, civil society organizations, HIV/AIDS, orphans and vulnerable children, community based organizations, NGOs, aid effectiveness, donor funding, aid channels, resource flows, PEPFAR, Global Fund to Fight AIDS, TB, and Malaria, DFID, etc.

Several peer-reviewed journal articles were found, with the majority focused on issues of civil society more broadly, aid effectiveness, and evaluations of major global health initiatives. Only articles from 2005 and onward were used.

SEARCH FOR GRAY LITERATURE

Google searches, in particular, revealed a number of other resources produced by international organizations and United Nations (UN) agencies. Many of these publications specifically addressed the issues of aid flow to community groups working on HIV and AIDS. Citations listed in identified publications were also explored to identify additional relevant documents and websites.

MAJOR DEVELOPMENTS IN THE GLOBAL HIV RESPONSE

Since 1999, the funding environment for community groups responding to HIV and AIDS has changed dramatically (Table 1: Key Global Initiatives). The launch of such initiatives as the World Bank’s Multi-Country HIV/AIDS Program for Africa (MAP) in 1999; the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in 2001; PEPFAR in 2003; the United Kingdom’s 2004 AIDS Strategy; and the 2010 USAID Forward reform agenda brought a greater formal acknowledgment of civil society’s role and significantly more resources to the sector. Recent estimates indicate that the above-mentioned four donors provided almost \$500 million a year for civil society activities in recent years (World Bank 2010).

This substantial increase in international development assistance created a need for better aid coordination mechanisms and resulted in the development of global agreements, including the “Three Ones,” the Paris Declaration on Aid Effectiveness, and the Accra Agenda for Action. As signatories of these initiatives, development partners agreed to “align with the priorities, systems and processes of national governments, to coordinate country missions and donor collaboration in the direction of national governments gaining control over their development processes, and to reduce transaction costs and the duplication of efforts” (Kelly and Birdsall 2010).

A major implication of this has been the shift by many bilateral donors to the joint funding of a national government’s own development plans through general budget support. There has also been a shift, especially on the part of USG funding agencies, towards directly funding community groups. Under USAID Forward, USAID stated that by 2015, they will more than triple their investment in local governments, businesses, and NGOs, to approximately 30 percent of current funds (in reference to all USAID funding, not just that for global health or HIV) (2012).

Table 1. Key Global Initiatives

1999	Launch of MAP: MAP, the first major global response to HIV in sub-Saharan Africa, was a 15-year commitment launched by the World Bank to scale up HIV and AIDS activities guided by national strategic plans. MAP promoted a multi-sectoral response by focusing on HIV as a development issue and by engaging both local communities and the private sector. It recognized the importance of community action and focused specifically on the rapid expansion of CBOs, including resources to build the capacity of both government and the civil society sector (Amoaten 2011).
2001	United Nations General Assembly Special Session (UNGASS) on HIV/AIDS: The 2001 UNGASS on HIV/AIDS helped galvanize civil society opinion and political leaders in mobilizing new funding (World Bank 2010). One-hundred eighty-nine nations signed a commitment to increase resources to better respond to the HIV and AIDS crisis.
2002	Establishment of GFATM: Out of the UNGASS session was born the GFATM, established with the explicit objective of becoming the main financing institution for mobilizing and disbursing AIDS funding (World Bank 2010). It provided flexible money led by proposals developed in-country by a country coordinating mechanism (with representatives from government, donors, and civil society). GFATM gave importance to civil society organizations, not only as key actors in developing the GFTAM proposals, but also as recipients of the funds (Amoaten 2011).

2003	<p>Establishment of PEPFAR: In 2003, the U.S. Congress authorized \$15 billion to combat global HIV and AIDS, tuberculosis (TB), and malaria through PEPFAR and reauthorized an additional \$48 billion for FY2008 through FY2013. PEPFAR is the largest commitment in history by any nation to combat a single disease (Kendall 2012). PEPFAR funding is channeled predominantly through international NGOs, which often subcontract to smaller NGOs and CBOs in country. Following the initial emergency response from 2004–09, the second phase of PEPFAR, 2009–13, emphasizes country ownership and sustainability</p>
2004	<p>United Kingdom’s Department for International Development (DFID) “Taking Action” AIDS Strategy: DFID committed the U.K. to spending about \$2.5 billion over three years on HIV and AIDS. In 2008, DFID updated its AIDS strategy—Achieving Universal Access—and committed \$11 billion for 2008 to 2015.</p>
2004	<p>Endorsement of the “Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS”: The Framework recognizes the importance of communities and calls upon external organizations and national governments to mobilize, strengthen, and fund community-based responses as well as to strengthen the capacity of families to support and protect vulnerable children (Foster 2008).</p>
2004	<p>The Three Ones: Officials from African nations, multilateral and bilateral agencies, NGOs, and the private sector met and reached consensus around three principles that recognized the need to better coordinate the scale-up of HIV and AIDS responses. These became known as the “Three Ones” (UNAIDS 2004), referring to one agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multi-sector mandate; and one agreed country-level monitoring and evaluation system. The “Three Ones” provided a strong, nationally owned framework within which civil society organizations’ activities could be harnessed and supported (Amoaten 2011).</p>
2005	<p>The Paris Declaration on Aid Effectiveness (PD): The Paris Declaration (Organisation for Economic Co-operation and Development [OECD] 2005/2008): The PD called for greater national ownership and control over development assistance and better alignment of donor activities at the country level. It outlined five fundamental principles for making aid more effective:</p> <ul style="list-style-type: none"> • Ownership: Developing countries must lead their own development policies and strategies, and manage their own development work on the ground. Donors must support developing countries in building their capacity. • Alignment: Donors must provide predictable aid to support the priorities outlined in developing countries’ national development strategies, using local financial management, accounting, auditing, procurement, and monitoring procedures wherever possible. • Harmonization: Donors should commit to increase pooled aid. • Results: All parties must develop better tools and systems to measure impact. • Mutual accountability: All parties, including civil society, must account for the transparent use of resources toward mutually agreed goals.
2008	<p>The Accra Agenda for Action (AAA): The AAA (OECD 2005/2008) was designed to strengthen and deepen the implementation of the Paris Declaration. It outlines three main areas for improvement:</p> <ul style="list-style-type: none"> • Ownership: Countries have more say over their development processes through wider participation in development policy formulation, stronger leadership on aid coordination, and more use of country systems for aid delivery. • Inclusive partnerships: All partners—donors, foundations, and civil society—participate fully. • Delivering results: Aid is focused on real and measurable impact on development.

2010

USAID Forward: USAID Forward is a reform agenda to make the agency more effective by changing the way it partners with others, embracing a spirit of innovation and strengthening results, saving money, and reducing the need for U.S. assistance over time. It lays out three core principles:

- **Building Local Sustainability and Partnerships:** Working with more local organizations in developing countries to improve their capacity, build new effective and long-term partnerships, and reduce the need for foreign aid over time. By building capacity, not dependence, increased partnership with the private sector, civil society, and foreign governments will spur investment and growth while improving transparency and accountability.
- **Fostering Innovation:** Leveraging the power of innovation to bring new ideas to market that will help the poorest people around the world grow past aid.
- **Strengthening Capacity to Deliver Results:** Strengthening USAID core capacity to achieve broader and deeper development results while reducing costs.
- Among the changes are Implementation and Procurement Reform to triple USAID funding directly to and through developing country governments, businesses, and NGOs by 2015.

IMPLICATIONS OF CHANGING FUNDING ENVIRONMENT

The major increases in funding for the HIV and AIDS response and critical shifts in the delivery of international development assistance have had important implications for how community-level groups access, use, and report on HIV and AIDS funding (Birdsall and Kelly 2007).

RAPID GROWTH OF CIVIL SOCIETY

A study conducted by Kelly and Birdsall (2010) indicates that responses to the HIV and AIDS epidemic have been a major driving force behind the growth of civil society. Since 1999, the number of civil society organizations involved in HIV and AIDS work has increased exponentially, coinciding with the intensification of HIV and AIDS response by many countries in East and Southern Africa. In 2009, for example, PEPFAR funded more than 500 prime partners with the capacity to handle nearly \$320 million earmarked for orphans and vulnerable children (OVC) programming in 22 countries; these partners passed on training and funding to thousands of national and community organizations that directly served 3.6 million children and their families (Nyberg 2012). Many existing CSOs not previously involved in HIV and AIDS work shifted their focus to respond to the epidemic, indicating that perceptions of funding opportunity likely influenced these developments. This rapid growth of civil society has had several implications, including raising civil society and community expectations of support, creating particular areas of responsibility for national AIDS authorities, and creating a growing role for non-state actors in providing AIDS-related services that would otherwise be seen as the responsibility of the state (Birdsall and Kelly 2007).

SHIFT IN THE ROLE OF CIVIL SOCIETY

Due to the large influx of funding, in some cases larger civil society groups took on the role of major financial institutions, acting as conduits for HIV and AIDS funds for various reasons, including: 1) donors needed to ensure that funding would reach local communities in a timely manner, a task that traditional government financial channels were not able to successfully achieve; 2) donors decided to fund a multi-sectoral approach that involved local organizations and the private sector; 3) a concern that the existing government channels would not be able to provide the required financial reporting, monitoring of activities, and fiduciary controls required by the donors (on the part of donors whose usual/preferred channel would have been government, which has not been the case with all donors, including the USG) (Rodriguez-Garcia et al. 2011). Furthermore, whereas at the beginning of the HIV and AIDS response CSOs were recognized for their strong advocacy roles, their current roles have shifted to that of also providing services (Kelly and Birdsall 2010).

LOSS OF OWNERSHIP

The changing funding environment for civil society has led to questions around the extent to which external funding strengthens local ownership of responses. As Kelly and Birdsall note in their study (2010), “activities implemented by civil society organizations mirror the availability of funding for different thematic areas, highlighting the considerable influence that the funding environment has had on contributions made by civil society organizations to the national response.” This suggests that local ownership and agendas may be undermined by decisions to establish “fundable activities” in accordance with priorities set outside the community (Rodriguez-Garcia et al. 2011).

REDUCTION IN DIRECT FUNDING OPPORTUNITIES

Initiatives such as the Paris Declaration and the AAA have pushed for greater harmonization and alignment of donor aid with countries’ national plans. This has resulted in donors shifting away from more project-based funding, including direct support to civil society recipients, to general budget support, AIDS-specific pooled funding, and sector wide approaches (Birdsall and Kelly 2007). Additionally, this commitment to channel greater support through government budgets and basket funding limits civil society to the role of service providers rather than as advocates that hold their governments accountable (Birdsall and Kelly 2007).

CURRENT MODALITIES FOR DELIVERING HIV AND AIDS FUNDING

As resources to respond to HIV and AIDS have increased, community responses have also expanded. However, despite the professed desire of donors to channel resources to the community level, the process of channeling aid efficiently and quickly to community groups remains a challenge.

SOURCES OF FUNDING FOR COMMUNITY GROUPS

DONOR GOVERNMENTS

The majority of funding disbursed for HIV and AIDS in 2011 was provided by donor governments, with the United States as the largest contributor, accounting for more than half (59.2 percent) of disbursements by donor governments. The U.K. accounted for the second largest share of disbursements (12.8 percent), followed by France (5.4 percent), the Netherlands (4.2 percent), Germany (4.0 percent), and Denmark (2.5 percent) (Kates et al. 2012). For OVC programming generally, in fiscal years 2010 and 2011 PEPFAR allocated \$672 million to programs that cared for and supported OVC (PEPFAR 2010, PEPFAR 2011).

MULTILATERAL ORGANIZATIONS

Multilateral organizations obtain funding from a number of donor governments. The GFATM is the largest multilateral organization, followed by the World Bank.

PRIVATE SECTOR FUNDING

Private sector organizations include corporate donors, individual philanthropists, religious groups, charities, and NGOs. These organizations range from small churches to large, philanthropic organizations, such as the Bill and Melinda Gates Foundation (BMGF). Of the four main sources of funding for the global HIV and AIDS response, private sector funding is by far the smallest, accounting for only 4 percent of spending (AVERTing HIV and AIDS 2010).

DOMESTIC SPENDING

Domestic spending includes national funds to support those affected by HIV and AIDS. Governments set up national HIV and AIDS funds by raising money from general revenues and supplementing this with budgetary support from international donors (Foster 2005).

FLOW OF RESOURCES FROM DONORS TO COMMUNITY GROUPS

Donors generally use a multitiered approach to transfer funds, which requires several different partners, as outlined in Figure 1. When directly transferring funds, typically the money flows through various channels prior to reaching the implementation level. In this process, community groups often become implementing partners of larger national or international NGOs, which are the direct recipients of large-scale international funding. A study by Southern Africa Trust (2007) in seven countries in Southern Africa indicated that a very large share of support to civil society is channeled through NGOs in the home country of the donor agency or through international NGOs, with a minor share being disbursed from the agency's mission in the country to local civil society.

While there is increasing discussion about directly funding community groups, traditionally the major donors have not directly funded community groups because they often do not meet eligibility criteria (submission of a written proposal, track record in related work) and lack the capacity and financial management systems needed to receive large sums of money. In addition, the transaction costs involved in funding many small organizations often weigh in favor of larger grants to fewer, more established organizations (Kelly and Birdsall 2010).

Another perspective is that donor procurement systems have made it very difficult for in-country local partners to receive funding. As Ari Alexander, a member of USAID's procurement reform team, notes: "Historically, local partners have had great difficulty working with USAID. Our larger multimillion dollar projects exceeded their capabilities and our burden of paperwork and red tape exceeded their patience." (Over 2010).

Given this structure, community groups have traditionally acted more as programmatic partners in the delivery of specific types of services/activities, but they do not necessarily gain direct or primary control over high-level donor financial resources. This often results in community groups being excluded from gaining direct experience with budgeting, planning, managing, and accounting for funds. In addition, because of the externally driven project approach, community-level groups often have little involvement in determining the focus or approach of the programs they are implementing. They are not able to develop sustainable capacity to design, plan, or execute programs based on their own community-identified needs, but rather are limited to following an externally prescribed framework (Kelly and Birdsall 2010).

Figure 1. Typical Funding Chain for HIV and AIDS Programs



(adapted from Management Sciences for Health 2005 and Foster 2005).

FUNDING COMMUNITY GROUPS: CHALLENGES AND RECOMMENDATIONS

Despite increases in overall funding for HIV and AIDS responses, many community groups continue to struggle to finance their work. A gulf exists between the availability of funding at the macro level and the more modest resource needs of community groups at the grassroots level (Foster 2008).

The literature points to a number of challenges, or bottlenecks, that occur in channeling resources to community groups. Below is a summary, taken from the literature (Foster 2005; MSH 2005; Oomman et al. 2007; Birdsall and Kelly 2007; Foster 2008; Birdsall et al. 2007; Amoaten 2011), of some of the major challenges encountered and subsequent recommendations to improve the flow of resources to community-level groups.

DIFFICULTY OBTAINING FUNDING

For small, community-based groups obtaining funding is one of the greatest obstacles. This is particularly true for newly established groups that often lack a programmatic and financial track record and are not connected to structures that might inform them of opportunities for small-scale start-up funding (Birdsall et al. 2007). A study by Foster (2008) found that civil society groups with better governance systems and reputable auditors had an easier time sourcing funding than those organizations that lacked external auditors.

In addition, the literature pointed to geographical location as a hindrance to obtaining funding. A study by Birdsall and Kelly (2007) found that rural community groups are more disadvantaged than urban organizations when it comes to accessing funding. Community groups submit fewer proposals for funding, have fewer sources of funding, and have lower average levels of support for all types of costs than do organizations in urban areas.

Challenges:

- Community groups do not necessarily know who provides funding and how to get in contact with donors.
- Community groups do not understand complicated funding requirements, which generally are not tailored to different types of organizations, but tend to conform to a “one size fits all” model.
- Funding requirements are incompatible with community groups’ activities.
- Community groups find the application process cumbersome, complicated, time-consuming, and unrealistic for smaller organizations with weaker capacity.

- Community groups are unable to follow up on the status of an application submission or obtain information on delays in funding due to poor communication and feedback from donors.

Recommendations:

- The application process needs to be simplified. Funders should consider adopting an open call for proposals approach, allowing community-based groups to apply for funds throughout the year. Eligibility criteria should also be flexible enough to encourage applications from a range of civil society organizations—from national NGOs to CBOs—and should be clearly outlined for potential community group applicants.
- Communication between funders and community groups needs to be improved, including more timely feedback from donors on application status. A mix of communication methods (e.g., radio, newspapers, community meetings, written guidelines, websites) should be encouraged to improve the flow of information to community groups on the availability of funding.
- Donors need to ensure that the costs incurred by applicants when applying for funding are minimal, allow for community groups to submit proposals in their geographical location, and absorb any postal costs for mailing original copies of proposals.

INEFFICIENT FINANCIAL MECHANISMS FOR CHANNELING FUNDS TO COMMUNITIES

As described previously, very few donors fund community-based groups directly, but rather channel money through intermediary organizations such as international or national NGOs. Reasons for this include: 1) donor perceptions and their beliefs that community groups have limited absorptive capacity and are unable to appropriately account for funds and 2) the limited capacity of donors to deliver smaller grants, which often corresponds to higher transaction costs. Given the number of steps in the funding process, the amount of money that actually trickles down to communities is a small proportion of the initially available resources (Foster 2005).

Research conducted by Birdsall and Kelly (2007) found that in 2005 those organizations with the largest income had high levels of access to all the major sources of funding (bilateral and multilateral agencies, funding from international NGOs/faith-based organizations [FBOs], and subgranting mechanisms), whereas smaller organizations were heavily reliant on funding from subgranting mechanisms. The research pointed to an imbalanced distribution of funding that is top-heavy, with significant amounts of funding reaching a certain segment of larger organizations and more modest amounts reaching small- and medium-sized organizations. Given this imbalance, grassroots community groups are at a particular disadvantage because they are not able to access the amount of funding needed and have limited capacity to adequately address the complex needs of the large number of people they are trying to serve.

Although international and/or national NGOs can be particularly useful in building the capacity of community-based groups, limitations exist in using intermediary organizations as mechanisms for channeling funds to community groups (Foster 2005). A study from Kelly and Birdsall (2010) indicated that intermediary organizations are inefficient, slow, and bureaucratic in the way they administer their funds. It is not uncommon to hear about delays of up to several months in the disbursement of approved funds. Such delays can result in an interruption of services and lead to a complete cessation of a community group's work.

Challenges:

- Intermediary organizations may lack knowledge of the amount of resources needed to meet the needs of the community and, therefore, the amount of funds allocated is often insufficient, of short duration, and delivered late. This unpredictability means that community groups may have difficulty doing systematic planning and that activities increase and decrease based on the availability of funding.
- Some intermediary organizations seek to control community partners, rather than build their capacity to obtain funding on their own from donors.
- Donors are willing to fund recurring costs for intermediary organizations, but reluctant to do the same for members of community groups who often make “out of pocket contributions” to support activities and who have very limited resources available for organizational running costs, salaries, and equipment.
- Donors tend to have inflexible funding arrangements, which require community groups to commit to donors’ specific strategies, priorities, targets, and usage criteria. This can reduce overall ownership of programs by community groups, jeopardize the sustainability of services provided, and limit their ability to respond appropriately to the complex needs of vulnerable households.

Recommendations:

- The call for proposal process should be decentralized to allow community groups to identify their own needs rather than respond to externally identified priorities.
- There is a need for long-term funding, not only to develop strong partnerships, but also to ensure that communities can sustain their response. Funds should be “drip fed,” meaning they should be disbursed

Box I. Community Groups’ Absorptive Capacity and USG’s New Partners Initiative (NPI)

The New Partners Initiative (NPI), created and funded by PEPFAR through USAID, sought to expand the reach of HIV and AIDS prevention and care programs by providing funding opportunities to organizations with established presence in local communities, but with no prior experience managing USG funds. A key objective of NPI was to build the capacity of these organizations to: a) manage grants from the USG and comply effectively with USG regulations and requirements, b) develop their organizations into stronger entities better able to access USG and other funding and continue and/or expand programs after the end of the NPI grant, and c) strengthen the ability of the organizations to implement high-quality HIV and AIDS programs. To achieve this, the USG also provided funding to various, more established partners to provide targeted technical, managerial, and organizational capacity building assistance to the new local partners.

An evaluation of one group of NPI recipients who received support under the New Partners Initiative Technical Assistance Project (NuPITA), which was funded by PEPFAR through USAID and managed by John Snow, Inc. (JSI) demonstrated that, overall, the provision of technical assistance had significant effects on both the quality of services being delivered by sampled recipients and their progress towards sustainability. NuPITA’s capacity-building inputs contributed to building core organizational and technical strengths, including those in administration, organizational management, human resources management, financial management, and monitoring and evaluation (M&E). In addition, all but one of the sampled partners showed an increased and diversified funding base, demonstrating qualification for funding even from donors they had considered almost inaccessible before the NPI project. This diversification of funding sources—often in multi-year funding they had not obtained before—likely laid a strong foundation for future sustainability of both the organizations themselves and their programs.

Among the many lessons learned was that NuPITA technical assistance was a critical and much needed component of the new USG partner organizations’ growth and development. Resources were directly channeled from USG to new local entities, however this model still required support from a more established organization to strengthen the organizations’ technical, management, and organizational capacities. This experience raises a number of important questions. Did more resources reach new partners as a result of this arrangement? Was this model more cost-effective than the more typical funding arrangement whereby a more established organization provides subgrants to local partners with less USG experience?

See page 18 for more on the NPI.

continuously, steadily, and in small amounts. In addition, strong performing community-based groups should be rewarded with multi-year funding in order to allow them to grow and develop coherently over time.

- If applicable, larger international/national NGOs could perform the role of banker to community groups, helping to improve the flow of funding while simultaneously strengthening their ability to receive funds directly.
- All parties from donors to intermediary organizations to community groups need to have a schedule of the disbursement of funds. Developing and appropriately communicating such a schedule will help to improve planning, reduce delays, and improve accountability between grantmakers and grantees.
- Donors and financial mechanisms should look to build in-country financial reserves to reduce disbursement delays.

WEAK ABSORPTIVE CAPACITY OF COMMUNITY GROUPS

The absorptive capacity of many community groups may limit the range and scope of those who receive donor funding. One paper indicated the bulk of funding for CSOs over the period examined went to a small proportion of leading organizations—many of which are urban based—with prior program delivery experience and financial capacity, whereas many smaller and less-developed organizations operated mainly on the basis of donations and in-kind support (Birdsall 2007).

One particular area limiting absorptive capacity is inadequate human resource systems. Often, community groups rely on volunteers who are unpaid or receive small stipends. This results in high turnover rates of volunteers, who often leave for paid positions or to receive larger stipends at another organization. Because community groups lack sufficient funding, many are not able to address technical and organizational capacity needs of volunteers and staff (Foster 2005).

It appears that donors are increasingly emphasizing support for capacity building initiatives of community groups to improve their overall absorptive capacity. One example is the USG's New Partners Initiative (NPI) (see Box 1 on previous page). Indeed, capacity building is a major focus of both large donors such as USAID (under USAID Forward) as well as smaller grantmakers such as the Firelight Foundation¹ (which offers capacity building grants to partners and developed a tool to measure CBO capacity along six dimensions) and the Global Fund for Children (whose model is to identify emerging and promising organizations and to support them so they can deliver effective programs and services with a combination of grants and value-added services, including support from organizational development consultants in the grantee partner's region) (GFC 2010). Similarly, capacity building of governments appears to be an increasing donor priority as well, with initiatives such as that of the United Nations Development Programme (UNDP), whose Strategic Plan 2008–13 positions capacity development as the organization's core service to program countries, and

¹ Firelight Foundation has developed a tool to measure CBO capacity along six dimensions: community linkages, holism/breadth of approach, adaptive capacity, organizational identity, sound management, and relations with stakeholders. More information: www.firelightfoundation.org/organizational-learning.php

PEPFAR's significant investments in systems strengthening, in response to growing demand for support at national and subnational levels (UNDP 2009).

Overall, there appears to be very little research available on who is best positioned to provide capacity building support at either the community or national/subnational levels, as it likely depends on the specifics of the situation. A study by Amoaten (2011), however, suggests that larger civil society organizations are often the most successful partner in providing capacity building support to community groups because they are often more responsive to their needs. The literature does provide guidance and recommendations for working with groups on capacity building (see box 2).

Challenges:

- Donors tend to focus capacity building efforts on enhancing organizations' abilities to meet donor-mandated accountability requirements, rather than on operational limitations that make it difficult for many community groups to meet the basic requirements needed to obtain funding.
- Community groups are unable to compete competitively in the funding application process because they lack capacity in areas including financial management, proposal and report writing, organizational capacity assessment, and training to build technical and monitoring and evaluation (M&E) capabilities.

Recommendations:

- In order to build the long-term capacity of community groups, institutional capacity building needs to be broad and deep. Although technical capacity building should be provided to improve the quality of HIV and AIDS services delivered by community groups, capacity building should also be thought of more broadly, including issues of organizational development and strategy, and not only technical issues related to M&E, reporting, and financial accountability.
- For community groups to become stronger, partnerships with large civil society organizations with a strong track record in both technical and institutional capacity building should be supported.
- Community groups should advocate for institutional overheads to be covered, as it is unlikely that their capacity will significantly improve without resources to pay for it.
- Donors who support capacity building efforts must work with partners to help them develop a stronger understanding of the importance of measurement as a performance enhancement tool, and that capacity building assessments and interventions are designed to help rather than punish organizations.
- Metrics should be developed to assess the effectiveness of both organizational and technical capacity-building activities, with donors supporting evaluations of such initiatives to continue to determine the most appropriate capacity building interventions at different levels. However, it is important to develop measurement systems that do not place an undue burden on community groups.

Box 2. Challenges to Capacity Building

An AIDSTAR-Two literature review* identified four key challenges in capacity building:

1. an urgent need for standardized indicators and evaluation of capacity building
2. a continuing lack of understanding regarding the definition and scope of capacity building as a field and as an approach
3. lack of local ownership
4. limited uptake of tools, which affects the implementation of capacity building programs.

The review revealed the following four recommendations for enhancing the impact of capacity building on health outcomes:

1. be subject to rigorous monitoring, evaluation, and reporting
2. be participatory, based on the needs of organizations, and focused on sustainability
3. make tools and approaches available and adaptable
4. be recognized as fundamental to all development interventions.

**(Ford et al. 2010)*

LIMITED UNDERSTANDING OF MONITORING AND EVALUATION PROCESSES

Often seen as a funder-driven requirement, M&E is not viewed as a priority for many community groups that are over-committed and under-resourced. A study by Amoaten (2011) indicated that most community groups have been exposed to M&E focused on the performance of the grant awarded and outputs of the program funded, rather than on results or improved outcomes. In addition, the study noted that weak narrative and financial reports submitted by community groups often resulted in disbursement delays. Furthermore, at both the donor and country level, a study by the International HIV/AIDS Alliance (2010) concluded that regular monitoring systems are not tracking funding or outputs for community responses. This lack of consistent data could jeopardize continued funding for community groups, especially given ever-changing donor priorities and funding levels.

Challenges:

- Because community groups do not have paid staff and have limited M&E capacity, they are often not able to meet complex reporting requirements and do not understand that M&E can be a practical tool for improving organizational performance.
- Weak narrative and financial reports submitted by community groups impact the timely flow of resources and reduces accountability to communities.

Recommendations:

- To better understand M&E, community groups should receive more mentoring and on-the-ground support from international/national NGOs rather than one-off technical trainings.
- Community groups should also be linked in with data collection from district offices and encouraged to share their perspectives on national data collection systems.

INSUFFICIENT LINKAGES AND COORDINATION BETWEEN ORGANIZATIONS AND OTHER ACTORS INVOLVED WITH AIDS RESPONSES

Given the number of organizations working at the community level to respond to HIV and AIDS, there is a large need to coordinate activities at the local and subregional level. This is necessary to avoid duplication of efforts, close gaps, ensure limited resources are appropriately used, and provide opportunities for cross-learning and sharing of successes and challenges. Networks formed at the community level help to unite actors with shared interests and allow for the development of a stronger collective voice better placed to advocate for certain types of change. However, although networking among AIDS service organizations appears to be increasing, it has not yet reached the level of systematic coordination in many places (Birdsall et al. 2007).

Challenges:

- Competition at the community level for resources, territory, and clients may be hindering the development of partnerships and networks.

Recommendations:

- Community groups should be encouraged and supported to link in with existing networks where present. They are an important resource for information, access to training and other opportunities, mutual support, and as a platform for advocacy.

SUMMARY OF THE LITERATURE

A summary of key research, assessments, and initiatives conducted between 2005 and 2012 is categorized into four groups: funding mechanisms and resource flows to community groups, the role and engagement of civil society organizations; impact of global health initiatives, and international development assistance and aid effectiveness.

FUNDING MECHANISMS AND RESOURCE FLOWS TO COMMUNITY GROUPS

Amoaten, Susan. 2011. *Supporting Aid Effective Responses to Children Affected by AIDS: Lessons Learnt on Channelling Resources to Community Based Organisations*

This study seeks to improve understanding of successful initiatives that can create a more predictable and long-term funding environment for CBOs, addressing the trade-off between reducing fiduciary risk of monies being misspent, yet also avoiding disproportionate and onerous levels of accounting and reporting for relatively small sums of money. The study is the result of field research in Uganda, Burkina Faso, and Malawi undertaken between April and July 2010. It sought to identify examples of financial mechanisms that provide financial and technical resources to CBOs providing care and protection to children affected by HIV and AIDS. Burkina Faso, Malawi, and Uganda have successfully established financial mechanisms that attract funding from multiple donors, which improves alignment and harmonization of donor funding to CSOs. These mechanisms also provide an opportunity for funding to be more strategically allocated in line with nationally developed strategic plans of action on OVC. However, community level input into the setting up or resource allocation was limited. Of more than 50 CBOs interviewed during this study, none had any knowledge or understanding of the macro environment that had such a significant impact on their access to money. In all three countries, the message was clear: money talks, and with the donor and government at the table, the voice of CBOs was usually not considered, or CBOs were considered too “weak” and poorly informed to have a valid point of view.

Aveling, Emma-Louise. 2010. *The Impact of Aid Chains: Relations of Dependence or Supportive Partnerships for Community-led Responses to HIV/AIDS?*

This paper examines the ways in which the resulting aid chains promote and undermine community-led responses to HIV and AIDS. The impact of the aid-granting system is examined using an ethnographic case study of an HIV and AIDS prevention program with Cambodian military families. It draws on observations of stakeholder meetings and program activities, interviews with stakeholders (the donor, NGOs, and military community), and textual materials (program guidelines, policies, and reports). The study reveals that the establishment of a relationship with a more powerful international NGO is beneficial to the military community and civil society groups. The international NGO uses its significant material and economic leverage to improve the community’s relational context (by ensuring the support of the military high command), symbolic context (by

strengthening the position of community and civil society partners in relation to government bodies), and material context (through increasing access to health services). However, material and symbolic asymmetries among partners in the aid chain persist, curtailing the community's involvement and leadership. Further, the hierarchical flow of aid encourages accountability to the demands of the donor while excluding grassroots groups from directly accessing funding. Problem-focused representations of the military further reinforce the community's position as recipients of intervention, which undermines recognition for the community's knowledge, strengths, and right to fully participate. Study results show that although aid chains can be supportive of community-led responses, the structures and dynamics of international aid continue to position marginalized communities as recipients, not leaders, of HIV and AIDS programs, raising particular dilemmas for intermediary international NGOs.

Birdsall, Karen, and Kevin J. Kelly. 2007. *Pioneers, Partners, Providers: The Dynamics of Civil Society and AIDS Funding in Southern Africa*

This report explores impacts of the changing AIDS funding environment on CSOs engaging in AIDS response activities in southern Africa. The research, undertaken in six countries and with 439 CSOs and 60 donor and NGO representatives, found evidence of a dramatic increase in the number of CSOs involved in AIDS responses. The bulk of funding for CSOs over the period examined went to a small proportion of leading organizations—many of which are urban based—with prior program delivery experience and financial capacity, whereas many smaller and less-developed organizations operated mainly on the basis of donations and in-kind support.

Birdsall, Karen, et al. 2007. *Models for Funding and Coordinating Community-level Responses to HIV/AIDS*

Community-level organizations, such as NGOs, CBOs, and FBOs, are increasingly being seen as strategic “on the ground” resources for bypassing some of the obstacles to program delivery and absorption of funds being experienced at national and subnational levels. However, in many contexts, there are no clear strategies or systems for funding and supporting community organizations working on AIDS, despite evidence that a systematization of response is indicated. This research used a case study approach to document seven different models in use in South Africa for developing the capacity of local organizations, streamlining the distribution of funding, and maximizing the impact of local activity through networks and coordination mechanisms. The models reviewed include a private grant-making institution, a CBO mentoring organization, a membership network for groups working with children affected by AIDS, a small grants scheme, a provincial health department that collaborates with NGOs, a community clearinghouse for AIDS activity, and an umbrella network for AIDS service organizations. Among the features that distinguish these models from other types of interventions are: a differentiated approach to funding and support tailored to the needs of organizations of varying types, sizes, and stages of development; recognition of the importance of horizontal learning and networking; support for individual organizations, as well as efforts to link them up with others; and multi-year investments in organizations that allow them to grow coherently over a period of time. In the absence of a systematic approach to capacity building for community institutions, these independent homegrown initiatives are filling an important gap at a local and provincial level. Elements of the models potentially lend themselves to replication or scaling up.

Foster, Geoff. 2005. *Bottlenecks and Drip-feeds: Channelling Resources to Communities Responding to Orphans and Vulnerable Children in Southern Africa*

One of the most tragic outcomes of the HIV epidemic is the impact it has had on children and, as a result, one of the major concerns has been around how to support the growing number of orphans and vulnerable children within their own communities. Although small groups of community members have already been caring for these children, they are in urgent need of more funds and technical support. This report summarizes findings from research conducted by Save the Children UK in Southern Africa—research that was undertaken to identify policy and advocacy issues that, once addressed, would increase the flow of resources to community groups. The study found very few examples of effective mechanisms for channeling resources to community-level organizations responding to the needs of vulnerable children and revealed a number of “bottlenecks” that are stopping the flow of funds. The report looks at the role and value of community-based programs, outlines existing delivery mechanisms for distributing money to communities, analyzes specific bottlenecks in delivery mechanisms, and offers next step recommendations.

Foster, Geoff, 2008. *Getting in Line: Coordinating Responses of Donors, Civil Society and Government for Children Affected by HIV/AIDS*

This publication analyzes findings from a nine-country study in East and Southern Africa to map involvement and define roles and responsibilities of civil society in expanding national HIV and AIDS responses to orphans and children made vulnerable by HIV and AIDS. It highlights the lack of involvement of CBOs in developing national responses and provides recommendations to increase engagement among civil society, external agencies, and government, and assist their alignment with national plans of action.

International HIV/AIDS Alliance. 2010. *Mapping of Funding Mechanisms and Main Sources of Funding for the Community Response to HIV and AIDS*

This study maps and describes funding mechanisms and main sources of funding for the community response to HIV and AIDS, including the main sources of global funding of the community response, the different funding mechanisms for community response to HIV and AIDS, the flow of funds from key funding sources, the percentage of CSOs’ budgets covered by each of the main sources of funding, and the allocation of funds across the continuum of prevention, treatment, support, care, mitigation, policy, and advocacy. Its five key conclusions indicate that: 1) increased funding from the four major donors (World Bank MAP, GFATM-, PEPFAR, and DFID) has reached civil society to respond to AIDS, 2) signs of funding uncertainty continue and the impact on civil society is not yet known, 3) country-level funding mechanisms are important for civil society responses, particularly for indigenous CSOs, which appear to be well served by funding streams such as the Global Fund grants through principal recipients, 4) CSOs fill certain roles, particularly with prevention efforts and reaching high risk populations, and 5) important gaps exist in regular monitoring systems, which do not specifically track funding and outputs for community level responses.

Kelly, Kevin J., and Karen Birdsall. 2010. *The Effects of National and International HIV/AIDS Funding and Governance Mechanisms on the Development of Civil-society Responses to HIV/AIDS in East and Southern Africa*

The study takes stock of the exponential growth in the number of new CSOs working in the HIV and AIDS field in East and Southern Africa from 1996 to 2004. The study surveyed 439 CSOs in six countries and conducted case studies focused on the evolution of community responses to HIV and AIDS in specific communities in eight countries. It describes the types of CSOs that emerged, their relationships with governments and donors, and their activities, organizational characteristics, and funding requirements. The data presented show that the social mobilization of HIV and AIDS responses through community-level organizations has faced strong external challenges. Survey data, national HIV and AIDS spending assessments, and case studies show evidence that in some respects the changing international aid environment undermines the prospects for development of the civil society sector's contributions in HIV and AIDS responses. Of particular interest is to understand how the "Three Ones" and the Paris Declaration on Aid Effectiveness have reshaped international funding for HIV and AIDS responses. There has been relatively little attention paid to the impact of the new management and funding modalities, including national performance frameworks, general budget support, joint funding arrangements, and basket funds on civil society agencies at the forefront of community HIV and AIDS responses. Evidence shows that in important respects the new modalities limit the unique contribution that CSOs can make to national HIV and AIDS responses. However, the drive to rapidly intensify the scale of HIV and AIDS responses has involved using community organizations as service providers for externally formulated programs. This as a strong threat to the development of sustainable civil society economies as well as to CSOs' diversity and responsiveness. The ways in which CSOs are responding to these challenges are discussed, pointing to possibilities for a new phase of development in the civil society sector.

Management Sciences for Health (MSH). 2005. *Expediting the Transfer of Funds for HIV/AIDS Services*

Financial management is the Achilles' heel for rapidly scaling up civil society's role, especially when the donor community is caught between the "rock" of getting the money out there and the "hard place" of timely and accurate financial reporting to keep the funds flowing. As the funds available for HIV and AIDS grow and increased funding is directed to CBOs, FBOs, and NGOs, as well as governments, the number of institutions with insufficient capacity to absorb and manage the available funding also increases. Many donors and other stakeholders recognize the need for basic financial management systems in these organizations, but few recognize that the traditional capacity-building approach requires more time than is available, given present funding allocations. The challenge is to develop innovative agreements and management mechanisms that will get the money out into the community where it can do the most good, without putting an undue administrative burden on either the giver or the recipient. This paper focuses specifically on the transfer of funds. Many conferences, workshops, and publications cover the public health aspects of implementing HIV and AIDS programs, but organizations seeking assistance for rapidly transferring funds to the implementing level have few sources of guidance. Based on feedback that MSH has received from the local to the national level, as well as observations made in the field, this paper is an aid for finding approaches that balance the need for accountability with the imperative for keeping funds flowing through the pipeline.

Oxfam America. 2010. *Ownership in Practice: Capacity/Helping Countries Lead*

This report summarizes discussions with representatives from U.S. agencies, Congress, policy think tanks, contractors, and NGOs, as well as from recipient countries regarding improvements to U.S. foreign aid policy. Among the many discussion points were the challenges of working with the U.S. “contractor model” of providing aid (i.e., through intermediaries—from large profit-making contractors to relatively smaller nonprofit organizations—instead of directly to recipients). Interviewees noted this long chain of command from the donor-contractor-subcontractor-final recipient tends to be associated with rigid contracts, skewed accountability, high costs, and missed opportunities to support more local actors. The report also notes that in many places, donors have assessed that the benefits from using country procurement systems, with legitimate accountability mechanisms, outweigh the risks, but that USG funding has not yet taken advantage of country systems as much as other donors.

Southern Africa Trust. 2007. *Aid Effectiveness: Trends and Impacts of Shifting Financial Flows to Civil Society Organisations in Southern Africa*

The purpose of this study was to generate knowledge and insight about how changes in global aid policies are affecting donor support to civil society in Southern Africa. Data and statistics were collected from donor headquarters and the OECD Development Assistance Committee and from field visits to seven countries in Southern Africa (Botswana, Lesotho, Malawi, Mozambique, South Africa, Zambia, and Zimbabwe), meeting with a range of aid officials, representatives of civil society, and other stakeholders. The report points to the critical role of civil society in ensuring that aid becomes effective in reducing poverty, but also finds that traditional donor agencies are not always strong in providing direct support to strengthen the capacity of civil society to participate in poverty reduction and to make governments more accountable. It reveals a number of important issues that need immediate attention from donor agencies and CSOs, including: a) the role of NGOs in service provision and how this relates to sector wide programs and budget support, b) the linkages between support to civil society and support to governments in poverty reduction and efforts to improve governance, c) the scope for increased practical cooperation among donor organizations, including intermediaries, d) the role of civil society in advancing regional cooperation and integration, and e) the tensions between support for advocacy and support for organizational development.

World Bank. 2010. *Funding Mechanisms for the Community Response to HIV and AIDS (Draft Paper)*

Although the benefits of civil society participation have been widely recognized, the extent to which CSOs have contributed to stemming the HIV epidemic over the years has not been assessed or documented in a systematic and rigorous way. CSOs acknowledge the need for a more solid evidence base that reflects their work. To address some of the key evidence gaps that exist, the World Bank has launched a study of the community response, in partnership with the Department for International Development (DFID), the UK Consortium for AIDS and International Development, country AIDS authorities, and other partners. The primary objective is to help build a robust pool of evidence on the effects of community-based actions and activities for prevention, care, treatment, and support. The overarching hypothesis to be tested is that the community response adds value to the national program. The evaluation examines: a) the flow of funds and allocations, b) the effects of the community response on the course of the epidemic, and c) broader social changes occurring in communities as a result of their engagement in the HIV and AIDS response. This publication is one of the papers and supporting studies undertaken as part of the evaluation.

THE ROLE AND ENGAGEMENT OF CIVIL SOCIETY ORGANIZATIONS

Collins, Terri, Alex Simwanza, and Mwilu Mumbi. 2009. *Working with Civil Society to Support the National Response to HIV and AIDS: Experiences from Zambia*

This paper presents a working model for engaging civil society, developed by the National HIV/AIDS, STI, and TB Council (NAC) in Zambia in collaboration with the STARZ program. The STARZ program provided technical support to NAC Zambia from May 2004 until August 2009. This included support for improved participation of civil society and the private sector in the national multi-sectoral response to HIV and AIDS. The working model is intended to assist practitioners in better defining the desired outcomes of work with civil society and applying concepts such as consultation, participation, and involvement.

Cornish, Flora, et al. 2012. *From Brothel to Boardroom: Prospects for Community Leadership of HIV Interventions in the Context of Global Funding Practices*

The empowerment of marginalized communities to lead local responses to HIV and AIDS is a key strategy of funding agencies' globalized HIV and AIDS policies, given evidence that disempowerment is a root source of vulnerability to HIV. This paper reports on two multilevel ethnographies at the interface between HIV prevention projects for sex workers in India and their funding environment, examining the extent to which the funding environment itself promotes or undermines sex worker empowerment. Analysis of findings shows how the "new managerialism" characteristic of the funding system undermines sex worker leadership of HIV interventions. By requiring local projects to conform to global management standards, funding agencies risk undermining the very localism and empowerment that their intervention policies espouse.

Cornman, Helen, Curt Grimm, and Sujata Rana. 2005. *Engaging Local Non-Governmental Organizations in the Response to HIV/AIDS*

Local NGOs, CBOs, and FBOs have been at the center of the response to the HIV pandemic. In many countries, they have been responsible for the majority of the resources reaching individuals and have played a leading role in developing and implementing sustainable strategies to mitigate and prevent HIV and AIDS. One of PEPFAR's strategic principles is to encourage and strengthen FBOs and CBOs. The identification of sustainable and efficient local NGOs and the capacity building of these partners is the cornerstone on which the effective engagement of local NGOs is built. The goal of this paper is to initiate a discussion among donors, international and local NGOs, and multilateral and USG representatives on how to effectively engage these partners and transfer much-needed resources. The paper draws on an extensive literature review of local NGO engagement, the direct experience of Pact's rapid response HIV and AIDS grants program known as Community REACH, and formal and informal interviews with the Pact Community REACH grantees. The paper concludes with three main recommendations to donors: 1) share information on how to engage local NGOs and apply those lessons learned throughout the HIV and AIDS community, 2) collaborate to identify and improve procurement systems that hinder the direct, efficient, and effective flow of funds to local organizations, and 3) create new policies and procedures that overcome these challenges and barriers.

Development Effectiveness Working Group of Action of Churches Together-Alliance, et al. 2011. *Civil Society, Aid Effectiveness and Enabling Environment. Political Space of Civil Society Organisations in Africa: The Cases of Burkina Faso, Ghana and Zambia*

This report, prepared for the Fourth High Level Forum on Aid Effectiveness, examines whether civil society's realm for effective development participation has been extended and enhanced as pledged by the Accra Agenda for Action (AAA). The purpose of the research was to conduct three country case reports on Burkina Faso, Ghana, and Zambia to establish if, after the Paris Declaration and the AAA, the political and operational space of civil society had increased. The research also sought to identify changes in political acceptance, operational space, and opportunities and finances for a more effective development involvement of CSOs in the three countries. Results provide a conclusive picture of changes in the working environments of CSOs and indicate a mixed impact of both the Paris Declaration and AAA on the political, legal, and operational environment of CSOs and on their relations with donors. The report concludes by recommending the establishment of a national multi-stakeholder fora to develop national solutions that adequately reflect the commitments of the AAA.

Doyle, Cathal, and Preeti Patel. 2008. *Civil Society Organisations and Global Health Initiatives: Problems of Legitimacy*

Civil society organizations have a prominent role in global health initiatives such as the GFATM and, in the United States, PEPFAR. They are increasingly consulted by international organizations and, in some cases like the Global Fund, are involved in decision-making. They are also increasingly seen as crucial agents in delivering health interventions on the ground. Some donors prefer to channel funds through CSOs in developing countries rather than through perceived to be corrupt or inefficient government agencies. This paper examines this growing role and the arguments to justify their increasing influence, particularly in HIV and AIDS initiatives. It analyzes the main challenges to CSOs' legitimacy and outlines key responses to these challenges. It concludes by suggesting a number of research priorities that might help to evaluate the impact of CSOs in global health initiatives.

Haffy, Joan, Luigi Ciccio and Daniel Kibuuka Musoke. 2012. *Exploring the Effects of Holistic Capacity Building: an Evaluation of NuPITA's Technical Assistance on NPI Partners' Service Delivery and Sustainability*

The New Partners Initiative Technical Assistance Project (NuPITA) was funded by PEPFAR through USAID from 2008–12. The project was designed to provide technical assistance to 15 organizations in eight countries working in HIV and AIDS that received funding from PEPFAR through USAID under the New Partners Initiative (NPI). In support of NPI, NuPITA aimed to increase the quality of program implementation and to strengthen the institutional capacity of NPI partners, supporting PEPFAR's objective to improve and expand HIV programming through community- and faith-based organizations. The evaluation sought to show the effects of NuPITA's capacity-building efforts on HIV service delivery results of partner NPI projects, as well as on their overall institutional sustainability; and to link these to capacity-building inputs provided by NuPITA. This evaluation demonstrated that, overall, the provision of technical assistance by NuPITA had significant effects on both the quality of services being delivered by sampled recipients and their progress towards sustainability. NuPITA's capacity-building inputs contributed to building core strengths in governance, administration, organizational management, human resources management, financial management, project performance management and program management, including M&E. Concerning service delivery indicators, most of the sampled NuPITA partners were able to surpass planned targets for the three-year period of their NPI cooperative agreements, in some cases

by a large margin. Partners reported the most beneficial aspects of NuPITA support to be the following: trainings (including M&E, referral networks, and close-out); organizational capacity assessments and technical capacity assessments; tailored, on-site technical assistance; and on-site placement of advisors. All partners recommended maintaining the technical assistance component as crucial for any future program, combined with direct service delivery. Regarding sustainability, all but one of the sampled partners showed an increased and diversified funding base. In a competitive field where implementing organizations have to vie for the limited funds available, NPI partners have already demonstrated that they qualify for funding even from donors they had considered almost inaccessible before the NPI project. This diversification of funding sources—often in multi-year funding they had not obtained before—likely laid a strong foundation for future sustainability of both the organizations themselves and their programs.

Lewnes, Alexia, and Roeland Monasch. 2008. *Zimbabwe's Programme of Support to the National Action Plan for Orphans and Other Vulnerable Children*

This report documents Zimbabwe's scaled up response for OVC through the Programme of Support—a mechanism for donors to pool their funding and finance interventions. UNICEF manages the funds and civil society organizations are implementing partners, with overall coordination provided by the government of Zimbabwe. The program is committed to mobilizing increased and more predictable funding for OVC, while also strengthening community-level organizations through skill and capacity building. This bold initiative demonstrates how government, donors, the UN system, and CSOs can work together to dramatically scale up efforts to reach more children in need.

Rau, Bill. 2006. *The Politics of Civil Society in Confronting HIV/AIDS*

Civil society organizations have been at the forefront of the response to the HIV and AIDS epidemic. However, their contributions and models of action have remained marginalized by most governments and international organizations. This article looks at the initiatives of civil society actors. It discusses some of the political reasons and rationale behind the less than enthusiastic support for these initiatives from governments and large aid agencies. Two reasons are suggested: many politicians fear providing support and credibility to CSOs that might then build upon their success to question and challenge development failures; and the threat perceived by national and international bureaucrats to their own assumed expertise and solutions to the pandemic. In some cases, CSOs have been co-opted to fill gaps that governments themselves cannot or will not address, yet, despite this, governments assume the credit for “successes” in controlling HIV and AIDS.

Rodriguez-García, et al. 2011. *Analyzing Community Responses to HIV and AIDS: Operational Framework and Typology*

This paper, which contributes to the Evaluation of the Community Response to HIV and AIDS, presents a framework for analyzing the community response. On the basis of a literature review, six criteria are proposed for characterizing such community responses: 1) the types of organizations and structures implementing the response, 2) the types of activities or services implemented and the beneficiaries of these, 3) the actors involved in driving community responses, 4) the contextual factors that influence community responses, 5) the extent of community involvement in the response, and 6) the extent to which community responses involve wider partnerships and collaboration.

Wallis, Allan, Vic Dukay, and Claude Mellins. 2010. *Power and Empowerment: Fostering Effective Collaboration in Meeting the Needs of Orphans and Vulnerable Children*

In sub-Saharan Africa, HIV and AIDS have resulted in a rapidly growing population of OVC. These OVC have strained the traditional safety net provided by extended families to its breaking point. Increasingly, community-based initiatives are emerging to fill the gap. However, relatively little is known about these efforts and their effectiveness. This article looks at one such initiative in rural Tanzania, and explores the relationship between local communities that seek to empower themselves to address the needs of their OVC and external organizations that have the resources and power to help them. This case study describes the successful effort of a community to build a center housing its orphans, and the subsequent closure of that center, despite its evident success, because of a conflict between internal and external interests. This case study is the basis of a broader discussion on how those with power, and communities seeking empowerment, are complexly intertwined.

THE IMPACT OF GLOBAL HEALTH INITIATIVES

Biesma, Regien G., et al. 2009. *The Effects of Global Health Initiatives on Country Health Systems: A Review of the Evidence from HIV/AIDS Control*

This paper reviews country-level evidence about the impact of global health initiatives (GHIs), which have had profound effects on recipient country health systems in middle- and low-income countries. Three initiatives that account for an estimated two-thirds of external funding earmarked for HIV and AIDS control in resource-poor countries—the GFATM, World Bank’s MAP, and PEPFAR—were selected for review. This paper draws on 31 original country-specific and cross-country articles and reports, based on country-level fieldwork conducted between 2002 and 2007. Positive effects have included a rapid scale-up in HIV and AIDS service delivery, greater stakeholder participation, and channeling of funds to nongovernmental stakeholders, mainly NGOs and faith-based bodies. Negative effects include distortion of recipient countries’ national policies, notably through distracting governments from coordinated efforts to strengthen health systems, and re-verticalization of planning, management, and M&E systems. Subnational and district studies are needed to assess the degree to which GHIs are learning to align with and build the capacities of countries to respond to HIV and AIDS; whether marginalized populations access and benefit from GHI-funded programs; and the cost-effectiveness and long-term sustainability of the HIV and AIDS programs funded by the GHIs.

Coutinho, Alex, Uchechi Roxo, Henry Epino, Alex Muganzi, et al. 2012. *The Expanding Role of Civil Society in the Global HIV/AIDS Response: What Has The President’s Emergency Program For AIDS Relief’s Role Been?*

Civil society has been part of the HIV and AIDS response from the very beginning of the epidemic, often becoming engaged before national governments. Traditional roles of civil society—advocacy, activism, serving as government watchdog, and acting as community caretaker—have been critical to the response. This article highlights the emerging phenomenon of the greater involvement of CSOs in health system strengthening through a variety of mechanisms, and how CSOs are part of the fabric of a country’s health system. They play a critical role in ensuring continuity of care from health facilities to the community and providing world-class HIV prevention and treatment services, which can serve as indigenous resources for capacity building for existing and new health concerns. The article notes that as international funding sources plateau, it is imperative that PEPFAR and the other funding mechanisms shift resources from international to developing country CSOs to build

sustainability and improve efficiencies. Concerns that the majority of resources are allocated to large urban CSOs rather than true community-based grassroots organizations must be addressed. The authors further note that it will be important to monitor the extent to which resources reach beneficiaries as well as the efficiencies of various recipients so that scarce resources achieve maximum benefit.

Government Accountability Office. 2009. *President's Emergency Plan for AIDS Relief: Partner Selection and Oversight Follow Accepted Practice but Would Benefit from Enhanced Planning and Accountability*

This report evaluates key practices that implementing agencies have used in selecting organizations for PEPFAR activities and in overseeing these organizations' technical capacities to meet PEPFAR goals. The study found that Centers for Disease Control and Prevention (CDC) and USAID use accepted practices for selecting PEPFAR implementing partners, yet due to lack of involvement of implementing agencies' assistance and acquisition, officials negatively affect the planning and execution of partner selection.

International HIV/AIDS Alliance and International Council of AIDS Service Organizations. 2005. *Civil Society and the "Three Ones"*

This paper examines the issues and questions that are emerging for civil society around the development of the "Three Ones" initiative. It is based on the practical experiences and strategic discussions of the International HIV/AIDS Alliance, International Council of AIDS Service Organizations, and their partners and members. The document reviews civil society involvement with the Three Ones, highlighting potential opportunities such as: responses based on real needs, addressing marginalized and vulnerable populations, and technical support and capacity building. It also flags potential challenges, including: ownership of national HIV and AIDS responses, capacity of civil society, and issues of selection and representation. The document calls for next steps to include the development of generic guidelines for civil society involvement in implementing the Three Ones. It also suggests the need to develop and finance comprehensive, high quality, and appropriate capacity building tools to enable effective civil society participation as well as to maximize existing resources. Other necessary steps include: providing specific technical and moral support, guided or led by civil society itself; enhancing communication and information dissemination about the Three Ones at all levels; and developing relevant indicators in collaboration with other sectors to assess the effectiveness of civil society participation.

Nyberg, Beverly J., et al. 2012. *Saving Lives for a Lifetime: Supporting Orphans and Vulnerable Children Impacted by HIV/AIDS*

PEPFAR's response to the millions of children impacted by HIV and AIDS was to designate 10 percent of its budget to securing their futures, making it the leading supporter of OVC programs globally. This article describes the evolution of PEPFAR's OVC response based on programmatic lessons learned and an ever-growing understanding of the impacts of HIV and AIDS. In launching this international emergency effort and transitioning it toward sustainable local systems, PEPFAR helped establish both the technical content and the central importance of care and support for OVC as a necessary complement to biomedical efforts to end the HIV and AIDS epidemic. Critical services are reaching millions of HIV-affected children and families through vast networks of community-based responders and strengthened national systems of care. But rapid program scale up has at times resulted in inconsistent responses, failure to match resources to properly assessed needs, and a dearth of rigorous program evaluations. Key investments should continue to be directed toward more sustainable and effective responses. These include greater attention to children's most

significant developmental stages, a focus on building the resilience of families and communities, a proper balance of government and civil society investments, and more rigorous evaluation and research to ensure evidence-based programming.

Oomman, Nandini, Michael Bernstein, and Steven Rosenzweig. 2007. *Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices of PEPFAR, the Global Fund and World Bank MAP in Mozambique, Uganda and Zambia.*

This study analyzes the policies and practices of the world's largest AIDS donors—PEPFAR, GFATM, and World Bank MAP—as they are applied in Mozambique, Uganda, and Zambia, and compares these systems against six key funding practices that can help donors support the national AIDS response in a manner consistent with the aid effectiveness principles of the Paris Declaration. Results reveal that PEPFAR scores well on making its money move and on collecting data; the Global Fund ranks high on tailoring programs and sharing data; and the World Bank stands out for its long-term commitment to working with the government, strengthening systems, and building local recipients' capacities. The study provides recommendations for how each donor can improve its program to increase the effectiveness of aid.

Shorten, Tim, Martin Taylor, Neil Spicer, et al. 2012. *The International Health Partnership Plus: Rhetoric or Real Change? Results of a Self-reported Survey in the Context of the 4th High Level Forum on Aid Effectiveness in Busan*

The Organization for Economic Co-operation and Development recently reviewed the Paris Declaration on Aid Effectiveness, which provides an international agreement on how to deliver aid. Health sector aid effectiveness is important, given the volume of financial aid and the number of mechanisms through which health assistance is provided. Recognizing this, the international community created the International Health Partnership (IHP+) to apply the Paris Declaration to the health sector. This paper, which presents findings from an independent monitoring process (IHP +Results), makes a valuable contribution to the literature in the context of the recent 4th High Level Forum on Aid Effectiveness in Busan, Korea. Results from the survey indicate that there have been incremental improvements in the strengthening of national planning processes and principles around mutual accountability. There has also been progress in development partners aligning their support with national budgets. But there is a lack of progress in the use of countries' financial management and procurement systems, and in the integration of duplicative performance reporting frameworks and information systems.

United Nations Development Programme. 2012. *Making Global Fund Money Work for Communities: Community Partnership Consultation*

This report documents the presentations and discussions made during the “Making Global Fund Money Work for Communities: Community Partnership Consultation” held in Pattaya, Thailand, on December 7–8, 2011. It draws attention to the issues associated with how current approaches to Global Fund proposals and grants management processes have hindered grantees' abilities to inclusively develop and effectively implement rights-based programs that best serve their communities. Representatives from over 30 CBOs, individuals from key affected populations, and people living with HIV representing Africa, Asia, the Caribbean, Eastern Europe, and Latin America attended the meeting. The participants had substantive experience and have played key roles during various phases of Global Fund multicountry grants, including proposal formulation, grant negotiation, program implementation, and evaluation. The Global Fund Secretariat and UN-based partners were also represented. The participants raised serious concerns about how current approaches to Global Fund proposal and grants management have hindered grantees' abilities to

develop and implement programs that best serve their communities. The report provides a wide array of recommendations for the Global Fund Secretariat, Board, local Fund agents, and Global Fund technical partners.

INTERNATIONAL DEVELOPMENT ASSISTANCE AND AID EFFECTIVENESS

Clay, Edward J., Matthew Geddes, and Luisa Natali. 2009. *Aid Untying: Is It Working? Thematic Study on the Developmental Effectiveness of Untied Aid: Evaluation of the Implementation of the Paris Declaration and of the 2001 DAC Recommendation on Untying ODA to the LDCs*

This study was commissioned as part of an evaluation of the Paris Declaration, which reaffirmed the recommendation for untying aid to least developed countries. The study finds progress by Development Assistance Committee donors in the formal untying of their aid—removing legal and regulatory impediments to the procurements of goods and services outside the donor’s own market. However, freestanding technical cooperation and food aid were excluded from the recommendation and both remain significant “gray areas.” The study places the findings into the context of recipient perspectives about the actual practice of aid delivery in partner countries. Project-type aid, the dominant modality in all surveyed countries, calls into question the genuineness of untying efforts, as most donors try to influence project implementation. Projects, even when formally untied, are rarely fully untied, and often include elements of de facto tying. The study also assesses the effects of untying status on aid effectiveness and explores prospects for increasing the share of untied aid.

Garrett, Laurie A., and Kammerle Schneider. 2009. *The Evolution and Future of Donor Assistance for HIV/AIDS*

This paper examines the evolution and impact of donor resource mobilization for HIV and AIDS; the potential effect of the current economic crisis on HIV and AIDS funding; immediate and long-term challenges and opportunities for donor assistance; and policy recommendations to the donor community and national governments to ensure steady, long-term funding for HIV and AIDS and to alleviate the impact of future challenges. The authors argue that better implementation of existing prevention strategies is necessary, as treatment alone will not end the HIV pandemic. Recommendations for future success include coordination at the donor and recipient level, integration and linkages, research and development, capacity building, and leadership.

Kates, Jennifer, Adam Wexler, Eric Lief, et al. 2011. *Financing the Response to AIDS in Low- and Middle- Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2011*

This report tracks funding levels of the donor governments that collectively provide the bulk of international assistance for AIDS through bilateral programs and contributions to the GFATM. The analysis finds that donor government support for HIV and AIDS relief returned to prior levels in 2011 after a drop in 2010, but has been roughly flat since the recession hit world economies in 2008.

Kumar, Raj. 2006. *USAID Revisited*

In this paper, Kumar, President of the Development Executive Group, argues that given the current volume of U.S. foreign aid and its growing importance to national security, two basic things need to happen: all aid programs within USAID need to be unified, and the USAID administrator needs to

be a cabinet-level position. As currently configured, U.S. aid programs suffer from "project proliferation" (many agencies funding many small projects across too many recipient countries), which results in aid fragmentation and reduces both efficiency and effectiveness. Kumar says the USAID administrator needs a seat at the policy table to ensure a strong development voice in foreign policy. Additionally, the U.S. Congress needs to stop micromanaging special aid projects through earmarks and allow the experts who manage overall development efforts the flexibility to spend funds where they can best meet policy goals.

Roodman, David. 2006. *Aid Project Proliferation and Absorptive Capacity*

At a time when the international dialogue surrounding development is focused on increasing the quantity of aid, this paper focuses on how the donor community can improve the quality of foreign assistance. The author discusses the problem of project proliferation, and the tendency of developing countries that receive aid to become overburdened by the costs of administering aid projects. Roodman analyzes the relationship between total aid and recipient activity, and the distribution of projects by size. The conclusions hold insights for policymakers: when projects proliferate beyond a certain point, the effective marginal utility of aid declines sharply, and can even become negative. This negative effect of aid on development can be especially true if the aid delivery process drifts away from the goal of poverty reduction. When countries reach their absorptive capacity, aid dollars given beyond that point lose much of their effectiveness.

Winters, Matthew. 2010. *Accountability, Participation and Foreign Aid Effectiveness*

Foreign aid involves a chain of accountability relationships stretching from international donors through national governments and implementing agencies to ultimate end users of the goods and services financed by the aid. In this paper, five different accountability relationships that exist in foreign aid projects among donors, governments, implementing agencies, and end users are reviewed. The author summarizes existing empirical evidence demonstrating that foreign aid functions better—both at the macro level of aid flows and at the micro level of individual aid projects—when there is more government and implementing agency accountability. Specifying several mechanisms that facilitate accountability, the author emphasizes that participation is a tool often used to produce accountability within aid projects. However, in terms of donor accountability to aid-receiving countries and the end users in them, recent pushes for increased participation have not resulted in more accountability in the design of aid programs. Ultimately, although enthusiasm for participatory models of aid design and delivery is warranted, participation is not a panacea for all the accountability problems in foreign aid programs.

CONCLUSION

From the onset of the HIV epidemic, communities have played a pivotal role in response efforts, particularly with regard to the care and protection of children affected by HIV. Yet, despite significant increases in HIV funding for civil society, many community groups continue to be unable to efficiently access funds to support their activities. Bottlenecks such as complicated application processes, strict eligibility criteria, short-term funding, and poor communication with donor agencies severely disadvantage community groups from adequately addressing the spectrum of needs of the vulnerable populations they serve. Although donors have acknowledged the importance of community groups in the response to HIV and AIDS, financial mechanisms for more efficiently channeling funds to these groups remain a challenge. Several changes, including creating simplified and flexible funding arrangements and investing in institutional capacity building, are needed in order to ensure that community groups can continue to provide much needed assistance and support to children and families affected by HIV.

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For more information, please visit aidstar-one.com.

AIDSTAR-One

John Snow, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: info@aidstar-one.com

Internet: aidstar-one.com