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# INCREASED FUNDING FOR AIDS-ENGAGED (FAITH-BASED) CIVIL SOCIETY ORGANIZATIONS IN AFRICA?

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*This paper considers the evidence on the comparative extent to which faith-based civil society organizations (FB-CSOs) have benefited from increased funding related to the HIV/AIDS response in Africa. First, we review the literature on whether FB-CSOs have benefited from such funding, and find the arguments vigorous, but the evidence inconclusive. Next, we rely on a survey carried out in six Southern African countries to compare the profile and sources of funding of FB-CSOs against the broader collection of CSOs (non-religious or 'secular'). It is important to be aware of the at times artificial distinctions made between faith-based and 'secular' structures, given the often integrated presence of religion in the lives of civil society actors and their institutions – especially in Africa. However, it is still useful to consider this particular distinction – impacting as it does on current policy discussions and strategies for civil society engagement. While the data of this particular study is mostly representative of a cluster of well-established 'CSOs', the evidence suggests that these FB-CSOs have been able to benefit as much as other CSOs from enhanced funding opportunities. We conclude, with a discussion of the challenges that remain for supporting smaller and less formal FB-CSOs and initiatives operating at a local community level.*

## INTRODUCTION

While civil society organizations (CSOs) have been recognized as being of critical importance to the HIV/AIDS response by multilateral and national agencies as well as national governments, the extent to which they have been able to access targeted sources of funding remains a much-debated concern. There is evidence that funding for well-established CSOs has increased significantly over the last decade, but it has also been suggested that local-level and less formal CSOs still remain largely disconnected from donor funding streams and unaligned with national strategies (see Birdsall and Kelly 2007, Rodriguez-Garcia et al 2011). Concerns have been raised as to whether the substantial international funding provided for HIV/AIDS has indeed 'trickled down' effectively to the local level – and how this may play out in the future especially in the face of increasing resource constraints.

As part of the interest in the community response to HIV/AIDS, there are also as yet unanswered questions about the availability of funding for faith-based civil society

[1] We are especially grateful to Kevin Kelly (CADRE) for sharing the dataset used in this paper, and for resulting discussion and comment. This paper also benefited from discussion and comments from Rosalia Rodriguez-Garcia and René Bonnel.

organizations (FB-CSOs),[2] and how this relates to their assumed particular capabilities (as compared to CSOs that do not self-identify as faith-based, from here on, simply titled 'CSOs'). The work of FB-CSOs has clearly become more visible over the last two decades, and a more substantial literature has grown landscaping the response of FB-CSOs to HIV/AIDS, particularly in Africa (see Olivier and Wodon 2012). Certain 'characteristic' strengths and weaknesses have been observed - especially in relation to FB-CSOs operating at a community level, such as: a particular presence and connectedness to community, or a particular lack of capacity for evaluation and documentation or poor representation in national structures (see Difaem 2005, Haddad et al 2008, Keough and Marshall 2007). One must wonder whether this increased attention paid to FB-CSOs at the policy level in relation to HIV/AIDS engagement has in turn increased their ability to access funding. Given that we are at a critical point – where both HIV/AIDS funding and community engagement are under the spotlight – it is timely to consider whether the interest in FB-CSOs has resulted in specific resourcing, or whether this has remained largely at the dialogue level.

The objective of this paper is to take stock of what we know about the magnitude and characteristics of donor and other sources of funding towards FB-CSOs in relation to HIV/AIDS-response, as compared to CSOs more broadly. We first provide a brief review of the literature on this topic, which appears to be filled with opinions, but as yet inconclusive. Next, we (re)analyze data collected by Birdsall and Kelly (2007) among CSOs in six southern African countries (Lesotho, Malawi, Mozambique, Namibia, Swaziland and Zambia). Birdsall and Kelly have produced a detailed and well recognized report on these data. They found that the increased interest towards CSOs has indeed resulted in increased funding from various sources between 2000 and 2005. But they also suggest that *"funding bottlenecks have often resulted in resources not reaching communities in adequate volumes, or reaching groups that are particularly vulnerable or high risk."* They go on to describe a 'funding funnel', where large NGOs receive the bulk of donor support at a national level, with this narrowing down considerably as increasingly limited funds trickle down to local CSOs. This OSISA dataset remains one of the most substantial of its kind. However, Birdsall and Kelly focused mainly on the broader CSO landscape, and did not substantially tease out the comparative characteristics and funding patterns of the FB-CSOs included in their dataset. We therefore work to extract this information from their dataset, to see if it can cast any further light on the specific funding patterns and resourcing of FB-CSOs. The results, as described below, suggest that among the relatively well established CSOs included in the dataset, there are in fact few dramatic differences between FB-CSOs and CSOs, with FB-CSOs benefitting as much from donor and other funding.

Of course, as Birdsall and Kelly already noted, such observations do not mean that all CSOs (or FB-CSOs) involved in the community response to HIV/AIDS have benefited to

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[2] There are on-going and as yet unresolved concerns about terminology in relation to 'faith-based organizations' (also called religious entities, faith-inspired initiatives or institutions, or the like). In this paper we utilize the term FB-CSO to indicate a classification in this particular dataset under discussion – between those CSOs who self-identify as 'faith-based' and those that do not (non-religious CSOs).

the same extent from increased funding. There is a lot of heterogeneity within civil society – and *particularly* within the sometimes bewildering clusters of faith-inspired institutions and initiatives (commonly called the 'faith sector'). While more is known about formal FB-CSOs (for example, those that are nationally registered, or have visible infrastructure), much less is known about *informal* FB-CSOs and initiatives (such as congregations and community initiatives or projects run by informal faith groups at the periphery of congregations – see Schmid et al 2008). As one would expect, more structured, formal CSOs are better able to access donor funding mechanisms. Yet in any given community in Africa one may find a complex web of initiatives, also with, for example, an array of international faith-based and secular agencies both funding and running programs at a local level. This, often in parallel to programs being run through multiple faith-affiliated sources: from large congregations, through denominational offices, from denominational networks, as well as initiatives motivated by faith-inspired community members and completely unaffiliated with any organization. The common argument is that these more complex and less formal initiatives may be having just as much impact, but are less likely to have access to the funding streams which mainly recognize CSOs of the 'NGO variety' (and of course, sometimes also because of the perceived 'dangers' of funding initiatives of a faith-based character). In the final discussion we raise some of these broader concerns – and consider what it would mean for AIDS-related funding to reach mostly informal faith-based community initiatives.

## REVIEW OF THE LITERATURE

### Renewed interest in FB-CSOs

For many years, before the HIV/AID epidemic became a central concern, FB-CSOs were often invisible to the international gaze. This was true for both the large national-level NGOs (such as the mission hospitals and health services), as well as for the local community-based organizations with a faith character and congregational initiatives. There has since been substantial work done to make these entities and their activities more visible: the inclusion of FB-CSOs in policy and documentation has become the norm and high level dialogue with religious leaders more prevalent. Bilateral and multilateral organizations such as the World Bank, PEPFAR, DFID and GFATM have all made significant public gestures towards the 'faith sector', and have hosted workshops and seminars aimed at identifying information gaps and overcome obstacles that have limited the sector's contributions to HIV and AIDS programming (Benn 2011, Olivier et al 2006, Taylor 2005a and 2005b).[3]

[3] For example, the World Bank has held several international workshops to help FB-CSOs access funding from national HIV/AIDS programs including the World Bank MAP program – such as the one in Addis Ababa in 2003, then in Accra in 2005 (Keough and Marshall 2007). UNAIDS holds many consultative programs with FB-CSOs – as can be seen in the report Partnership with faith-based organizations: UNAIDS strategic framework (UNAIDS 2009). The Global Fund to Fight AIDS, Tuberculosis and Malaria has similarly held several workshops and meetings expressly to facilitate FB-CSOs access to Global Fund resources, as is expressed in Report on the involvement of faith-based organizations in the Global Fund (GFATM 2008). PEPFAR and USAID have similar statements on their websites.

Much of the international 'rediscovery' of FB-CSOs has, in fact, been related to HIV/AIDS - with the idea that faith communities are not only an important entry point for intervention, but also that FB-CSOs have a particular potential or comparative advantage for HIV/AIDS response.[4] This potential is usually described as being rooted in their connection to community, their access, reach or trust, their longevity or reliability (Olivier and Wodon 2012). In their study of AIDS-engaged CSOs in sub-Saharan Africa, Birdsall and Kelly (2007) state: *"There is a widespread prevailing belief that CBOs and FBOs are an under-utilized resource for expanding the reach of services to the poorest of the poor and 'spending money where it most helps'…CSOs have the trust of their communities and can therefore work effectively on personal and intimate issues. This view is promoted particularly strongly by PEPFAR, which sees FBOs as possessing particular ability to 'influence the attitudes and behaviors of their community members buy building on relationships of trust and respect.' High levels of religious affiliation and the role of churches in delivering health services make them 'crucial delivery points for HIV/AIDS information and services."*

But has the renewed interest in FB-CSOs generated additional funding for their programs and interventions? As is common in this field of inquiry, where reliable and systematic data are hard to come by, there are two directly opposing discourses prevalent as regards to the funding of HIV/AIDS-engaged FB-CSOs. The first opinion is that the increased interest in FB-CSOs has resulted in significantly increased resources and access to funding (the most commonly stated example is the PEPFAR program); and the directly opposing view is that FB-CSOs receive comparatively less support than 'secular' CSOs – precisely as a result of their faith-based character (Olivier 2010). Generalizations about 'FBOs', 'faith sector activities' and in particular whether or not FB-CSOs are 'at the international funding table' are not entirely useful - as every national (and district-level) context is different. For example, the post-conflict Francophone context of the Democratic Republic of Congo has a particular humanitarian-medical focus to its HIV/AIDS response, with heavy donor involvement and several large FB-CSOs managing large sectors of the health system (Haddad et al 2008). By contrast, in the Muslim-majority Mali context, fewer FB-CSOs operate, although there is substantial engagement in HIV/AIDS through religious leaders' education programs and the like instead (Schmid et al 2008). Malawi illustrates still a different context with the characteristics of a mature 'AIDS industry' with a broad range of donors and a large number of FB-CSOs (of the NGO variety) involved (Haddad et al 2008).

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[4] It might even be argued that the HIV/AIDs response has helped form multisectoral collaboration more broadly. Those countries with more prevalent HIV/AIDS epidemics now have more mechanisms for interfaith collaboration in place than those that do not. Certainly countries such as Zambia, Malawi, Kenya and Uganda, now have several mechanisms (such as Interfaith AIDS Councils) to better strengthen the national 'faith sector' response and representation. On the other hand, while funding has helped many FB-CSOs in expanding their services, it also has created tensions. Haddad et al (2008) note obstacles to effective interfaith and multi-sectoral collaboration including in some countries a lack of real representation (for example on interfaith AIDS councils); competition for funding between FB-CSOs; interfaith rivalry; and the sometimes dogmatic and conservative attitudes of FB-CSOs.

### Perceptions of increased funding for FB-CSOs

Despite the general inadequacy of data and evidence on FB-CSOs, there is a strong perception at a policy level that FB-CSOs have also benefited from the higher levels of funding targeted towards CSOs in recent years. Bonnel et al (2011) describe the main sources of donor funding for HIV/AIDS-engaged CSOs in general (such as PEPFAR, GFATM, the World Bank's MAP) - and these mechanisms have been described with specific attention to FB-CSOs as well (see Haddad et al 2008, Keough and Marshall 2007, Taylor 2005a, 2005b, 2006, 2007). We summarize here some of the issues most pertinent to FB-CSOs.

PEPFAR (the President's Emergency Plan for AIDS Relief) has clearly, and at times controversially, paid special attention to FB-CSOs. Keough and Marshall (2007) summarize some of the controversy (such as the great 'condom issue') and note that PEPFAR currently takes the stance that funding is only based on standard criteria of merit and capacity, but that faith groups are also acknowledged as essential in PEPFAR's activities. There have been some questions as to whether PEPFAR's funds are overly weighted towards Christian evangelical groups in the past. PEPFAR does not make broad estimates of total comparative allocation to FB-CSOs, however, it is possible to look at the main recipients manually and conclude that a significant number of primary and secondary recipients are indeed nominally faith-based.[5]

The Global Fund (The Global Fund to Fight AIDS, Tuberculosis and Malaria – GFATM) has entered into the FB-CSO comparative allocation debate more cautiously. In the literature on the faith-based response to HIV/AIDS in Africa, the Global Fund frequently gets mentioned as an example of inadequate funds being allocated to FB-CSOs, calculated as a percentage of total disbursements. However, there is a lack of clarity as to just what percent of funds from GFATM should be considered high or low – given the poor data on FB-CSO response or impact to compare such funding provisions against. As an indication of the level of interest in this topic – clearly responding to this debate, the Global Fund released a *Report on the Involvement of Faith-based Organizations in the Global Fund* (GFATM 2008) in which it argues that GFATM has always recognized the important role of FB-CSOs, and that in 2006, nine FB-CSOs were allocated funds as principle recipients, with an additional 488 FB-CSOs as sub-recipients. In addition, the Global Fund also noted that in 2006, of the 120 Country Coordinating Mechanisms (CCMs), 94 had at least one FB-CSO representative. The report also notes that the allocation to FB-CSOs is regionally different, with the highest percentage of monetary resources being channeled to FB-CSOs in West and Central Africa (11.8 percent). Even for those countries with a comparatively lower percentage of resources going to faith-based sub-grantees, GFATM argues that this was mainly because in these areas a larger number of FB-CSOs received small grants. For example, in Eastern Africa FB-CSOs received 2.4 percent of funds, representing 61 FB-CSO sub-grantees.

The emphasis of the Global Fund (2008) on sub-grants provided to 'sub-sub-recipients' is legitimate. The most apparent example of this is the Churches Health Association of

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[5] See http://www.pepfar.gov/budget/partners/index.htm

Zambia (CHAZ). Together with another CSO (ZNAN – The Zambia National AIDS Network), CHAZ received the bulk of Global Fund support for Zambia in 2006 (58 percent committed, and 56 perceived received). According to the Global Fund, CHAZ in turn dispersed money to *"411 local FBOs to fight AIDS, 73 local FBOs to fight TB and 75 local FBOs to fight malaria."* Many others have held up the Zambian country mechanism as a success story – and CHAZ in particular as an exemplar of best practice. Of course, it should be noted that CHAZ is not dependent entirely on Global Fund monies. It receives funds from a variety of different sources – and in turn sub-grants to a wide network of partners. For example, DanChurchAID provided US$6 million in support for local FB-CSOs and NGOs, including CHAZ, over the period 2002-2005, working through multi-year partnerships with local NGOs, many of which are faith-based, and all of which is targeted towards CSOs (Birdsall and Kelly 2007). This is simply noted to provide an example of the complexity of faith-inspired actors, including international NGOs, national NGOs and umbrella bodies, grantees, sub-grantees, and sub-sub-recipients. Parsing out which funds come from faith-based/secular sources, and which then are dispersed to faith-based/secular CSOs is a complex and challenging process.

The DanChurchAID example also introduces another lesson from the literature, namely the rapid growth and presence of faith-based international NGOs (INGO). It is, in fact, difficult to argue that the 'faith sector' is not receiving sufficient funds in the face of the increased allocation to the large FB-INGOs. Consider the case of World Vision International (WVI) which has dramatically expanded its scope of work over the last decade. WVI demonstrates the adaptability of some INGOs - in each country context engaging in a different funding relationship: sometimes operating as a primary recipient, sometimes as a secondary recipient; sometimes partnering with local institutions to provide services and at other times acting as a local NGO or provider themselves. Just as one example, in 2006, WVI had a total Global Fund portfolio (as a primary or secondary recipient) of more than US$130 million. The rapid expansion of INGO recipients has created some tensions at the local level. FB-CSOs have noted how important INGOs now are for their support and existence – and also the difficulties that occur in managing these partnerships. For example, local FB-CSOs note the challenges that occur when INGOs begin a funding process in collaboration with local partners, but then often 'turn into the competition' once the funds become a reality (Haddad et al 2008).

Less evidence is available on the World Bank's MAP (Multi Country HIV/AIDS Program) support for FB-CSOs, because the World Bank does not disaggregate its data that way, and provides funding to governments as opposed to CSOs directly. Yet, as noted in Bonnel et al (2011), indirect support to CSOs has been substantial, and it is likely that a substantial share of those CSOs were FB-CSOs. There are also examples of interventions where funding was initially granted to governments, but then provided by the governments to large FB-CSOs with the World Bank's blessing. One example is the 'DREAM' project managed by lay Catholic Sant'Egidio Community, which was launched in Mozambique in 2002 (Keough and Marshall 2011).

### Perceptions of inadequate funding for FB-CSOs

At the same time, while many FB-CSOs seem to have benefited from increased funding for HIV/AIDS-response, this does not mean that they are 'well-funded', or that they benefit from their 'fair share' of HIV/AIDS funding. A global assessment of FB-CSOs' access to resources for HIV/AIDS reports that *"despite substantial efforts and good will by all, churches and other faith-based organizations have not yet been consistently successful in accessing resources for their response to HIV and AIDS from international funding agencies"* (Difaem 2005). In this study, the following statement is said to reflect the opinion of many from around the world: *"Theoretically, church organisations should be able to access resources because of their good track record, their close links to communities, their emphasis on positive values, their enormous human resources and their credibility and sustainability as institutions. In practice, government agencies tend to keep most of the resources from international donors to themselves, and donors happily go along...Sometimes churches create obstacles for themselves, because they have hang-ups on policy issues such as condoms, or they are judgmental towards people living with HIV and AIDS"* (study respondent in Difaem 2005).

The perception that FB-CSOs are not getting their fair share is common at the international dialogue level. In a recent report from a collaborative meeting convened by the Center for Interfaith Action on Global Poverty, the authors state: *"…while comprehensive data on the scale of development resources channeled through faith entities is lacking, many in the sector suggest that funding is not commensurate with the share of services they provide…during the first eight rounds of Global Fund grant-making, faith-inspired organizations received only 3.1 percent of disbursements. This level of funding would seem to be far below a fair share for the sector, given that one in five organizations involved in HIV/AIDS programming is faith-based, and that faith-based organizations provide an estimated 40 percent of HIV/AIDS treatment and care in sub-Saharan Africa. Some FBOs are concerned that funding for faith entities, as well as NGOs generally, could further decline as donors increasingly concentrate on government health systems strengthening and direct budget support for governments"* (CIFA 2011).[6]

A number of reasons are usually provided to account for the difficulties of FB-CSOs in accessing HIV/AIDS resources. For example, some secular governments are resistant to funding FB-CSOs; funders fear their resources might be utilized for proselytism; FB-CSOs are historically distrustful of government and international funding processes; they lack capacity for dealing with complex funding proposals and evaluations; and it is particularly difficult to hold FB-CSOs accountable (see Haddad et al 2008; Taylor 2005a, 2005b, 2006, 2007). The perception that FB-CSOs receive comparatively less support for

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[6] This particular quote from the CIFA report, which addresses the percentage of services provided by the 'faith sector' versus the percentage of funds provided, raises however another key concern. As we have argued elsewhere (Olivier and Wodon 2012), broad generalizations about the percentage of services being provided versus the percentage of funds being allocated to 'FBOs' or the 'faith sector' generally is a common advocacy device in this field of research. We have argued that most market share estimates are often biased on the high side, and not only problematic, but also counter-productive given the inadequate information available and the heterogeneity of the 'faith sector'. The broad and complex nature of the 'faith sector' means that making any broad statement about services provided or funding flows can be challenged.

HIV/AIDs response is based on a complex history, where many felt the role and presence of FB-CSOs was generally not well acknowledged at national and international levels. For example, in a UNFPA (2004) report, speaking about Malawi, the authors note: *"Most faith-based organizations and religious institutions involved in HIV/AIDS prevention and care feel that they have been marginalized to a large extent by the Government and NGOs. Many international organizations regard faith-based organizations as extremists and untrustworthy, which has discouraged religious institutions and hindered the formation of long-term partnerships…in some cases they are met with resistance in their search for partners and funding because of their stance on condoms."* And as Keough and Marshall (2007) note, when funding is provided, this can also be seen as problematic *"for some secular groups, the growing partnership, and the associated funding flows, between faith-based organizations and governments/donors, remains a deeply divisive topic. This is especially relevant in the United States, as it pertains to the Bush administration's deliberate strategy to channel resources to faith-based organizations - virtually all Christian - within the context of…PEPFAR."*

Several authors have also noted the difficulties of different 'languages' between faith-based and 'secular' stakeholders (Keough and Marshall 2007, Olivier 2010). While stakeholders such as donors tend to speak in technical terms, FB-CSOs tend to frame their actions more discursively, in terms of motivation, or values. Taylor (2005) also notes a *"fundamental mismatch between the values and bases of operation of local faith-based initiatives, and those of donors…local faith-based initiatives have something significant to contribute…(but) 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."* As one Bishop in Zambia stated it *"Churches don't have programmes, they have church activities"* (cited in Taylor 2005). This mismatch of 'languages' is felt most acutely when dealing with the resourcing of local informal FB-CSOs, who are deeply rooted in their particular faith.

Finally, the issue of funding gaps for FB-CSOs is related to the fact that the resourcing landscape for FB-CSOs has changed dramatically – and many organizations have trouble keeping up with these changes. For those FB-CSOs who have been in existence for a long time, many traditional funding sources have dried up. For example in Kenya, Mandi (2006) describes the funding crisis in the 1990s where *"much of the support FBOs were getting from the big congregations, churches and donors, as well as the assistance received from the government from as far back as the fifties and sixties, came to an end."* The area of international 'philanthropic' and especially religiously-motivated funding is an area where there is a particular dearth of information, but the changes that have taken place have clearly often had a negative impact on many historically rooted FB-CSOs.

## Formal FB-CSOs: Analysis of the CADRE-OSISA Data

The literature briefly outlined in the previous section therefore cannot cast much light on how significantly FB-CSOs are benefitting from HIV/AIDS-related donor funding. This is in part because much of the evidence on which the literature is based is incomplete or anecdotal – and lacking in systematic data. What is clear is that FB-CSOs, along with CSOs generally, find themselves in a new era, with new donor and national funding mechanisms coming into place, and new expectations that they participate in such collaborative arrangements. In this section, we use data collected by Birdsall and Kelly (2007) on the main HIV/AIDS-related funding streams benefitting CSOs in six southern African countries. We start by describing the methodology used by the authors to collect their data, and then compare basic statistics of the FB-CSOs in the sample.

### Methodology

The data used in this section was collected by Birdsall and Kelly (2007) for a study commissioned by the Open Society Initiative for Southern Africa (OSISA). Details on the methodology are available in the detailed report prepared by these authors, so that only a few pointers should be necessary here. A four-page questionnaire was sent to a quasi-nationally representative sample of established CSOs working in HIV/AIDS response in five southern African countries (Lesotho, Malawi, Mozambique, Namibia, Swaziland, and Zambia). A list of CSOs working on HIV/AIDS was established in each country using information from AIDS coordination networks, National AIDS Coordinating Authorities (NACAs), and granting and sub-granting institutions. While efforts were made to reach both NGOs and CBOs (community-based organizations), the sample appears more representative of well-established organizations, as opposed to small informal ones, which is important when interpreting the results. Some 633 questionnaires were sent, with a response rate of 69 percent (439 responding organizations). In the dataset graciously provided to us by the authors, data are available on 369 organizations. The first two pages of the questionnaire provides a basic profile of the organization in terms of its characteristics, history, staff, services provided. The next two pages are devoted to funding.

Our analysis is based on a sample of 349 organizations out of the 369 in the data set, because we consider only those organizations that stated whether there were is associated with a church or faith-based in orientation (there were 20 missing values). Out of the 349 organizations, 117 were FB-CSOs, and 232 CSOs which did not identify themselves as FB-CSOs (we name this group secular- or 'S-CSOs' from here for convenience, although this is admittedly not ideal). We rely on the subjective classification by respondents as to whether they are faith-based or not, acknowledging that this is somewhat problematic and there is likely a high degree of heterogeneity among all CSOs.[7] In two countries (Lesotho

[7] There are in the literature no standardized typologies for FBOs and this gets particularly messy when looking at the local-community level, where there are a complex array of international non-government organisations (INGOs), national NGOs, local CBOs, networking bodies, intermediaries, congregational initiatives and informal care groups in operation – and about which we know substantially less than those operating at a national level (Olivier 2011). The classification of whether something is faith-inspired or not is especially difficult at the level of local communities where religion is part of everyday life and action.

and Swaziland), the full sample of CSOs identified as working on HIV/AIDS were included in the sample, but this was not the case in the other four countries, where among all organizations identified, a random sample of 120 organizations was selected. Despite the fact that in the four larger countries not all identified organizations were sampled, following Birdsall and Kelly (2007) we did not weight the data to account for the fact that one organization sampled in one of the larger countries would represent a larger number of organizations (since we do not have a clear census of all organizations anyway, weighting would be imprecise). It should also be noted that not all organizations answered all of the questions in the questionnaire. This begs the question as to whether the missing values should be treated as zero values or 'no' answers, or as true missing, in which cases all statistics would be computed only on those organizations that answered a specific question. For simplicity, we used this latter approach, thus treating missing values as true missing data. A different treatment could of course yield different results, prompting caution in the interpretation. This is why more than emphasizing point estimates, we are instead discussing the comparison between FB-CSOs and (non-FB) S-CSOs which, under normal circumstances, would be less sensitive to the missing values issue.

## Basic characteristics

This section provides basic statistics on some of the characteristics of the CSOs in the CADRE database. In most cases, there are relatively few differences in those characteristics between S-CSOs and FB-CSOs. For both groups, 55 percent of the CSOs are located in a town or city which is as an administrative center for surrounding areas or towns, and 45 percent in a rural village or small town. Again, for both groups, close to three fourths (74 percent for S-CSOs and 73 percent for FB-CSOs) work in more than one community. Approximately nine in ten CSOs, whether they are faith-based or not, have an office or work from premises that can be visited by the public, and more than nine in ten organizations have a bank account. The number of years of existence of the CSOs and of experience in working on HIV-AIDS is also similar for both types of CSOs, as shown in table 1, with approximately 40 percent of the organizations created since 2001, and close to 60 percent having started to work on HIV-AIDS since then, suggesting that the increase in funding in this area indeed led to the creation of (particular kinds of) CSOs as well as existing CSOs emphasizing more HIV/AIDS in their work (see below).

**Table 1: Years of experience of CSOs and work on HIV/SAIDS (%)**

| | Started operations | | | | | Started work on HIV/AIDS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Up to 1990 | 1991-95 | 1996-00 | 2001-06 | All | Up to 1990 | 1991-95 | 1996-00 | 2001-06 | All |
| S-CSOs | 15.1 | 15.0 | 29.6 | 40.3 | 100 | 3.2 | 7.7 | 29.6 | 59.5 | 100 |
| FB-CSOs | 19.6 | 9.8 | 32.2 | 38.4 | 100 | 5.5 | 7.3 | 30.9 | 56.4 | 100 |

Source: Authors' estimation using CADRE database.

Most classification strategies (including self-identification as 'faith-inspired' in surveys) have weaknesses and different studies employ different schema for inclusion or exclusion of FB-CSOs, making comparison risky.

There are a few areas where one observes differences between the two types of CSOs. The proportion of FB-CSOs that have branches or programs in other countries, at 18 percent, is higher than for S-CSOs, at 10 percent, and the proportion of FB-CSOs that are part of an HIV/AIDS association or coordinating network/body is also slightly higher for FB-CSOs, at 90 percent, versus 83 percent for S-CSOs. Also, 72 percent of FB-CSOs also conduct activities not related to HIV/AIDS, versus 64 percent of S-CSOs. This suggested that in the sample, FB-CSOs tend to be slightly more international, connected to other organizations working on HIV/AIDS, and active in other areas than is the case for S-CSOs. Another difference between the two types of organizations is that as expected, S-CSOs tend to have a higher ratio of paid staff (full-time or part-time) to the number of volunteers working for the organization than is the case for FB-CSOs. This is true for both national and international staff (see table 2).

**Table 2: Average number of national and international staff and volunteers**

| | Citizens of your country | | | International staff | | |
|---|---|---|---|---|---|---|
| | Full-time, paid staff | Part-time paid staff | Unpaid volunteers | Full-time, paid staff | Part-time paid staff | Unpaid volunteers |
| S-CSOs | 15.7 | 9.8 | 90.7 | 0.5 | 0.1 | 0.6 |
| FB-CSOs | 6.6 | 4.4 | 108.8 | 0.3 | 0.2 | 1.9 |

Source: Authors' estimation using CADRE database.

The literature also suggests that FB-CSO activities still often remain unaligned with larger health systems and national HIV/AIDS coordination, and that this is especially the case for response at a community level (see ARHAP 2006, Agandjanian and Sen 2007, Birdsall 2005, Haddad et al 2008). CSOs engaged in HIV/AIDS activities typically tend to focus primarily on 'care and support' - including home based care (HBC), care of orphans and vulnerable children (OVC), as well as prevention (including behavior change, awareness or education). By all accounts, FB-CSOs generally tend to have this same focus, with a particular emphasis on HBC and care of OVC (see Haddad et al 2008, Foster 2004). The obvious exception is that of the faith-based health services, such as those of the Christian Health Associations, which are often more integrated into health systems and are also more strongly engaged in treatment (ART).

A specific feature of FB-CSOs noted in the broader literature is that they tend to have HIV/AIDS activities embedded in a holistic range of health and development services. This may explain why some FB-CSOs have vigorously argued that they find vertical HIV/AIDS funding particularly problematic as it does not facilitate broad-based service provision (see Haddad et al 2008, Schmid et al 2008). Also, beyond formal FB-CSOs, many faith-inspired initiatives take place at a 'sub-congregational' level, or at the periphery of the congregation – this is the case of care and support initiatives run by women's groups, or spontaneous caring activities (ARHAP 2006). Agadjanian and Sen (2007) note that much of the congregational-level assistance visible in their study cohort in Mozambique was small in scale and episodic, neither organized nor controlled by the church leadership. They found that congregational leadership was involved only in larger-scale actions that required the pooling of resources.

In relation to the activities of CSOs, the CADRE-OSISA survey distinguished between: the prevention of HIV/AIDS (condoms, PMTCT, VCT, education, communication); treatment, care and support (nutrition, home based care, counseling, support for people with HIV/AIDS); impact mitigation (work with orphans and others in need of social assistance, income generation, poverty alleviation); HIV/AIDS management (training, co-ordination, capacity building, M&E, systems development); policy development, advocacy, research; and acting as a channel for funds to service delivery organizations. As shown in table 3, FB-CSOs are somewhat more active in treatment, care, and support, as well as in impact mitigation and HIV/AIDS management than is the case for S-CSO. S-CSOs are slightly more active in prevention, as well as policy, advocacy and research. But overall, differences in activity profiles tend to be small.

**Table 3: Areas of activity related to HIV/AIDS (%)**

| | Little or no activity | Some activity | Much activity | Primary activity | All |
|---|---|---|---|---|---|
| **S-CSO** | | | | | |
| Prevention of HIV/AIDS | 4.6 | 22.0 | 36.2 | 37.2 | 100 |
| Treatment, care and support | 13.0 | 30.8 | 32.2 | 24.0 | 100 |
| Impact mitigation | 23.8 | 20.4 | 25.7 | 30.1 | 100 |
| HIV/AIDS management | 20.3 | 39.6 | 28.4 | 11.7 | 100 |
| Policy, advocacy, research | 50.8 | 34.3 | 7.2 | 7.7 | 100 |
| Channel for funds | 83.8 | 8.4 | 4.8 | 3.0 | 100 |
| **FB-CSO** | | | | | |
| Prevention of HIV/AIDS | 11.0 | 17.4 | 33.9 | 37.6 | 100 |
| Treatment, care and support | 10.3 | 18.7 | 37.4 | 33.6 | 100 |
| Impact mitigation | 7.3 | 22.0 | 26.6 | 44.0 | 100 |
| HIV/AIDS management | 25.2 | 29.9 | 24.3 | 20.6 | 100 |
| Policy, advocacy, research | 57.1 | 30.6 | 8.2 | 4.1 | 100 |
| Channel for funds | 72.7 | 16.2 | 5.1 | 6.1 | 100 |

Source: Authors' estimation using CADRE database.

The survey also asked CSOs which target groups they served. One should be cautious about the estimates in table 4 because of the missing data issue – it is more likely here than in other parts of the questionnaire that a missing may actually be interpreted as a 'no' value, in which case the proportions provided in the table are overestimated. But there are at least two features of the data that appear quite robust. First the data suggest that in general, FB-CSOs serve a larger number of target groups than is the case with S-CSOs, and this may be related to the fact that FB-CSOs are also more likely to run other programs and may thus be able to provide services to more target groups than is the case for S-CSOs (this should not be interpreted as FB-CSOs necessarily serving more persons – rather that they serve more varied target groups). In addition, the ranking of the various groups in terms of the likelihood of being served by both FB-CSOs and S-CSOs is very similar. Thus, apart from the fact that FB-CSOs may be able to reach more varied target groups, there are again relatively few differences between the two types of CSOs.

**Table 4: Target groups related to HIV/AIDS (% reaching the target group)**

| | FB-CSOs | S-CSOs | Difference |
|---|---|---|---|
| Women and girls | 95.1 | 91.4 | 3.7 |
| HIV-positive people | 89.1 | 84.3 | 4.8 |
| Street children | 86.5 | 58.1 | 28.4 |
| Farm workers | 86.2 | 75.0 | 11.2 |
| Rural people | 85.7 | 73.9 | 11.8 |
| Elderly people | 84.6 | 65.4 | 19.2 |
| Informal economy workers | 80.0 | 61.3 | 18.7 |
| Fishermen and fishing communities | 73.3 | 46.9 | 26.4 |
| Substance abusers | 70.0 | 46.7 | 23.3 |
| People with disabilities | 66.7 | 51.3 | 15.4 |
| Prisoners or their families | 65.0 | 27.5 | 37.5 |
| Minority groups | 62.5 | 42.9 | 19.6 |
| Commercial sex workers | 60.8 | 44.7 | 16.1 |
| Migrants | 56.3 | 28.6 | 27.7 |
| Informal urban areas | 56.3 | 38.5 | 17.8 |
| Long distance transport workers | 47.2 | 32.1 | 15.1 |
| Uniformed services | 44.8 | 33.7 | 11.1 |
| Refugees or internally displaced people | 34.3 | 15.9 | 18.4 |
| Men who have sex with men | 26.9 | 5.7 | 21.2 |
| Miners | 23.1 | 14.0 | 9.1 |
| Pregnant women | 13.0 | 20.0 | -7.0 |

Source: Authors' estimation using CADRE database.

### Funding for CSOs

The analysis of the basic characteristics of CSOs based on the questions available in the CADRE-OSISA survey suggests relatively few major differences between FB-CSOs and S-CSOs. We now turn to the data on funding. Table 5 provides selected data on expenditure and funding for the period 2001-2005. First, it is clear that average levels of spending on HIV/AIDS among the CSOs in the sample have increased sharply over time, with the average level of spending among S-CSOs at US$160,141 in 2005, versus US$150,613 for FB-CSOs. By contrast, the corresponding amounts for both groups were about three times lower in 2001. The number of grants received has also increased over time (that information is not collected for 2002 and 2004). Note that the average funding per CSO is substantial – this confirms that the sample includes mostly established organizations, as opposed to local informally-run community based interventions.

Available studies suggest that FB-CSOs typically access a broad array of funding streams for sustainability, including government funds, external church donations, external development agency funds, local donations, donations from other local organizations, mother bodies or faith networks, as well as individual charitable donations (see Birdsall and Kelly 2007, Haddad et al 2008). There are also reportedly important differences among differently affiliated FB-CSOs. Mainline congregations tend to have more organized international links through denominational structures, while 'revival' or 'healing' churches (such as Zionist or Pentecostal) congregations tend to have less hierarchical structures and different funding mechanisms (Schmid et al 2008, Agadjanian and Sen 2007).

The survey provides a few interesting findings in this area, as it asks whether the CSOs benefited from funding from specific types of donors. There may be a bit of inconsistency in the data here, in that when summing up the support (yes-no answers) declared from the various types of donors in each year, one gets a much larger number of funders than indicated by the CSOs in the direct question "From how many different sources did you receive grants in each of the following years?" for which data are reported in the second row of table 5. For example, in 2005, one gets an average number of sources of funding estimated from the information on the various types of donors of 5.1 for S-CSOs and 5.5 for FB-CSOs, as compared to the values of 2.68 and 2.89 in table 4. Part of the difference may again be explained by the issue of missing values (statistics computed on subsets of the sample will overestimate the total number of funders in case some of the missing values represent no funding). Birdsell and Kelly (2007) themselves highlight the difficulties inherent in tracking funding flows through these responses – especially with regards to funds that flow from recipient to sub-recipient to sub-sub-recipient (the CSOs sometimes naming the originating source, and sometimes the recipient ahead of them in the line as the funding source). Therefore, instead of presenting the data on the types of funders as direct percentage of organizations that appear to benefit from a specific source of funding among respondents without missing value, these percentages have been scaled into indices, considering the likelihood of a S-CSO benefitting from funding from a foreign donor or an international institution as the baseline. The data on funding source by type are thus to be interpreted as relative odds ratios with the comparison being international donor funding in 2001 for S-CSOs.

Three observations can be made on the relative odds ratios of funding by type of donor. First, the odds ratios are systematically higher in 2005 than they are in 2001, indicating that likelihood of funding has increased for all types of donors. Second, the largest increase in the likelihood of funding over time has been from national, provincial or district HIV/AIDS structures (the increase in relative odds ratios is from 0.24 to 1.04 for S-CSOs, and from 0.38 to 1.03 for FB-CSOs). Third, FB-CSOs tend to report slightly more different funding sources than is the case for S-CSOs, which confirms the findings on the number of grants from different sources.[8] Still, overall, differences between FB-CSOs and S-CSOs are again small.

[8] Although for the number of grants from different sources, S-CSOs were better placed in 2001; by contrast, on the odds rations, FB-CSOs were better placed throughout the period under review, with very few exceptions. Out of 30 potential comparisons of odds rations (six donor types and five years of data), FB-CSOs fare worse on .likelihood of funding on only two occasions – the funding from national, provincial or district HIV/AIDS structure in the last two years of data, with the difference being small.

**Table 5: Expenditure levels and types of organizations funding CSOs**

| | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|---|---|---|---|---|
| **S-CSOs** | | | | | |
| Average total expenditure on HIV/AIDS (US$) | 49,201 | 69,763 | 94,175 | 121,892 | 160,141 |
| Number of grants from different sources | 1.80 | - | 2.15 | - | 2.68 |
| * Foreign donor or international institution | 1.00 | 1.01 | 1.08 | 1.08 | 1.10 |
| * Government department or ministry | 0.57 | 0.63 | 0.76 | 0.76 | 0.77 |
| * National, provincial or district HIV/AIDS structure | 0.24 | 0.45 | 0.91 | 0.97 | 1.04 |
| * Other NGO | 0.62 | 0.73 | 0.87 | 0.99 | 1.04 |
| * Services provided (fees from users) | 0.71 | 0.75 | 0.86 | 0.89 | 0.90 |
| * Local sources (businesses, churches or charities) | 0.77 | 0.83 | 0.86 | 0.91 | 0.95 |
| **FB-CSOs** | | | | | |
| Total expenditure on HIV/AIDS (US$) | 56,642 | 63,932 | 104,296 | 133,818 | 150,613 |
| Number of grants from different sources | 1.63 | - | 2.18 | - | 2.89 |
| * Foreign donor or international institution | 1.06 | 1.07 | 1.08 | 1.09 | 1.12 |
| * Government department or ministry | 0.68 | 0.68 | 0.91 | 0.85 | 0.96 |
| * National, provincial or district HIV/AIDS structure | 0.38 | 0.83 | 0.91 | 0.94 | 1.03 |
| * Other NGO | 0.91 | 0.95 | 0.98 | 1.03 | 1.11 |
| * Services provided (fees from users) | 0.97 | 1.00 | 1.00 | 1.04 | 1.04 |
| * Local sources (businesses, churches or charities) | 0.94 | 0.97 | 1.02 | 1.02 | 1.04 |

Source: Authors' estimation using CADRE database.
Note: * indicates that the variable is expressed as an index value – see text for explanation.

Another question relates to the type of funding received by class of expenditure (table 6). The survey distinguishes between salaries, stipends or incentives; office and administration costs (such as rent, electricity, telephone); program costs, including supplies (such as home-based care kits, gloves, rapid test kits, transport, training costs); and equipment or vehicles. Again, the differences between FB-CSOs and S-CSOs are limited, even though FB-CSOs tend to have a higher likelihood of benefitting from funding than S-CSOs. Not surprisingly the category least eligible for funding is equipment or vehicles. The other three categories tend to be equally likely to be supported by external assistance (one might have expected that program costs would be more likely to be funded than administration, but this does not appear to be the case).

**Table 6: External financial assistance by type of expenditure (%)**

| | No funding | Some funding | Full funding | All |
|---|---|---|---|---|
| **S-CSOs** | | | | |
| Salaries, stipends or incentives | 45.8 | 31.8 | 22.4 | 100 |
| Office and administration costs | 37.1 | 42.3 | 20.6 | 100 |
| Program costs, including supplies | 42.3 | 38.0 | 19.8 | 100 |
| Equipment or vehicles | 61.6 | 18.6 | 19.8 | 100 |
| **FB-CSOs** | | | | |
| Salaries, stipends or incentives | 36.2 | 44.7 | 19.3 | 100 |
| Office and administration costs | 29.4 | 39.7 | 30.9 | 100 |
| Program costs, including supplies | 24.7 | 52.6 | 22.7 | 100 |
| Equipment or vehicles | 59.3 | 26.7 | 14.0 | 100 |

Source: Authors' estimation using CADRE database.

Information was also gathered on broader changes in the funding environment (table 7). There is clear recognition among both types of CSOs that the availability of funding has increased between 2001 and 2005, with close to half of the CSOs stating that this was the

case, versus approximately 30 percent stating that funding had decreased or greatly decreased. The increase in funding availability as well as program expansion has also meant that the time allocated for fundraising has also increased, with more than 60 percent of both types of CSO stating that this was the case, versus less than 20 percent stating that time for fund-raising had decreased or decreased greatly. About 20 percent of the CSOs of both types did not perceive changes in either the availability of funds, or the time allocated for fund-raising.

**Table 7: Other changes in funding environment over last five years (%)**

| | Greatly decreased | Decreased | Stayed the same | Increased | Greatly increased | All |
|---|---|---|---|---|---|---|
| **Availability of funds** | | | | | | |
| S-CSO | 13.3 | 16.8 | 19.4 | 43.9 | 6.6 | 100 |
| FB-CSO | 12.1 | 19.8 | 22.0 | 35.2 | 11.0 | 100 |
| **Time for fund-raising** | | | | | | |
| S-CSO | 5.1 | 9.3 | 23.2 | 38.4 | 24.1 | 100 |
| FB-CSO | 5.9 | 12.8 | 19.6 | 41.2 | 20.6 | 100 |

Source: Authors' estimation using CADRE database.

In table 8, the number of grant proposals submitted by FB-CSO is higher than for S-CSOs (6.8 proposals versus 5.0), which also means that the number of responses received and the number of grants approved is also slightly higher for FB-CSOs. The success rates for proposals is however slightly higher for S-CSOs at 33 percent, versus 27 percent for FB-CSOs. As to whether the activities run by the CSOs are driven by donor funding, close to two thirds of both types of CSOs indicated that this was very much the case, versus 10 percent stating not at all.

**Table 8: Success rates in funding proposals and dependency on funding (%)**

| | Number of proposals for funding | | | Activities driven by funding opportunities | | | |
|---|---|---|---|---|---|---|---|
| | Prepared | Response | Approved | Not at all | A little | Very much | All |
| S-CSO | 5.0 | 2.9 | 1.6 | 9.9 | 25.6 | 64.6 | 100 |
| FB-CSO | 6.8 | 3.5 | 1.9 | 10.8 | 25.2 | 64.0 | 100 |

Source: Authors' estimation using CADRE database.

Four additional questions from the survey are reported on in table 9. The first is whether the CSOs feel that donor priorities for funding have changed, with almost half of the CSOs stating that this is the case. The second question is whether CSOs have started new programs mainly because funding was offered for those activities, with about a third of the organizations stating that this was the case. The third question is whether CSOs have cut back on any areas of activity because of absence of funding, with approximately 60 percent responding in the affirmative, suggesting that while funding has indeed increased, there are also clear limitations set on the available funding. Finally, CSOs are asked about the proportion of their planned program that is already funded for the next 12 months. In many cases, the proportion seems rather small, suggesting a high level of vulnerability of both types of CSOs to any decrease in HIV/AIDS funding. Overall, while we will come back to some of the questions regarding the civil society response to HIV/AIDS in the next section, it is actually striking how similar the profile of the FB-CSOs and S-CSOs included in the CADRE-OSISA database are similar, at least on average.

**Table 9: Perspectives on budgets and funding security (%)**

| | Perspectives on budget | | | Share of funding needed secured for next year | | | | |
|---|---|---|---|---|---|---|---|---|
| | Donors Priorities | New Funding | Cuts in Programs | 0-25% | 26-50% | 51-75% | 76-100% | All |
| S-CSO | 45.79 | 29.55 | 63.18 | 45.23 | 24.12 | 20.6 | 10.05 | 100 |
| FB-CSO | 42.53 | 33.64 | 57.8 | 43.69 | 20.39 | 23.3 | 12.62 | 100 |

Source: Authors' estimation using CADRE database.

## INFORMAL FB-CSOS: KNOWLEDGE GAPS THAT REMAIN

The conclusion from the previous section is that well-established or formal FB-CSOs operating at a community or national level tend to have the same access to donor resources than their S-CSO counterparts, and that they may also not be that different in other respects as well. However, this dataset addresses a particular kind of FB-CSO: those of the 'NGO' variety. The question remains as to the recognition received by the more 'messy' kinds of FB-CSOs, especially those operating at local levels and in less formal ways. It has been argued that community-level FB-CSOs, especially those of the congregational-initiative variety – are providing significantly more HIV/AIDS response than they are being supported for. This question cannot be analyzed with the CADRE-OSISA dataset, but it is worth discussing. Foster (2002) made the argument for the lack of funding for informal FB-CSOs in a study of community support to OVC. Foster describes a range of informal and everyday activities undertaken to support OVC in Africa - often started by small groups of individuals in a context of non-existent or weak public services, he describes these as *"non-sensational and almost invisible to outsider and insider alike."*

Later, for UNICEF and World Conference of Religions for Peace, Foster (2004) conducted a six-country study of the work of FB-CSOs supporting OVC. Based on interviews with 686 FB-CSOs (mostly congregations) in Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda, the study identified close to 350 initiatives that support more than 139,400 OVC. These FB-CSOs draw upon the help of more than 7800 volunteers, mostly through community-based initiatives involving spiritual, material, educational and psychosocial support. Foster estimates that this represents only a tiny proportion of the FB-CSOs working on OVC. Eighty-two percent of the initiatives identified were operating at a community level, through small congregation-based projects supporting on average less than 100 children each. More than half of these initiatives had been established after 1999; most have been initiated by community members themselves and did not receive any external support. As Foster (2004) notes: *"Many congregations indicated that their only source of support consisted of contributions made by the members of their congregations. Faith-based community groups raise finances and materials to contribute to the families of vulnerable children…(But) the actual amounts of money raised by many initiatives are small and the ability of initiatives to provide meaningful material support to destitute families is limited. A few congregations received funding from their (religious coordinating bodies) but due to inadequacy of resources…funds received were minimal and did not meet the*

*needs…"* Foster concludes that local-level FB-CSOs involvement in OVC is expanding rapidly without financial and technical assistance, and that, contrary to assumptions, the work is well-organized and not under-capacitated administratively. However, Foster also found that lack of funds was the major limitation facing 52 percent of the FB-CSOs. Funds were required mainly to provide direct assistance to children for school uniforms or food, or to provide incentives or transport costs for volunteers.

Other studies have similarly argued that it is at the local community-level that FB-CSOs are most active, and most under-supported. A study of AIDS-engaged FB-CSOs in Zambia and Lesotho mapped a plethora of informal community initiatives and support groups providing care and support from physical care, to transportation and food parcels for those affected by HIV/AIDS – often utilizing only their own resources (ARHAP 2006). Agadjanian and Senn (2007) also focused on local congregations in Mozambique, and found that congregations were generally under-resourced, with low capacity for further engagement and few financial or material resources to share. Interviewees for this study reported that, when resources could be offered to the broader community, they usually were put toward transportation fares to the clinic or hospital, medical fees, drug costs, and, especially, funeral expenses.

In an analysis of 162 community level FB-CSOs in South Africa, Birdsall (2005) noted that in contrast to a subset of long-established congregations, many faith-based projects have been initiated more recently: *"especially over the last five years, there has been a largely spontaneous and often locally funded explosion of congregation and community level activity to respond to the HIV/AIDS crisis in many countries."* Again, there is not enough data to speak too strongly, but other studies have similarly reported that separate from the general growth of CSOs emerging as a result of HIV/AIDS funding (and FB-CSOs of the NGO variety as in the dataset above), there appears to have been an expanding subset of FB-CSO response - operating at a local community level (often located in rural areas), and primarily supported by the communities in which they are based, rather than tapping into the increased HIV/AIDS funding. For example, in Lesotho, a significant number of community support groups were identified in the ARHAP (2006) mapping study: these were informal, self-initiated, usually self-funded, deeply religious though not formally linked to any religious structure, and were among the most important local health providers for HIV/AIDS.

While there is not enough data to compare the funding strategies of FB-CSOs country-by-country, it is suggested in the literature that community-based FB-CSOs do generally have different funding strategies from formal CSOs. For example, examining the South African national database of AIDS-engaged NGOs, Birdsall (2005) found that FB-CSOs source their support from a variety of sources with 'donations' (from within the church, from community members, and from other sources) by far the most commonly cited form of support: *"No congregations report receiving support from government sources, from national or international donors, or from the private sector."* In a broader study of this database, Birdsall and Kelly (2005) note that while 40 percent of CSOs involved in the HIV/AIDS response reported receiving some funding from the government – none of the smaller informal FBOs in the survey did. Another example, from Malawi shows that in

the 2004 and 2005 period, 35 percent of all funds disbursed by the National AIDS Council of Malawi went to NGOs – of that, 25 percent to NGOs, 10 percent to CSOs and one percent to FBOs (Birdsall and Kelly 2007). In another study, Munene (2003) noted that 79 percent of churches and Christian NGOs responding to HIV/AIDS in Namibia received no outside funding.[9] All of these examples hint at different funding strategies and opportunities for small FB-CSOs than for CSOs more broadly.

The lack of funding for small informal community-based organizations is not surprising - they often do not have clear structures and accountability mechanisms that would allow funding, or they simply lack the capacity to tap into resources. Difaem's (2005) study of FB-CSOs' access to HIV/AIDS resources found that lack of capacity was indeed the main obstacle. Lack of capacity is frequently described as relating to the areas of proposal writing, management of large-scale projects, monitoring and evaluation, and financial management. These are *"key obstacles in FBOs not being able to apply successfully for grants from big donors…there are positive examples where agencies were able to access funding due to the availability of capacity…However, the majority of respondents mentioned a lack of capacity as major obstacle."*

The logical implication of this is not only that there needs to be a stronger focus on capacity building targeted at these initiatives that are informal, but also that there needs to be improved understanding of the intermediary mechanisms that could support such initiatives. Foster's (2004) study of local support of OVC suggested to better finance 'religious coordinating bodies' (RCBs) that may be well-placed to play a more significant role in supporting congregation-level work: *"Congregations have the capacity to implement OVC support activities and receive funds but most receive no external support. Funding should therefore be provided through small grants funds operated by RCBs to support activities initiated by congregations. Donors should ensure that a majority of RCB funding is spent at community level."* (Foster 2004). Taylor (2005) also argues that where funds have reached local congregational initiatives, this has been *"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 decentralization to enable community groups to access funds."* Others are similarly arguing that what is urgently required is a better understanding of this 'intermediary' role – not only for the channeling of funds, but also the 'incubation' of local initiatives without destroying them (Cochrane 2011). In relation to FB-CSOs, this intermediary role can be enacted by a number of different entities: religious coordinating bodies, denominations, government ministries and platforms, primary grantees and sub-grantees (such as World Vision or Christian Health Associations), and international partners (INGOs). What is clearly required then is

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[9] In countries where Islam is prevalent, Zakat and other direct payments from Islamic communities play a large role in the funding of FB-CSOs. In Chipata, Zambia, the local Muslim community did not have many associations engaged in HIV and AIDS response, but was financing a wing of the local government hospital as part of their social responsibility (ARHAP 2006). Yet these types of payments are rarely accounted for or recognized.

improved evaluation of how such support does or does not flow down to the community level, and what impact it has, or how effective local FB-CSOs indeed are.

## CONCLUSION

The evidence to-date on whether FB-CSOs have been able to access various sources of funding for HIV/AIDS has been limited. Our analysis of the survey implemented by Birdsall and Kelly (2007) suggests that among formal and established CSOs working on HIV/AIDS in developing countries, donor funding has increased and is now significant, and it has enabled the CSOs to expand their activities. The results suggest also that the profile of relatively well established FB-CSOs and S-CSOs (those most likely to be included in this dataset) is rather similar, both in terms of the areas on which they work, and in terms of their sources of funding as well as expenditure levels. This suggests that within the broader so-called 'faith sector', formal FB-CSOs that may actually look and act similar to secular counterparts may well be on par with secular CSOs in terms of the sources of funding that they are able to access.

Yet while strides have been made for enhancing funding mechanisms that are inclusive of different types of formal CSOs, whether faith-based or secular, there are challenges, especially for smaller informal initiatives. Small, idiosyncratic and informal community initiatives are more difficult to know, measure and support, but they are fundamental to the support provided to those who suffer from HIV/AIDS, or are at risk. It is likely that a larger share of these initiatives are faith-inspired than is the case for formal CSOs, given that the bulk of community-level work often spontaneously emerges out of 'congregations' or linked to individuals motivated by personal faith. These activities are frequently driven by a local faith leader, or a collection of women who may congregate after choir practice. These activities are often locally funded, and need support if they are to be sustained. This local response may actually be where the real strength of the 'faith sector' lies - in the wealth of programs and initiatives that are rooted in community and which have a double impact of service provision and behavioral change potential through faith commitment. But how to reach these groups and find appropriate ways to support them remains a challenge for policy interventions.

It may well be a mistake to try to 'secularize' these informal activities, or even to formalize them. In fact, it is likely to be both impossible and undesirable to attempt to disentangle these activities from the forces of 'faith' which motivate and congregate these individuals and communities (ARHAP 2006). However, in relation to international funding strategies and impetus, if there is any lingering resistance to fund activities which seem too 'churchy' – or too closely related to proselytism – then this is where that reluctance will be found (Olivier and Clifford 2011). This reluctance certainly seems to be less evident in relation to large national and international FB-NGOs, who often are (increasingly) indistinguishable as faith-based or not in terms of their operations, as suggested by the analysis provided in this paper.

So the remaining question is really what to do about informal initiatives responding to HIV/AIDS. One clear suggestion that warrants further consideration is the role of

intermediary or bridging entities who can mediate between the national and international funding structures and the smaller often innovative community-level activities. Such bridging financial mechanisms have been noted in a variety of forms, including distinctively faith-based exemplars, such as some denominational structures, some national faith-based health networks, and some FB-CSOs who provide an 'incubation' function to local initiatives. There is clearly no one-size-fits-all funding strategy for supporting this segment of the 'faith sector' response to HIV/AIDS, especially at a community level. But there is still some significant learning to be done to understand how FB-CSOs are distinctive service providers as a result of their faith-inspired nature, and what funding allocations and strategies should be enacted as a result.

Finally, one last comment should be made about the current context for funding formal CSOs, whether faith-based or not. The data provided in this paper confirms that in African countries with a substantial HIV/AIDS epidemic, there has been a rapidly scaled up response to HIV/AIDS from CSOs, particularly over the period 2000-2005. This response has been observed across the full range of CSOs, from formal national-scale CSOs and networks to the proliferation of new community-level initiatives and programs, and among both faith-based and secular organizations. While some of these initiatives argue that they emerged as a response to need, it is also clear that many emerged as a result of the greatly increased availability of HIV/AIDs funding over that period. Yet the data also show that many of the CSOs that have been created to respond to HIV/AIDS, or that have included HIV/AIDS in their programs in part because of the availability of funding, remain fragile. In a context where funding for HIV/AIDS is becoming more scarce, the questions about whether those newly created CSOs will be able to survive, or how they might be 'redirected' so that their capacity and experience is not lost remains worryingly unclear.

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