



TEARFUND
CHRISTIAN ACTION WITH THE WORLD'S POOR

Many clouds, little rain?



The Global Fund and local
faith-based responses to HIV and AIDS

Executive summary

This briefing paper reviews the procedures and processes of the Global Fund with regard to funding local faith-based initiatives, particularly through the experience of Tearfund partner organisations. The paper seeks to contribute to the debate on the need for more and better aid, the implementation of the ‘Three Ones Principles’, and the role of civil society organisations in national responses to HIV and AIDS. It identifies concerns and suggests approaches that could help improve access to resources.

Local faith-based initiatives make a critical contribution in the response to HIV and AIDS in many contexts. This includes preventative action and provision of care for those affected by HIV and AIDS, particularly orphans and vulnerable children (OVCs). In many contexts, they are the major part of community responses. However, many now need external resources.

The Global Fund has been effective as an instrument to raise additional funds internationally for HIV and AIDS. Its operating guidelines would suggest that local faith-based initiatives should be recipients. However, it is difficult to track where Global Fund resources are reaching beyond national level, and whether local faith-based initiatives are benefiting.

Tearfund partners are seriously concerned about the Global Fund and other international funding. They feel that their own initiatives are of good quality and have the potential for even greater impact, but the Global Fund and its national-level structures do not yet have effective mechanisms for enabling faith-based organisations (FBOs) at local level to access resources. The partners’ perception is that their values and basis of operation are not appreciated in country, and approaches to design and implementation exclude them; they also feel that monitoring and evaluation systems are not tracking how funds are being used and so are not picking up their concerns. Many of these issues would be applicable to most community initiatives, not only those that are faith-based.

There are some positive experiences. Funds have reached local faith-based initiatives where there is a facilitating intermediary that understands their situation but is also able to respond to the requirements of the Global Fund.

Tearfund makes several recommendations:

INTERNATIONAL DONORS TO THE GLOBAL FUND, THE GLOBAL FUND ITSELF AND COUNTRY CO-ORDINATING MECHANISMS need to:

- strengthen monitoring and evaluation mechanisms to track how funds are being used, and provide feedback to project management
- understand better the situation of local faith-based initiatives, and how they could be supported, including the appropriate provision of information.

NATIONAL-LEVEL FBOs need to provide strong national-level support to local faith-based initiatives by:

- developing skills and experience among local FBOs
- improving communication on what has already been achieved
- developing institutional arrangements to facilitate effective access to funding derived from the Global Fund

- speaking out where required, and appropriate, on implementation at national level.

LOCAL FAITH-BASED INITIATIVES need to:

- seek support to help with learning and to do what may not be appropriate for them to try to do
- seek to share their experience and be willing to learn from other, similar initiatives.

Introduction

The scale of the HIV and AIDS epidemic is alarming. More than 20 million people have died from AIDS. Latest estimates suggest that more than 39 million people are currently living with the HIV virus.¹ More than 14 million children have lost a parent to AIDS. Africa in particular is experiencing an unprecedented crisis: in the hardest-hit countries, more than one in four adults is infected. There are huge social costs as AIDS breaks down families and communities. AIDS is a major threat to development. Key workers are being lost disproportionately and economic growth is threatened.

Tearfund² has extensive experience of supporting responses to HIV and AIDS through partner organisations in Africa and elsewhere. Some of these responses began almost 20 years ago. Tearfund partners in many countries across Africa and Asia have taken a lead among civil society groups in tackling HIV and AIDS, through prevention education, home-based care, and by working to lessen the impact of the epidemic, especially on children. Tearfund's highest priority is enabling its partners to respond effectively to HIV and AIDS. This focuses strongly on support for building on, and strengthening, community initiatives in response to HIV and AIDS.³

For many Tearfund partners, the key to their response is that members of local church congregations are helping neighbours affected by HIV and AIDS in practical ways. Typically this is a spontaneous, informal reaction to the needs that people see around them. It is carried out on a voluntary basis, often with sacrificial provision of time and material resources. Foster⁴ describes how, when aggregated, the response of local congregations in Africa makes up a significant proportion of the overall support provided to people affected by AIDS, particularly OVCs. However, the extent of needs is overwhelming people's own resources. If the support that they provide from their own resources – particularly material – is not supplemented from external sources, they will not be able to sustain and extend it as the effects of the AIDS epidemic deepen and expand. Furthermore, the rapid spread of the pandemic means that local initiatives also need additional skills to respond effectively and use any external resources made available.

In recent years, the impact and threat of AIDS have been increasingly recognised. Financial and technical resources to prevent, treat and care for the consequences of AIDS have increased massively. UNAIDS has estimated that, based on present projections, more than \$20 billion will be needed annually to mount a far-reaching and inclusive global response by 2008. Yet, as of 2003, only \$4.7 billion had been spent.⁵ Three major sources of assistance have now been established which should significantly increase the availability of funding:

- The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has committed more than \$5 billion over five years.

- The World Bank's Multi-Country HIV/AIDS Program (MAP) for Africa has committed \$1 billion for 2000–2005.
- The USA's President's Emergency Plan for AIDS Relief has pledged \$15 billion over five years (2003–2008).

Each of these mechanisms acknowledges the importance of community responses to AIDS, and the role of faith-based organisations – see panels on subsequent pages. According to the rhetoric, significant resources from these funds should be reaching the sort of grass roots Christian community initiatives to which Tearfund relates, and which are accomplishing so much. This is critical given the role played by such organisations. So, it is of concern that Tearfund's perception of the reality has been rather different. For example, a study of 15 churches in Malawi found that nine had applied to the National AIDS Council for funding (from the Global Fund and MAP) but eight had given up, due to delays and lack of response.⁶

The 'Three Ones Principles', agreed at a high level meeting in April 2004, are:

- one agreed HIV and AIDS Action Framework that provides the basis for co-ordinating the work of all partners
- one National AIDS Co-ordinating Authority, with a broad-based multisectoral mandate
- one agreed country-level Monitoring and Evaluation System.

It is widely recognised that civil society organisations, including community- and faith-based organisations, have played a leading role in responses to HIV and AIDS. Therefore, in the application of these principles at the country level, national AIDS co-ordinating authorities need to ensure meaningful participation of civil society. This means providing the resources and skill-building necessary to enable such participation. As a principle any fully comprehensive national AIDS framework should set out a clear role for civil society and allocate the resources to enable civil society organisations to play that role. Tearfund and partners believe that community- and faith-based organisations can play a vital role in ensuring that appropriate support reaches local community responses to strengthen existing initiative and motivation.

Why are international donors interested in supporting FBOs?

- The HIV/AIDS pandemic is so huge that traditional mechanisms that donors have used are not sufficient.
- Donors see behaviour change as a key to reducing the spread of HIV. FBOs are perceived to have a role in this.
- Donors appreciate all that local-level FBOs are already doing.
- Donors acknowledge that FBOs have a huge reach – they are often the only civil society organisation present in remote areas, are able to reach where governments cannot. They have an understanding of, and acceptance within, communities, often because of a long-standing presence.
- Coupled with this is the capacity of some religious co-ordinating bodies (such as dioceses) to reach from a major city accessible to donors to a large number of local institutions.
- FBOs are seen to be reliable and trustworthy.
- Donors are beginning to understand that faith is critical in the lives of poor people – FBOs 'talk this language'.

Faith-based organisations (FBOs) – a wide range of players

Many international donors consider FBOs to have an important role, especially in the response to HIV and AIDS.⁷ However, there is a wide range of FBOs and it is not always clear to whom donors are referring when they talk of ‘FBOs’ – what sort of organisation, and working at what level? MAP introduces FBOs as:

‘... religious affinity groups, including Christian, independent, Islamic, Hindu, Judaic, traditional and other faiths. Although their primary aim is to provide spiritual teaching and guidance, most are enjoined by faith to undertake a social mission that includes teaching, care and welfare.’⁸

Foster⁴ distinguished four categories of within-country FBOs for his study:

- **CONGREGATION** A local grouping of believers such as a church, or mosque, who meet on a regular (usually weekly) basis.
- **RELIGIOUS CO-ORDINATING BODY (RCB)** Intermediary organisations responsible for co-ordinating and supporting congregations such as a diocese or National Evangelical Fellowship.
- **NON-GOVERNMENTAL ORGANISATION** Faith-based NGOs employ staff, receive external donor support and are answerable to a group broader than a congregation or RCB.
- **COMMUNITY-BASED ORGANISATION (CBO)** Local groups differentiated from NGOs because they do not employ full-time staff.

There are also internationally operating faith-based NGOs that provide funds and implement programmes. These usually have a base in a particular developed country (eg: CAFOD, Christian Aid and Tearfund in the UK). Some of these have formed international groupings (such as World Vision International).

The local faith-based initiatives that are the focus of this briefing paper derive largely from congregations and CBOs. Usually their budget is minimal and the help is voluntary. In contrast, World Vision International⁹ has an annual global income exceeding \$1.25 billion and 20,000 employees.

Tearfund partners reflect the range found within any given country. They are usually a religious co-ordinating body (such as the Evangelical Fellowship of Zambia and the AICT Diocese of Shinyanga) or an NGO (such as Jubilee Centre, Zambia, or AEE Rwanda). The former may have many affiliates, particularly at local level. Tearfund partners are exceptionally a local congregation or CBO as Tearfund usually works through the intermediaries to support these.

This study initiates a process to reach a better understanding of the following questions:

- What are the intentions of the Global Fund and MAP towards supporting local faith-based responses to AIDS?
- What do the Global Fund and MAP believe has happened so far in terms of realising this support?
- What are Tearfund partners’ experiences of these funding instruments in relation to local faith-based responses?
- What could be done to better match good intentions with need?

The questions are seen to be critical because in many ways the experiences of local faith-based initiatives are indicative of the experiences of many community responses to HIV and AIDS. If local faith-based initiatives are having difficulties, this is likely to be true for many community initiatives, regardless of their constitution.

The study is based upon review of available documents, information from staff of funding organisations, and contact with Tearfund partners relating to six African countries (Burkina Faso, Kenya, Malawi, Rwanda, Tanzania and Zambia).

This paper will focus on the Global Fund. A companion briefing paper will address MAP¹⁰. These briefings lay the foundation for action-research in 2005, upon which Tearfund will work with partners in a number of African countries to identify ways in which mechanisms could be improved so as to increase the accessibility of resources – information, support and finance – to community initiatives, including those associated with faith groups.

The role of local faith-based initiatives in responding to AIDS in Africa – summary of a major survey

During 2002–2003, there was a major study of the role of religious organisations in east and southern Africa in caring for children affected by AIDS.⁴ Research teams conducted interviews with 690 FBOs, mostly congregations and religious co-ordinating bodies. The study confirmed the critical role of local faith-based initiatives in the response to AIDS: more than 9,000 volunteers from these organisations supported more than 156,000 OVCs.

Typically, local faith-based initiatives carried out a range of responses within their community including the following:

- **MATERIAL SUPPORT** including the provision of clothing, food or meals.
- **SCHOOL ASSISTANCE** because fees and levies must be paid in order for children to attend school. Many provided fees for primary and sometimes secondary school. Some provide uniforms, equipment, books and boarding fees without which an OVC would be disadvantaged in their education.
- **HIV PREVENTION** Just over half of FBOs are involved in increasing awareness of HIV.
- **VISITING/HOME-BASED CARE** Volunteers identify needy families in their neighbourhood and regularly visit affected households. Visitors provide home-care for the terminally ill, offer advice and household supervision for children, prepare meals, help in maintaining dwellings, and assist with household income-generating activities.
- **COUNSELLING AND PSYCHOSOCIAL SUPPORT** including sports and cultural activities and personal support.
- **MEDICAL CARE** through provision of fees or medicine.
- **INCOME GENERATION AND VOCATIONAL TRAINING** Many initiatives establish income-generating projects to raise funds. These include gardens, manufacturing co-operatives and petty trading. Projects have an important role in providing OVCs with experience and training in vocational skills.

The Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was set up in January 2002 as a financial instrument, complementary to existing programmes addressing these three diseases. The purpose of the Global Fund is to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals.¹¹

How the Global Fund works

The operating principles of the Global Fund¹²

The Fund:

- operates as a financial instrument, not an implementing entity
- makes available and leverages additional financial resources
- supports programmes that reflect national ownership
- operates in a balanced manner in terms of different regions, diseases and interventions
- pursues an integrated and balanced approach to prevention and treatment
- evaluates proposals through an independent review process
- established a simplified, rapid and innovative grant-making process and seeks to operate transparently, with accountability

The Global Fund works to a well-defined grant cycle, based upon rounds of funding. The Secretariat announced decisions on Round 4 in mid-2004. In November 2004, the Global Fund Board announced that Round 5 would be launched in 2005 with grant approvals made at the end of September 2005.

Most grants are made on a national basis for a response to either HIV/AIDS or TB or malaria. Key components of a grant are a **Country Co-ordination Mechanism** and **Principal Recipient(s)**.

THE COUNTRY CO-ORDINATION MECHANISM (CCM) is a 'round-table', which should develop and submit grant proposals based on priority needs at the national level. After grant approval, the CCM should oversee progress during implementation. CCMs are central to the Global Fund's commitment to local ownership and participatory decision-making. They should have broad representation including government, multi- or bilateral agencies, non-governmental and community-based organisations, academic institutions, the private sector, people living with the diseases, and religious/faith-based organisations. CCMs may be distinct from government-constituted National AIDS Councils (NACs) as they are mandated solely to relate to Global Fund issues, and the Global Fund specifies how the members should be selected. Whilst in some countries there are good working relations between the NAC and CCM, in others there is currently poor co-ordination.

There have been significant concerns in some quarters that many CCMs were dominated by government representatives. Furthermore, it was unclear how the non-governmental representatives had been appointed.¹³ There were also considerable concerns around the transparency of decisions. At its meeting in November 2004, the Global Fund Board agreed that: ‘CCM members representing the non-government sectors must be selected by their own sector(s) based on a documented, transparent process, developed within each sector.’

It was also agreed that: ‘CCMs are required to put in place and maintain a transparent, documented process to:

- solicit and review submissions for possible integration into the proposal
- nominate the Principal Recipient(s) and oversee programme implementation
- ensure the input of a broad range of stakeholders, including CCM members and non-members, in the proposal development and grant oversight process.’

THE PRINCIPAL RECIPIENT(S) (PR) is legally responsible for local implementation of the grant, including oversight of any sub-recipient of grant funds and communications with the CCM on grant progress. The PR also works with the Secretariat to develop a two-year grant agreement that identifies programme results to be achieved over time. Over the course of the grant agreement, the PR requests additional disbursements based on demonstrated progress towards these intended results. The performance-based system of grant making is key to the Global Fund’s commitment to results. To ensure that funding is as effective as possible, the Global Fund is very flexible in terms of which entities function as PRs and sub-recipients. There have been a wide variety of arrangements involving governments, NGOs and multi-laterals as single or multiple PRs, and even more combinations of sub-recipients.¹⁴

The Global Fund is not prescriptive in what it will fund, emphasising the need to respond to identified national priorities. Under its operating principles it encourages an integrated and balanced approach. In practice, approved proposals have contained a balance between government and non-government implementation, and included responses to unhelpful behavioural practices: ending stigma and discrimination, treatment and provision of services, and support for those affected by disease. Earlier funding tended to emphasise development of capacity. Later rounds have included substantive support to making anti-retroviral therapy more widely available in line with international initiatives.

The Global Fund – limitations and dilemmas of a grant-maker

The Global Fund operates as a grant-maker. It is not an implementer. The Technical Review Panel appraises proposals from CCMs and recommends to the Board whether or not it should agree to fund them. Inevitably this mode of operation puts limitations upon the Global Fund’s influence, as it may not direct what is in a proposal, or who implements. It considers what is submitted rather than instigating what is submitted. Furthermore, this model may cause the Global Fund to have to make difficult choices concerning weak proposals as acceptance of such a proposal may undermine the Fund’s guidelines, whereas rejection would mean that activities that may make a difference could not take place. Similarly, with implementation, the Global Fund operates at a distance and cannot directly intervene. With release of funding, it faces a similar dilemma about disappointing performance: if agreed objectives are not met, does it withhold further funding and curtail activities,

or breach its own standards? These are the dilemmas of any funder but the situation is more difficult in the emotive context of HIV and AIDS. In making policy recommendations, this study acknowledges these limitations and dilemmas.

Monitoring and evaluation

A wide range of institutions, including the Global Fund, have developed a toolkit to support monitoring and evaluation relating to the three diseases.¹⁵ In summary, the Global Fund requires indicators at three levels:

IMPACT The changes over a longer period in risk behaviours and/or health-seeking behaviours, leading to changes in infection rates, morbidity, and/or mortality, which indicate progress towards achieving the fundamental goals of interventions (programmes).

COVERAGE The changes in key variables in the medium term that demonstrate that increased numbers of individuals are being reached by, and benefit from, improved services or interventions.

PROCESS The activities, systems and other outputs that need to be completed in the short term to achieve improvements or expansion in delivery of key services.

The Global Fund's achievements

In June 2004, the Global Fund had run for 30 months, and information was available following the fourth round of proposals. Overall, for all three diseases¹⁴:

- the Global Fund had agreed to proposals totalling \$3 billion relating to nearly 300 programmes in 128 countries
- the Global Fund had disbursed nearly \$700 million¹⁶
- programmes in sub-Saharan Africa represented 61 per cent of the portfolio
- governments will spend approximately half of the funding, and non-governmental institutions the other half [non-governmental and community-based organisations – 25 per cent, faith-based organisations – five per cent.] (Based only on the designation of the Principal Recipient, Rounds 2–4.)

HIV and AIDS represented 56 per cent of the portfolio, with 138 programmes approved in 119 countries. Commitments for initial two-year grants totalled \$1.8 billion.

The Global Fund and local faith-based initiatives – policy

Following on from its operating principles, the Global Fund's position on faith-based organisations is balanced. It recognises that they exist alongside other stakeholders such as academic institutions and organisations representing people living with AIDS. So, in expecting a CCM to have broad representation, it assumes that this may include faith representatives. Similarly, in providing guidance on the expected nature of programmes, it is not prescriptive:

‘The Fund will provide grants to public, private and non-governmental programmes, respecting country-level public-private formulation and implementation processes, in support of technically sound and cost-effective interventions, for the prevention, treatment, care and support of the infected and directly affected.’¹²

‘Proposals should contain interventions implemented by a wide variety of stakeholders in the fight against AIDS, tuberculosis and malaria. This can include:

- the academic/educational sector
- government (including ministries of health as well as other ministries involved in a multi-sectoral response, such as education, agriculture, youth, information etc)
- non-governmental and community-based organisations
- people living with HIV/AIDS, tuberculosis, and/or malaria
- the private sector
- religious/faith-based organisations
- multi-/bilateral development partners.’¹⁷

The emphasis is on whether implementers have the capacity to deliver a technically sound and cost-effective intervention. Other funding instruments have created separate sections to relate to faith-based organisations and with this created a perception of an enhanced role for FBOs. With the Global Fund, there is no emphasis or steer towards such an enhanced role for faith-based organisations.

Similarly, in relation to community-based initiatives, the guidance from the Global Fund is that it is seeking a balance of interventions:

‘The Technical Review Panel (which reviews all proposals satisfying the Global Fund’s basic criteria) looks for proposals that ... give due priority to groups and communities most affected and/or at risk, including by strengthening the participation of communities and people infected and affected by the three diseases in the development and implementation of proposals.’¹⁷

Again, there is not a strong steer towards community initiatives. Rather, they should have a place in a proposal to the Global Fund that reflects consensus at the CCM and other funding commitments.

The Global Fund and local faith-based initiatives – current practice

It is difficult to determine from published sources the extent to which the Global Fund has committed and provided funding for local faith-based initiatives. This is due to three related reasons:

REPORTING STOPS AT NATIONAL LEVEL Published material provides information on the activities of principal recipients with limited information on sub-recipients. Even for principal recipients, there is little published information on what they are doing with their funding. So, it is unclear as to what is being spent on behalf of, or through, community initiatives, many of which are likely to be faith-based, particularly in Africa and increasingly in Asia.

MONITORING AND EVALUATION INDICATORS EMPHASISE NUMBERS The Monitoring and Evaluation Toolkit states that all indicators should specify quantity, quality and time. Yet, in practice, in many proposals the emphasis is on numbers. For example, coverage indicators will be numbers of people treated, with no reference to the quality of treatment; process indicators may include the number of organisations trained, with no reference to their size or relevance.

TYPES OF NON-GOVERNMENTAL AGENCY NEED TO BE BETTER DEFINED Although the Global Fund distinguishes between NGOs and CBOs (which are apparently presumed to be secular), and FBOs, it does not distinguish within these categories, despite the tremendous diversity that occurs. So, within reporting on ‘NGOs’, it is not clear whether this relates to funds being used by an international NGO with sophisticated management arrangements and significant numbers of staff, a national NGO, or a community-based organisation with no paid staff. Similarly, given the range of FBOs (see panel on page 6) and the lack of definition in Global Fund publications, it is not clear what references to FBOs actually mean. Although there are practical difficulties in designating organisations (for example, some community-based organisations emanating from a congregation may not describe themselves as ‘faith-based’, and an international NGO may spend its funds through a community-based partner), it should be possible to provide a greater depth of reliable information than at present. Currently, it is not possible to disaggregate any information to provide evidence of support given to local faith-based initiatives.

Overall, there is a serious problem in tracking what is happening with Global Fund resources beyond national level disbursements. So, although it is widely accepted that local faith-based initiatives are playing a critical role in providing responses, and are in need of funding, it appears to be almost impossible to discern the extent to which the Global Fund is providing them with support. This raises serious issues concerning the accountability and impact of the funds provided. Senior staff at the Global Fund have responded by indicating that the Global Fund does not expect to have detailed information below national level. They see the Global Fund’s commitment to maintain transparent monitoring to concern transactions with Principal Recipients only. Then, it is the role of in-country civil society to follow up on the use of funds.

Tearfund partners’ perceptions of Global Fund funding

Tearfund partners have been surprisingly consistent in voicing areas of concern about the international funding instruments. Overall, they feel that local faith-based initiatives have something significant to contribute in the response to HIV and AIDS, but the funding instruments are not geared to supporting them. They perceive that the funders do not understand their basis of operation and the values that lie behind their work, proposal design and implementation excludes them, and monitoring and evaluation systems are not adequate to track whether resources are reaching the poorest people or being used effectively. Whilst many of these comments would apply to community initiatives in general, beyond these it was felt that the distinctive nature of faith-based responses was not understood.

The comments rarely distinguished between the Global Fund, MAP and others. Often respondents referred simply to international donors. If anything, the national context, particularly the approach of government, determined different experiences, rather than the funding instrument in question. However, the organisations represented by respondents had largely received funding derived from the Global Fund.

A fundamental mismatch in values and ways of operating

A strong thread ran through the perceptions of Tearfund partners towards international funding for AIDS. They feel that there is a fundamental mismatch between the values and

bases of operation of local faith-based initiatives, and those of donors. Donors are perceived as not understanding and appreciating the initiatives and what they represent. Donors' ways of operating mean that funds are not benefiting those affected by AIDS in the way intended. There is widespread concern at the role given to some NGOs who appear to have left behind their roots and become contractors more interested in their programmes than their benefit to poor people.

Partners were concerned that donors should appreciate that the basis of local faith-based initiatives was a concern for the community rather than a professional opportunity:

- 'NGOs pack up their work after programmes finish, churches will never leave the community.' (*Bishop in Zambia*)
- 'Churches don't have programmes, they have church activities.' (*Bishop in Zambia*)

These perceptions have led to widespread concern at the way in which proposals are developed and implemented, particularly that these processes exclude local church-based initiatives.

Volunteers supporting AIDS-affected families in Livingstone, Zambia

AIDS ravages the town of Livingstone in southern Zambia, close to the Victoria Falls. HIV infects nearly a third of adults. The consequences are seen in the street children roaming the town centre and falling school attendance reflects families' inability to provide for their children. As a response, a group of 15 women volunteers operate from churches linked to the Evangelical Fellowship of Zambia (EFZ). EFZ brings together churches from many denominations – including Anglican, Methodist, Pentecostal, and recently established groups.

Each volunteer visits five families affected by AIDS twice a week. Typically the family comprises grandparents looking after their late children's children, at a time in life when they had hoped that adult children would care for them. However, it could equally be a widow who isn't coping, or a household of children headed up by an older sibling. The households were identified through the church structures. Most don't have any regular income

During visits, the volunteers help with practical tasks – cooking, cleaning and washing. They are concerned that families need food, and may well provide it, usually from their own resources. A big worry is finding the cash to pay for school fees, uniform and books, to keep children in school and provide the hope of a job in the future. Visitors refer people for voluntary counselling and testing so that they may know whether or not they are HIV positive, and plan their lives accordingly. They help orphans with schoolwork and with life skills, in particular helping them to know how to say 'no' to inappropriate sex.

The women volunteered out of a desire to help the community. Often, they were already experiencing the consequences of AIDS within their family. Now they feel proud that they are able to help.

Concerns about the design of proposals and procedures for funding

Tearfund partners referred to how many proposals are quickly put together to utilise available funds, with limited attention to the full design elements, and putting in place the mechanisms that would ensure that they work. These processes may exclude some parties who have valuable information and experience.

Respondents complained that AIDS funding was being seen as a business opportunity, with people forming organisations simply to attract funding. Implementers were selected on the basis of written proposals and very limited visits. This meant that some with no relevant experience were paying professional proposal writers to prepare successful bids whilst those with established ability who were not marketing their work were not receiving funding. Similarly, organisations based near to the capital, or with connections, were viewed as more likely to receive funding, making it difficult for those in marginalised areas.

‘Over the years, FBOs have been doing the bulk of the work with very few resources whilst at the same time seeing that NGOs are receiving lots of resources as they are able to form proposals, but there is little evidence on the ground of what [NGOs] are doing compared to much done by FBOs with few resources.’

In some cases, FBOs were concerned that processes to obtain funds are not working well because of problems associated with government involvement. (Although CCMs are supposed to be independent of government, there are often significant linkages: in Malawi, the Global Fund operates through the National AIDS Council.) This is perceived to lead to inefficiency, maladministration and a lack of transparency. In Malawi, eight out of nine respondents in a survey had made applications but given up due to delays and lack of response⁶ (see opposite panel). (However, there are recent indications that the NAC in Malawi is seeking to respond to the needs of CBOs including local faith-based initiatives, and that other faith-based initiatives have received funding.)

There was also concern that some proposals were at odds with the priorities of faith-based organisations, and in some contexts this may contribute to difficulties for faith-based organisations in accessing funding. Two examples were given of programmes that promoted condom distribution. Christian organisations believed that on its own this did not deal with the sense of powerlessness among young men that led to promiscuity and coerced sex. However, their projects that included promotion of equitable gender relations and abstinence, as preventive interventions, were not able to access funding.

Respondents were concerned as to how donors were measuring the proportion of resources that were reaching poorer communities, and about monitoring and evaluation procedures in general. This stemmed from perceptions that resources were spent on salaries and allowances and workshops in expensive hotels when it was not clear what was getting through to those at the grass roots who most need it. Several respondents mentioned that some of the top-level recipients of funding were not able to spend it, and then put pressure on FBOs to take and make use of it.

Overall, partners believe that local faith-based initiatives have something important to contribute but are not being given sufficient opportunity. They want to be recognised for what they offer, to be considered in the design of national proposals and in the way that funds are distributed.

The experience of faith-based HIV and AIDS programmes in Malawi⁶

In 2004, the Evangelical Association of Malawi collected information from 15 churches. For all the churches involved, the experience of applying to the NAC was described as an uphill struggle. Many chose to drop the application. Respondents cited many concerns:

- **The process to apply for funding is very complex and takes a long time.**
Of the 15 churches, eight had applied for NAC funding and had not been successful. Many spoke of sending proposals, getting feedback, sending more information and eventually giving up due to lack of response. Only one church had had their proposal approved but they were still waiting to receive funds.
- **There is a lack of information available about the funding process and requests for information from the NAC are not responded to promptly.**
Churches knew very little about the NAC proposal guidelines and other important information. They felt that churches and church organisations were rarely invited to participate in NAC information-sharing forums. Government ministries and NGOs were perceived to have more information than faith-based groups.
- **Lack of communication and collaboration among the churches.**
The few churches and church organisations that know about proposal guidelines and other important information could share this knowledge more widely with other churches.
- **Very few churches are able to meet the standard required in the NAC proposal format.**
The NAC proposal guidelines are seen as requiring very high standards of proposal writing that require effort and time that very few of the churches can afford. Traditionally, churches have requested financial support by writing a letter with problem details, suggested activities and the lump sum of money required. Many churches see this as a 'proposal'. Producing 'professional' proposals is not one of the strengths of the church whereas responding to need at local level is. Despite committing to work with FBOs, NAC has not built into its support a component of capacity-building for community-level organisations. NAC is set up to work, support and collaborate with institutions that can already prove their capability.
- **Funding mechanisms at district level are not seen as open and transparent.**
In Malawi, umbrella bodies at district level have been set up to approve funding for district-level responses. At present these umbrella bodies tend to be NGOs with the intention that these functions will be handed over to District Assemblies in two years. Churches perceive that priorities at district level are dependent on the values and sectoral strengths of the umbrella body. Secular umbrella bodies are perceived to have a negative attitude towards church programmes that do not include condom promotion. Whereas funding agreements are confirmed at national level, rejections may not be picked up on there.

Monitoring and evaluation

There were two main areas of concern:

INDICATORS WERE LARGELY QUANTITATIVE ‘Results’, and hence disbursements, could be based upon achieving numeric targets rather than the quality responses which local faith-based initiatives pride themselves upon.

MONITORING AND EVALUATION SYSTEMS ARE INADEQUATE There is still little investment in comprehensive monitoring, evaluation and learning systems that would:

- capture the full range of progress, output and outcome indicators
- inform decisions of programme implementers, managers and policy makers
- direct the growth of programmes.

These would require full participation by beneficiaries, implementers, and the ‘system’ stakeholders (immediary agencies such as religious co-ordinating bodies, local and central arms of government, academic, research and training institutions etc), and hence, a degree of seeing and talking.

Overall, there was widespread concern that neither international funders nor national-level implementers really know what is going on, beyond having quantitative reports with little qualitative information, particularly about whether resources are reaching the poorest people. This means that there is no ‘feedback mechanism’ to influence programme planning and implementation, particularly to respond to problems with disbursements.

The responsibilities of stronger FBOs

Several respondents recognised that the church community has to take more responsibility for enabling local faith-based initiatives to access support. This could have several components:

Enabling local initiatives to access information and formulate proposals

There are often religious co-ordinating bodies or NGOs which are relatively well-positioned to access information, support local FBOs in formulating proposals, help them with negotiating bureaucracy and represent them to national-level institutions. EFZ has taken on this role in Zambia (see page 18).

Support to development and functioning of inclusive networks and consortia

Through which local faith-based initiatives may come together for learning, shared experiences and joint proposals.

Better communication of what could be achieved

There is relatively little documentation and communication of the experiences of local faith-based initiatives. Furthermore, donors have a right to be assured that local faith-based initiatives do represent a good investment. There needs to be a more realistic assessment of what can be achieved and this requires investment in independent evaluation alongside programme monitoring.

Developing institutional arrangements to facilitate effective access to funding derived from the Global Fund

In some contexts it may be appropriate to establish new institutional arrangements in order to access funding.

Speaking out where required, and appropriate, on implementation at national level

In some countries, it will be necessary for churches and church-related groups, to advocate so that national-level programmes are run more effectively, and poor people benefit as much as possible. The Global Fund makes information on its disbursements widely available. FBOs, along with other civil society groups, may need to challenge how this funding is used.

Ways forward

The critical contribution of local faith-based initiatives in responding to AIDS is widely recognised in donors' literature. Such initiatives were usually started on a voluntary basis. Many now need external funding to build upon community initiative and motivation to meet deepening and expanding needs. However, it is often the case that they find financial support from the Global Fund difficult to access. What are the possibilities for rectifying this? There seem to be two approaches that have worked. In both instances it is important that the most immediate agent of funding for the local faith-based initiative not only understands their situation but also is able to respond to the requirements of higher-level funding processes.

So, in Zambia, Tearfund partner the Evangelical Fellowship of Zambia (EFZ), which is the secretariat of a national network of churches and organisations, is a sub-recipient for the Global Fund, receiving financial support from a faith-based Principal Recipient, the Churches Health Association of Zambia (CHAZ). EFZ encourages its members to respond to AIDS, supports them in developing proposals, appraises proposals, and disburses funds. This means that there is an intermediary between the local church-based initiatives and the Principal Recipient, which appreciates the requirements of both parties (see panel on next page). Such an intermediary is not an implementer, but rather facilitates local implementers.

The alternative route that has been used by some local church-based initiatives is via decentralised funding provided through government agencies. The approach is designed to enable smaller, less experienced and less institutionally developed community groups to access funds locally. For example, in Kenya, funds received nationally are allocated in turn to provincial, district and constituency levels. Community groups use a simple format to put proposals to their Constituency AIDS Co-ordinating Committee. This committee should be able to appraise the proposal much more on the basis of what is known about the applicant rather than on its ability to market itself. Similarly, under the Malawi MAP Project¹⁸ (which is funded by the Global Fund), NGOs are selected to operate as agents at district level identifying potential beneficiary groups, appraising proposals and enabling them to receive training.

Funding for local faith-based initiatives in Zambia via faith-based intermediaries

Zambia took an innovative approach to the Global Fund. It set up four Principal Recipients representing different approaches to disbursement:

- Central Board of Health of Zambia – the implementing arm of the Ministry of Health.
- Churches Health Association of Zambia (CHAZ) – a national faith-based organisation.
- Ministry of Finance and National Planning – which manages funds for the line ministries in the public sector.
- Zambia National AIDS Network – a network of NGOs and CBOs with significant reach into local communities.

CHAZ was created in 1970 as an umbrella organisation of church health institutions in Zambia. With an established network of health staff, it provides 30 per cent of all healthcare in Zambia, and 50 per cent of all healthcare in rural areas. It was at the forefront of responding to AIDS in Zambia, and so has played a significant role in developing Zambia's Global Fund proposals. Under Zambia's Round 1 proposal, the Global Fund will provide CHAZ with more than \$6 million to respond to AIDS. CHAZ passes these funds to 13 sub-recipients including the Evangelical Fellowship of Zambia (EFZ).

EFZ is the secretariat of a national network of more than a hundred churches and organisations with an evangelical Christian basis of faith. (Some EFZ members are themselves denominations with thousands of local congregations.) EFZ received its first resources from the Global Fund in August 2004. This totalled more than \$40,000 and covered start-up costs for EFZ and grants to 16 churches to enable them to scale up and continue existing initiatives in 2004. Some of these grants were for recurrent costs, others for one-offs such as payment of school fees or provision of uniforms.

EFZ is committed to enabling other churches to start up responses to HIV and AIDS, especially where there are areas of need and no activity. So, it has proactively shared the opportunities and information with church leaders in the provinces. To make applications easier, EFZ has developed a simple, standard questionnaire for proposals. Two members of staff are available to provide advice and assist with the proposal: in some cases they will visit and complete the questionnaire with the applying congregation. A sub-committee then appraises completed proposals. Given this approach, EFZ has many proposals in the pipeline and anticipates a programme that will grow considerably over several years. Although only members of EFZ may be recipients of grants, it is expected that the impact of their projects will reach beyond their membership, rather than them being exclusive.

Conclusions

Local faith-based initiatives make a critical contribution in the response to AIDS in many contexts. This includes preventative action and provision of care for those affected by AIDS, particularly OVCs. In many contexts, such initiatives are the major part of community responses. However, many now need external resources.

The Global Fund has been effective as an instrument to raise additional funds internationally for AIDS. Its operating guidelines are based upon principles of balance, responsiveness to national processes using a range of implementers, and giving due priority to affected groups, so they would suggest that local faith-based initiatives should be recipients. However, it is

difficult to track where Global Fund resources are reaching beyond national level, and whether these initiatives are benefiting.

Tearfund partners are seriously concerned about the Global Fund and other sources of international funding. They feel that their own initiatives are of good quality and could have an even greater impact, but the Global Fund in-country mechanisms do not work in their favour. There is a gap between FBOs with experience and expertise in providing vital services in the battle against HIV and AIDS, and their ability to access funds that would make their impact considerably greater. This limited ability to access funds is often the result of bureaucratic hurdles within CCMs/PRs, and of FBOs lacking the skills to negotiate these hurdles. The values and basis of operation of Tearfund partners are not appreciated, approaches to national programme design and implementation do not include them, and monitoring and evaluation systems are not picking up on this.

Stronger faith-based organisations have some responsibility to respond to this situation. They could provide more support to enable local initiatives to access information and formulate proposals. If appropriate, they may facilitate new institutional arrangements. Furthermore, they could play a critical role in ensuring that what could be achieved is better communicated, drawing upon independent evaluation. Where there are concerns about implementation, they should speak out.

Funds have reached local church-based initiatives where there is a facilitating intermediary that understands their situation but is also able to respond to the requirements of higher-level funding processes. In Zambia, this has been achieved through setting up a dedicated stream of funding for faith-based organisations. In Kenya, it has come with decentralisation to enable community groups to access funds.

Recommendations

Recommendations for international donors to the Global Fund

The Global Fund appears unable to track how funds are being used at sub-national level and hence what impact they are having. This raises issues of accountability and effective fund management. International donors should insist that the Global Fund reviews and strengthens its requirements for monitoring and evaluation of funds at sub-national level.

Recommendations for the Global Fund

The Global Fund does not track how funds are being used at sub-national country level, and is unable to demonstrate their impact. This raises issues of accountability and effective fund management. The Global Fund should review and strengthen its requirements for monitoring and evaluation.

If the Global Fund is to enable effective local responses to HIV and AIDS, it needs to understand the role and basis of action of local faith-based initiatives, and find means to encourage support for them through its grants.

Recommendations for CCMs

CCMs should enable the perspectives of local faith-based initiatives to be heard:

- A significant proportion of CCM members should understand the realities of organisations working at community level including faith-based initiatives. This should include NGO and FBO representatives.
- The CCM should ensure that the process of preparing a Global Fund proposal should enable the participation of local faith-based initiatives or those who represent them, such as religious co-ordinating bodies.

CCMs need to have a clearer understanding of how national-level proposals are currently working for those responding at community level, particularly through faith-based initiatives:

- This may involve improving monitoring and evaluation mechanisms.
- Changes in the model of implementation may be required with the introduction of intermediaries who genuinely understand the situation of local faith-based initiatives but are also able to satisfy Global Fund requirements.
- CCM and PR funding decisions need to be proactive – based upon needs, resources and constraints – as much as reacting to convincing proposals.
- Better support, including training and mentoring, should be provided to local initiatives to enable them to submit proposals and negotiate their funding.

Recommendations for national-level FBOs

Local faith-based initiatives are often marginalised. National-level FBOs need to provide strong, national-level support to local faith-based initiatives that acknowledges their role and situation.

This could include:

- developing skills and experience among local FBOs
- improving communication on what has already been, or could be, achieved, including independent evaluation
- developing institutional arrangements to facilitate effective access to funding from the Global Fund, and to facilitate reporting to it
- speaking out where required, and appropriate, on implementation at national level, on the speed and nature of the response.

Recommendations for local faith-based initiatives

- Local faith-based initiatives should seek support to help with learning and to do what may not be appropriate for them to try to do.
- Local faith-based initiatives should seek to share their experience and be willing to learn from other, similar initiatives.

APPENDIX Key issues for local faith-based initiatives responding to AIDS in Africa – summary of a major survey⁴

Local faith-based OVC responses are proliferating

They are widespread throughout Africa and are coping with the epidemic by adapting.

Community members start most initiatives

They are motivated by good will, compassion, and the plight of those affected, as well as a calling to serve God. They rely on unpaid volunteers. They were founded without significant external facilitation or financial support. They extend help beyond members of the initiating congregation.

Overall, large numbers of congregations and CBOs are supporting significant numbers of OVCs

Although most initiatives supported fewer than 100 OVCs, some supported larger numbers. The number of initiatives involved means that cumulatively large numbers of OVCs are supported.

Community-level FBOs are responding in similar ways

The activities and structures of congregational initiatives were remarkably similar yet few had ever visited or read of another initiative. This suggests that such approaches based around community priorities are the most appropriate and sustainable response.

Community-level FBOs are well organised

Governance and financial systems of FBOs, including many small newly established initiatives, were as well organised as those of larger NGOs. This suggested that they had the capacity to manage grants.

Community initiatives probably have limited long-term impact

The initiatives had brought about positive changes. However, given the scale and depth of need, it is likely that the support provided is insufficient to enable affected households to function adequately.

Community-level FBOs need external financial support

Congregations see the provision of basic material support to be a priority. However, for many, giving from within the congregation is the means of providing such support. This is proving to be inadequate to meet needs, putting congregations under strain.

Footnotes

- 1 UNAIDS (2004) *AIDS epidemic update 2004*, www.unaids.org/wad2004/report_pdf.html
- 2 For more information, see Tearfund's corporate website: www.tearfund.org and its website dedicated to enabling learning from the work of Tearfund and its partners: www.tilz.info
- 3 Weaver R (2004) *Responding to children affected by HIV and AIDS. Using external support to strengthen community initiative and motivation*, Tearfund HIV/AIDS Briefing Paper 3, www.tearfund.org/webdocs/Website/Campaigning/Policy%20and%20research/AIDS_briefing_3_children_final.pdf
- 4 Foster G (2004) *Study of the response by faith-based organisations to orphans and vulnerable children*, UNICEF and World Conference of Religions for Peace, January 2004, www.wcrp.org
- 5 UNAIDS (2004) *UNAIDS Questions and Answers*, November 2004, www.unaids.org/en/resources/questions_answers.asp
- 6 Storach A (2005) *Filling the gaps: Churches and HIV and AIDS in Malawi*, Tearfund and Evangelical Association of Malawi briefing paper (Forthcoming)
- 7 Weaver R (2004) *Reaching out? Donor approaches to faith-based organisations in the response to HIV/AIDS*, Tearfund HIV/AIDS Briefing Paper 1, www.tearfund.org/webdocs/Website/Campaigning/Policy%20and%20research/AIDS_briefing_1_FBOs_final.pdf
- 8 World Bank (2004) *Turning bureaucrats into warriors. Preparing and implementing multi-sector HIV/AIDS programs in Africa*, Chapter 10, Civil Society Organisations
- 9 World Vision (2003) *International Annual Review 2003*, www.wvi.org/wvi/pdf/2003%20Annual%20Review.pdf
- 10 Taylor N (2005) *The warriors and the faithful. The World Bank MAP and local faith-based initiatives in the fight against HIV and AIDS*, Tearfund HIV/AIDS Briefing Paper 5, www.tearfund.org/Campaigning/Policy+and+research/HIV+AIDS+policy+and+research.htm
- 11 The Global Fund (2004) *Call for proposals*, Geneva, January 10, 2004, www.theglobalfund.org/pdf/1_pp_call_4_en.pdf
- 12 The Global Fund (2004) *The framework document of the Global Fund to fight AIDS, tuberculosis and malaria*, www.theglobalfund.org/en/files/publicdoc/Framework_uk.pdf
- 13 The Global Fund (2004) *Global Fund observer newsletter*, Issue 36, www.aidsplan.org/gfo/archives/newsletter
- 14 For details, see: *A force for change, the Global Fund at 30 months*, www.theglobalfund.org/en/about/publications/forceforchange/
- 15 The Global Fund (2004) *Monitoring and evaluation toolkit. HIV/AIDS, tuberculosis and malaria*, www.theglobalfund.org/pdf/4_pp_me_toolkit_4_en.pdf
- 16 Information as of November 24, 2004. Source: www.theglobalfund.org/en/funds_raised/reports/
- 17 The Global Fund (2004) *Guidelines for proposals. Fourth call for proposals*, Geneva, January 10, 2004, www.theglobalfund.org/pdf/2_pp_guidelines_4_en.pdf
- 18 ACTAfrica, The World Bank (2003) *Malawi multi-sectoral AIDS project. Project appraisal document*, July 2003. Available from the CD *Turning bureaucrats into warriors*

Tearfund HIV/AIDS Briefing Paper 4
Many clouds, little rain?
The Global Fund and local faith-based
responses to HIV and AIDS

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