

# Where is the Money? Where is the Money? Where is the Money?



for women's rights:

Funding to fight **HIV/AIDS** through  
the promotion of women's rights:  
A case study from South Africa

The HIV and AIDS pandemic increasingly affects women, who account for the highest rate of new infections and who are the care givers of those affected by the disease. Even when some governments and international organisms recognized this and have started to implement “gender policies”, it is clear that much more efforts are needed to fight the feminization of HIV and AIDS, and much more resources for women’s rights initiatives are required.

In 2006, AWID conducted a global survey which was answered by almost 1000 women’s rights organizations worldwide. In it, we ratified that there are many difficulties that prevent those organizations from accessing funding. Particularly, the 512 respondents that declared working on HIV and AIDS affirmed that it is very challenging for them to tackle resources that allow them to advance the work they do in this area as related to women’s rights. Furthermore, there’s a sense of scarcity when it comes to approaches that are rights-based.

With these concerns in mind, and looking towards its 11<sup>th</sup> International Forum to be held in South Africa in November 2008, AWID commissioned a consultancy with experts on HIV and AIDS and funding, which had two phases. Phase one, carried out by Debbie Budlender, was centered on bilateral funding for the work on HIV, AIDS and women in South Africa. Phase two, developed by Vicci Tallis, explored more broadly different funding sources and their dynamics in the country, compiling the report presented hereby, that brings together the findings from both phases of the research process.

This document includes an introduction to some general trends in the funding landscape for women’s rights organizations working on HIV and AIDS, and presents the report produced in that consultancy process. The research process was coordinated by Cindy Clark and Fernanda Hopenhaym from AWID.





## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AWID</b>	Association of Women's Rights in Development
<b>CBO</b>	Community Based organisation
<b>GDI</b>	Gender- related development index [GDI].
<b>GBV</b>	Gender based violence
<b>AusAID</b>	Australian government Overseas Aid Programme
<b>CIDA</b>	Canadian International Development Agency
<b>DFID</b>	Department for International Development of the United Kingdom
<b>EU</b>	European Union
<b>GTZ</b>	Gesellschaft für Technische Zusammenarbeit: International cooperation enterprise for sustainable development owned by the German Government
<b>NZAID</b>	New Zealand's International Aid and Development Agency
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief (USA)
<b>Sida</b>	Swedish international development agency
<b>GDP</b>	Gross domestic product
<b>HIV</b>	Human Immunodeficiency Virus.
<b>NGO</b>	Non governmental organisation
<b>ODA</b>	Official development assistance
<b>OSISA</b>	Open Society Initiative of Southern Africa
<b>OSI</b>	Open Society Institute
<b>PR</b>	Principle recipient
<b>INGO's</b>	International Non governmental organisations
<b>JOHAP</b>	Joint Oxfam HIV and AIDS programme
<b>MDG</b>	Millennium development goals
<b>PMTCT</b>	Prevention of mother to child transmission
<b>US Aid</b>	United States Agency for International Development
<b>GFATM</b>	Global Fund to fight AIDS, TB and Malaria
<b>Kwamakutha CRC</b>	Kwamakutha Community Resource Centre
<b>ICW</b>	International Community of women living with HIV
<b>GAF</b>	Gender AIDS Forum
<b>SWEAT</b>	Sex Workers Education, Advocacy and Training



### Global Trends for HIV/AIDS: women in the Global context

The HIV/AIDS epidemic has taken its toll on women and girls at a disproportionate rate

to their male counterparts. Some alarming figures found in the report by the Global Coalition on Women and AIDS: "Keeping the Promise: an Agenda for action on Women and AIDS"<sup>2</sup> illustrate the need for women's rights organisations to be at the forefront of the fight against HIV/AIDS.

#### BOX 1: Global figures on women and HIV/AIDS

- Worldwide, 17.3 million women aged 15 years and older are living with HIV—48% of the global total.
- Three quarters (76%) of all HIV positive women live in sub-Saharan Africa, where women comprise 59% of adults living with HIV.
- In sub-Saharan Africa, nearly three out of four (74%) young people aged 15–24 years living with HIV are female.
- Women currently represent 30% of adults living with HIV in Asia. Figures are higher in some countries in the region, reaching 39% in Thailand and 46% in Cambodia.
- In the Ukraine, which has one of the fastest growing epidemics in Europe, women now make up close to half (46%) of adults living with HIV.
- In the Caribbean, 51% of adults living with HIV are female, while in the Bahamas and Trinidad and Tobago, figures are 59% and 56% respectively.
- AIDS is the leading cause of death for African-American women aged 25–34 years in the United States of America.

It is apparent that women comprise the majority of new infections on a global level epidemic; women are becoming the "face" of

HIV/AIDS, and hence the "feminization" of the pandemic can no longer be ignored.

#### BOX 2: General trends for Action in the context of women and HIV/AIDS<sup>3</sup>

##### Gender based Violence

Violence against women continues to be a common, yet widely ignored phenomenon that robs women worldwide of their health, well-being and lives. In many places, violence against women and HIV risk are intertwined

##### Women's property and inheritance rights

Women own a minority of the world's land, and yet produce two thirds of the food in the developing world. In many societies, women are economically, financially and socially dependent on male partners and family members for their survival.

1. By Michele Knab with contributions from Fernanda Hopenhaym

2. The Global Coalition for Women and AIDS: A UNAIDS initiative, "Keeping the Promise: An Agenda for Action on Women and AIDS": [http://data.unaids.org/pub/Report/2006/20060530\\_re\\_keeping%20the%20promise\\_en.pdf](http://data.unaids.org/pub/Report/2006/20060530_re_keeping%20the%20promise_en.pdf)

3. Much of the informations from this box has been taken from the GCWA report: "Keeping the Promise: An Agenda for Action on Women and AIDS"

Women whose partners fall sick and die due to AIDS-related illnesses often suffer discrimination, abandonment and violence. So do women who are suspected of having HIV themselves. In some places, women lose their homes, inheritance, possessions, livelihoods and even their children when their husbands die. Such insecurity forces many women to adopt survival strategies that also increase their chances of contracting HIV.

#### **Women's Access to Universal Access**

Universal Access for Women implies; scaling up access to HIV prevention and treatment services. Women confront gender based barriers which in turn impede them from accessing Universal Access programs that means that legal, social and cultural barriers are still blocking access for women who are at heightened risk of HIV infection. Gender based barrier must be removed

#### **Sexual and reproductive health services**

Reproductive and sexual health services are generally considered to comprise four elements: family planning or safe regulation of fertility; maternal health and nutrition; protection from sexually transmitted infections; and reproductive rights.

They also present ideal opportunities for improving HIV information and services for women and girls. At the moment, though, their absence or poor quality accounts for about one third of the global burden of illness and early death among women of reproductive age.

#### **Education**

Evidence shows that the more educated people are, the better their life prospects become. Educated young women generally know more about how to protect themselves against HIV, and are more likely to delay their sexual debut and use condoms once they are sexually active.

#### **Provide stronger support to caregivers**

Across the world it is usually women who tend the sick and mind the children. Most of the care for people living with HIV takes place in the home. Home- and community-based care is less expensive for health systems, mainly because many costs are displaced onto care-givers, patients and their kin. Those costs include expenditures on medicines, health service fees and transportation, the opportunity costs of lost earnings or abandoned education, as well as trauma and stress.

#### **Invest more in HIV prevention methods that women can control**

New HIV infections continue to outpace treatment provision. To turn the tide of the epidemic, comprehensive HIV prevention must go hand-in-hand with treatment, care and support for those living with HIV.

**The female condom** is the only female-initiated HIV prevention method that is currently available. An effective contraceptive, it also reduces the risk of transmitting and acquiring sexually transmitted infections, including HIV.

An effective **microbicide** would herald perhaps the biggest breakthrough yet in the struggle against AIDS. A microbicide that is 60% effective could prevent 2.5 million HIV infections over three years, according to modeling.

Women's empowerment and gender equality have been part of the international debate regarding the fight against HIV/AIDS for quite some time now; an analysis of the gender policies from the three major AIDS financing institutions sheds new light on international commitment and financial flows that actually finance women's rights and gender equality within this context.

## Analysis of gender policies in three Major Financial institutions

The international community in response to HIV/AIDS has in fact recognized the ever changing role of women with in this context. Since the 1994 Paris AIDS summit the gender equality discourse has been pres-



ent and the recognition by the international community regarding women's rights as integral to the fight against HIV/AIDS has been present. As so clearly stated in the Paris Declaration (1994-Paris AIDS Summit): *Support initiatives to reduce the vulnerability of women to HIV/AIDS by encouraging national and international efforts, aimed at*

*the empowerment of women: by raising their status and eliminating adverse social, economic and cultural factors; by ensuring their participation in all the decision-making and implementation processes which concern them; and by establishing linkages and strengthening the networks that promote women's rights*<sup>4</sup>.



### BOX 3: International Summits and Treaties concerning women and HIV AIDS<sup>5</sup>

- 1994 International Conference on Population and Development  
States agree to share the costs needed to make basic reproductive healthcare available to all by 2015.
- 1994 Paris AIDS Summit  
States recognize women's rights as an integral part of the combat against the pandemic
- 1995 Fourth World Conference on Women  
States agree that the human rights of women include the right to decide freely and responsibly on matters related to their own sexuality and recognizes that social vulnerability and unequal power relations block efforts to control the spread of HIV.
- 2000 UN Millennium Development Goals  
MDGs include promoting gender equality and the empowerment of women, eliminating gender disparity in primary and secondary education and reversing the spread of HIV.
- 2001 United Nations Declaration of Commitment on HIV/AIDS  
Member States agree that gender equality and women's empowerment are fundamental to ensuring an effective response to AIDS and commit themselves to a set of time-bound targets, a number of which relate specifically to women.
- 2005 World Summit- High level Plenary meeting of the 60<sup>th</sup> session of the General Assembly<sup>6</sup>  
Global leaders commit to a massive scaling-up of HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all who need it.

On a global level funding for HIV/AIDS has dramatically increased, "from US\$ 260 million in 1996 to almost US\$ 10 billion in 2007"<sup>7</sup>. These numbers are significant but there is a concern regarding how significant

these figures are in terms of financial flows that concretely address women and girls in the fight against HIV/AIDS<sup>8</sup>. It is important that the major financial institutions address the feminization of HIV/AIDS so as to

4. The Paris Declaration, Paris AIDS Summit - 1 December 1994: [http://data.unaids.org/pub/ExternalDocument/2007/theparisdeclaration\\_en.pdf](http://data.unaids.org/pub/ExternalDocument/2007/theparisdeclaration_en.pdf)

5. The Global Coalition for Women and AIDS: A UNAIDS initiative, "Keeping the Promise: An Agenda for Action on Women and AIDS", [http://data.unaids.org/pub/Report/2006/20060530\\_re\\_keeping%20the%20promise\\_en.pdf](http://data.unaids.org/pub/Report/2006/20060530_re_keeping%20the%20promise_en.pdf), (date unknown)

6. 2005 World Summit Outcome Document, A/RES/60/1.

7. UNAIDS, Prepared by Janet Fleischman, "An Analysis of the Gender Policies of the Three Major AIDS Financing Institutions: The Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the President's Emergency Plan for AIDS Relief", July 2008.

8. The 2006 AWID survey shows us that financial flows in 2005 for 729 women's organisation who responded to the survey accounted for 76,100,529 USD. Even when these figures are not absolute, it is interesting to note the small amount of money directed a broad group of women's rights organizations, many of them working on HIV and AIDS, when the financial flows to fight this pandemic are so significant.



halt the spread of the epidemic. This section will examine gender policies of three of the major AIDS Financing Institutions; the World Bank, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Traditionally these institutions had not made gender equality and women's empowerment central to their goals, but facing the current state of the epidemic they have integrated gender equality as central to their policies. What many women's rights organisations question is, how effective this really is.

## World Bank

The World Bank is one of the major financial actors in the HIV/AIDS arena. We will focus on the Bank's Multi-Country HIV/AIDS Program because this Program represents a cornerstone of the Bank's HIV/AIDS policies and programs, and most importantly the Bank's attempts to integrate gender equality and women's empowerment into the already existing HIV/AIDS programs, policies and frameworks. "Between 2000 and 2007, the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP) included 29 countries and provided US\$ 1.4 billion in funding. The program's overall objective is to increase access to AIDS prevention, care and treatment programs, based on the national strategic plans developed by each country<sup>9</sup>".

For the most part the Bank's approach on gender equality in the context of HIV/AIDS is "greater gender mainstreaming into its multisectoral programmes, including current and future lending and non-lending AIDS programmes<sup>10</sup>".

This approach raises some concerns; one of the key concerns is that there is a risk that mainstreaming marginalizes gender equality and women's rights which implies that these important components of HIV/AIDS frameworks can easily be relegated to "cross-cutting" issues.

According to the Bank, multi sectoral approaches to AIDS present an opportune entry point to addressing gender equality and women's empowerment, but if gender equality and women's empowerment are not included in the partner countries multi Sectoral approach then it will not be included at all.

Many National AIDS frameworks are integrated into the national health sectors (for example National bodies for the fight against HIV/AIDS are dependant upon the National health sectors such as the Ministry of Health). Multi Sectoral approaches function as tools with which to implement AIDS mainstreaming into other national sectors (e.g. AIDS into the education sector). By using the multi Sectoral/mainstreaming approach AIDS flows are often delegated to finance the health sector and in some cases the education sector. National women's machineries, as well as women's rights organizations and advocates etc are more often than not left behind.

## The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund is the primary multilateral financing institution for AIDS; financial flows to combat AIDS are substantial: "In early 2008, the Global Fund passed US\$ 10 billion in pledges, not including pledges for 2009-2010, and had disbursed US\$ 5.6 billion<sup>11</sup>".

The Global Fund does not implement programs rather it "prioritizes national ownership" of country proposals, and expects that the Country Coordinating Mechanism (CCM), which submits the country proposal for Global Fund financing, will include active participation by government, civil society, and the private sector<sup>12</sup>".

In theory this approach does imply opportunity for involvement of women's rights organizations but the complexity of the Fund's Country Coordinating Mechanism

9. UNAIDS, Prepared by Janet Fleischman, "An Analysis of the Gender Policies of the Three Major AIDS Financing Institutions: The Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the President's Emergency Plan for AIDS Relief", July 2008, pg. 3

10. Ibid

11. Ibid Page 14

12. Ibid

makes it difficult for women's organizations to access it and furthermore to access direct funding.

Financial flows from the Fund are disbursed according to proposals submitted by the CCMs. Sometimes those proposals are not very strong and may have important flaws. As stated at the 2008 UNAIDS report, "The weakness of the proposals is linked also to barriers at the country level that limit the meaningful involvement of women's groups and gender expertise in the Country Coordinating Mechanisms which presents challenges for women's groups to access Global Fund resources. The Fund has now acknowledged these shortcomings and committed itself to take concrete steps to promote gender-responsive programming and to ensure that its constituencies understand the importance it attaches to this area<sup>13</sup>"

Many CCMs do include women but not all of these women represent women's organizations or are experts on gender equality and women's rights in the context of HIV/AIDS. By having a woman on the CCM it can appear that the Fund is integrating gender equality into its framework, but when the woman is not a gender equality advocate or much less represents women's organizations then these issues might get left behind. Women in the CCMs are a simple solution to a complex problem, much in the way mainstreaming gender equality can result in mechanisms that do not function in practicality but only in discourse.

There is also no direct funding for civil society organizations; the funding from the Global Fund must be channeled directly through the CCM which assigns one main recipient that will administer the resources. Generally the recipients are public health organisms. This creates more barriers for women's rights organizations to access funds. Nevertheless, there are some windows of opportunity related to reforms within the Fund mechanisms, that have acknowledged these concerns, as presented later in this report (please refer to page 23).

## The US President's Emergency Plan for AIDS Relief (PEPFAR)

[9]

PEPFAR has become one of the major players in terms of financing the combat of HIV/AIDS on an international level. "The President's Emergency Plan for AIDS Relief (PEPFAR), is a US\$ 15 billion global program over five years with 15 focus countries... PEPFAR represents the largest investment ever made by a single country to respond to a disease...PEPFAR legislation is being reauthorized by the US Congress, which is considering US\$ 50 billion for the next five years (US\$ 9 billion of which is dedicated to Tuberculosis and malaria)"<sup>14</sup>.

### PEPFAR Gender Strategies<sup>15</sup>:

- increasing gender equity,
- addressing male norms,
- reducing violence and sexual coercion,
- increasing women's legal protection, and
- increasing women's access to income and productive resources

A review of PEPFAR's priority gender strategies sheds light on certain fundamental flaws to its approach, mainly infringing on women's reproductive rights. An executive order by the US government known as the Mexico City Policy (also known as the Global Gag Rule):

"...mandates that no US funding can be provided to any foreign nongovernmental organization that performs abortions. In 1993, President Clinton ended the policy by executive order. In 2001, President George W. Bush reinstated the ban. In August 2003, Bush issued a carve-out in the form of a presidential memorandum clarifying that HIV/AIDS assistance was exempt from these restrictions. This means that if a foreign nongovernmental organization receives US family planning assistance, it has to comply with the Mexico City Policy; if the organization is receiving only HIV/AIDS funding, it is not subject to these restrictions<sup>16</sup>".

13. Ibid 16

14. Ibid p. 17.

15. Ibid page 18

16. Ibid page 17

This mandate has enormous repercussions for women's rights organizations. There is a tendency that women's rights organizations do not focus only on HIV/AIDS; rather HIV/AIDS programs are part of a larger mandate to promote women's rights. Therefore if a women's organization that works on reproductive health also works on issues related to reproductive rights and support of abortion, they are not eligible for PEPFAR funds and can miss opportunities to include HIV/AIDS issues due to lack of funding.

Another alarming mandate from PEPFAR is that 33% of PEPFAR prevention funds must be directed towards "abstinence until marriage programs". This does not adequately address the reality many women face. PEPFAR expanded this focus to include "being faithful" so as to address women in monogamous relationships, in attempts to address gender based violence. The connection between faithfulness and gender based violence is not clear; this does not deal with women who are in fact faithful but are abused by the spouses or even less so for women sex workers.

PEPFAR has instituted what it calls "the prostitution pledge" which stipulates that a government receiving PEPFAR funds must pledge their opposition to prostitution and sex trafficking. This in itself is a policy conditionality for partner countries and even more dangerous for women sex workers because they are denied legal recognition within their own countries, which results in stigma, social exclusion and marginalization. PEPFAR does state that governments are allowed to provide HIV/AIDS services to high risk populations (sex workers fall under this category) but the legal ramifications of imposing such policy conditionalities upon countries is one that greatly affects women's rights.

## Women's Rights Organisations: "Where's the money for HIV/AIDS work"?

The following analysis is based on the results of a global survey of women's organizations conducted by AWID in July and August 2006. 959 Women's organizations completed the survey, including 521 who work in the area of HIV/AIDS.

From the 959 survey respondents, 83% of the Sub-Saharan African organizations reported to work on HIV and AIDS, as well as 55% of the organizations in Latin Amer-

ica and the Caribbean, 47% of those in Asia and the Pacific, 31% of the North American and Western European organizations, 30% of those working in the Middle East and North Africa, and 28% of organizations in Eastern and Central Europe. This regional distribution can be related to the fact that the epidemic has a particular impact on the African women.

Regarding financial flows, what is interesting to note is that out of all the regions, women's organization working on HIV/AIDS in Asia and the Pacific saw a dramatic increase in their total income (71%) whereas the average increase in income for women's organization in other regions, including Sub-Saharan Africa, only saw a 55% increase. This could be explained by the fact that many women's organization working on HIV/AIDS do not work primarily or only on this issue but on women's health issues in general. Therefore the increase in funds received for disaster relief received after the Tsunami.

If we take into consideration the analysis presented earlier on the WB multi-Sectoral approach, it is apparent that funding was not directed to women's organization per se, but financial flows were being directed mainly towards the health sector and women's organizations active in that sector benefited from this. It is significant to note that financial flows from the three major financial institutions are directed towards the three diseases (HIV/AIDS Malaria and TB) and not just HIV/AIDS, and with the Tsunami many resources were designated for Malaria treatment and prevention in particular.

Regarding the issues organizations work on, the majority of respondents who undertake HIV/AIDS activities work on education (87%), information dissemination for prevention (84%), prevention of gender based violence (76%). The less "popular" issues among these organizations were the provision of health care services (27%), provision of home-based care (23%) and distribution of syringes (11%).

What is interesting to take into consideration is how easy or difficult it is to receive resources for these activities. As reported by respondents, education and information dissemination are amongst the easiest activities to finance along with distribution of condoms, whereas gender based violence, changing high-risk practices and advocating for legislative/policy changes are considered as difficult to get funding for. This

implies that the major financial institutions have not yet taken into consideration what are the priority areas for women's organization; rather they have established priorities and have their own agendas, which makes it difficult for women's rights organization to get support for their efforts to combat HIV/AIDS.

Finally, regarding the approaches those 521 organizations use for their work on HIV and AIDS it is very significant to see that 80% use a rights-based approach. The second most relevant approach (66% of

respondents) is the SAVE approach (Safer practices, Available Medications, Voluntary Counseling and Testing, Empowerment through Education).

This brief analysis of some funding trends for women's rights organizations working on HIV and AIDS, together with the notes on the gender policies among the most important funding institutions in the HIV/AIDS arena provides an appropriate framework to understand how these trends shape up in the case of South Africa.







# Funding to fight HIV/AIDS through the promotion of women's rights: A case study from South Africa

by Vicci Tallis

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The HIV and AIDS pandemics are well established in South Africa: the impact on women is high – both in terms of infection rates and increasing difficulties including the erosion of hard fought rights in their daily lives. Epidemics on the scale of HIV and AIDS require massive amounts of funding to address prevention, treatment issues, care and support as well as to tackle the underlying causes driving the epidemics. Women's unequal position in society affects both vulnerability to HIV and the way women and girls experience the epidemics.

This paper focuses on the funding that is earmarked for the HIV and AIDS programmes, with at the very least a gender focus, that makes some impact positively on women's lives or achieving rights. In 2006 AWID commissioned a study *Money to fight HIV/AIDS through promoting women's rights: A case study of funding available for non-governmental agencies in South Africa*. The focus of the phase one study, was to look at the contributions made by bilateral donors and also addressed their approach to gender. This paper summarizes the findings from phase one, and develops added themes from interviews with different role players, that is organizations involved in women's rights and HIV and AIDS, and donor organizations such as international NGO's and Foundations.

Although the funding for HIV and AIDS globally and in South Africa is not sufficient to meet the needs of the pandemics, it can be argued that the sector attracts substantial funding – both to official governmental HIV and AIDS programmes and to civil society in general. Although the rhetoric around women, HIV and AIDS is increasing this

has not necessarily led to more funding for women's rights work. Traditional areas of HIV and AIDS responses that attract funding, for example, increases to treatment are gender neutral and do not differentiate between men and women's treatment issues and needs. Women do not specifically benefit from such increases or funding sources. Traditional issues that could in some way benefit women, for example, giving home-based care programmes an injection of funds to ensure women benefit financially for the care they are doing, do not get sufficient funds.

The study set out to explore two critical areas:

What are the funding sources, conditionalities and amounts given to women's organisations to address HIV and AIDS?

What are the funding sources, conditionalities and amounts given to HIV and AIDS organisations that specifically address women?

The key questions were to assess the amount of HIV and AIDS money that reaches women and addresses their realities, including a breakdown of money for service delivery, research, capacity building and most importantly activism and advocacy. Secondly the study looked to ascertain the amount of HIV and AIDS money that specifically addresses women's rights. Finally the study looked at key donors and their policy on gender and woman. This paper provides information on donors who fund gendered HIV and AIDS work and addresses the challenges in getting money. An advocacy agenda for action is suggested.

The report is based on three types of information: a previous paper commissioned by AWID on bilateral donors (phase one), a literature review, and interviews with donors and women/HIV organizations. Organisations interviewed worked either at different points along the prevention-care continuum, that is did HIV and AIDS specific work with a focus on women, or focused on underlying causes, that is addressing women's rights, or both. The rationale for collecting data

from non-governmental organizations involved in women's issues and HIV and AIDS was to get a more complete picture of funding trends from a grantee/partner perspective as well as from a donor perspective. Three interview schedules were designed to accommodate the different types of organizations interviewed. Interviews were conducted by Vicci Tallis, Laura Washington, Mpume Mbatha and Thula Masondo.



## Challenges in the research:

The data collection phase was much longer than originally anticipated, and it proved difficult to secure and conduct all the interviews. Pinning people down for an interview proved very difficult. This led to only 12 out of a potential 18 interviews being completed.

Some people requested the questionnaires so they could fill in themselves. Whilst this was not ideal it was difficult to insist that the interview was done verbally, especially given the difficulty of securing interviews and information. Two interview schedules were self administered. This made some information difficult to interpret. In some cases the specific answers to the questions on amounts / percentages of funding are not known by donors or grantees. This mirrors the experiences of Birdsall and Kelly [2007] reflected in their report tracking funding flows to Southern African Civil Societies to address HIV and AIDS.

As with the previous study it was difficult to differentiate between funding for women's organizations and women's rights, and funding for a gendered approach to HIV and AIDS. Part of this difficulty arises from the different understandings and interpreta-

tions of what constitutes at the very least, a gendered approach to HIV. For example in the phase one study, some donors felt that a gendered approach to HIV and AIDS should concentrate on men. Most programmes targeting men do not necessarily challenge the gender status quo and may even entrench male power. Technical approaches to gender – which constitute the majority of programmes that address women, HIV and AIDS – may have inherent problems.

The challenges led to certain limitations in the study. Given the difficulties in extracting certain information about funding, as well as the fact that the study was limited in terms of the number of people interviewed, the report is more focused on trends and patterns rather than quantities and amounts of funding available. The data collected in phase one and phase two makes it impossible to provide a comprehensive picture of amounts of money / funding flows to address women, HIV and AIDS. The nature of funding, especially given its competitive nature, with a limited amount of money available, finite number of donors and the inevitable power dynamic between donor and partner makes some of the information sensitive; where appropriate names of organizations and donor agencies have been withheld.

## 3 Context of women, HIV and AIDS in South Africa

On the surface, South Africa is a middle-income country with a progressive constitution that upholds the rights of women and girls. The per capita GDP of \$3000 masks the fact that South Africa is also a very unequal society, and one in which racial and class inequalities generally coincide. The Gini Coefficient<sup>17</sup> [0.58] locates South Africa as one of the most unequal societies in the world<sup>18</sup>. Women's rights were hard fought for during Apartheid, and over and above the constitution, mechanisms exist to promote gender equality – legislation, policies and institutions such as the Gender Commission. For most women, however, such rights remain on paper – and the reality of women's daily lives have not changed substantially – op-

pression on the basis of gender remains a factor of women's life. For example, despite changes in sexual and domestic violence legislation, there are extreme levels of Violence against Women in the country. Another example that underscores women's reality is that since 1994 women have had legal access to termination of pregnancy, however, research indicates that women would rather opt for illegal termination than go through the clinic system which is judgmental and discriminatory<sup>19</sup>.

South Africa is often viewed as different and less unequal to the rest of Southern Africa; the following two tables demonstrate that the countries in the region have many of the same challenges and difficulties:

17. The Gini Coefficient is a measure of inequality of wealth and income. It is between 0 -1 – the closer the value to 1 the greater the inequality in society.

18. <http://www.dcis.gov.za>

19. Otsea, 2004

**TABLE ONE:** Millennium Development Goal 3: Promote Gender Equality and Empower Women<sup>20</sup>

	Ratio of girls to boys				Ratio of literate females (age 15-24)		Seats in parliament held by women (as % of total)		
	In primary education		In secondary education	In tertiary education	1990	2001	2001	1990	2003
	1990-91	2000-01	2000-01	2000-01					
Botswana	1.07	0.99	1.06	0.89	1.10	1.09	45	5	17
Lesotho	1.21	1.02	1.18	1.74	1.26	1.19	-	-	12
Malawi	0.82	0.96	0.75	0.38	0.68	0.76	12	10	9
Mozambique	0.76	0.77	0.65	0.79	0.48	0.63	-	16	30
Namibia	1.08	1.00	1.12	1.23	1.04	1.04	49	7	26
South Africa	0.98	0.94	1.10	1.24	1.00	1.00	-	3	30

Despite a progressive constitution which entrenches gender equality, South Africa is not placed much higher than other, more re-

pressive countries in the region, on the Gender-related development index [GDI].

**TABLE TWO:** Gender-Related Development Index: Comparison of countries in Southern Africa<sup>21</sup>

	Gender-related Development Index (GDI)		Life expectancy at birth (years) 2001		Adult literacy rate (% age 15 and above) 2001		Estimated earned income (PPP US\$) 2001	
	Rank	Value	Female	Male	Female	Male	Female	Male
South Africa	90	0.678	54.4	47.7	85.0	86.3	7,047	15,712
Namibia	100	0.622	49.2	45.5	81.9	83.4	4,833	9,511
Botswana	101	0.611	46.0	43.3	80.6	75.3	5,888	9,826
Swaziland	107	0.536	39.9	36.5	79.4	81.3	2,395	6,453
Lesotho	110	0.497	41.7	35.4	93.9	73.3	1,375	3,620
Malawi	132	0.378	39.1	37.9	47.6	75.0	464	679
Zambia	133	0.376	33.4	33.3	72.7	85.8	554	1,009
Mozambique	140	0.341	40.9	37.4	30.0	61.2	916	1,382

This backdrop of extreme inequality, based on gender and class is one of the key driving forces of HIV and AIDS in the coun-

try. South Africa has the second highest number of people living with HIV globally – second only to India – but with a much

20. Human Development Report 2003

21. Human Development Report 2003

higher national prevalence rate than India. At the end of 2007, UNAIDS estimated that Southern Africa accounted for 35% of all people infected with HIV globally, as well as about one third of all new infections and AIDS deaths<sup>22</sup>. Estimated national adult HIV prevalence exceeded 12% in nine countries in 2005, all of which are in Southern Africa: Botswana, Lesotho, Malawi, Mozambique, Namibia, **South Africa**, Swaziland, Zambia and Zimbabwe.<sup>2</sup> It is further estimated that more than 50% of all HIV infected women (15 years and older) globally live in Southern Africa<sup>23</sup>. In Southern Africa, as in sub-Saharan Africa as a whole, women account for 60% of all HIV infections.

Young people, especially women, are at particularly high risk of HIV infection in Southern Africa. Survey data shows that HIV prevalence increases rapidly after the age of 15 to an extraordinarily high peak among young women in their twenties and men in their thirties. Similarly, while prevalence among young women in the general population in South Africa in 2005 was estimated to be 16.7%, prevalence among young pregnant women attending public sector antenatal clinics in the same year was 24.4%. The South African national household survey of 2005 found a high HIV prevalence of 29.5% among girls aged 15-19 who had partners of 5 years or older than themselves<sup>24</sup>. In South Africa, studies have found that young women in the 15-24 year age group have an HIV infection rate approximately four times that of young men, and they accounted for 90% of new infections in that age group in 2007<sup>25</sup>.

It was noted by Susanne LeClerc- Madlala [2008] that while biological factors may account for young women's greater susceptibility to HIV, there is clear empirical evidence that age-mixing between young women and older men plays an important role in observed differences in this epidemiological pattern. Studies indicate that relationships between young women and older men are common in the region as in many parts of sub-Saharan Africa and are associated with unsafe sexual behaviour and increased HIV risk. These relationships are largely premised upon material gain, with

studies revealing that the greater the economic asymmetries between partners and the greater the value of a gift, service, or money exchanged for sex, the less likely the practice of safer sex<sup>26</sup>. These relationships have elevated HIV risks for young women in partnerships with men who are 5 or more years older. In South Africa for example a very high HIV infection rate of 29.5% was found among girls 15-19 in sexual partnerships with an age disparity of 5 or more years and a recent study in Botswana found that for every year's increase in the age difference between partners there was a 28% increase in the odds of having unprotected sex<sup>27</sup>. Young women are not alone in their vulnerability and lack of power in sexual relationships. In most age groups the infection rate in men is higher, and the over all ratio of women to men is higher.

Over and above the vulnerability of women to HIV infection, is the effect and impact that HIV and AIDS have on women's lives. Women, as a result of the gender division of labour, are at the forefront of providing care and support for families, friends and community members. The levels of volunteerism are high, and whilst some women may have gained skills through training and may even receive some remuneration, for most women this remains unpaid labour. There is no doubt that women's position in society, lack of equal access to services and unequal power in all aspects of life impact negatively on experiences of HIV and AIDS.

## What is the response to women, HIV and AIDS in South Africa?

The HIV and AIDS epidemics in South Africa demand a comprehensive, innovative coordinated response: civil society and government are both important players in the response to HIV and AIDS.

Over the years the number of NGO's and CBO's specifically fighting HIV and AIDS has mushroomed. Many CBO's have been established and are led by women, but do not necessarily have a women-fo-

22. UNAIDS 2006

23. Ibid

24. Shisana et al 2005

25. Rehle in LeClerc Madlala

26. Leclerc Madlala

27. LeClerc Madlala

cused agenda. Most organizations have a service delivery focus and fill the gaps that the health sector do not fulfill. This typically includes home based care, counseling and support groups. As noted, most women engaging in such services do so in a voluntary capacity. Anecdotal evidence suggests that often it is poor women providing services to poor men, women and children, and that women volunteers are getting even poorer through sharing what little they have with people they assess to be more in need than they are. Women volunteers often spent many hours every day providing care and support. More traditional NGO's also play a role in service delivery, but they also engage in capacity building, and/or research, and/or advocacy to varying degrees.

Responses to addressing HIV, AIDS and women falls into two categories: Women's and HIV and AIDS organizations, which often have a different approach to addressing HIV and AIDS, and AIDS organizations

specifically implement "traditional" HIV and AIDS programmes that fall along the prevention, care, treatment and support continuum. Such programmes may or may not have a women focus. Even those that do focus on women may not necessarily have a women's rights focus and could entrench gender stereotypes. For example, home based care projects do little to challenge the gender division of labour.

Another approach to HIV and AIDS, demonstrated by some of the organizations interviewed is to address either the structural issues facing women that increase vulnerability, or to focus on specific issues facing women, such as sexual and Reproductive Rights and Health, violence against women or access to education, or both the structural and the specific.

The organizations interviewed are involved in a mix of service delivery, capacity building and advocacy.

**TABLE:** Organisations interviewed

ORGANISATION	TYPE	FOCUS
Project Empower	AIDS	Build individual and organizational capacity Confront unequal power relations <i>Capacity building</i>
Kwamakutha CRC	AIDS	Promote a community that is economically viable and healthy. <i>Service delivery</i>
ICW	AIDS/WOMEN	Advocate for the rights of women living with HIV – focus on SRR, Access to treatment and support <i>Advocacy, Capacity building</i>
GAF	AIDS/WOMEN	Gender justice: focus on women's autonomy, SRR <i>Advocacy, knowledge creation, empowerment</i>
SWEAT	WOMEN	Advocate for the right of sex workers, <i>Advocacy, Capacity building, research, service delivery</i>
MASIMANYANE	WOMEN	Create a society in which women access their rights. Focus on violence, intersection of GBV / HIV. <i>Advocacy, Capacity Building, Service Delivery</i>

Governments response to HIV and AIDS is articulated in the **National AIDS Strategic Plan 2007 – 2011**. Women are noted as a specific vulnerable group in the strategy, due to their biological, economic, social and cultural vulnerability. Women's role in relation to "community-based HIV and AIDS activities" is acknowledged, with special mention made of women's role in care. There is

some mention made of women needing to be the targets of prevention and mitigation strategies.

One of the guiding principles refers to women:

Promoting equality for women and girls:  
...Recognize the particular vulnerability for women and girls to HIV and AIDS and

its social impact. It commits to prioritizing interventions focusing on the causes of gender inequality and the horrific impact that HIV has on many women and girls<sup>28</sup>

However, when analyzing the implementation plan one can see that it is gender neutral, and only 2 out of 18 goals are specifically directed at women:

Goal 7: Address the special needs of women and children [once again women linked with children as if their special needs are the same]<sup>29</sup>

Goal 18: Mobilise society to respect and protect human rights of women and girls, including those with disabilities, to eradicate gender based violence and advance equality in sexual relationships<sup>30</sup>

Although the goals acknowledge and attempt to address the impact of HIV and AIDS on women, from the level of objective, activity and indicators outlined in the work plan, the focus on women and the strategies employed become more and more hazy and it is difficult to imagine that the activities proposed will do anything to advance women's rights.

## 4 Funding landscape

Today we are facing a paradox of plenty: there is more money for AIDS in circulation, but not always enough human capacity and resources to make money work... in everyday conversation, many southern Africans will say there is too much money out there. This, of course, is not factually correct – there is a globally acknowledged shortfall of resources to combat the epidemic. But there is no denying that the perception that there is too much money for AIDS points to systemic problems in AIDS funding modalities. It is plain to all of us that work at country level that there are real questions that need to be addressed by governments, donors and NGO's about how AIDS funds are used, by whom and to what end<sup>31</sup>.

### Defining the role of donors

The primary role of a donor is to provide money to organizations. Donors have specific criteria on how they fund organizations, whilst some donors provide unrestricted core funding, which enables organizations to pay for salaries and other costs, most donors prefer to give funding for specific activities or programmes, thereby providing more restrictive funding. Whilst on the

surface donors grant money to promote development, the reality is more complex – roles vary from donor to donor and often there may be an obvious, stated role or funding priority and a less obvious, unstated agenda. According to Smith and Bornstein [2001] the influence of donors is achieved both through their funding strategies as well as through the management requirements attached to the distribution of funds<sup>32</sup>.

The placement of money is seldom the only role. In South Africa, prior to democracy, international civil society donors – including NGOs, churches and so on, provided funds to organisations as a sign of solidarity for equality and freedom. Those organisations lobbied internationally at various sites of power for the goals of their South African partners to be advanced. This then formed a second role for international civil society donors – advocacy and activism on behalf of and in solidarity with the agendas and struggles of local people and their organisations.

Advocacy is a key function for some donors, for example the various Oxfams and the Open Society Initiative of Southern Africa [OSISA]. Advocacy tends to take two forms: direct advocacy work by the donor agency themselves in their country of origin

28. NASP p54

29. NASP p58

30. NASP p59

31. Birdsall K and Kelly, K. [2007]. Pioneers, Partners, Providers: The dynamics of Civil Society and AIDS Funding in Southern Africa. CADRE. OSISA. South Africa

32. Tallis, V [in progress]

and in the countries they work in; and funding of partners involved in advocacy. A third form of donor advocacy includes influencing the agendas of partners, for example, to change organisations approaches -such as raising gender consciousness or to influence issues addressed. This influence may be stated or un-stated.

In South Africa, the funding climate has changed radically. This change is explained by those who drive the agenda as increasing accountability and the need for evidence that expected results are achieved. In the funding environment, 'lack of capacity' has been identified as the key barrier to effectiveness, impact, and development. The structural causes of the failure of development are seldom seen and articulated.

For many donors a critical role is providing 'technical assistance' or capacity building. The role of donors in capacity building is a contentious issue currently being debated in the literature and increasingly in civil society. As noted by Seekings [2001] the issue of capacity building has been at the core of donor support for CBO's for a long time. Capacity building is articulated by donors as an investment in helping achieve long-term goals<sup>33</sup>. What is not clear is whose long term goals the capacity building serves. One of the key objectives of capacity building is to focus on building the organisation and not only the individual to develop "new forms of action on a sustained and sustainable basis". The notion of capacity building is a "profoundly political activity"<sup>34</sup>. Key ques-

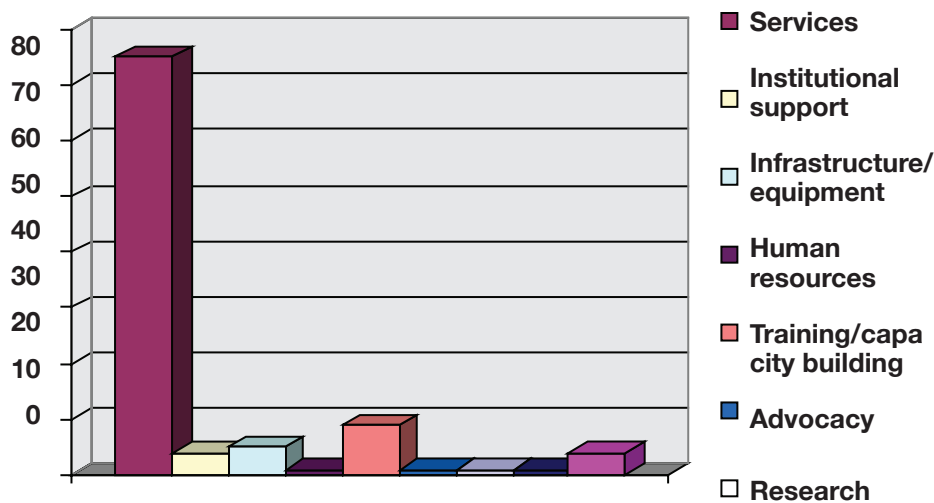
tions include who develops the capacity building agenda and who determines who builds capacity and how capacity is built. Capacity building needs are often *defined* by the donor, and frequently centre on enabling organisations to fit into the management and reporting approaches proposed by the donor. Some international donors may utilise their own staff – often from the North – to provide capacity building support. Sometimes local consultants, again often identified by the donor, provide the "technical support".

## Funding sources and trends

There are three main potential funding sources for HIV and AIDS and/or women's organizations addressing the gendered nature of the epidemic:

- Government funding – providing money to parastatals and civil society
- Bilateral Donors – providing money to government, government-related / parastatal organizations, and/or civil society organizations.
- International Donor NGO's and Foundations who mainly fund civil society

In a study conducted in 2007, which examined the funding trends on civil society funding in Southern Africa, noted that funding to civil society is allocated as follows:



33. Seekings

34. Seekings

This breakdown clearly shows that the bulk of funding to NGO's and CBO's for HIV and AIDS is directed at service delivery – only 1% of funding awarded was linked to advocacy or rights based campaigns<sup>35</sup>

**a. Government**

Government commitment to HIV and AIDS spending has increased annually. The budget 2006 showed that the biggest growth was in the HIV and AIDS sub programme in the Strategic Health Programmes, which rose from ZAR 454.6 million (USD 3.6 billion)<sup>36</sup> to ZAR 2,2 billion (USD 17.6 billion) from 2002/3 to 2008/9.<sup>37</sup> Donor funds to government for HIV and AIDS account for about 1.5% of the total.

In 2007/2008 National Government had allocated ZAR 56 million (USD 448 million) to civil society organizations involved in HIV and AIDS. The specific areas of government funding include:

- Prevention Interventions including Voluntary Counseling and Testing, Prevention of Mother to Child Transmission of HIV, Youth Life Skills & High Transmission Areas Interventions
- Community Mobilisation for AIDS competence including Home-Based Care
- Support for People Living with HIV and AIDS
- Treatment Adherence Counselling including TB Directly Observed Treatment

- Governance and Leadership Development

The process for funding includes a call for proposals and a standard application. In

Neither the call for proposals nor the application form is specific mention made about women or gender. It would seem that whilst such funding is available very little, if any was accessed for women's rights focused HIV and AIDS work.

Only one of the organizations interviewed are recipients of government funding – and this funding is received from the Provincial government. Organisations whose main focus is service delivery are in a better position to access government funding.

It is difficult to assess how much of government planned spending and/or NGO funding will benefit women directly – whilst the National AIDS Strategic Plan does make mention of women's vulnerability, specific objectives that will impact on women are not evident, and a gender analysis of government spending on HIV and AIDS has never been carried out.

**b. Bilateral donors**

Bilateral donors are an important source of funds in the funding landscape. In phase one it was found that most of the bilateral donors were providing funding to civil society.

**TABLE:** Breakdown of funding patterns of Bilateral donors

Government	Government-related / parastatal	Civil Society NGO's and CBO's
9	7	15

It is important to analyse which civil society organizations attract Bilateral donors. Out of the 13 organisations interviewed in phase two only one donor and one NGO accessed money from Bilateral donors. This suggests that smaller NGO's, despite the quality or focus of their work do not access Bilateral funders.

Budlender & Kuhn (2006) quote estimates that total ODA to South Africa reached

its peak at ZAR 3.8 billion (USD 30.4 billion) in 1997, and then declined to less than ZAR 1.5 billion (USD 12 billion) in 1999. Between 1994 and 1999, a total of ZAR 10.745 million (USD 85.6 million) in ODA was received. Of this, 55% went to government, 24% to parastatals, 11% to NGOs (R1.182 million) and 10% to the private sector. It is difficult to ascertain the current situation. Ndllovu 2005 reports on ODA funding to HIV and AIDS as

35. Birdsall and Kelly

36. The Rand / Dollar rate fluctuates daily – for the purposes of this paper the rate of exchange is ZAR1.00 = US\$ 8.00.

37. Ndllovu 2006



reflected in the Department of Health Donor Matrix – 25 donors are mentioned, who in the period between 1997 – 2008 provided funding of ZAR 2.3 billion (USD 18.4 billion). The following table highlights ODA up to 2008: this is not a reflection of the total

ODA funding as attempts to locate the Donor Matrix were unsuccessful and in the time since the Ndlovu report other commitments could have been made. For example, DFID has contributed substantial amounts of funding to a media NGO Soul City.

**TABLE:** ODA in HIV and AIDS to 2008, based on Government Donor matrix

DONOR	AMOUNT IN RANDS	APPROXAMOUNT IN USD	TIME PERIOD
GTZ	ZAR 44 million	USD 352 million	2001 - 2008
CIDA [Canada]	ZAR 121 million	USD 968 million	2003 - 2008
Aus AID	ZAR 263.8 million	USD 2.1 billion	2000 - 2008

## Approach to gender

The most common approach of bilateral donors was one of “mainstreaming” gender – this essentially referred to an approach: “where there was no separate funding for women/gender, but gender was instead addressed through general funding<sup>38</sup>. This is a common approach amongst donors since

1990’s<sup>39</sup>, and is not without its problems which are discussed in the next section. Some donors employed a gender expert as staff, or an advisor/consultant. The role of gender experts was to assist partners in gender mainstreaming, review proposals and advise as to whether funding should be granted or not.

### Summary of findings: Gender approach

<b>AusAID</b>	Have gender policy and guidelines. Focus is on GBV. Fund 18 NGO’s, 8 of whom have HIV and AIDS initiatives.
<b>Belgium</b>	Fund HIV and AIDS NGO’s and CBO’s, only one of which have a gender focus
<b>Cida</b>	Strong gender focus – gender analysis done of all proposals. Technical support is offered to partners
<b>DFID</b>	Large amounts of funding to larger organizations. Gender integrated into implementation and evaluation
<b>European Union</b>	Utilise a mainstreaming approach, but also focus on some programmes with a specific focus on women or specific gender-related activities.
<b>GTZ</b>	Have formed a theme group on HIV and AIDS with other German donors. Have developed a global response to HIV which is “gender-sensitive and transformative”. Commit to taking into account gender .. “in relation to the specific needs of women, men and sexual minorities” <sup>40</sup>
<b>NZAID</b>	Mainstreaming approach but focus funding to organizations assisting women and children.
<b>Norway</b>	5% of funds for gender issues
<b>PEPFAR</b>	Gender regarded as a cross-cutting issue. Utilise gender checklists for different technical areas, for example, ‘Are the partners aware (of gender issues)?’ ‘What kind of access to women have to TB and HIV services?’ Focus of funding is service delivery, stay away from policy
<b>Sida</b>	Focus on link between HIV and AIDS and GBV. Fund HIV and AIDS initiatives that focus on GBV.

38. Budlender et al

39. Tallis, ++, Agenda

40. Policy brief by BTZ’s theme group on HIV/AIDS

The data from phase one suggests that a variety of civil society organizations – both NGO's and CBO's are being funded to implement HIV and AIDS programmes at a national, provincial and local level by bilateral donors. Some of the organizations funded have a gender focus to their programmes, and some may even use a women's rights based approach. However, as noted by Budlander,

“If considered against the very large number of civil society organisations operating in the country, and the size of the HIV/AIDS problem, however, the funding is a drop in the proverbial ocean.<sup>41</sup>”

In attempting to gain further information on the current situation, it is unclear as to whether Bilateral aid to address HIV and women has increased or decreased over the last 2 years since the phase one study.

The number of women's organizations funded to do HIV and AIDS, according to Budlander, appeared to be less. However, many women's organizations are addressing HIV and AIDS in a more holistic way – a through addressing structural issues will in fact have some impact on the epidemic. So, whilst women's organizations do not necessarily provide direct HIV and AIDS services they may have HIV and AIDS programmes, that for example, are linked to gender based violence.

The interviews with bilateral donors raised a worrying trend that is reflected in the broader HIV and AIDS sector, that is, shifting the gender focus from women to men. Donors pointed to a “bias” towards women, stating that organizations were often misled thinking that “gender = women”. One interviewee noted that men, ‘who in most cases are the ones in a place of power in sexual relationships’, were being neglected. Men are seen as natural targets as the holders of power in sexual relationships – seldom do programmes challenge this power, and may even entrench it. Bilateral donors are more reluctant to fund programmes that address women's sexual and reproductive rights, especially, for example, US Aid.

Such views reflect a lack of understanding and gender consciousness on the part of donors, who are in positions of power with regard to making decisions related to

what gets funded and what does not. Bilateral donors are an important target for extensive advocacy.

## Global Fund: A potential donor to address women's rights and HIV and AIDS

A major and expanding donor in the arena of HIV and AIDS funding is the Global Fund to Fight AIDS, TB and Malaria [GFATM]. The GFATM provides large amounts of funding to country programmes. To date, South Africa has received US \$ 138 958 876.00<sup>42</sup>. The last money received was Round 6, an amount of US\$ 11 540 005.00. It is unclear as to the breakdown to civil society, and also how much money has been channeled into addressing HIV, AIDS and women.

The procedures to access Global Fund money are complex and time consuming – and to date globally women's organizations have not really benefited from the Fund. Traditionally the process is governed by the Country Coordinating Mechanism, who may not have a good understanding of women's issues and HIV. Principal recipients and sub-recipients of funding have to demonstrate a huge capacity to receive, manage and monitor money which excludes many organizations from this powerful role.

However, due to sustained advocacy by civil society the Global Fund has constantly evolved mechanisms for funding which has increased the chance of civil societies accessing funding; with dual tracking two principle recipients [PR] are allowed, and it is suggested that one is from civil society. Global Fund money received can be used to build the capacity of organization. The GFATM have also begun to take gender more seriously and are in the process of developing their gender strategy which includes a focus on women and girls as well as sexual minorities and are employing a gender consultant. The recommendations from a two consultations on the gender strategy, one held in South Africa and the other in Nepal, will be integrated and presented to the Board of the GFATM for its approval by the end of the year.

For the past two rounds of GFATM funding OSISA and OSI New York have imple-

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41. Budlender

42. <http://www.theglobalfund.org/Programs/portfolio.aspx?countryID=SAF&lang=en>

mented a project to build the capacity of women's organizations to access women's funds. Country women's coalitions have been set up and funded to work together to submit proposals to the Country Coordination Mechanisms for inclusion in the main proposal. OSISA/OSI have provided technical support to each women's coalition by supplying consultants who are experts in the Global Fund processes and who have extensive knowledge in women, HIV and AIDS. Thus in Round 8 six country coalitions were funded, including a provincial based network in South Africa.

## International NGO's and Foundations

Phase 2 focused on INGO's and Foundations – 3 INGO's were interviewed and 3 public foundations – one of which funds regionally. A 4<sup>th</sup> foundation was approached but they have ceased to fund in South Africa. One of the Foundations, a national donor organization, itself raises funds so that it can distribute to NGO's and CBO's in South Africa.

Summary of donors interviewed		
DONOR	FUNDING FOCUS	Resources available
<b>AIDS Foundation</b>	<p>Community based developmental HIV related interventions. This includes OVC, Education and prevention for specific groups, home based care.</p> <p>Approach to gender: mainstreaming - gender seen as key developmental issue. Men are important target group</p>	<p>ZAR 56 million (USD 448 million)</p> <p>Fund civil society in six provinces in South Africa</p>
<b>JOHAP</b>	<p>HIV and AIDS focus – prevention, treatment and care</p> <p>Gender is seen as a critical issue and organizations must have a gender focus</p>	<p>Fund at a Provincial [3] and National level.</p> <p>Currently have 32 partners</p>
<b>NOVIB</b>	<p>Strong focus on women, gender, HIV and AIDS. Link HIV and sexuality.</p> <p>Ongoing process to assess all partners commitment to gender in place.</p>	<p>11.7% of total budget specifically for women's rights</p> <p>7.8% of budget to HIV and AIDS</p> <p>Unable to give total amounts but 5 organisations in SA funded have specific HIV and gender focus</p>
<b>OSISA</b>	<p>HIV and AIDS initiatives: Capacity Building Increasing voice and participation of marginalized groups Policy and law Resource mobilization</p> <p>Women are priority group. All proposals assessed in terms of gender and women's rights</p>	<p>Southern African Region</p> <p>Funding in South Africa [with regional focus] includes advocacy, research, capacity building.</p>

## Summary of donors interviewed

DONOR	FUNDING FOCUS	Resources available
<b>Oxfam Australia</b>	Food security in affected households, targets women and children  Developing enabling environments  Approach to gender: Asking specific gender questions in the proposal  Including a gender checklist that has to be completed when applying for funds  Conducting site visits, through monitoring and support where specific questions around gender are asked  Funding specific organisations that deal with gender and HIV/AIDS.	Currently have 23 partners
<b>Public Welfare Foundation</b>	In July of 2007, the board voted to phase out four of eight programs in order to have more impact. Reproductive and Sexual Health Program, which included AIDS funding was phased out.	Withdrawn from South Africa

International NGO's and Foundations are an important source of funding for civil society organisations. Whilst some larger NGO's are able to access bilateral funding, only one NGO and one National Foundation reported getting bilateral donor funding; donors included SIDA, CIDA, NZ AID and the Norwegian Government. Reasons for this include the fact that most NGO's and CBO's do not have the systems [management, financial] in place or the perceived capacity to receive and utilise the amounts of money that bilateral donors donate. Some of the processes to apply for bilateral donor money are so onerous that NGO's often do not have the time, capacity and in some instance money to affect the changes needed to ensure funding. As one respondent noted:

*New initiatives by most ODA's, linked for example to MDG 3, have led to renewed concern for women's issues. However, it is difficult for smaller groups and organisations to access such money as they do not have established programmes and established relationships*

Most NGO's and CBO's are thus reliant on INGO's and foundations for their funding. Generally this funding is viewed as more flexible. For example, they fund core costs, they are more reasonable when it comes to flexibility around movement of funds, have fewer and more user friendly conditions. Even though the amounts of money granted by INGO's and Foundations per organisation may not be on the scale that bilateral donors are able to give, such funding is viewed by recipients as more effective. Additionally, women's funds play a key role in granting this type of flexible, core funding. In the Southern African region, donors like the African Women's Development Fund (AWDF) and Urgent Action Fund Africa are very important players in supporting the work of women's rights organizations. Even if not profiled in this study, women's funds are increasingly becoming the most relevant donors for small, less formal organizations in the Global South.

In the interviews with NGO's it was evident that the power of receiving such money had impact beyond the monetary value of the donation:

*We have had experience last year of piloting a small experiment to secure unrestricted funds at regional level which proved successful, and which we are prioritizing this year. On a positive side, donor trends seem to focus on making funding accessible in the regions which is in itself a very supportive environment. The regional office has often been able also to secure support in-kind and partnerships lifting some of the financial and resources weight as well as building a conducive environment in support of women living with HIV and AIDS. Donor relationship established with x donor has been so far received as a very supportive and constructive relationship.*

*The relationship with our core donor is a good one. They have funded us for a number of years and even provided bridging funding during a time of crisis in the organization. They are quite a 'hands-off' donor, but their interest in and awareness of the organisation's functioning are clearly demonstrated during the annual site visits that they make. They have encouraged us to set our own agenda in our programme work and are fully supportive of our efforts to work for gender equality in South Africa.*

Organisations noted that whilst getting money for certain HIV and AIDS programmes that targeted women, it was still difficult to get money for advocacy and women's rights work. However, most donor's that supported such work tended to be long term donors, who were not adverse to providing core funding. Organisa-

tions interviewed reported good working relationships with such donors, and believed they had a good knowledge of women's rights, HIV and AIDS and the intersections between the two issues.

*X has a long history of engaging with women's and gender organizations that are working to end gender oppression. As far as we can tell, their understanding is well-informed by current thinking in the development field on the role that gender inequality plays in diminishing the overall quality of life for all, and on the importance of initiatives to empower women to have greater agency and control of their lives.*

There are a finite number of INGO's and Foundations that have women's rights and HIV and AIDS as a critical objective. There was overlap in donors that the organizations mentioned. These include Oxfam Australia, JOHAP, NOVIB and SIDA. Funding for women, HIV and AIDS is also not a given and most organizations have to constantly focus on finding money and looking for new donors:

*Although it is widely suggested that there is a lot of money for HIV/AIDS, we do not have that experience. Although our financial situation has improved overall over the last three years, we can never guarantee this is going to be long-lasting especially if the international level that influences largely donor priorities tend to minimize the link between HIV/AIDS and women and ignore the experience of HIV positive women.*

## Donor's approaches to HIV and AIDS: a note on mainstreaming

5

Gender mainstreaming has been the approach that many donors, including bilateral, INGO's and Foundations have used to promote a gendered approach in funded organizations or grantees, however, there are key challenges in this approach.

The meaning of gender is contested and thus the interpretation of how to address gender issues varies across discourses. Common to most definitions is a focus on gender as socially constructed roles and responsibilities that are assigned to men and

women. The feminist interpretation of gender sees as central an understanding of the unequal power relationships between men and women. However, in the "non-feminist" definitions and approaches, gender becomes descriptive, focusing on the different roles and responsibilities of women and men, but does not challenge the power imbalance<sup>43</sup> In contrast, in feminist approaches the key concern is power dynamics that oppress women and add to their vulnerability. Gender is seen as a *political* issue that

43. Tallis, V

is about power, seeking to bring the private into the public arena of debate and action. High priority is given to helping women transform the prevailing power dynamics. Obstacles that inhibit the full implementation of a feminist perspective as opposed to simply a gendered one include bureaucracies, religion, ideological differences and the complex personal politics of gender<sup>44</sup>.

In order for mainstreaming gender to achieve the required results it needs to be both a technical and political process that needs shifts in organisational culture, ways of thinking, goals, structure and resource allocations. For mainstreaming to lead to change, conscientisation at a personal level is also required. However, in many instances, gender mainstreaming has become a concept watered down from its originally intended meaning – an emphasis on the technical aspects of gender mainstreaming, using frameworks and tools that can

detract from the political dimension of the process and its outcomes. For example, gender audits may focus on quantifying the number of women and men in a given position, or reached by a particular programme. Less attention is placed on women's actual meaningful participation. Both donors and grantees/partners need to adopt a similar approach to mainstreaming.

Few donors employ a feminist understanding of gender, and in the current funding paradigm, the focus on gender mainstreaming is not sufficient to effect real change. However it is clear from the focus of Bilateral and most International NGO's that mainstreaming remains the dominant approach. This can skew our information about how much money is actually earmarked for Women's rights work, as opposed to how much money goes to general work on women, that may or may not address women's oppression and rights.

## 6 Discussion

HIV and AIDS affect women disproportionately in South Africa, and there is a great need to both address women's vulnerability to HIV infection and to ensure that the impact of AIDS for women who are infected and affected is reduced. There is little argument about this. However, the how, especially in the absence of a pool of funding, to do this is more difficult to comprehend.

There are various approaches to addressing women and HIV: tackling the underlying issues, that is women's condition and position, or working in the HIV and AIDS paradigm – prevention, care, treatment and support, trying to ensure that women are put at the centre of such responses. Different donors have their own preferences on what aspect they wish to fund. It appears though that there is more money for HIV and AIDS specific work from a gendered perspective than there is for women specific projects.

Donors to NGO's and CBO's often constrained by the needs and requirements of their back donors, are driven by need to prove impact. Increasingly NGO's are confronted with more complex planning models, log frames and a requirement to prove impact. Whilst the impact of service deliv-

ery programmes is easier to demonstrate through both qualitative and quantitative methods, it is more difficult to prove the impact of women's rights work. Money to fund women's rights is therefore more difficult to access as such work is seen as intangible, and with more and more donors leaning towards results – needing to see impact – this is more difficult to measure. In short, although on the surface most donors have some sort of gender focus, this does not translate to funding women's rights and HIV and AIDS.

The rhetoric calling for a gendered approach to address the HIV and AIDS pandemics in South Africa because "AIDS has a women's face in Africa" has yielded an increase in funding for NGO's. However, one needs to interrogate what are funded organizations **actually** doing to benefit women and to address women's oppression, rights and improve the daily realities of women's rights. The current focus in service delivery is a problem that impacts negatively on women:

*....for paltry sums of money or nothing at all, women are exposed to violence*

44. Goetz 1997, Standt 1997, 1998, Kabeer 1997 in Tallis].



*and harassment in people's home, often traipse around in the dark, are taken out of the circuit of looking for paid employment, use their own scarce resources to care for patients, are in the front line for exposure to opportunistic infections and TB especially. when many of them are themselves living with HIV. So its not gender blind or gender neutral but actually deepens oppression<sup>45</sup>.*

A number of donor agencies have played a role in raising awareness of the need to integrate gender into policy and programmes. They have had varying success at both integrating gender into their own institutions and into that of the organisations or institutions that they fund. Amongst donors, the international NGO's were the first to promote a gendered approach to development. Bi-lateral agencies, especially those from countries considered by some to be more progressive, have also developed mechanisms to "mainstream" gender.

The relationship between donor and funded organisation is essentially one of power and influence: This power may extend to how a particular donor may use funding to influence the agenda of a funded organisation or partner. However, more careful analysis, based on specific organisational relationships, is needed to understand how power is deployed and with what consequences. What is the type of power between

donor and partners? It is clear that donor organisations can and do wield power over those organisations they fund, in respect the funded organisations policy, procedures and focus, and how success is measured. In exploring the relationship between donor and funded organisations, it emerges that donors influence the local development agenda, and that of their partners through their funding strategy, management requirements, advocacy strategies to change issues and through capacity building, using donor conceptualised frameworks, ideologies and approaches. This is clearly not a neutral, apolitical process or relationship<sup>46</sup>. It is important to track the influence donors have in adapting or changing the agenda's of women's rights organisations.

Although donor organizations who are committed to funding HIV, AIDS and women, specifically around societal transformation, women's rights are few. However, the trend is for such organizations to increase their monetary commitments. They are also more likely to give unrestricted, core funding, and to fund advocacy. Relationships with donors that push a more feminist agenda are experienced more as partnerships, and working towards a common goal. Such commitments appear to be over a longer term, giving organizations more security and space to implement medium to long term plans.

## Agenda for Action

There is an increasing focus on resource flows as a key advocacy issue. Research globally, including in the southern African region has added to the body of knowledge to understand funding trends and landscape broadly for women's rights work including HIV and AIDS work. This paper has demonstrated that in general there is a gap in funding for organizations that address HIV and AIDS through women's rights in South Africa. Whilst some, more established organizations, with track records and long term relationships have secured funding for women's rights work, there are others who battle for funding. Even for those organizations with multiple donors there is often a challenge to secure long term funding which

addresses the need for core and unrestricted funding.

**A key purpose of the Where is the Money research is to develop advocacy agenda's and strategies to increase the resources that are earmarked for women's rights work. From this report the following advocacy issues are apparent**

### Action One:

In the general pool of money to do HIV and AIDS work there is very little focus on women's rights and women's issues; that is very little funding goes to ensuring that

45. Laura Washington, correspondence

46. Tallis



women's unique experiences and position are understood, addressed and if needs be, challenged. Donors are increasingly calling for evidence based responses that have shown impact. To meet this need and ensure increases resources there is a need to advocate for funds to do research that addresses the barriers to funding for women's rights, HIV and AIDS: This research needs to address:

- how the current approach to HIV funding, especially of service delivery, actually contributes to the worsened oppression of women. For example, the focus on women as carers, or programmes that address PMTCT
- how challenging structural concerns improves women's lives, rights and impacts on HIV and AIDS directly and indirectly. Donors focus on tangible results means they are less likely to fund work that has a longer term, less tangible impact. Working on women's empowerment advocacy and activism, policy change, litigation are less likely to be funded and yet may yield greater impact in the fight against AIDS and the disproportionate impact on women and girls.

## Action Two:

As more and more demands are placed on donor funds in terms of competing priorities and issues it is important that the women's movement involved in HIV and AIDS strategise on how to advocacy to all types of donor to ensure increase money flows to women's rights work and that non-traditional donors of the women's movement have a more gendered approach to their HIV and AIDS funding that impacts on women.

To this end possible actions could be

- Increased advocacy at a country level to ensure that women's issues are included in GFATM proposals and that Women's organizations benefit directly from such funding
- Strengthen the donor forum on women and create more partnerships between the women's movement and donors
- Engagement with non-traditional donors to increase the resource base of funding for HIV, women' rights and issues
- Use the National Strategic Plan and its focus on women to advocate for government NGO and CBO funding to include gender
- Advocate for a gender audit of National HIV and AIDS Directorate and Department of health budget

## Final thoughts

Clearly, the increased funding for HIV and AIDS in South Africa is not being accessed by organizations involved in women and AIDS in a way that matches the disproportionate impact of HIV and AIDS on women's lives. Furthermore, organizations addressing HIV and AIDS through fighting for women's rights are even less likely to get funding for their work – partly because they are often unable to prove the impact of their work on the two epidemics.

Although this study focused on South Africa, trends in funding flows are more

than likely replicated in Southern Africa and possibly in other developing contexts. The urgency of an out of control HIV epidemic, especially affecting women and girls, and an AIDS epidemic that is impacting negatively on women's lives and eroding hard fought gains of the women's movement, demand that we rectify unequal resource flows and ensure that we as a movement have the funds necessary to fight the oppression of women.

- Birdsall K and Kelly, K. [2007]. **Pioneers, Partners, Providers: The dynamics of Civil Society and AIDS Funding in Southern Africa.** CADRE. OSISA. South Africa
- Gayle Martin H, 2003. **A comparative analysis of the financing of HIV/AIDS programmes in Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe**
- Leclerc-Madlala. [2008] **Intergenerational/age-disparate sex in Southern Africa: Moving HIV between generations.** *Discussion Paper for UNAIDS / RHRU Regional Technical Meeting on Young Women in HIV Hyper-endemic Countries of Southern Africa*
- Ndlovu, N. [undated] **An exploratory analysis of HIV and AIDS donor funding in South Africa.** IDASA Budget Brief No. 155
- Otsea, K, (2004) **Lives worth saving: Abortion care in sub-Saharan Africa since ICPD. A progress report,** IPAS
- Shisana O, Simbayi L. Nelson Mandela/HSRC Study of HIV/AIDS: South African **National HIV Prevalence, Behavioural Risks and Mass Media. Household Survey 2002. Executive Summary.** Pretoria: HSRC, 2003.
- UNAIDS. 2006 **Epidemic Update.** Geneva: Joint United Nations Programme on HIV/AIDS 2006
- UNAIDS. 2006 **Report on the global AIDS epidemic.** Geneva: Joint United Nations Programme on HIV/AIDS, 2006 (available at [www.unaids.org](http://www.unaids.org)).



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