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Engaging Local Non-Governmental Organizations (NGOs) in the Response to HIV/AIDS.

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Pact

Engaging Local Non-Governmental Organizations (NGOs) in the Response to HIV/AIDS

Community REACH Program

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ACRONYM LIST

AED – Academy for Educational Development

APS – Annual Program Statement

ARVs – Antiretroviral drugs

BAKWATA – Muslim Commission in Tanzania

BUNASO – Bugiri Network of AIDS Service Organizations

CBO – Community-based organization

CCT – Christian Council of Tanzania

CSO – Civil society organization

CSSC – Christian Social Services Commission

DfID – U.K. Department for International Development

DOTS – Directly observed therapy – short course

FBO – Faith-based organization

FEBS – Foundation Esther Boucicault Stanislas

FOG – Fixed obligation grant

FOSREF – Foundation for Reproductive Health and Family Education

GAP – Department of Health and Human Services CDC Global AIDS Program

GFATM – The Global Fund to Fight AIDS, Tuberculosis and Malaria

HBC – Home-based Care

HAPCSO – Hiwot HIV/AIDS Prevention, Care and Support Organization

ICRW – International Center for Research on Women

IDU – Injecting drug user

IEC – Information, education, and communication

INGO – International non-governmental organization

MAP – World Bank's Multi-country HIV/AIDS Program

MDGs – Millennium Development Goals

MOH – Ministry of Health

MOU – Memorandum of Understanding

MSM – Men who have sex with men

NAC – National AIDS control program

NACWOLA – National Community of Women Living with HIV/AIDS

NGO – Non-governmental organization

O/GAC – Office of the Global AIDS Coordinator

OI – Opportunistic Infection

OMB – Office of Management and Budget

OVCs – Orphans and vulnerable children

PEPFAR – The President's Emergency Plan for AIDS Relief

PCI – Project Concern International

PLWHA – People living with HIV/AIDS

PVC – USAID Office of Private and Voluntary Cooperation

PVO – Private voluntary organization

REACH – Rapid and Effective Action Combating HIV/AIDS

RFA – Request for applications

SHARAN – Society for Service to Urban Poverty

TB – Tuberculosis

UNAIDS – Joint United Nations Programme on HIV/AIDS

USAID – United States Agency for International Development

USG – United States government

VCT – Voluntary counseling and testing

WFP – World Food Program

WHO – World Health Organization

WCRP – World Conference on Religion and Peace

PREFACE

During the past few years, a number of key donor programs have scaled up their global response to the crisis of HIV and AIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the President's Emergency Plan for AIDS Relief (PEPFAR), the United Nations' Millennium Development Goals (MDGs), the World Bank's Multi-country HIV/AIDS Program (MAP), and other bilateral donors and charitable foundations have raised significant resources to fight HIV/AIDS. Spending on HIV/AIDS in low- and middle-income countries increased from $1 billion in 2000 to $6.1 billion in 2004. By 2007, global resources for HIV/AIDS are expected to expand to $10 billion.

Local non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs) have been at the center of the response to the HIV/AIDS pandemic. In many countries, they have been responsible for the majority of the resources reaching individuals and have played a leading role in developing and implementing sustainable strategies to mitigate and prevent HIV/AIDS.

One of PEPFAR's strategic principles is to encourage and strengthen faith-based and community-based non-governmental organizations. The identification of sustainable and efficient local NGOs and the capacity building of these partners is the cornerstone on which the effective engagement of local NGOs is built.

The goal of this paper is to begin a discussion among donors, international and local NGOs, and multilateral and U.S. government representatives on how to effectively engage indigenous partners and transfer much-needed resources.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

Ensuring that increased funding leads to effective and sustainable results requires a commitment to scaling up the local response to HIV/AIDS and building the capacity of the civil society sector to manage the scale-up.

Divided into four sections, this paper:

- Outlines some successful strategies of local NGO engagement
- Examines local NGO strengths and weaknesses
- Provides advice to donors on effective and sustainable partnerships
- Describes four funding models that harness the strengths of local NGOs to effectively respond to HIV/AIDS.

The paper draws on an extensive literature review of local NGO engagement, the direct experience of Pact's rapid response HIV/AIDS grants program known as Community REACH, and formal and informal interviews with the Pact Community REACH grantees that are highlighted in this paper. While this paper is not intended to offer a comprehensive view of all successful local partner engagement methodologies and models, we hope that the insights into effective funding we have gained and lessons we have learned through Pact's Community REACH program will assist other organizations to successfully engage local partners and provide guidance to donors and national decision-making bodies.

Section I examines the definition of local NGOs, the case for engaging with local NGOs in the HIV/AIDS sector, and challenges to that engagement. Local NGOs refer to local, indigenous organizations that fall within the functional categories of advocacy and service delivery and are based in developing countries. Local NGOs include national NGOs, FBOs, and CBOs.

It is generally agreed that there are comparative advantages to engaging local groups. Among these advantages, this paper highlights and discusses the cultural competency and capacity for innovation that local NGOs possess. Equally important is the way local NGOs reflect the needs of the community, adopting a range of services to suit the needs of the many different people they continuously serve. Finally, due to their close proximity, local NGOs are able to use their connections in the community to mobilize the community to engage in an effective response. Those links and connections also make the local NGOs more cost-effective.

To successfully engage with local indigenous partners, it is important to develop programs that leverage the strengths of local NGOs while allowing them to gain experience. It is equally important to recognize the limitations and weaknesses that are inherent to local groups. Some obstacles discussed in this section include insufficient administrative or technical capacity, the lack of an enabling environment, overextended workloads, and the stigma that attaches to local groups working with marginalized populations.

Section II discusses strategies to overcome the challenges to local NGO engagement and to work efficiently with local NGOs. A pluralistic environment with a local government sympathetic to increased community participation is fundamental to successful local NGO service delivery and advocacy. Donors can assist local NGOs by supporting national legislative reforms that encourage NGO registration and operation, including favorable tax laws. Working with NGOs to expand and improve their operational capacity is equally important. Experience to date suggests that capacity building for its own sake does not work very well. Combining relevant training and mentoring with gradual increases in responsibility and decision-making power, however, does result in improved operation.

Simplifying application processes and administrative and reporting requirements is crucial to keeping local NGOs from overstretching staff, financial resources, and technical expertise. Making reporting obligations too complex or changing them often can inhibit local partners from complying with reporting requirements and distract staff from implementing programs. Successful engagement requires patience, flexibility, ongoing mentoring, and repetitive reinforcement of expectations for administrative, financial, and monitoring and evaluation reporting.

To ensure the effective and proper management of funds, donors should provide funding to support additional accounting and grants/contracting specialists at intermediary organizations and to scale up local NGOs' financial and grants management staff.

Building effective partnerships with local groups requires that donors elicit input from stakeholders during the planning process, build and display trust in local partner organizations, and take into account the fluid nature of the operating environment (e.g., a massive flow of HIV/AIDS resources and changing political environments). Multi-year funding assists the organization to slowly build the staff and organizational capabilities that scale up responses and give NGOs time to diversify their funding streams, which builds sustainability. Multi-year programming based on needs rather than the funding cycle and funding that is aligned to the local NGO's mission and goals are crucial to a sustained HIV/AIDS response.

Section III describes the guiding principles Pact's Community REACH uses to engage local NGOs in the HIV/AIDS response. The principles target the selection process, the amount and length of the commitment, and the importance of stakeholder involvement.

Section IV describes four Community REACH models that provide funding and capacity building assistance to local NGOs, to illustrate the application of the principles and highlight the results of successful

engagement. Model 1 is a global competitive request for applications (RFA) process for local NGOs and INGOs. Model 2 is a global RFA process to fund international and national NGOs that act as intermediaries, using the grants to provide funding and capacity building to local organizations. Model 3 is an "umbrella" approach that uses a global competitive process to select INGOs and local NGOs to act as intermediaries to get funding directly to a large number of faith-based groups and CBOs that are often too small and too stretched for resources to be able to participate in funding competitions. Model 4 illustrates how INGOs or U.S. government missions can reach the smallest FBOs/CBOs using fixed-obligation grants (FOG). The model scales up an established service delivery methodology, or national model of delivery, that can reliably be passed on to local NGOs for implementation.

Conclusion

To effectively address HIV/AIDS, the U.S. government, multilateral, bilateral, INGO, and private-sector HIV/AIDS implementers and donors must identify effective, efficient, and responsible channels to provide indigenous partners with the resources they need. Without a sustained local response to the pandemic, donors and INGOs have no exit strategy and may not have an impact great enough to address the pandemic.

We recommend that donor organizations:

- Share information on how to engage local NGOs and apply those lessons learned throughout the HIV/AIDS community
- Collaborate to identify and improve procurement systems, within the U.S. government structures and internally, that hinder the direct, efficient, and effective flow of funds to local organizations
- Create new policies and procedures that overcome these challenges and barriers

SECTION 1:
LOCAL NGO RESPONSE TO HIV/AIDS

Defining Local NGOs

A variety of terminology is used to describe entities in the non-governmental and civil society sector. Some of the most common terms include: private voluntary organizations (PVOs), non-governmental organizations (NGOs), civil society organizations (CSOs), community-based organizations (CBOs) and faith-based organizations (FBOs). NGOs are often defined by two major aspects: function and focus. For the purposes of this manual, the term "local NGO" will be used to refer to local indigenous organizations that include national NGOs, FBOs, and CBOs that fall within the functional categories of advocacy and service delivery, and are located in developing countries.

Organizational function: advocacy vs. service delivery

A key functional distinction among local NGOs is between an orientation toward policy change and one focused on service delivery. Advocacy NGOs often represent a specific interest group and they seek to influence decision makers, such as governments, donors, and other development actors, as well as the general public, by engaging in activities such as lobbying, research, analysis, and information dissemination. Service delivery local NGOs focus on delivering quality services and improving their individual practices rather than influencing others.

While in theory most local NGOs can be functionally ascribed to either one of these two categories, in reality, they tend to be involved in a combination of the two to varying degrees.

Organizational focus: regional, national, or local

For the purpose of a donor seeking collaboration with NGOs, it helps to distinguish between local NGOs that work in multiple countries, national NGOs working on countrywide issues, and community-based NGOs, FBOs, or CBOs focused on local stakeholders and issues. The issue is not so much the geographic location the NGO is working in, but rather the potential or implied focus of their operations.

Whenever possible, the distinction between organizational function and focus will be made. The term INGO will be used to refer to international NGOs that receive funding through the USG or other bilateral, multilateral, or private-sector donors. INGOs are also important actors in these processes, and while they are mentioned to some extent, they are not the focus of this paper.

The Case for Engaging NGOs in the HIV/AIDS Sector

Local NGOs around the world have demonstrated their capacity to mobilize communities and to act as intermediaries for a wide variety of population groups. NGO responses are increasingly recognized as critical in tackling the HIV/AIDS pandemic. NGOs are often far more efficient and effective at providing services than state agencies. As advocates for specific, locally defined causes and concerns, local NGOs have shown an important ability to organize people and resources. It is not surprising that in many parts of the world where governments are characterized by lack of popular representation and failure to provide adequate services, private foundations and donor agencies are simultaneously turning to local NGOs to lay the groundwork for expanding civil society and promoting socioeconomic development.

NGO COMPARATIVE ADVANTAGES

- Cultural competency and innovation
- Scope of activities and populations served/involved
- Linkages and knowledge networking
- Responsiveness and flexibility
- Community mobilization
- Accountability and commitment
- Cost effectiveness

In responding to the HIV/AIDS pandemic, local NGOs bring a collection of experiences, technical capabilities, and connections that make them indispensable. NGOs often have a comparative advantage in responding to the complex and evolving landscape of HIV/AIDS. The strengths of local NGOs contribute significantly to their successes and the sustainability of their activities can be derived in one way or another from the close connection that the organizations have with the populations they serve.

Cultural competency and innovation

Most NGOs have a thorough understanding of their local communities; they know the details of local constraints and issues and can effectively prioritize problems within their context. Local NGOs know how HIV/AIDS is understood and viewed in a particular community or sub-set of a community, and they can talk about it and initiate actions in ways that are understood by the community and deemed appropriate and acceptable. Local NGOs often have a comparative advantage over governments, INGOs, and donors in their ability to inspire behavioral change, shape public discourse, and draw local attention to HIV/AIDS and the actions needed to combat it.

By utilizing their comprehensive understanding of social, political, religious, and economic circumstances, local NGOs are often best prepared to identify new approaches and design new activities to locally resolve specific problems. NGOs often pay close attention to ethical considerations raised by HIV/AIDS, such as the need to safeguard confidentiality and to ensure that informed consent is a priority.

Scope of activities and populations served/involved

Since the beginning of the HIV/AIDS pandemic, local indigenous groups have been at the forefront of those taking action; in some communities, they have been the only players. Governments may already be overly extended in terms of capacity and technical skills. At times, they are limited in their response due to the very nature of how HIV is transmitted and the stigma attached those with the highest risk of contracting HIV: men who have sex with men, intravenous drug users, and sex workers. For example, governments may have difficulty implementing condom distribution programs if it is contrary to their policies or the current political environment (Foster, 2005; Dejong, 2003).

Linkages and knowledge networking

Local NGOs are uniquely positioned to initiate and establish close working relationships with other locally based groups in the public, private, and voluntary sectors. Partnerships and collaborations among different institutions allow local NGOs to focus on more specialized programmatic areas and enhance their ability to increase referrals to other NGO and governmental services. These partnerships also encourage networking, sharing best practices, and mentoring, thus encouraging more local ownership.

Responsiveness and flexibility

Based on their size, operating structure, and connection to the communities they serve, most local NGOs are in a better position than government bureaucracies to respond quickly to identified needs and opportunities at the community level. These characteristics also allow NGOs to respond flexibly to the complex and rapidly evolving pandemic, make mid-course adjustments as necessary, and tailor existing programs to local realities. For these reasons, local NGOs are able to rapidly scale up community programming and quickly and efficiently engage their communities to address HIV/AIDS-related advocacy issues.

Community mobilization

Many NGOs use their strong connections with beneficiary populations to garner community investments for interventions being undertaken. NGOs are among the strongest supporters and practitioners of methodologies that encourage local participation. Local NGOs have demonstrated their effectiveness in using participatory tools such as community mapping, focus groups, and participatory evaluation.

Accountability and commitment

The direct connections that exist between local NGOs and the populations they serve produce strong incentives to carry out activities in a transparent and responsible fashion. Many of the NGOs involved in HIV/AIDS programs employ individuals who have been personally affected by the pandemic. Their commitment to making a difference is apparent in their passion and degree of involvement. Leaders of local NGOs have often worked in the health sector in their communities. These dynamic leaders can easily gain the respect and trust of both beneficiaries and local health care and other support service providers. These leaders may also assist in the reduction of the stigma surrounding HIV/AIDS by:

- involving people living with HIV/AIDS in stigma research and program design and evaluation;
- empowering communities to address stigma through awareness of accurate and updated information about HIV/AIDS and accompanying stigma;
- integrating and/or mainstreaming HIV prevention, care, treatment, and support activities into existing programs and facilities whenever possible;
- promoting legal and policy environments that keep stigma and discrimination in check;
- developing more practical tools for understanding and addressing the stigma;
- creating an environment that promotes stigma reduction within healthcare facilities, i.e., one that includes training, sensitization, and performance standards (The Synergy Project, 2005).

Cost effectiveness

Local NGOs are often embedded within local communities and economies in such a way that they can provide services and assistance at a fraction of the cost that would be needed if the private sector or government entities were to implement the same programs. Activities targeted at individuals and families are often efficiently implemented by linking complementary services at different levels with each organization carrying out actions from their own sites.

The Case for Engaging Faith-Based Organizations

Many FBOs have been deeply engaged in providing services and programming around HIV/AIDS for years. The World Health Organization (WHO) reports that one in five organizations currently engaged in HIV/AIDS programming is faith-based (World Health Organization, 2004). Several advantages in engaging FBOs in HIV/AIDS programming have recently been identified:

- **Geographical reach:** FBOs have the ability to provide expanded coverage, given that they are community-focused and have a wide population reach, particularly to underserved populations and rural communities. Community- and faith-based groups can be more effective in offering holistic support, including protection and economic, psychosocial, and spiritual support.

- **Reducing stigma and discrimination:** In several areas, FBOs have provided the bulk of services or have been extremely effective in influencing public policy and reducing stigma. For example, service-delivery NGOs that partner with faith-based groups for psychosocial care are reporting that the involvement of religious organizations is helpful in reducing stigma and discrimination and in increasing the delivery of services.

- **Sustainability:** FBOs have the ability to provide long-term support from local sources through linkages with regional, national, and international religious affiliates.

- **Providing care and support:** FBOs often play a substantial role in HIV/AIDS clinical and home-based care, particularly where public health services are insufficient. FBOs have been involved in expanding access to antiretroviral drugs (ARVs) and supporting other sectors in the administration of treatment (Global Health Council, 2005).

- **Inherent infrastructure:** FBOs have also displayed an unprecedented capacity to mobilize, recruit, train, and retain volunteers from within their congregations. This ability has enhanced their capacity to provide extensive programming in their communities.

A commonly perceived barrier to working with FBOs is that community groups and FBOs lack the capacity to account for funds. However, a study of FBOs supporting vulnerable children found that congregations and CBOs have similar levels of governance and financial systems capacity to NGOs and religious coordinating bodies (Foster, 2005).

Other barriers have been identified in working with FBOs. FBOs may be at a disadvantage in receiving information about funding processes if they are not invited to participate in national AIDS control programs. As with many NGOs, there at times may also be a lack of communication and collaboration among churches leading to increased competition and confusion. A recent research study conducted by the Global Health Council examining the role of FBOs in addressing HIV/AIDS identified a need for developing the technical capacity of FBOs in a range of areas: data collection, program design, implementation, and administration (Global Health Council, 2005). There was also an expressed concern in the ability of some patriarchal FBOs to effectively address women's vulnerability to HIV/AIDS.

Challenges to NGO Engagement

The weaknesses identified within the NGO community are well-known, and to some extent, they are discussed and repeated so frequently that they can deter some institutions from collaborating with local NGOs even when appropriate opportunities and mechanisms exist. Most of the identified weaknesses and criticisms revolve around aspects of institutional capacity and limited scale impact (DeJong, 2003; Drabek, 1987; Edwards and Hulme, 1992). However, these criticisms often fail to recognize the broader infrastructure problems inherent in many developing countries that inhibit the growth and capability of the NGO sector.

While many of the critiques of local NGOs are valid, it is not always sufficiently recognized that the most effective way to increase capacity is through practice. Donors need to plan programming that leverages NGOs' strengths, while allowing them to gain experience. In planning for this type of assistance, it is helpful to recognize the limitations and weaknesses that NGOs often struggle with. The key to becoming a more effective organization is to be able to identify and

isolate weaknesses and develop plans to overcome them. Some of the more commonly identified NGO limitations include:

- administrative capacity
- technical capacity
- enabling environment
- competing priorities
- representation
- stigma

Administrative capacity

Most local NGOs come to the attention of donors because of their effective programming and reach. It is the financial management capacity of many local NGOs that raises obvious concerns for any donor. Many NGOs do not have the rigorous accounting procedures and systems that many donors and potential collaborators consider a minimum standard and do not have the resources to invest in improving administrative procedures when scarce resources are prioritized to relieve suffering in the community. In addition to financial management limitations, many local NGOs lack competence in areas of organizational development, such as human resource management, organizational planning and fund raising, knowledge of public/donor relations, proposal writing, and monitoring, evaluation, and reporting. Training and the practical application of that training are both essential to correcting these weaknesses. There are also inherent challenges in the capacity and sustainability of the administration of local NGOs that rely primarily on voluntary—as opposed to paid—staff.

Local NGO Response to HIV/AIDS

Technical capacity

The burden of providing effective HIV/AIDS services, particularly to marginalized groups, often falls on NGOs that may or may not have sufficient resources, experience, and tools to address the vast needs in their communities in a way that would be considered adequate from a public health perspective. The myriad of skills expected from local NGOs is daunting and an area of increasing concern particularly in the complex situation of responding to the HIV/AIDS pandemic in resource-constrained settings. NGOs are expected to provide professional, community-based services in conjunction with professional monitoring, evaluation, and reporting. All of this is expected with scarce resources, inadequate access to technical assistance or standards, and little to no government guidance or support. Replication or scale-up becomes a significant problem because it is difficult for NGOs to obtain sufficient infrastructure and staff to expand. Many local NGOs suffer from "brain drain" as trained professionals are hired away from their home communities by INGOs paying higher salaries. As a result, attracting and sustaining fully qualified and trained staff is yet another challenge.

Enabling environment

Many developing country governments have looked suspiciously upon civil society and NGOs as dissident political forces rather than complementary partners in development planning and implementation. While this is changing in many parts of the world, unfavorable legal, regulatory, and tax constraints continue to exist in many countries. Implementation of the necessary reforms may be extremely difficult in situations where government institutions and NGOs are competing for scarce assistance resources, there are genuine philosophical or programmatic differences, or a difference of opinion about the need for urgency. Additionally, NGOs are some of the most vulnerable groups when it comes to political crises and natural disasters because they suffer alongside the communities they serve. This is especially true for NGOs working

in countries with high HIV/AIDS prevalence rates. NGO staff will closely mirror the prevalence rates of the country, rendering the organization vulnerable to disruptions caused by the death of key staff and the loss of effectiveness and productivity as staff are ill, attend funerals, or care for sick family members. In no other group is this vulnerability more apparent than in networks of people living with HIV/AIDS (PLWHA). The donor community has widely recognized and used the essential role that PLWHA groups play in developing and delivering appropriate responses to the pandemic, sensitizing communities, and reducing stigma. However, few donors are making any real investment in the sustainability of PLWHA organizations by investing in staff health and access to ARVs.

Competing priorities

International NGOs inherently have greater access to resources than most national and local organizations and this access can give them the luxury of becoming strategically focused and donor-specific. Local and national NGOs on the other hand must often hop from project to project, frequently with different objectives and approaches, to keep the revenue flowing. This can limit their ability to focus and concentrate on becoming institutions of excellence in a particular service delivery area. The potential is for an organization to spread itself too thin by attempting to work in too many different areas (in which it often does not have technical experience or expertise). Local NGOs focused on HIV/AIDS may tend to follow funding streams without assessing the fit with their philosophical missions and capabilities. This in turn may create a competitive and even hostile landscape with other NGOs and government-supported activities. The structures and values of NGOs can come to mirror those of the donor, and NGOs can face pressure from a donor to conduct a project in a manner that would compromise an NGO's principles (Edwards and Hulmes, 1997).

Representation

One result of the substantial increase in the amount of interest, attention, and resources being devoted to NGOs in the HIV/AIDS arena is that NGOs are being created without all of the traits and characteristics that give these institutions their comparative advantage. Many NGOs become more akin to consulting firms than civil society organizations. These organizations may be composed of very smart and capable individuals, but they are often pursuing their own income-generation and diversification strategies rather than more altruistic objectives like community empowerment and development. This is not necessarily negative, and many activities can be accomplished by these local NGOs. However, it does raise issues about whether there is the long-term commitment to the local communities that make NGOs the successful institutions they are.

Stigma

Receiving increased donor funding may give the NGO and community more visibility and, in some cases, increased stigmatization particularly for those NGOs that serve marginalized populations, such as sex workers, men who have sex with men, and injecting drug users. Increased stigma may lead people living with HIV/AIDS to become severely demoralized and depressed.

SECTION 2:
OVERCOMING CHALLENGES TO NGO ENGAGEMENT

Both donors and NGOs themselves can contribute to more successful and sustainable involvement in responding to the HIV/AIDS pandemic. This can be done by implementing certain principles and modes of operation that inherently increase the efficiency and effectiveness of donor-local NGO partnerships. Effective engagement by the donor community would leverage and support the strengths of local NGOs while taking action to mitigate the known weaknesses.

DONORS SHOULD —

- Facilitate the creation of an appropriate NGO operating environment
- Purposefully expand and improve NGO operational capacity
- Simplify application process and administrative and reporting requirements

Supporting NGO Strengths and Addressing Weaknesses

Facilitate the creation of an appropriate NGO operating environment

A pluralistic environment with a government sympathetic to increased community participation is fundamentally important to successful NGO service delivery and advocacy. Donors can help NGOs become more influential and self-sufficient by supporting national legislative reforms that encourage NGO registration and operation, including favorable tax laws. Donors can also help local NGOs in high-prevalence countries by encouraging NGOs to have workplace policies that support the health and well-being of their staff and boards of directors. This is particularly important for organizations made up of PLWHAs.

Purposefully expand and improve NGO operational capacity

Capacity building is a real challenge; the need is great and institution-strengthening takes a great deal of time, effort, and commitment. There are a number of challenges, such as the tendency to build dependency or overwhelm a fledgling organization with funds and demands. Experience to date suggests that capacity building for its own sake does not work very well. Positive results have been obtained through a combination of relevant training programs and gradual increases in responsibility and decision-making power. Partnerships between organizations with different strengths, such as administrative capacity and local technical knowledge, have been effective, although there needs to be a commitment to hand implementation responsibility over to the local organization within an agreed upon time frame. Donors must also promote mentoring of local NGOs to enable them to become intermediary organizations (Foster, 2005).

LESSONS IN EFFECTIVE PARTNERSHIPS

- Elicit input from stakeholders
- Make sure that partnerships are flexible
- Create relationships of trust
- Enhance self-awareness
- Acknowledge role as a donor and promote collaboration
- Encourage multi-year and diversification of funding
- Encourage NGOs to fully assess primary and secondary effects of increased funding

Simplify application process and administrative and reporting requirements

Donors must be aware that the application process can be onerous for an NGO. There may be a dearth of information about what is available, and where and when to apply. The process of applying may stretch the local NGO's staff and technical expertise, and a lack of feedback about the progress of the application may cause frustration. Local organizations may be faced with the choice of whether to concentrate on the services they are currently providing or the process of applying and receiving funding. Once awarded a grant, complex and changing reporting requirements inhibit local NGOs from complying. NGOs may have inadequate systems to provide the type of accountability required for the levels of funding they are receiving (Management for Sciences in Health, 2005). Donors should allow for additional accounting and grants/contracting specialists within the budgets of intermediary organizations and support staff for local NGOs to ensure proper management of funds. Donors need to provide clear reporting guidelines, including definitions of indicators. Once the reporting guidelines are clearly defined, the donor needs to work together with the partner organization to clearly define project goals, objectives, and targets that relate to the donor's desired outcomes. Being patient and flexible with sub-grantees and providing technical assistance are critical to program success. Technical assistance to improve local NGOs' financial management systems and monitoring and evaluation capabilities will be particularly cost effective over the longer term. Understanding complicated donor regulations in financial and administrative management is difficult and requires repetitive reinforcement of what is expected of the NGO and the processes necessary to carry out these actions.

Lessons in Effective Partnerships

Elicit input from stakeholders

Solicitation documents or program planning strategies that come out of an analysis of the operating environment and the input of stakeholders result in effective programs. Stakeholders provide valuable input into the criteria for partner selection in a particular context. Clear expectations and priorities articulated by donors in solicitations and planning meetings help organizations determine if this is the right opportunity for them and sets up the ground rules for a mutually beneficial relationship.

Make sure that partnerships are flexible

The most fundamental constraint to effective partnership is the intrinsically hierarchical nature of the donor-NGO relationship and the one-way flow of money from donor to local NGO to community. Donors have requirements that include standard proposal procedures, report formats, duration, expectation of time-bound results, and a number of others. On top of these, the NGO has its own established structures, procedures, and requirements. It is imperative that donors recognize the strains that local NGOs face and the difficulties they have in becoming learning organizations while, at the same time, trying to make ends meet. Room must be made to accommodate a previously established local NGO structure and procedures within donor reporting requirements.

Create relationships of trust

Competing priorities must be accommodated in a relationship in which both donors and NGOs expect mutual trust, respect, flexibility, transparency, and responsiveness to poor communities. Donors must display trust in local partner organizations to effectively plan interventions and target beneficiaries in their own communities. The ability and willingness of a donor to partner with a local NGO as a colleague and peer providing advice and assistance in managing funding is much more effective than simply "funding" the local NGO.

Enhance self-awareness

In learning more about the characteristics of a particular NGO, a donor can help the NGO to learn about itself and how it can grow as an organization. Through a participatory approach, donors can help NGOs assess their needs and provide resources, technical assistance, and support to increase the ability of NGOs to provide effective and efficient services. Donors should seek information from local NGOs regarding their missions, prior experiences, program maturity, technical expertise, absorptive capacity, financial capacity, internal organizational environment,

and how they fit within the larger HIV/AIDS landscape of NGOs and the government.

Acknowledge role as a donor and promote collaboration

Donors must recognize that most local NGOs have different viewpoints and strategies than INGOs, government agencies, and donors working at the national and international level. Donors should acknowledge and negotiate tensions among multilateral, governmental, NGO, and donor goals, objectives, and strategies (International HIV/AIDS Alliance and ICASO, 2005). In their need to disburse increased funding for HIV/AIDS activities, donors need to be aware that their efforts may bypass and even marginalize governments (Ainsworth and Teokul, 2000). Donors should be sensitive to the changing political and social landscapes where partner NGOs are based. As much as possible, they must anticipate political and socioeconomic changes in a country and also among alliances between NGOs and other organizations. As increased funding enters a country, these landscapes may shift dramatically to accommodate governmental and donor requisites, interests, and unforeseen changes. Natural disasters and conflicts may cause governments to shift priorities mid-stream during a project. Donors should be aware of how increasing the amount of funding they give may create chaos in a certain NGO community or lead to donor-driven projects.

Donors can improve communication and collaboration by consciously and actively encouraging governments to cooperate with and trust local NGOs (and vice versa) by including both parties in meetings, conferences and workshops, on project design and oversight committees, and through joint implementation of donor-funded activities. Donors can also prioritize the tracking of spending to identify where additional resources are needed and ensure that information on resources is made available to local NGOs (Foster, 2005).

Overcoming Challenges to NGO Engagement

Encourage multi-year and diversification of funding

Donors should recognize that NGOs vary. Diversifying funding among different types of NGOs and funding levels may increase their effectiveness at reaching their goals. Donors should allow and encourage local NGOs to diversify their sources of support to encourage the project's future sustainability. Donors should also consider multi-year grants that are based on need rather than on funding cycles. Additionally, donors need to be aware that their funding may increase unrealistic expectations of local NGO staff, beneficiaries, and the community. Short-term financing, in particular, places an undue burden on local NGOs to achieve unrealistic goals within a limited time frame and prevents local NGOs from investing in long-term planning.

Encourage NGOs to fully assess primary and secondary effects of increased funding

Successful engagement by local NGOs happens when local NGOs willingly align their goals and missions with donor funding. NGOs need to recognize the positive and potentially negative consequences that increased funding will bring. They need to make a conscious decision to move to the next level. Once engaged with an INGO, local NGOs need to capitalize on the opportunity and use the increased funding and visibility to leverage additional funding and advocate for themselves and those they serve.

USAID's Role in Engaging Local NGOs to Scale Up Their HIV/AIDS Response

There are a number of historical and contemporary barriers that prevent international donors from engaging with local NGOs directly. The U.S. Agency for International Development (USAID) is no exception. With 40 years experience in international development assistance funding, USAID is the Office of the Global AIDS Coordinator (O/GAC) partner with the most experience funding in the international context.

Historically, USAID has required non–U.S. and local indigenous organizations to be registered as private voluntary organizations (PVOs). Prior to 1996, registration was legislatively mandated and the Office of Private and Voluntary Cooperation (PVC) was charged with maintaining a PVO registry. To be eligible for registration status, local PVOs were required to meet qualifications in nine key areas. The resources in PVC were limited and were not available to non-U.S. and local PVOs. After 1999, local PVOs were no longer required to register with USAID. USAID missions could set up registration programs in their countries for local and indigenous groups, but this was voluntary and subject to the availability of resources.

After 1996, most appropriations no longer tied assistance funding to PVOs. However, USAID decided as a matter of policy to continue to register PVOs and to preserve PVC's program funding exclusively for U.S.-based PVOs. Not until 1999 did PVC exempt local and indigenous groups from the registration process. However, registration can be a barrier for new U.S. and international partners.

Other policy and regulatory barriers prohibit USAID from engaging new partners, particularly NGOs, and tend to favor existing partners and those with previous government experience. USAID policies and procedures allow agreement officers to rely on the A-133 audit and past performance alone for organizations with existing USAID relationships. New partners without government experience that have not been subjected to an A-133 audit must undergo a pre-award survey that takes a team of professionals or an outside audit firm to complete. This level of review is required whether the award is worth $300,000 or $30,000,000. The added

work and expense of this procedure can be a serious deterrent to working with local groups who rarely have the systems in place to successfully pass such a review.

Engaging new partners, particularly local NGOs, takes human resources that are currently in short supply. USAID is experiencing a critical shortage of qualified procurement staff. In addition, since 2002, USAID's Office of Acquisitions and Assistance has been responsible for obligating significant levels of resources in support of reconstruction activities in Afghanistan and Iraq. In 2003, USAID obligated an additional $2 billion in supplemental funding above its annual appropriation, with no significant increase in personnel. With this magnitude of resources moving through USAID, the smaller dollar amounts that are typically provided to local organizations become a lower priority.

As a result of these barriers, USAID has traditionally funneled resources through intermediaries or "umbrella" organizations. This position is not unique to USAID but is a common problem for all international donors. In 2004, Swedish Agency for International Development Cooperation (SIDA) made a policy decision to stop funding local groups directly because they do not have sufficient staff in the field to adequately monitor these programs.

In 2000, USAID published a request for applications (RFA) for a leader with associate award mechanism entitled "Rapid Response Mechanism for HIV/AIDS," an umbrella grants management program with an emphasis on working with local NGOs.

CDC's experience

Since 2000, the Department of Health and Human Services CDC Global AIDS Program (GAP) has also been engaging local NGOs. GAP helps resource-constrained countries prevent HIV infection, improve treatment, care and support for people living with HIV, and build capacity and infrastructure to address the global HIV/AIDS pandemic in over 25 countries. GAP focuses its work through the following technical areas: prevention, care and treatment, surveillance and infrastructure development.

Several other U.S. agencies have been incorporating local NGOs in their work, including Health and Human Resource Administration (HRSA's) HIV/AIDS Bureau, the Department of Defense, and the Peace Corps.

Community REACH's Guiding Principles

Pact, a U.S.-based PVO, was awarded the HIV/AIDS rapid response mechanism in 2001. One of Pact's core competencies is to provide stewardship of donor resources that engage local NGOs at the grassroots level through sub-grants, technical assistance, and capacity building. In the three years since receiving the award, Pact's leader program, Community REACH, has reached over 90 local organizations working in over 110 communities in 21 countries through a variety of models and is continuing to grow. Pact has developed the following guiding principles that have been crucial to its successful engagement of local NGOs in the response to HIV/AIDS:

- transparent, competitive selection process
- stakeholder involvement
- focused RFAs
- targeting local organizations
- rigorous selection process
- appropriate resource levels

- multi-year commitments
- focus on results

Transparent, competitive selection process

USAID's RFA for the rapid response mechanism for HIV/AIDS anticipated a competitive grants program. In addition to meeting the expectations of USAID, Community REACH believed a transparent, competitive process would improve the effectiveness and performance of the program. Clear solicitation documents would convey programmatic priorities for improved service delivery and coordination among organizations responding to the pandemic and identify an appropriate match between those priorities and organizations capable of meeting them.

Stakeholder involvement

In planning for the competitive award of grants under Community REACH, Pact relied on input from a number of technical experts in HIV/AIDS, development, and program planning and implementation. Pact solicited input through a number of focus group meetings and through recruitment of HIV/AIDS professionals to act as a program advisory council. Stakeholder input was critical in developing the focus of the program, for identifying critical gaps in service delivery and identify promising models for scale-up and replication.

Focused RFAs

Informed by stakeholder input, Community REACH developed "themes" within the focus areas of the program for primary prevention and education, voluntary counseling and testing, and care and support for those affected and infected by HIV/AIDS. Each RFA targeted funding into a narrow range of interventions that addressed a specific area of the pandemic, such as voluntary counseling and testing (VCT) for youth. Through this narrow focus, Community REACH sought to inspire innovation and identify promising models for

replication and scale-up. In addition, by funding a number of local NGOs on a global scale to address specific service areas, Community REACH saw an opportunity to learn from these programs and share the lessons learned across the program and to the broader HIV/AIDS community.

Targeting local organizations

One of the lessons learned early on was that targeting local organizations has to be intentional and explicit. INGOs will apply for small amounts of money and have the advantage of superior proposal writing resources and skills that ensure their success. Some pre-work must involve identifying effective outreach mechanisms to small, local NGOs and FBOs such as NGO mailing lists, national NGO/FBO networks, etc. Further, it is not enough to state a preference for working with local organizations. Defining the nature of the relationship and the level and purpose of resources transferred to local partners must be communicated.

Rigorous selection process

For each themed RFA, Community REACH conducted an extensive literature search and identified technical expertise within the theme area to evaluate, score, critique, and recommend applications. Technical reviewers provided valuable input into selected applications for opportunities to improve program implementation and service delivery. Technical experts also graciously helped unsuccessful applicants by detailing the strengths and weaknesses in their applications and program designs to improve future submissions.

Appropriate resource levels

Community REACH has learned that local organizations respond to RFAs that offer resources in a range that is realistic for them and reflect a level with which they are comfortable and at which they are competent to manage. According to a recent Save the Children study

(Foster, 2005), "community-based organizations need funding that is 'drip fed'—continuous, steady, small amounts of resources."

Multi-year commitments

A key determinant of Community REACH's success building the capacity of the organizations it supports is the ability to make multi-year commitments. Multi-year grants led to increased collaboration between the government and other NGOs because of the time available to develop relationships and collaborative memorandums of understanding (MOUs). One of the weaknesses of local NGOs is the disruption of the continuity of program activities and the need to redirect and retarget program activities to conform to different donor requirements. Community REACH's ability to make long-term commitments of time and resources have allowed the local organizations it supports to make long-term commitments to staff and resources and to invest in long-range targeting and planning that would not be possible if funding was made available on a year-to-year basis.

Focus on results

Beginning in the initial program design, emphasis was placed on demonstrating results. Knowing the difficulties and the biases against working with local organizations, Community REACH recognized that they needed to focus on, and demonstrate the ability to, quantify results through local groups. To that end, funds were reserved for the purpose of providing technical assistance specifically in monitoring and evaluating program results. Organizations were mentored directly in program reporting formats, selection of indicators, and interpretation of data. This investment has paid off in verifiable results that demonstrate the effectiveness of Community REACH's local partners.

SECTION 4:
COMMUNITY REACH's MODELS OF SUCCESSFUL NGO ENGAGEMENT

Community REACH has had experience with a variety of funding models for local NGOs. These models were identified during the first three years of Community REACH and have proven successful in achieving program results. This section outlines the models currently being implemented by Community REACH.

Model 1: Direct Funding of Local NGOs through Competitive Processes

The first model resulted from a global competition open to both international and local organizations. Local organizations applied directly under an RFA or Annual Program Statement (APS), competing directly with INGOs on programs implementing direct service delivery. It should be noted that all local NGOs reached directly under this model were expanding existing HIV/AIDS programs or adding a new service to a program and were not undertaking new initiatives.

Community REACH issued its first and second RFAs under this model and received 211 applications. Of these, 85 applications, or 42 percent of those received, were submitted by local NGOs. Of the 15 grants awarded, six grant winners were local NGOs. Some examples of NGOs funded under this model include:

- Society for Service to Urban Poverty (SHARAN) – India
- Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO) – Ethiopia
- Foundation for Reproductive Health and Family Education (FOSREF) – Haiti

A full description of the programs can be found in Appendix A.

Model 1 - Direct Funding of Local NGOs through Competitive Processes
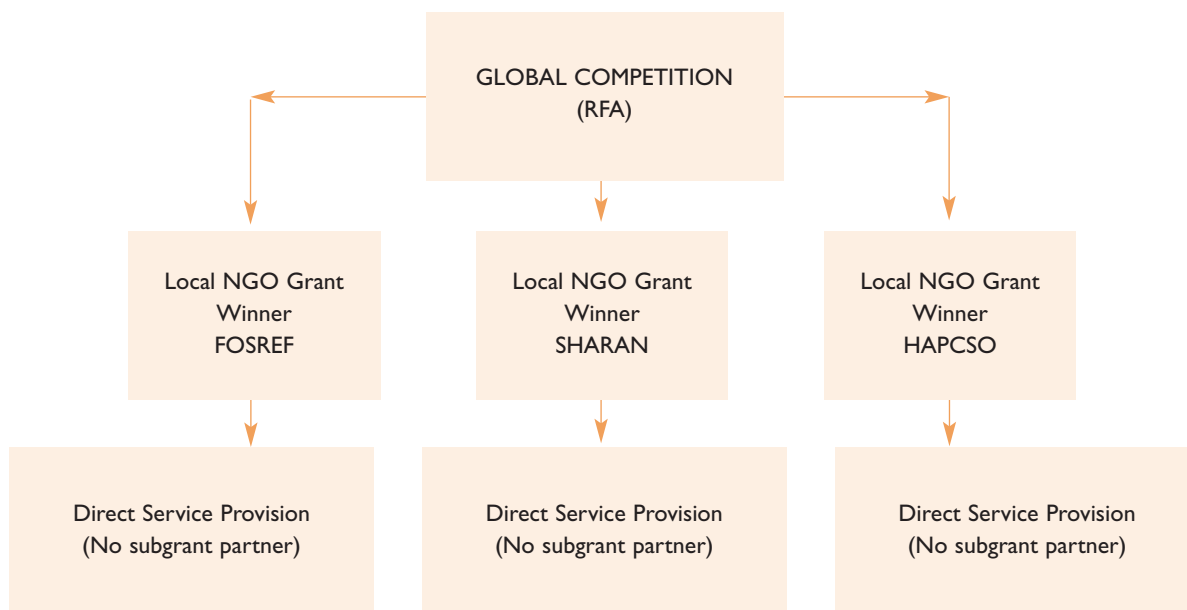
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                        GLOBAL COMPETITION
                              (RFA)
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        ▼                        ▼                        ▼
  Local NGO Grant          Local NGO Grant          Local NGO Grant
     Winner                   Winner                   Winner
     FOSREF                   SHARAN                   HAPCSO
        │                        │                        │
        ▼                        ▼                        ▼
 Direct Service Provision  Direct Service Provision  Direct Service Provision
  (No subgrant partner)     (No subgrant partner)     (No subgrant partner)
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Community REACH's Models of Successful NGO Engagement

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SUCCESSFUL CHARACTERISTICS OF ENGAGEMENT UNDER MODEL 1

- Enhances profile and opportunities for other funding
- Level of funding available suits NGO profile
- Matches NGO priorities and enhances existing services

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> "We were attracted to this solicitation since it allowed for a smaller existing budget of $100,000 or more. If this had been much higher it would have been out of our scope. We were only three years old at the time and were building our experience and operating budget."
>
> *HAPCSO*

Enhances profile and opportunities for other funding: This model enhances the local NGOs' ability to expand their services, thus creating more opportunities for engaging with the community. Increased funding to scale up services provides a local NGO with confidence, incentive, and status to collaborate more closely with their country's Ministry of Health (MOH) and national AIDS control program and national NGO network. As reported by HAPCSO, "We would not have had the opportunity to be seen as a partner organization to an existing INGO, Family Health International (FHI), without the funding from Community REACH. We are now entering into a subcontracting agreement with FHI that will continue to expand our programs."

Level of funding available suits NGO profile: The average grant award amount to these local organizations was $200,000 for a multi-year program compared to INGOs, who received an average of $300,000. The technical reviewers chose to fund the local NGOs at a lower level given the limited financial management capacity identified during the application phase. Most local NGOs that applied had operating annual budgets of less than $100,000. Pact felt if the NGO's current budget was more than doubled, it would prove burdensome for the local NGO to manage and might overwhelm program implementation.

Local NGOs report that lower dollar values are an incentive when applying to international solicitations. HAPCSO reported that they "had only applied to two other international solicitations prior to Community REACH."

Matches NGO priorities and enhances existing services: Local NGOs often cite the match between mission goals and objectives as the main motivating factor for applying to certain solicitations. Many organizations reported applying to the Community REACH solicitation because it so clearly aligned with their own priorities and existing activities.

Model 2: International and National NGOs Reaching Local NGOs in Partnership

A second model for working with community- and faith-based organizations is funding an international or national NGO, often referred to as an intermediary, that in turn mentors and funds a local NGO. Intermediary NGOs are needed since local NGOs may not be able to satisfy donor requirements in terms of proposal submission, reporting, and financial accounting. Intermediary activities may include training, capacity building, advocacy, information sharing, and facilitation of networks and linkages among communities, donors, and governments. Intermediary organizations can provide strong management capacity, fiscal accountability, technical support, and a commitment to building the capacity of their partners. The competitive process required INGOs to provide a majority of the grant funds to local partners and build the capacity of the local NGOs over the life of the grant program. The key determinant of success in this model was again the competitive process that provided an opportunity for local groups to identify and partner with an appropriate international partner. It is most successful when the local NGO approaches the INGO with realistic expectations of partnership or the INGO has an established relationship with the partner. An INGO mentoring a strong local partner proved to be an effective rapid scale-up model. The INGO committed to providing technical assistance, monitoring and evaluation support, and financial accountability training versus using the local partner to deliver its own program. The local partner maintained autonomy of its program implementation, management, mission, and direction. A goal of this model is to have the international partner conclude the mentoring relationship within a set time frame (e.g. five years) when the local NGO reaches a size and competency to receive and manage international donor funding directly. Some examples of INGOs working under this model include:

- Project Concern International (PCI) – Zambia with Bwafwano home-based care organization
- GOAL – Uganda with Bugiri Network of AIDS Service Organizations (BUNASO) and the National Community of Women Living with HIV/AIDS (NACWOLA)

For further information on the projects, see Appendix A.

Model 2 - International and National NGOs Reaching Local NGOs in Partnership
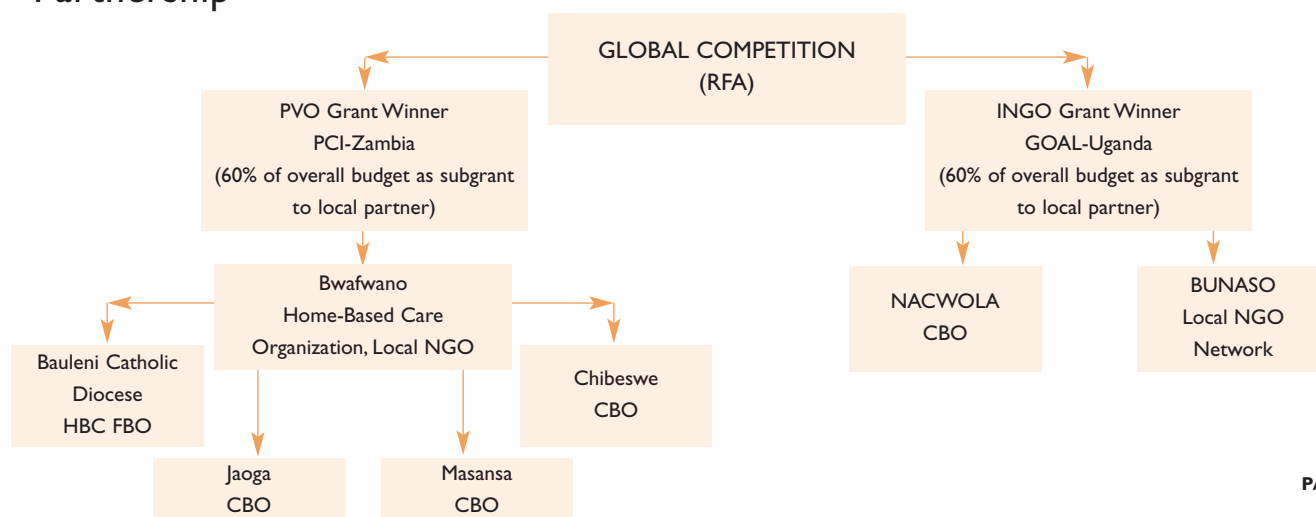
Community REACH's Models of Successful NGO Engagement

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SUCCESSFUL CHARACTERISTICS OF ENGAGEMENT UNDER MODEL 2

- Enhances profile and opportunities for other funding
- Commitment to shared partnership and ongoing mentoring
- INGO facilitates linkages among local partner, local government, and other stakeholders

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As a result of the successful partnership, Bwafwano and PCI were recently awarded PEPFAR funding to enhance Bwafwano's role as a center of learning and large-scale service delivery organization working with CBOs and FBOs for orphan and vulnerable children care. Under this funding, Bwafwano will partner with another Community REACH grantee, HAPCSO, to build on lessons learned in Zambia and Ethiopia and to roll out a similar program in Ethiopia. Both Bwafwano and HAPCSO will take the lead in training CBOs and FBOs in each country. Bwafwano has also been highly recognized by the national AIDS control program (NAC), and have been asked to scale up programs in rural areas.

Enhances profile and opportunities for other funding: As acknowledged by Bwafwano, "our motivation for partnership with this INGO was to obtain knowledge and skills that would help us in the sustainability of our program." Another motivation for Bwafwano was to be recognized internationally and nationally for the strong performance of its program in service delivery with technical assistance from this well-established INGO. The results to date have been tremendous. Bwafwano is recognized internationally and nationally as a model program and as a role model.

Commitment to shared partnership and ongoing mentoring: Successful engagement under this model depends on the selection of the local NGO partner. GOAL, an international NGO, has stated that close cooperation with partners is essential to the long-term development of local capacity. GOAL seeks to base its partnerships on principles of shared goals, mutual respect, openness, and a belief in learning from experience. Different parties to the relationship have different skills, resources, capacities, and weaknesses. "We recognize the value of these different resources (material and non-material, financial and non-financial) and seek to treat all with the respect they are due."

According to PCI in Zambia, their success in working with Bwafwano was based on an established relationship, begun when Bwafwano approached PCI for technical assistance, and the objectives in the Community REACH RFA that matched the objectives of both PCI and Bwafwano. Both Bwafwano and PCI worked together to develop an operational structure to facilitate easy communication and team decision-making. Monitoring and evaluation has been identified as one of the key areas for mentoring.

INGO facilitates linkages among local partner, local government, and other stakeholders: Bwafwano has worked to enhance quality services, reduce duplication of services, and ensure uniformity of home-based care trainings through collaborative efforts with other stakeholders in its geographic area of operation. PCI assisted local NGOs and CBOs engage with and obtain the confidence of local MOH clinics. As a result, in 2004, PCI noted an increase in the number of tuberculosis patients referred to its local partners from government clinics. Of patients registered in the clinics, 61 percent were referred to Bwafwano for directly observed therapy – short course (DOTS) as compared to 35 percent in the previous reporting period.

Model 3: Emerging Umbrellas

Another model of local organizations working under INGOs is one in which NGOs act as intermediaries to get funding directly to communities through CBOs and FBOs such as service organizations, church groups, and clubs. This differs from Model 2 since it is primarily aimed at reaching a larger number of smaller, less equipped CBOs and FBOs as opposed to fewer NGOs that have a larger absorptive capacity. Given the size, capacity, and focus of the CBOs/FBOs, it is unlikely they would compete and qualify for international funding, thus the use of intermediaries is essential to getting resources directly into communities. Many donors are looking to develop the capacity of local and national NGOs to act as intermediaries, thus achieving the best of all possible scenarios: working with a local NGO and getting resources to the community and village level.

This Community REACH model is sucessful because it identifies organizations that are willing to act as intermediaries in reaching grassroots organizations. These types of organizations are not only committed to the principle of providing grants to their CBO/FBO partners, but they are also in the best position to provide technical assistance. Their primary focus becomes building the capacity of local groups, and as such, they are not directly involved in service delivery. These CBOs/FBOs received hands-on, technical, capacity-building support that enabled them to enhance and rapidly expand existing services. Investing in and supporting these organizations to scale up in the intermediary role is optimal.

ELEMENTS OF A SUCCESSFUL PARTNERSHIP IDENTIFIED THROUGH PCI'S EXPERIENCE

- Overlap of objectives
- Good transparency—look out for the best interest of the other
- High level of trust—requires transparency
- Respect for local partners—recognize them as leaders—speak highly with other donors
- Clearly established roles and responsibilities of partnership

Community REACH's Models of Successful NGO Engagement

An example of an INGO working under this model is Mildmay International. Partnering with 15 CBOs in Kenya, Mildmay has subgranted 65 percent of its Community REACH award to these groups. The INGO has successfully raised the visibility of its partners by linking the organizations with each other and actively coordinating and integrating their programs within district and national government frameworks. As a result, the Kenyan national AIDS control program and Ministry of Health have requested further expansion of this model to other provinces. The U.K. Department for International Development (DfID) is now funding an expansion to the Central, Western, and Rift Valley provinces.

Model 3 - Emerging Umbrellas

GLOBAL COMPETITION (RFA)

Bondo Stars

Kalenyo Anti-AIDS Youth Group

Dadre Self-Help Group

Badelika STI/HIV project

Sony Home Based Care Group

Nyamwerya HBC

YWCA Keumbo

Kakelo HIV/AIDS Care & Support

Bar Chando

INGO GRANT WINNER KENYA - MILDMAY

Wings of Love

Chulaimbo Grail Cofido HBC project

Urusi Care & Support

Hawi Women's Group

Urange Moyie HBC Group

Vadd Elimination Team

SUCCESSFUL CHARACTERISTICS OF ENGAGEMENT UNDER MODEL 3

- Enhances profile and opportunities for other funding
- CBOs enabled to obtain funding through a competitive process and receive hands-on technical capacity building and support
- Accountability and commitment assured through formal partnering process
- Enhances and rapidly expands existing services
- Knowledge networking

Enhances profile and opportunities for other funding: After a visit to the CBO/FBO programs supported by Mildmay, DfID decided to fund Pact Kenya to work closely with Mildmay drawing on the lessons learned during the two-year program funded by Community REACH and to continue to develop and build the capacity of the selected CBOs/FBOs in Nyanza. The 15 CBOs funded through the Community REACH program will be prioritized to receive ongoing funding. Mildmay will also draw on the lessons learned from this two-year partnership and carry some of the ideas to a similar new program that will be funded by USAID in Tanzania.

CBOs enabled to obtain funding through a competitive process and receive hands-on technical capacity building and support:
Continued funding of CBOs/FBOs with close monitoring systems linked into health management structures has been seen to be an effective way of moving resources to those who need it the most. Because Mildmay chose to be the intermediary, assuming financial and monitoring and evaluation responsibilities, USAID funding reached CBOs/FBOs through a Washington, DC-based central funding mechanism. This mechanism allowed for small funds to move rapidly to CBOs that also received specialized training to effectively meet their needs and allowed the organizations to grow. The Community REACH CBOs demonstrate what can be achieved by building CBOs' monitoring and evaluation capacity and providing technical assistance on site.

Accountability and commitment assured through formal partnering process: The CBOs/FBOs' activities were agreed upon in advance and in writing. The CBOs/FBOs' also were required to create budgets prior to sub-grants being awarded. This was critical to maintaining accountability, ensuring good planning, and providing a sense of ownership.

Enhances and rapidly expands existing services: Due to the ability of the INGO to partner with several CBOs/FBOs, service provision numbers tend to be higher than funding only an INGO. Given the CBOs/FBOs' close connection to the community, it also may enhance quality of service provision and the ability to develop an effective referral system.

Knowledge networking: CBOs/FBOs were able to learn from each other and make exchange visits and this encouraged local ownership. PLWHA involvement in the project encouraged community involvement in the program even though the community was resource-poor. Each CBO/FBO had to build income-generating activities for sustainability.

"USAID Tanzania is interested in funding our program there and this is an important way in which we hope the pioneering work developed as a result of the Community REACH funding will continue on to impact other communities."

Mildmay

"By collecting data in pre-arranged forms, we were able to keep track of and interpret results and compare progress. Some of the indicators being tracked include VCT uptake, access to health and psychosocial care, youth involvement in services, PLWHA involvement in advocacy, and IEC campaigns."

Mildmay

Model 4: Rapid Scale-up Model for CBOs Using Fixed Obligation Grants (FOGs)

INGOs can reach the smallest CBOs/FBOs and networks through a rapid scale-up model using FOGs. The success of this model depends on the use of an established service delivery methodology or national standard of delivery that can be reliably passed on to local CBOs/FBOs for implementation. The FOG should be implemented as a first step in developing more sustainable programming with a local group or network. This will display a show of commitment and fortify a relationship with the NGO.

Pact Tanzania provided $100,000 in FOGs over six months to rapidly roll out a training of trainers program on stigma and discrimination for faith-based networks in Tanzania. Pact supported information, education, and communication (IEC) campaigns to develop targeted IEC messages by four faith-based networks. These networks are Christian Social Services Commission (CSSC), Christian Council of Tanzania (CCT), World Conference on Religion and Peace (WCRP), and Muslim Commission in Tanzania (BAKWATA). The program began by translating and simplifying a trainer's manual developed out of *Understanding and Challenging HIV Stigma: Toolkit for Action,* which was funded by the International Center for Research on Women (ICRW) and the Academy for Educational Development (AED). Trainers, including pastors from the networks, were trained in using the manual. Faith-based communities used the manuals to spread the word against stigma. The graphic designs and messages in the toolkit were used to rapidly develop anti-stigma poster campaigns.

Model 4 - Rapid Scale-up Model for CBOs Using Fixed Obligation Grants
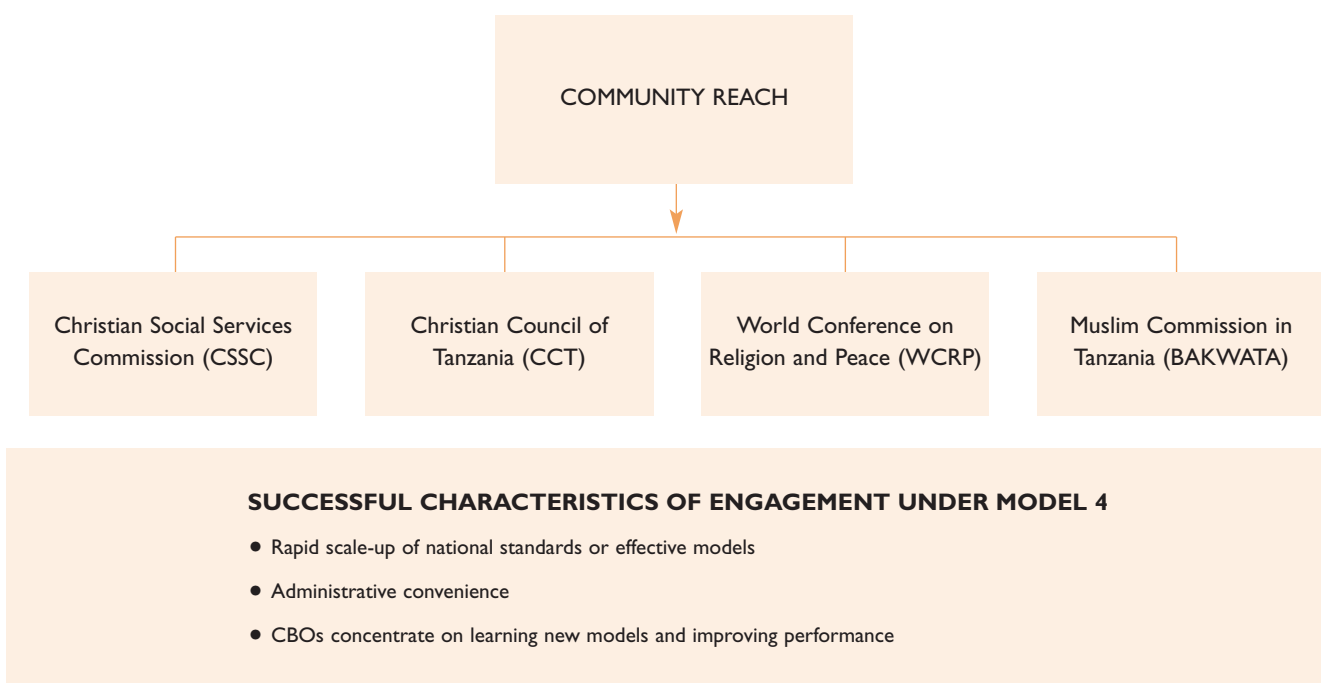
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│ Christian      │ │ Christian      │ │ World          │ │ Muslim         │
│ Social Services│ │ Council of     │ │ Conference on  │ │ Commission in  │
│ Commission     │ │ Tanzania (CCT) │ │ Religion and   │ │ Tanzania       │
│ (CSSC)         │ │                │ │ Peace (WCRP)   │ │ (BAKWATA)      │
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SUCCESSFUL CHARACTERISTICS OF ENGAGEMENT UNDER MODEL 4

- Rapid scale-up of national standards or effective models
- Administrative convenience
- CBOs concentrate on learning new models and improving performance

Rapid scale-up of national standards or effective models: FBO networks provided expanded coverage. It was very useful to work with FBOs because the community sees them as acceptable and legitimate (not prone to fraud). Because they were so deeply rooted in the community, they were very effective. Also, the religious diversity of the networks was important and made the program as a whole more successful and allowed for greater collaboration. Many of the FBO networks in Tanzania are already heavily involved in social service work, with their own hospitals, etc.

Administrative convenience of FOGs engages CBOs/FBOs: Stigma reduction was not a priority for these CBOs/FBOs. The training enlightened them to the valuable role they could play in reducing stigma in their communities. The reduced administrative burden associated with the FOG was further incentive for these networks to implement what they had learned through the training. If access to these small amounts of funding had been complicated and burdensome to the organizations, they probably would have had little enticement to accept the money. None of the partners was familiar with a FOG at the outset. It required significant technical assistance to explain the process and help them through it, but it was not difficult for them to conceptualize. The measurable milestones of a FOG required monitoring and evaluation data collection. Measuring their progress gave the FBOs a sense of ownership in contributing to PEPFAR goals and pride in having an impact.

FBOs concentrate on learning new models and improving performance: By using the FOGs, the faith-based networks were able to begin implementation within two months of being invited to participate. Two of the networks, CCT and BAKWATA, already had "HIV/AIDS desks," but all required significant technical assistance in going through the process of writing a concept paper, defining target groups, creating a milestones/deliverables chart, and selecting indicators and a results framework to reflect their projected activities. Once the milestones and framework were in place, the faith-based networks concentrated on training and rapid roll-out and did not have to focus on financial management and administration.

> *"Model 4 is an effective blueprint for the rapid scale up of FBOs. Pact Tanzania reports 'FBO networks are a great avenue for addressing social needs. Further, in Tanzania, it worked out well because there is peace among different religions. This could be a major problem in other countries. Pact was seen as non-religious and so it worked well to work with networks from different religions'."*
>
> *Staff Member, Pact Tanzania*

Community REACH's Models of Successful NGO Engagement

TYPE OF MODEL	PRIME RECIPIENT	LEVEL OF FUNDING/ PERIOD	COMPARATIVE ADVANTAGE
MODEL 1 Direct Funding of Local NGOs	Local NGO	$100-300k 2-3 years	• Enhanced NGO Profile • Matched NGO priorities • Level of funding appropriate to NGO capacity • Strengthened existing services
MODEL 2 International NGO/Local NGO Partnership	INGO/ Local NGOs	$250-350k 2-3 years	• Enhanced profile • Facilitated partnerships and mentoring • Facilitated linkages with government and other stakeholders
MODEL 3 Emerging Umbrellas	INGO/ CBOs/FBOs	$100k 2 years	• Enhanced profile • CBOs received technical assistance • Ensured accountability and monitoring • Enhanced and expanded existing services • Increased knowledge and networking
MODEL 4 FOGs to CBOs/FBOs	CBOs/FBOs	$100k 1 year	• Rapid scale-up • Performance-based • Engaged CBOs/FBOs

CONCLUSION

Getting resources efficiently, effectively, and responsibly to local indigenous partners is a challenge that needs to be overcome by U.S. government, multilateral, bilateral, INGO, and private-sector HIV/AIDS implementers and donors. Without a sustained local response to the pandemic, the donor community and INGOs have no exit strategy and may not have an impact great enough to effectively address the pandemic.

We recommend sharing information among donor organizations on how to successfully engage local NGOs and applying those lessons learned throughout the HIV/AIDS community.

We further recommend a collaborative effort within the community to identify the procurement systems, within the U.S. government structures and internally that hinder the direct, efficient, and effective flow of funds to local organizations and to put in place new policies and procedures that overcome these challenges and barriers.

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APPENDIX A:

PACT'S COMMUNITY REACH SUBGRANT PROGRAMS CITED IN THE PAPER

REGION	AFRICA
GOAL	**GOAL—UGANDA**

TYPE OF ORGANIZATION: LOCAL NGO Country: Uganda Grant Awarded: $105,700 Length of Project: 2 years Local Partners: Bugiri Network of AIDS Service Organizations (BUNASO), National Community of Women Living with HIV/AIDS (NACWOLA) Subgrant Amounts: BUNASO- $15,221 NACWOLA- $68,610	The project addresses stigma and discrimination at individual, community, and institutional levels in the Bugiri District, integrating information-based approaches, coping skills acquisition, advocacy, and policy dialogue in order to maximize impact. This integrated strategy will enable PLWHA to develop their coping abilities and play a leading role in addressing the causes of stigma and discrimination, which, in turn, will create an enabling environment in which PLWHA can advocate for greater respect for their rights and achieve a reduction in institutionalized stigma and discrimination. **PROGRAM FOCUS:** Stigma and Discrimination **PROGRAM SUB-FOCUS:** Nutrition, Psychosocial Support, Socioeconomic Support **TARGET POPULATIONS:** PLWA, Healthcare Providers, Orphans and Vulnerable Children (OVC), Policy Makers, Regional and Traditional Leaders **RESULTS:** • 300 HIV positive women reporting increased coping skills • 280 women applying skills acquired as part of the project • 15,000 members of the general population sensitized by anti-stigma and discrimination messages • 300 orphans and HIV positive women developed memory books • NACWOLA's membership increased from 130 to over 400 members **SUSTAINABILITY:** At the end of Community REACH funding, the Irish government will become the donor for this program, including continuation funding for NACWOLA and BUNASO.
	HAPCSO—ETHIOPIA
HIWOT HIV/AIDS PREVENTION, CARE AND SUPPORT ORGANIZATION (HAPSCO) **TYPE OF ORGANIZATION: LOCAL NGO** Country: Ethiopia Grant Awarded: $150,000 Length of Project: 3 years	This project implements critically needed home-based care for people living with HIV/AIDS and their families, while enhancing the ability of the community and healthcare providers to provide care and support in the South East District, Addis Ababa. **PROGRAM FOCUS:** Care and Support **PROGRAM SUB-FOCUS:** Home-Based Care, Nutrition Programs, OVC, Psychosocial Support, Stigma Reduction

TARGET POPULATIONS:

OVC, PLWHA

RESULTS:

- Provides home-based care and support services for 400 PLWHA and 200 OVC
- Conducts community HIV/AIDS awareness and anti-stigma campaigns through neighborhood associations
- Facilitates referrals to government health clinics for opportunistic infections and tuberculosis (OI/TB) treatment
- Conducts VCT pre- and post-test counseling and refers for testing

SUSTAINABILITY:

As a result of the success of the Community REACH program, Family Health International became aware of the organization and made HAPCSO a major implementing partner providing $340,000 for one year to scale-up activities to reach 1,500 orphans and 2,000 PLWHA.

MILDMAY—KENYA

MILDMAY

TYPE OF ORGANIZATION: INTERNATIONAL FBO

Country: Kenya
Grant Awarded: $102,350
Length of Project: 2 years

Local CBO/FBO Partners:
Nyamrerwa HBC Self Help Women's Group, Vadd Elimination Campaign Team, Dadre Self-Help Group, Badelika STI/HIV/AIDS Project, Wings of Love, Kakelo HIV/AIDS Care and Support Group, Chulaimbo Grail/Cofido Home-Based Care, Sony Home-Based Care Group, Uranga Home-Based Care Group, Keumbo Home-Based Care Group, Hawi Women's Group, Urusi Care and Support, Bar Chando, Bondo Stars, and Kalenyo Anti-AIDS Youth Group

This program addresses the need to sensitize the wider community and provides for regular psychosocial activities to support those infected and affected by HIV/AIDS. Mildmay utilizes existing relationships with selected health professionals in eight districts in Nyanza province to scale up 16 community-based initiatives supporting home-based care and orphan support, stigma reduction, and removal of discriminatory barriers to access health services in partnership with the Kenya Ministry of Health.

PROGRAM FOCUS:

Stigma and Discrimination

PROGRAM SUB-FOCUS:

Advocacy, IEC, Capacity Building, Care

TARGET POPULATIONS:

OVC, Youth, Children, PLWA, general population

RESULTS:

- Over 10,000 community members have been reached by CBO activities.
- Over 700 community members including head teachers, chiefs, pastors, and government healthcare workers received training as home-based care workers and community sensitizers, and/or in how to reduce stigma and discrimination.
- Over 1,200 people were referred for VCT as a result of community sensitization.
- Over 1,000 orphans received support in the form of social support/nutrition or home-based care.
- Eight PLWHA groups were mobilized and 10 income-generating programs were initiated.

SUSTAINABILITY:

As a result of the success of the program, the DfID HIV/AIDS Prevention and Care (HAPAC III) program will continue funding Mildmay at the conclusion of Community REACH funding.

Pact's Community REACH Subgrant Programs Cited in the Paper

	PCI—ZAMBIA
PROJECT CONCERN INTERNATIONAL (PCI) **TYPE OF ORGANIZATION: INTERNATIONAL NGO** Country: Zambia Grant Awarded: $350,000 Length of Project: 3 years Local Partner: Bwafwano Home Based Care Organization Subgrant Amount: $182,000	PCI and its partner Bwafwano Home-Based Care Organization are scaling up community- and home-based care and support services for PLWHA and OVC living in peri-urban and rural areas surrounding Lusaka. **PROGRAM FOCUS:** Care and Support **PROGRAM SUB-FOCUS:** Home-Based Care, OI/TB Prevention, Psychosocial Support **TARGET POPULATIONS:** OVC, PLWHA, TB patients, patients with sexually transmitted infections (STI) **RESULTS:** • Over 2,000 OVC were provided with services. • 500 PLWHA received TB treatment. • Over 3,000 were referred for OI/TB clinical treatment. • Over 1,700 households received home-based care services. • As a result of PCI mentoring, Bwafwano is now providing training and has built the home-based care and orphan support capacity of an FBO, Bauleni Catholic Diocese HBC, and three rural CBOs: Taonga, Masansa, and Chibeswe. • With Community REACH funding, Bwafwano will put together a national standard for home-based care training curriculum for Zambia. • Community REACH funds are currently being used by Bwafwano to develop national standards and training manuals for OVC. **SUSTAINABILITY:** PCI and Bwafwano won a USAID award under PEPFAR funding to scale up OVC programming in Zambia and Ethiopia. Bwafwano will be the lead local NGO in training other NGOs in Zambia and Ethiopia on orphan care. HAPCSO, another Community REACH grantee, is the partner organization to Bwafwano for the orphan program.
REGION	**ASIA AND NEAR EAST**
	SHARAN—INDIA
SOCIETY FOR SERVICE TO URBAN POVERTY (SHARAN) **TYPE OF ORGANIZATION: LOCAL NGO**	Funding supports care and support services for predominantly homeless PLWHA in New Delhi by increasing utilization of health care services by targeted populations and providing nutrition, psychosocial, and socioeconomic support. **PROGRAM FOCUS:** Care and Support

Pact's Community REACH Subgrant Programs Cited in the Paper

Country: India Grant Awarded: $149,132 Length of Project: 3 years	**PROGRAM SUB-FOCUS:** Nutrition, Psychosocial Support, Socioeconomic Support **TARGET POPULATIONS:** IDUs, PLWHA **RESULTS:** • Provided nutrition for 150 clients daily • Provided VCT, care and support, and clinical referrals for close to 2,000 clients • Referred over 400 clients for free antiretroviral therapy provided by the government of India • Initiated PLWHA and women's savings groups **SUSTAINABILITY:** Several components of the Community REACH-funded program have been picked up for funding by the local government municipality.
REGION	**LATIN AMERICA AND CARIBBEAN**
	FOSREF—HAITI
FOUNDATION FOR REPRODUCTIVE HEALTH AND FAMILY EDUCATION (FOSREF) **TYPE OF ORGANIZATION: LOCAL NGO** Country: Haiti Grant Amount: $285,714 Length of Project: 3 Years	FOSREF is making youth-friendly VCT and related services accessible to more than 350,000 impoverished youth living in marginal urban areas in the Western Department of Haiti. **PROGRAM FOCUS:** Voluntary Counseling and Testing, Linkages and Referrals **TARGET POPULATIONS:** Adolescent Youth **RESULTS:** • 3 youth-friendly VCT sites established • Over 1,500 youth pre-counseled, tested, and counseled after the test, following national VCT protocol standards • 3 post-test clubs established • 20 youth-friendly VCT counselors trained **SUSTAINABILITY:** Due to its unique focus on youth through funding by Community REACH, FOSREF successfully worked with the Haiti MOH and was able to establish a national VCT protocol and age of consent policy for youth. The government of Haiti was so impressed with the FOSREF/REACH model, it secured global funds for FOSREF to establish up to 27 youth-friendly VCT centers throughout Haiti modeled on the Community REACH program.

AFRICA	TANZANIA FIXED OBLIGATION GRANTS (FOGS) FBO NETWORKS PROGRAM
	CUMULATIVE RESULTS OVER A SIX-MONTH PERIOD THROUGH RAPID SCALE-UP FOGS: • A total of 1,310 people (777 and 533 women) were trained. These include 1,186 people (712 men and 474 women) trained as trainers on stigma and discrimination reduction. Trainers then conducted stigma and discrimination reduction activities in their faith communities. • 3,113 people (1,593 men and 1,520 women) participated directly in the stigma reduction and workplace intervention programs. Out of these, 1,310 (777 men and 533 women) participated in the training while 1,803 (816 men and 987 women) participated in three community events. • The program is estimated to have reached a minimum of 319,303 people with stigma and discrimination reduction messages. This has included people who got the message through training, community events, leaflets, t-shirts, flyers, posters, newspapers, and radio and television programs. The plan exceeded the original target of reaching 250,000 people.
	CCT—TANZANIA
CHRISTIAN COUNCIL OF TANZANIA (CCT) **TYPE OF ORGANIZATION: LOCAL FBO NETWORK** Country: Tanzania Grant Amount: $100,000 Length of Project: 9 months	CCT is participating in the dissemination and utilization of the "Understanding and Challenging HIV Stigma Toolkit for Action" developed by ICRW and AED's The CHANGE Project. After participating in a training-of-trainers workshop, CCT is conducting its own training activities aimed at pastors, youth, and women leaders who will then disseminate the anti-stigma toolkit to their communities. CCT carries out community sensitization activities and events in six selected towns. CCT has developed its own IEC materials for print and distribution focusing on stigma reduction within a Christian context. **PROGRAM FOCUS:** Stigma and Discrimination, IEC **TARGET POPULATIONS:** General Population **TARGET POPULATIONS:** General Population, Pastors, Imams **RESULTS:** See cumulative results for Africa above. **SUSTAINABILITY:** The funding mechanism under this model is for rapid scale-up of an established service delivery methodology or national standard of delivery and is not for long-term program sustainability.

Pact's Community REACH Subgrant Programs Cited in the Paper

	CSSC—TANZANIA
CHRISTIAN SOCIAL SERVICES COMMISSION (CSSC) **TYPE OF ORGANIZATION: LOCAL FAITH-BASED ORGANIZATION NETWORK** Country: Tanzania Grant Amount: $100,000 Length of Project: 9 months	CSSC is participating in the dissemination and utilization of the "Understanding and Challenging HIV Stigma Toolkit for Action" developed by ICRW and AED's The CHANGE Project. The organization conducts training activities for church leaders/bishops and social services providers from church institutions for advocacy on stigma reduction. **PROGRAM FOCUS:** Stigma and Discrimination, IEC **TARGET POPULATIONS:** General Population **TARGET POPULATIONS:** General Population, Pastors, Imams **RESULTS:** See cumulative results for Africa above. **SUSTAINABILITY:** The funding mechanism under this model is for rapid scale-up of an established service delivery methodology or national standard of delivery and is not for long-term program sustainability.
	BAKWATA—TANZANIA
NATIONAL MUSLIM COUNCIL OF TANZANIA (BAKWATA) **TYPE OF ORGANIZATION: LOCAL FAITH-BASED ORGANIZATION NETWORK** Country: Tanzania Grant Amount: $100,000 Length of Project: 9 months	BAKWATA is participating in the dissemination and utilization of the "Understanding and Challenging HIV Stigma Toolkit for Action" developed by ICRW and AED's The CHANGE Project. The organization conducts training activities for imams, sheikhs, youth, women, widows, PLWHA, and school and madrasat teachers. Once trained, these groups disseminate the anti-stigma toolkit to the Muslim community. The organization is developing booklets with anti-stigma messages for use in madrasat for general distribution. **PROGRAM FOCUS:** Stigma and Discrimination, IEC **TARGET POPULATIONS:** General Population **TARGET POPULATIONS:** General Population, Pastors, Imams **RESULTS:** See cumulative results for Africa above.

Pact's Community REACH Subgrant Programs Cited in the Paper

	SUSTAINABILITY: The funding mechanism under this model is for rapid scale-up of an established service delivery methodology or national standard of delivery and is not for long-term program sustainability.
	WCRP
WORLD CONFERENCE ON RELIGION AND PEACE (WCRP) **TYPE OF ORGANIZATION: LOCAL FAITH-BASED ORGANIZATION NETWORK** Country: Tanzania Grant Amount: $100,000 Length of Project: 9 months	WCRP is participating in the dissemination and utilization of the "Understanding and Challenging HIV Stigma Toolkit for Action" developed by ICRW and AED's The CHANGE Project. WCRP is conducting national, district, and community training on stigma for over 13 different faith communities in selected regions. These communities include: • Muslims not covered by the National Muslim Council of Tanzania (BAKWATA), including the Supreme Council of Islamic Organizations and Institutions of Tanzania (BARAZA KUU), Khoja Shia Ithna-Asheri Jamaat, Ismaili (Aga Khan) Community, Anjuman-E-Saiffee (Bohra) community, Ahmadiyya Huslim Jamaat, and Answar Sunna • Minority faith communities, including the National Spiritual Assemblies of the Baha'is of Tanzania, the Tanzania Buddhist Association, the Hindu Council of Tanzania, Sri Guru Singh Sabha, Tanzania Assemblies of God, and Free Pentecostal Church in Tanzania • The indigenous religion, the Parakuiyo Maasai Community • The Zanzibar Inter-Faith Forum **PROGRAM FOCUS:** Stigma and Discrimination, IEC **TARGET POPULATIONS:** General Population, Pastors, Imams **RESULTS:** See cumulative results for Africa above. **SUSTAINABILITY:** The funding mechanism under this model is for rapid scale-up of an established service delivery methodology or national standard of delivery and is not for long-term program sustainability.