



Partners or donors: The perceived roles of Global Fund Principal Recipient NGOs in HIV prevention programmes in Ukraine



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ABSTRACT

Ukraine has one of Europe's fastest growing HIV rates and in 2003–2012 was one of the largest recipients of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). Doctoral research recently completed by the author investigates the conduct and practice of international and national nongovernmental organisations (NGOs) as Principal Recipients (PRs) of GF grants in Ukraine from 2003 to 2012. An ethnographic enquiry including 50 participant interviews was conducted in three oblasts in Ukraine, and in its capital, Kyiv. The paper presents some of the findings that emerged from the analysis. Discussing the PR NGOs roles and practices in delivering HIV prevention programmes funded by GF, the author argues that the anticipated benefits of NGO partnerships between PR NGOs and their Sub-Recipients (SRs) have not been achieved. Rather, PRs acted as donors and ran highly discretionary policies in channelling GF funding to SRs that installed competition and vertical relations between NGO-grantors and NGO-grantees. The outcome was a servile civil society that is dependent on external funding and is unable to genuinely represent their communities. With an anticipated GF phasing out from Ukraine, there is a critical lack of advocacy potential of the civil society to articulate and defend the needs of PLHIV when transferring HIV services into state funding.

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“We ourselves have nurtured a dragon.... we ourselves have fallen into inferior position, we turned from leaders – the Third sector – to (perform) functions of service personnel”.

Anonymous respondent, Ukraine

1. Background

A focus on civil society is an important principle of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF)¹

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¹ The following abbreviations are used in the paper: AIDS – acquired immunodeficiency syndrome CCM – country coordinating mechanism EECA – Eastern Europe and Central Asia GFATM – the Global Fund to Fight AIDS, Tuberculosis and Malaria GF – same as above GONGO – government-organised NGO HIV – human immunodeficiency virus IDUs – injecting drug users INGO – international nongovernmental organisation MARP – most-at-risk population M&E – monitoring and evaluation MOH – Ministry of Health MSM – men having sex with men NGO – nongovernmental organisation OIG – Office of the Inspector General of the GF PLHIV – people living with HIV PR – principal recipient of GF funding PWIDs – people who

– the “main international health donor” (GFATM 2001). As a requirement for countries’ eligibility to receive funding, the GF puts a condition to engage civil society and those affected by the diseases in service provision (Rivers, 2005). The engagement of NGOs is predicated on the special nature of GF programmes, which perceive them as having better access to marginalised and vulnerable groups such as women and girls, men who have sex with men, transgenders, sex workers, and people who inject drugs, in comparison with slow and bureaucratised processes in state health care.

Ukraine had developed the most severe epidemic in EECA (Kruglov et al., 2008) and was one of the largest recipients of GF funding. In 2003, it received its first R1 HIV grant of 99.12 million USD to implement a government health care-centred programme. The Principal Recipients (PRs) were the Ministry of Health (70% of the grant), United Nations Development Programme (UNDP) (10% of the grant), and the ‘Ukrainian Fund against HIV/AIDS’, a “GONGO reporting to the Cabinet of Ministers” (Brusati, 2003, p. 14), responsible for 20% of the grant. Implementation stalled soon after it started due to lack of capacity to absorb massive GF funding. In January 2004, the GF suspended the funding and transferred R1 grant to an international NGO, ‘International HIV/AIDS Alliance’, a charity registered in the UK. An anticipated outcome of the GF decision was a robust and effective delivery of HIV services. This expectation was rooted in the GF’s perception of civil society organisations as “essential, successful and high-performing implementers of Global Fund grants and that direct financing to civil society PRs can improve the speed of finance and add additional capacity” (GFATM, 2007). The perceived strength of NGO partnership relationships’ among the Alliance and other NGOs was considered “key to the success of the GF programme” (Drew, 2005, p. 5). The next R6 grant (2007–2012) continued with its local NGO subsidiary, Alliance-Ukraine, and a national NGO ‘All-Ukrainian Network of PLHIV’ (*Network*) as the second PR. GF Inspector General noted that lack of national ownership with minimal government support carried a risk of the GF programme being a ‘stand-alone’ project (OIG, 2008).

This paper draws on the evidence that was obtained in the course of a doctoral research conducted by the author on the GF programmes in Ukraine (McGill, 2015). The study investigated the conduct and practices of two PR NGOs as implementers of GF programme, originally geared at state health care system. The study situated analysis of NGOs delivering HIV services into a broader socio-political context of ‘Third Sector’ in Ukraine, which has been largely supported through external funding. The study was informed by the author’s first-hand experience with civil society in EECA where she closely witnessed as well as participated in NGO development, and later worked in aid programmes on HIV/AIDS. The present paper brings in new, country-specific evidence, confirming and expanding the existing

views on developed countries’ NGOs acting as donors in aid programmes.

2. The NGO roles in aid programmes – Literature review

The point of departure for the analysis of NGO relations during the GF implementation was determined on the basis of literature sources on the roles of NGOs in development. Important assumptions in literature included the following:

- Following Ibrahim and Hulme (2010), NGOs typically exercise three primary roles, namely: advocacy, policy change and service delivery.
- Rich-country NGOs operate as donors with respect to NGOs and even to the state in poor countries.

2.1. Dilemmas of external NGOs

Much of the global discourse on AIDS and NGOs is acknowledged as having developed along the lines of a ‘North–South’ relationship (Boone & Batsell, 2001). Nelson suggested a ‘North–South divide’ across NGOs, corresponding roughly to developed versus less developed countries (Nelson, 2002). Engberg-Pedersen (2008) argued that development NGOs in rich countries have been operating as donor agencies with respect to CSOs and even to state in poor countries: “They have unilaterally decided where, with whom and regarding what they want to work”, while “the concern with raising money and the various ideological commitments have pushed them towards service delivery” (Engberg-Pedersen, 2008, p. 1). Shumate, Fulk, and Monge (2005, p. 488) described the 1990s as “an era of great success for HIV–AIDS INGOs”, manifested in increased aid funding. They identified exchange of ideas, promotion of member interests, coordination and regulation of member activities, education and public awareness, research and information gathering, and humanitarian activities among the INGO activities and suggested that INGOs typically work “within the ‘status quo’” to provide services and to advocate for their members (Shumate et al., 2005, p. 486). Risse (2006) noted frequent accusations of INGOs for lacking legitimacy and suggested that the issue was linked to INGOs’ internal accountability: “if we compare ‘INGOs’ to democratic states, they certainly lack internal accountability” (Risse, 2006, p. 190). Smith, Pagnucco, and Lopez (1998) noted that most transnationally operating NGOs were accountable to a rather small group of members and to those who fund them, mostly private foundations, or public agencies.

2.2. The duality of service delivery and advocacy roles of NGOs

Ibrahim and Hulme (2010) in their analysis of civil society roles in poverty reduction distinguish three main roles perceived of NGOs, which in the context of HIV/AIDS NGOs appear like the following:

inject drugsSR1 – round 1 of Global Fund (2003–2008)SR – sub-recipient of GF fundingUNAIDS – Joint United Nations Program on HIV/AIDSUNDP – United Nations Development ProgrammeVCT – voluntary counselling and testingWHO – World Health Organization

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