Effects of donor funding on the HIV/TB programme outcomes in South Africa

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DECLARATION

I, Cleopatra Zinhle Sokhela, declare that this research report entitled 'Effects of donor funding on the HIV/TB programme outcomes in South Africa' is my own unaided work. I have acknowledged, attributed, and referenced all ideas sourced elsewhere. I am hereby submitting it in partial fulfilment of the degree of Master of Business Administration requirements at the University of the Witwatersrand, Johannesburg. I have not submitted this report before for any other degree or examination to any other institution.

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Signed at Johannesburg on 30th March 2021

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ABSTRACT

There has been decreasing donor funding for the past years, especially in developing countries. With the global economic crisis fuelled by the COVID-19 pandemic, there has been mounting pressure on governments and NGOs to sustain healthcare services and the HIV/TB programme implementation. Despite the efforts made in curbing HIV and TB in South Africa, the country is still struggling to meet its planned HIV and TB programme outcomes. The purpose of this study was to establish the factors that influence donor funding for HIV/TB programmes in South Africa and understand how NGOs utilise donor funds to achieve HIV/TB programme objectives. The study intended to determine the factors that influence donor funding for HIV/TB programme in South Africa; to establish how NGOs utilise donor funds to achieve HIV/TB programme objectives in South Africa; to establish strategies to sustain South African NGOs beyond donor funding, and to propose HIV/TB programme implementation strategies for NGOs in South Africa. The study was guided by the donor and recipient models intended to establish the relationship between donor interest, political interest, NGO funding, and HIV/TB programme outcomes and establish if NGOs sustainability is influenced by decreased donor funding. A quantitative and deductive study was conducted using an online survey. Data was collected from 308 respondents drawn from 30 donor-funded organisations across South Africa. The study's key findings revealed that donors give generously for the HIV/TB programme with no expected returns. Poor HIV/TB programme implementation by NGOs and lack of social impact affects future international funding opportunities. The study further established a positive relationship between recipient needs, NGO funding, and HIV/TB programme outcomes. The paper also concludes that NGO sustainability is not affected by declining donor funding, but a strong positive relationship between NGO leadership capacity and NGO sustainability was identified. A significant portion of respondents indicated that sustainability planning, government co-funding, diversified revenue-generating strategies, meaningful stakeholders' engagement and NGOs leadership capacity development were essential to ensure better HIV/TB programme outcomes and NGOs' sustainability beyond donor funding. In order to enhance the sustainability of donor-funded organisations and programme outputs, the study recommended the need for donors to review regulation governing donated funds utilisation; developing sustainability plan at the beginning of the funding cycle, NGOs to review their business models and NGO leadership capacity development on resource mobilisation and financial management. Future studies could focus on South African NGOs providing HIV/TB services readiness to transition from donor funding and evaluating the most effective revenue-generating strategies that NGOs can implement in South Africa.

Keywords: Donor interest, donor funding, recipient need, sustainability, HIV/TB programme, health outcomes, NGOs

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LIST OF ABBREVIATIONS AND ACRONYMS

ART	Antiretroviral Therapy
ARV	Antiretroviral (drugs)
COVID-19	Corona Virus Disease
GBV	Gender-based violence
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
KFF	Kaiser Family Foundation
M&E	Monitoring and Evaluation
NAC	National AIDS Council
NDP	National Development Plan
NGO	Non-government organisation
PEPFAR	President's Emergency Programme for AIDS Relief
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Services
SNGOs	Southern NGOs
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNESC	United Nations Economic and Social Council
WHO	World Health Organisation

1 INTRODUCTION TO THE RESEARCH

1.1 Background and context

This research attempts to understand the effects of donor funding on the HIV/TB programme outcomes in South Africa. However, before getting to the research conceptualisation (Section 1.2), we briefly introduce the terms and concepts that we have used in conceptualising this research in Section 1.1 generally and broadly—while Chapter 2 has a more specific and detailed discussion on the research context. The research conceptualisation section provides for the research problem statement (Section 1.2.1) and, consequently, the purpose of this research (Section 1.2.2) as well as the research questions (Section 1.2.3). The research study's delimitations and assumptions are in Section 1.3, while we discuss the significance of the research study in Section 1.4 and provide a preface to the research report in Section 1.5.

1.1.1 Donor funding in South Africa

The increasing HIV and TB pandemic has opened the door to international communities to define the management of HIV and TB in African countries. This pattern created African dependency on the west and has shaped health policy to drive international donors' priorities (Ewing & Guliwe, 2008). Neighbouring African countries have seen their health system, policies, and budget dwarfed by foreign international countries. South Africa has negotiated a tricky interface between the sustainable healthcare sector, dependency, partnership, and paternalism (Ewing & Guliwe, 2008).

Major donors in South Africa believe that international aid is a component of the post-Apartheid Development Project to address poverty and inequality (Habib & Taylor, 1999). South Africa has more donors than in other African countries. However, donor funds represent a small proportion of the South African national budget (Habib & Taylor, 1999). Therefore, it raises a question: Is it worth it to have international aid detecting policies and the structures of how government should be run and how projects should be conducted. There is constant conflict between the government, civil society and the funders (Edwards, Hulme, & Wallace, 1999). The tensions between government and donors have a long history due to the Western donor paternalism towards African countries (Foltz, 1994). The South African government has avoided a trap of dependency by ensuring that the country has sustainable domestic resources (Maizels & Nissanke, 1984). Due to corruption that has crippled all government structures and infiltrating, the private sector has encouraged international donors to modify and define the health system's policies to eradicate HIV

and TB in South Africa (Bisika, Buch, Mathole, Parsons, & Sanders, 2009). Donor funding has increased for South Africa compared to other African countries like Mozambique and Zambia, but the impact of the aid seems not to have been achieved as planned (Bisika et al., 2009)

Galvin and Habib (2003) have noted that donors still favour state-centric compared to community-orientated decentralisation. This has been the case even though state-centric decentralisation institutionalises government biases and encourages corruption, thereby undermining the original motivation and rationale to decentralize funds to respective communities (Galvin & Habib, 2003).

1.1.2 The South African NGO system

A robust procedural system has strictly shaped the relationship between non-governmental organisations and international donors to ensure that funds are utilised for intended purposes and do not disappear to achieve the intended social impact (Bornstein, 2006). Corruption has become daily news in South Africa with all its scandals; therefore, investors and donors are cautious of where their money goes. The logic monitoring framework was developed to improve the accountability of NGOs in project management. Funders are changing their funding strategy and intensifying scrutiny of organisations that they will fund in the future. Planning and monitoring are increasingly becoming valuable elements of programme implementation. Although international donors have implemented excellent Monitoring and Evaluation (M&E) systems, this has opened a door for deceit or corruption from NGOs, as reported progress differs from what is truly happening on the ground.

Not disputing the fact that NGOs have played a significant role in improving HIV/TB services and outcomes in South Africa, but the billions spent on the programme in the last ten years do not match the appalling outcomes of TB and HIV in South Africa. Leadership capacity within a South African NGO is an integral part of sustainability and productivity. The investors are concerned about political appointees and the executive and board of directors' skills level within the non-governmental organisation.

1.1.3 The HIV/TB programme implementation in South Africa

A few reports and studies have concluded that South Africa has the highest HIV and TB infections and the world's most extensive ART programme (Chiliza, 2020). Despite the history of South Africa's delay in managing HIV, the South African government has declared HIV and TB pandemic as a developmental and societal issue that calls for urgent policy re-engineering (Karani,

Bichanga, & Kamau, 2014). The burden of HIV/TB has profound implications for four sectors in South African: development, health, the state, and education or academia (Whiteside, 2019).

The impact of HIV/AIDs on development outcomes is well researched. The high HIV-related sickness rates and premature adult deaths compromise household stability and investment in children's futures. Stress extends to families and broader social networks. There will be diminished labour supply and productivity while increasing household sustainability costs, public institutions, and private-sector companies (Africa, 2012). These observations are generally undisputed. While past studies have focused on the impact of HIV/AIDs on development outcomes, this study focused on the long-term effects of the HIV/TB programme implementation.

For South Africa to achieve the 95-95-95 United Nations (UN) HIV/TB targets in 2030, healthcare services' delivery needs to be improved by partnering with non-government organisations to expand health services (Lanshaw, 2020). Research has shown that NGO service delivery is more effective than the government's services (Volny-Anne, 2019). A tailor-made service package that meets the country's needs should be integrated into the NGOs' scope of work. The government can fund and transfer healthcare services to NGOs or social enterprise organisations (Loevinsohn & Harding, 2005).

1.2 Research conceptualisation

1.2.1 The research problem statement

South Africa has the most extensive HIV/TB programme globally and has made a considerable improvement in getting people to test for HIV and TB in recent years (Carmona et al., 2018). Despite the efforts achieved, people in South Africa are still dying from HIV and TB complications. The NGOs play an essential role in managing these two pandemics but suffer from inconsistent funding from international donors (Ahmed, 2013). International donors fund the most critical social health programme due to the failing government structures, lack of capacity, and corruption. The utilisation of NGOs' donor funds is still a mystery to be discovered, and NGOs' performance has not improved the HIV/TB outcomes in South Africa as planned (Chu & Luke, 2020). For projects to continue, NGOs need to explore and pivot other revenue generation strategies (Alan, 2000).

This study aimed to understand the effects of donor funding on the HIV/TB programme outcomes in South Africa, further establishing how NGOs utilise donor funds to achieve HIV/TB

programme objectives in South Africa. This research intends to test the hypothesis that NGOs' efficient fund utilisation positively affects HIV/ TB outcomes. The donor funding strategies have been researched broadly, but there is limited research on the evidence of funds utilisation by NGOs (Goddard, 2020). The study also intended to propose an HIV/TB implementation strategy for South Africa NGOs to enhance stainability and improve programme outcomes.

1.2.2 The research purpose (aim and objectives) statement

This study aimed to understand the effects of donor funding on the HIV/TB programme outcomes in South Africa. The study sought to determine the factors influencing donor funding for HIV/TB programme in South Africa through the literature review. Second, the study sought to establish how NGOs utilise donor funds to achieve HIV/TB programme objectives in South Africa. Third, the study sought to establish strategies to sustain NGOs beyond donor funding. Lastly, we propose an HIV/TB programme implementation strategy for NGOs in South Africa.

1.2.3 Research questions and research hypotheses

The study sought to address the following key questions and proposed the associated hypotheses beneath each of the research questions:

Question 1: What factors influence donor funding for HIV/TB programmes in South Africa?

H_1: There is a positive relationship between donor interest and NGO funding.
H_2: There is a positive relationship between political interest and NGO funding.
H_3: There is a positive relationship between HIV prevalence and NGO funding.

Question 2: How do NGOs utilise donor funds to achieve HIV/TB programme objectives?

***H_4**: There is a positive relationship between how NGOs utilise donor funds and HIV/TB programme outcomes*

Question 3: How can NGOs be sustained beyond donor funding?

***H_5**NGO sustainability is positively influenced by decreased donor funding*

Question 4: How can the HIV/TB programme be implemented in a way that ensures sustainability and achievement of programme objectives?

1.3 Delimitations of the research study

The study was delimited to understand the effects of donor funding on NGOs providing TB and HIV services in South Africa. It further focused on NGOs funded by international donors such as Global Fund, U.S President's Emergency Fund for AIDS Relief (PEFAR), Bill Gates Foundation, the United States Agency for International Development (USAID) and Centres for Disease Control and Prevention (CDC). The study further determined whether donors' interest positively influenced NGO funding and the relationship between efficient donor fund utilisation by NGOs and HIV/TB programme outcomes. The relationship between NGOs sustainability and declining donor funding was also studied.

The HIV and TB programme outcomes were measured using the new infection rates and the mortality rates; NGOs' sustainability is measured using the financial, organisational, and programme stability. However, the study excluded the relationship between NGO internal capacity and HIV/ TB programme outcomes.

1.4 Assumptions of the research study

The study assumed that the participants would respond to the survey honestly and truthfully. The sample's inclusion criteria were presumed to be appropriate as it assumed that research participants had experienced the same or similar study phenomena. Participants were assumed to have a sincere interest in participating in the study and did not have any other hidden motives. The study further assumed that the proposed strategies would have a meaningful effect on NGO and HIV and TB programme implementation in South Africa.

1.5 Significance of the research study

NGOs face the reality that they can no longer depend entirely on international donor funding and corporate philanthropy. In the US, donor funding declined by 14.5%, and over the last 15 years before even the Corona Virus Disease (COVID-19) pandemic, corporate donations as a percentage of profit have reportedly dropped by 15% (Africa, 2012). The increased demand for social responsibility and investors' pressure to maximize profit has forced CEOs to find it challenging to justify donation expenditure in terms of the bottom-line benefits (Porter & Kramer, 2002). The International Development Assistant agency mentioned that many would not sustain

the future without NGOs considering other alternatives for funding their projects (Porter & Kramer, 2002). This study could thus provide some NGO sustainability strategies to ensure their survival beyond donor funding.

Despite the increased income in developing countries and increased social problems in underdeveloped countries, donor countries are becoming more stringent with their money and causing the aid and shrinkages of resources. The study further proposes an organisational model for NGOs to continue providing essential services to their communities beyond donor funding. The South African Healthcare sector is in shambles, and people continue to die from preventable and curable diseases; therefore, there is a need to identify other funding sources to ensure that society's livelihoods are improved. Thus, NGOs and the South African government could adopt the study findings and recommendations to improve their implementation of national HIV/TB programmes.

1.6 Preface to the research report

The report has six chapters. Following this introductory chapter is Chapter 2, which provides a literature review covering the problem, the past studies, the explanatory framework, and the conceptual framework. Chapter 3 discusses the research strategy, design, procedures, reliability and validity measures, and methodological limitations. Chapter 4 presents and discusses the findings, while Chapter 5 summarises and concludes the research. In chapter 6, a consultancy report is presented to one of the donor-funded organisations based on the research findings.

2 LITERATURE REVIEW

2.1 Introduction

There seem to be increasing interests in research related to donor funding studies over recent years, given the increased donor attention to the prevention, control and treatment of especially HIV/AIDS (Shiffman, 2008). Global efforts towards combating HIV/TB have drawn increased interest in funding such programmes in Africa and beyond. A couple of country-specific studies on donor funding have emerged over the recent years, such as Uganda (Rasmussen, 2013), Nigeria (Adefemi, Yates, Awolaran, & Bakare, 2017), and Kenya (Kimani, 2015). Despite the increased interests and studies evolving around donor funding, there remain concerns regarding donor funding prioritisation and donor funding effects on the donor-funded programmes' outcomes.

Guided by the study's objectives, this chapter reviews the literature on the factors influencing donor funding, how NGOs utilize or prioritize donor funds and sustainability strategies for NGOs beyond donor funding. With the guidance of existing literature, the chapter further presents a framework that interprets effective donor funding utilisation and achievement of programme outcomes by NGOs, from which hypotheses are deduced and ultimately tested in Chapter 4.

2.2 Definition of key terms

2.2.1 Donor Funding

Donating money is an individual choice influenced by political or non-political interests in decisions, programmes, services, religious beliefs and other factors that might interest the donor (Bayram & Graham, 2015). Donor funding is defined as financial aid received from international and multilateral agencies such as PEFAR, UN and Global fund, which mainly focuses on NGO financing (Kimani, 2015). Funds provided to external organisations are primarily dependent on bilateral agreements in different regions; donors prefer to fund NGOs rather than national governments due to political tension between international agencies and country-specific administrative systems (Rasmussen, 2013). The funds can be restricted and unrestricted. NGOs can use unrestricted funds to fulfil their project objectives, but they still provide evidence of how funds are used and outputs from projects (Kimani, 2015). This brings autonomy and flexibility for NGOs to manage funds and enhance financial planning.

Restricted funding allows donors to restrict NGOs in making decisions about the funds donated; they often create new programmes that suit their preferred objectives rather than contributing to an existing country-based programme (Farag, Nandakumar, Wallack, Gaumer, & Hodgkin, 2009). The donors have full control of how funds are used, dictate the financial size and specify policy directives. Donors are not obliged to continue with their commitments even in restricted funding; they can decrease or stop committed funds as it suits them, leading to the project disruption (Van Dalen & Reuser, 2006).

2.2.2 Non-governmental Organisations (NGOs)

The United Nations Economic and Social Council (UNESC) established and defined non-government organisations after Resolution 288 on the 27th of February 1950 (Ahmed, 2013). An NGO is an organisation that officially provides non-government affiliations and has consultative roles with different stakeholders (Alan, 2000). NGOs' birth came about with Africa's colonisation by the European power in the 50s (Ahmed, 2013). Missionary group activities were implemented mainly in the South, whose activities could be various prototypes and NGO ventures into education, healthcare, and agriculture, including these communities' welfare. Non-government organisations had no recognition from the government, policymakers and researchers until the late '80s. The silo growing participation of NGOs in providing resolution for the wicked social problems has precipitated the increased energy from donors, researchers and the government to engage NGOs on the agenda of social services.

Matin and Hulme (2003) defined NGO as a formal independent societal organisation to promote common goals and meet community needs by addressing national and international needs (Matin & Hulme, 2003). NGOs' value-driven approach maintains justice, equity and empowerment of the poor that most profit organisations do not share much value in (Hossain & Matin, 2007). NGOs foster stakeholder participation, meaningful engagement, promote mutual learning and accountability and have full self-governance and long-term sustainability. To continue providing the services needed to their countries and communities, NGOs use a people-centred approach in providing and delivering services for the poor (Ahmed, 2013).

NGOs play a critical role in the community by addressing the social needs and wicked social problems governments fail to achieve. If NGOs are managed efficiently, they can provide measurable socially impactful benefits to the country's economic structure, political capacity, health and education status.

NGOs in developing countries are heavily dependent on international donor funding; hence donor dominance is quite evident. The donor-NGO relationship has been volatile in the past 15 years (AbouAssi, 2013). While donors have revised their funding priorities, implementers have also attempted to adapt to the frequent changing donor interests. Negotiating and motivating for services to continue and finally reaching common ground, automatically executing the donor's interest, voluntarily adapting to the situation. NGOs will rarely suspend the donor relationship as developing countries need this funding to sustain their priority welfare services (Rasmussen, 2013).

2.2.3 Programme outcomes

Cornell et al. (2010) define programme outcomes as statements that describe essential measurable activities and objectives that organisations and programme implementers have to achieve at the end of a programme. Many, however, all seem to focus on either prevention, treatment success and retention indicators: this may include new infections, number of patients put on treatment, patients retention in care and mortality rate (Cornell et al., 2010; Jewell et al., 2020; Okomeng, 2019; Shiva & Suar, 2012).

HIV/ TB programme researchers have defined HIV/TB programme outcomes differently depending on their measure. The global community defines *outcome* in a standard manner: "90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression by 2020" (Levi et al., 2016, p. 3). For programme objectives to be achieved, internal and external factors contribute to the health outcome. Shiva and Suar (2012) and Abdullahi et al. (2020) cite internal factors such as leadership capacity, strategic planning, organisational culture, resource mobilisation, creativity and innovation. External factors include health budget, political support, socio-economic status of the society, technology, legislation, and society seeking behaviour (Titaley et al., 2020).

2.3 Problem analysis for HIV/ TB programme outcomes

South Africa has been tagged "the global epicentre" for HIV and TB pandemics (UNAIDS, 2020). Besides these two pandemics, South Africa grapples with lifestyle diseases, gender-based violence (GBV), injuries, corruption, and, more recently, COVID-19. The impact of HIV and TB has cost South African and the African continent a lot and has contributed to the economic, health, socio-economic development and academic failures. One would wonder why? Where did it all start, for what, and how can it be stopped or minimised?

In this section, a problem analysis tree is used to unpack HIV and TB programme implementation outcomes, focusing on the symptoms, core contributing factors, and consequences. The narrative first explains a brief history of HIV and TB, integrating the core identified factors. Second, explain international and national policy directives and strategies adopted to combat the spread of HIV and TB in developing countries. Third, a trend presentation of how the diseases have transition and the implementation of policy over time and the last part emphasises the key factors addressed in this study as per the questions in Chapter 1.

2.3.1 Spread of HIV and TB in developing countries.

In 1956 scientists believed that HIV was transmitted from chimpanzees to humans through contaminated meat blood in West Africa. The virus spread across the world, and it unknown how did the chimpanzees get infected. (Crawford, 2013). The first HIV-1 specimen was collected from a man in Kinshasa, the Democratic Republic of the Congo. Itis still unknown how this man got infected (Crawford, 2013). Researchers Crawford (2013), Padamsee (2017) and Whiteside (2019) further explain that the virus may have been present in the United States before 1966 and was primarily detected among male patients who have sex with other men (Blair, 2017). North America first HIV case was confirmed in 1968 in a 16-year-old Robert Rayford, who never travelled anywhere and had no history of blood transfusion (Murrell, 2020). The conspiracy on the systematic origins of HIV is still a mystery, and Whiteside (2019) concludes that HIV/AIDS is political.

The United States is the first country that acknowledges the deathly disease's existence and made an effort to put policy response to curb the spread of HIV/AIDS. However, the citizens may argue that the US health policies and national government decisions in response to HIV/AIDS have been insufficiently implemented; the results show that the US curbed the virus's swift spread and could support other countries (Padamsee, 2017).

In the 1990s, the HIV pandemic reached Southern Africa, currently with the highest number of people living with HIV and has the most extensive ART programme globally. Although South Africa has made great strides in combating the HIV pandemic, there are still many new infections, complications, and access to medication and depleted healthcare sectors. Sterck (2018) argues that each country's context matters in managing and eradicating HIV/TB. This includes; geographic location, dictatorship from donors, and supported by Whiteside (2019), who highlighted the lack of African political ownership and heavy dependence on international donors, posing future

uncertainty for the country, especially now abrupt disruption induced by the COVID-19 pandemic.

Whiteside (2019) concur with Collier, Manning, and Sterck (2015) that HIV is political because the contributing factors to the spread of HIV include wealth distribution, how nations interact and are ruled. It is about who dies and who lives. The power dominates the willingness to collaborate on essential factors that can benefit the world; all is at face value, the fight, and trade secrets around Intellectual property (IP) in pharmaceuticals, medical suppliers, vaccines, and Patent rights. Developing countries lack the resources, capacity, technology, rapid implementable innovations, and budget to conduct intensive research and development; therefore, IP's power will always be with developed countries; it all about power and profits.

What exacerbated the spread of HIV in Africa then became a global pandemic. Research has established that colonisation, apartheid, and Africa's exploitation granted fertile ground for spreading the virus within the continent (Dowden, 2014). Colonisation led to the exploitation of people and resources, poll tax levies, hunt taxes, migrant labour, slavery, and men left their homes to work in the mines, fields, and cities. Cities overgrew, led to overcrowding, lack of basic needs, and social change happened. Some men had several partners simultaneously, sex work increased, and sexually transmitted diseases increased among blacks. HIV thus spread rapidly (Kark, 2003).

The apartheid government was aware of HIV and its danger but had no interest in addressing HIV issues as it mainly affected black people. The opposition party, by then the African National Congress (ANC), was aware of the ANC health conference held in Maputo in April 1990 (Zeitz, 2007). The ANC took over power in 1994, and HIV was not a priority in their agenda due to stigma. Mandela acknowledges that he should have done better to manage HIV/AIDS. However, the focus was on winning the elections. Gay, sex workers and HIV-positive people were victimised, discriminated and banned from certain activities; most African leaders did not and still do not face reality about HIV transmission. The key populations (Man that have sex with other men, sex workers, and transgender individuals) are still wished away by some leaders. They pretend like they do not exist; budget and policy plans do not include them, while the prevalence of HIV is among the key populations. Surprisingly, denial or ignoring the HIV epidemic seemed a reasonable strategy for political leaders. This resulted in a denial of the disease and poor resource allocation to curb the spread of HIV.

When President Thabo Mbeki took over the presidency in 1999, it marked the beginning of South Africa's denialism. President supported by Dr Tshabalala-Msimanga that AZT was unsafe and that HIV might not cause AIDS. Dr Msimanga encouraged healthy eating and exercise (she was quoted treatment for AIDS "garlic, beetroot and lemon juice"). Under President Jacob Zuma (2008–2018) and the then health minister Dr Aaron Motsoaledi, in 2009, HIV policies were adopted and ARV available to people that had CD4 less than 500. The universal "test and treat" programme was implemented, making a significant change in people living with HIV (Johnston, Deane, & Rizzo, 2018). Lack of HIV/AIDS knowledge, including stigmatisation, led to embracing traditional and spiritual believes that witchcraft and spirit forces cause HIV (Kalichman & Simbayi, 2004).

The history of TB in South Africa was first documented in 1652 after the Dutch settlers' arrival. In 1860 there was an outbreak of TB in Butterworth and some other port of entry towns like Beaufort West, Cradock and Burgersdorp in the Karoo (Kanabus, 2019). The poor Europeans that come to South Africa to better their health majority come from the high TB prevalence countries, and most had TB before. In 1897 TB cases increased significantly among the black African population. The results show that whites South Africans had 19.9 deaths per 1,000, and the total for all white people was 13.6 deaths per 1,000. For the Black South African population, there was an annual incidence of 62 deaths per 1,000, which is higher compared to other groups (Kanabus, 2019).

TB continued to spread across the country from towns to mines and rural villages; according to the World Health Organisation (WHO) estimates, South Africa has the highest number of TB infections and deaths in the world, report approximately 500 000 cases in a year (MacDonel & Low, 2019). Verma, Upshur, Rea, and Benatar (2004) argue that lack of political buy-in, inadequate healthcare system response, poverty, and global inequity contributes to the worsening of TB transmission. Sacks, Pendle, Orlovic, Blumberg, and Constantinou (1999) are supported by Kim et al. (2005) and Benatar (2006) regarding the view that treatment interruptions, improper management of patients, defaulters from TB treatment contribute to MDR-TB and XDR-TB complication. To effectively manage the spread of HIV and TB in South Africa, we first need strong buy-in from political leaders, society, the private sector, academia, and last international donors. It is time that South Africa admit its problems and managed these two pandemics seriously; every South Africa and non-South African in the country is accountable for the outcomes of HIV and TB.

2.3.2 Funding for HIV and TB programme in developing countries

"... The true test of aid effectiveness is an improvement in people's lives."
– 2006 Survey on Monitoring the
Paris Declaration, OECD (2007)

The world leaders and international donors planned and committed to reducing extreme poverty by half in 2030, including strategies to resolve environmental dilapidation, gender disparity and HIV/AIDs, access to education, health care and clean water (Organisation, 2020). The impact of COVID-19 has changed the foundation and objectives in which Sustainable Development Goals (SDGs) were built. The health crisis COVID-19 hammered the world and its economy; it is time to rethink and pivot sustainable development pathways. Funding from international donors remains the same over a decade despite the increase in HIV/TB incidence by 24% in 2019 (Lanshaw, 2020). The Kaiser Family Foundation (KFF) /UNAIDS analysis shows that donor governments spent US$7.8 Billion on HIV in 2019, which decreased almost by $200 Million from 2018 (Lanshaw, 2020).

The decrease in bilateral financing from the United States led to a general decrease in funding worldwide. Congress's stagnant funding, poor timing for disbursements and shrinking funding pipeline for HIV/TB programmes for years (Lanshaw, 2020). While donors increased multilateral contributions to the Global Fund, UNAIDS, and UNITAID by more than $100 million to curb the spread of HIV, TB and Malaria, these gains were not enough to offset declines in bilateral funding (Lanshaw, 2020). Since 2010, funding from donor governments other than the U.S. has declined by more than US$1 billion, mainly due to decreased bilateral support for HIV.

The sustainability of donor-funded organisations is left out of the agenda from the beginning of the funding process; therefore, 50 per cent and more organisations collapse a year after donor funding ends (Chiliza, 2020). A further drop in funding is expected as the global economy is estimated to drop at least 5% in 2020, leading to a decline in developmental aid by US$25 billion in 2021 (Naidoo & Fisher, 2020). Valodia (2020) argues that the South Africa economy had a massive fall of the GPD by 16.4% between March and June 2020.

The economic constraints pose a threat to the healthcare system in South Africa; in 2019, South Africa reported 7.7 million people living with HIV, 200 000 new infections and 71% of adults on

ARVs and 41% children (UNAIDS, 2020). To continue providing treatment to experience and naïve patients, the MTF budget for health should increase; the cost for ARVs has increased drastically due to COVID-19 and donor funding decreasing. Tomlinson (2020) argues that the country has reported a decrease in ARV and TB treatment from March 2020 and drug shortages due to decreased manufacturing and production in China during the COVID-19 lockdown period. Drug shortages have affected many countries (SA, India, the US and others) that rely on China for APIs (Tomlinson, 2020).

The National Department of Health in South Africa published a list of over 50 medicines for which there was a limited supply in February 2020, but this is not a surprise for South Africa. Studies by Hwang et al. (2019) and Volny-Anne (2019) showed 1475 medication stockouts, of which 73% (1082) were of ARVs for adults; 18% were of ARVs for children; 2% were of Nevirapine syrup, and 7% were of TB-related drugs.

The high risk to patients is multi-drug resistance and complication from opportunistic diseases. ARVs are taken for life, and TB treatment needs to be completed; managing complicated cases will cost the government more. Mortality will increase; the spread of HIV and TB will increase. While South Africa has made remarkable achievements in increasing access to ART and TB treatment and improved service delivery, medication stockouts continue to hamper these great efforts. There is no strategy to curb the impact of decreased donor funding and drug shortages; country leadership should be accountable, transparent, and lead as a supply crisis and health system failure will continue. Government and international donors and civil society organisations must agree on a clear strategy for minimising the negative impact of donor transition and how that cost will be shared.

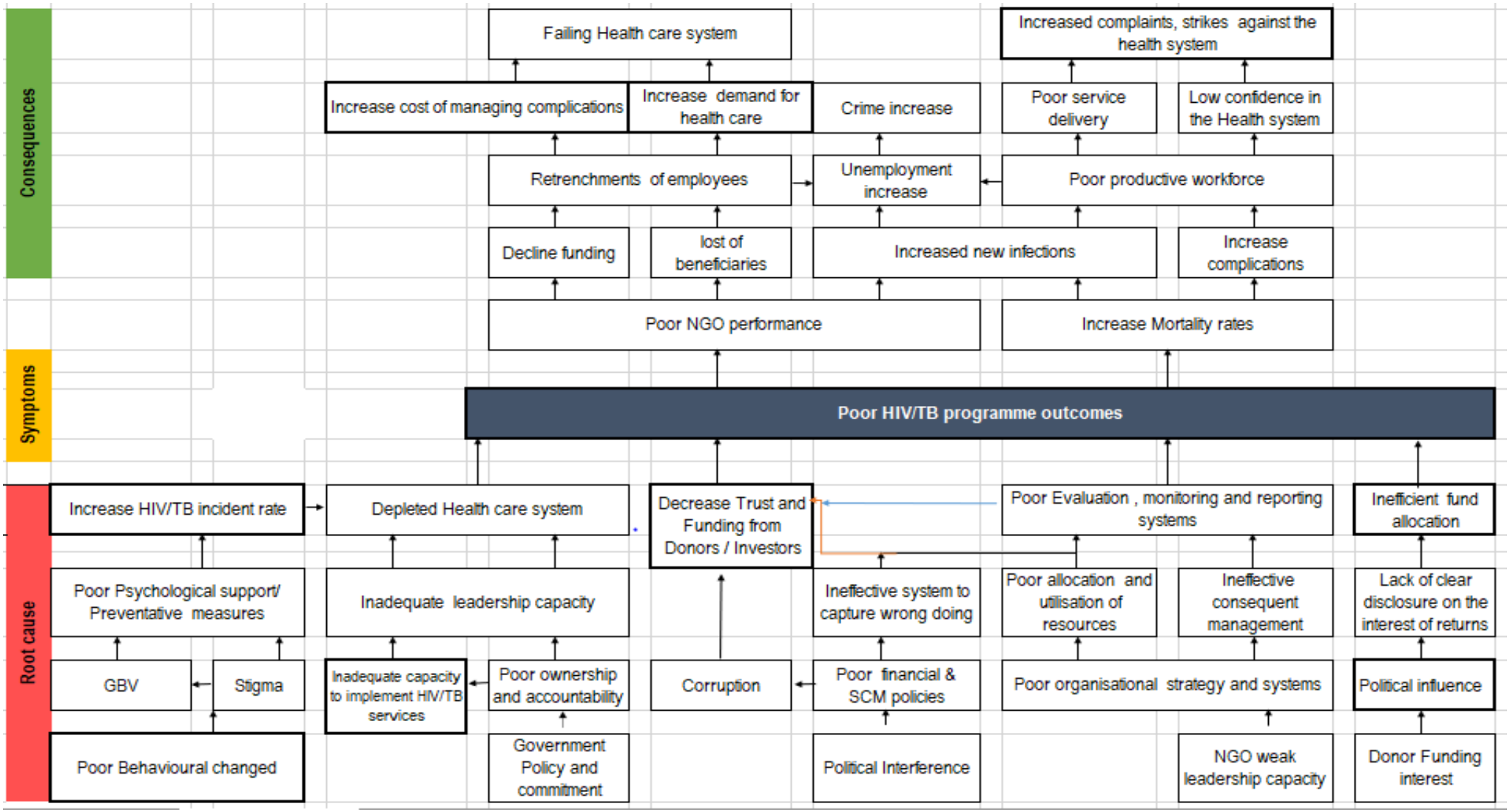

Figure 2.1: Problem analysis tree

Source: Developed for this study

2.4 Factors influencing donor funding in developing countries

This section provides an overview of the factors influencing donor funding in developing countries. It further determines the consequences of these factors on donor-funded organisations and beneficiaries of the services.

Scholars have queried the efficiency of the billions provided to African countries to improve economic development, as Africa is in deep debt and cannot pay back developed countries – she is still trapped in poverty and inequality (Ahmed, 2013; Bayram & Graham, 2015; Bebbington, 1997; Chiliza, 2020; Chowdhury, Rahman, & Burhan, 2020; McKinley & Little, 1979). However, the billions provided are viewed as an adequate amount to change the lives of poor people. At the same time, Akonor (2007) and Horner (2020) urges that the sum of the money allocated per average person per week is insignificant compared to funds allocated in developed countries. The estimated funds received by Africa is about "$500 billion over fifty years, calculated averages to about 10 dollars per person per year or 20 cents per person per week" (Akonor, 2007, p. 1074). The disaggregated funding per person is trifling since population and disease pattern has increased in Africa; therefore, can developing countries address health pandemics challenges, high cost of medication and poverty with 20 cents per person per week?

Donor-funded organisations experience increased volatility in funding due to the frequently changing interests of international funders, and NGOs have no choice but to align their objectives with donor interest to access financing (Parks, 2008). There is potential to perpetuate aid entitlement mentality; Africa cannot continue to depend on international donor funding for efficient development and independent economies. African leaders should take the lead to obtain domestic sustainability and systemic change using African resources. It may take decades, but it is the only way to true freedom and sustainable development for Africa. The continent is well-endowed with resources that can be used to generate wealth for the poor people in the African continent. Easy said than done, African leaders are reluctant to address the elephant in the room, power that precedence as they are afraid of losing future funding.

Following the 2008 global financial crisis, development assistance for health deteriorated. From 2013, development assistance declined tremendously, steering debate within the sustainable development community about the change of donor objectives for funding and investments (Gotsadze et al., 2019). The concern is that with dwindling donor funding, donor-funded health

programmes are at risk of collapsing and further exacerbating health problems in recipient countries.

Chiba and Heinrich (2019) support McKinlay and Little (1978) that foreign funding and allocation policies are not only driven by recipients developmental needs and humanitarian but other factors such as political influence, national securities, trade, and economic interest, geostrategic policy influence, tax benefits, evidence impact to beneficiaries, global economic status and donor interests. The sub-section below provides brief literature on the key factors influencing donor funding relevant to this study's objectives.

2.4.1 Political influence

President Donald Trump announced "the United States would suspend funding, accusing the WHO of mismanaging its response to the spread of the COVID-19 coronavirus pandemic. The US has historically been the WHO's top donor. We regret the decision of the President of the United States to order a halt in funding to the World Health Organisation," said Director-General Dr Tedros Adhanom Ghebreyesus (June 2020).

The then President of the United States, Donald Trump, gave the WHO instructions to act on China's mismanagement of COVID-19. WHO challenged Trump's views, then the President resorted to cutting funding irrespective of the consequences for failure to curb the spread of the COVID-19 pandemic. The US currently has the world epicentre for COVID-19 and struggling to flatten the curve (Roubini, 2020). Suppose the US cannot influence the policy and hold China responsible for the spread of the virus. Countries dependent on WHO for support will not be adequately supported as the US President cuts the aid. It is all about power and money, not about humanitarianism and the benefit of the global community.

The politicians are given significant authority for servicing the national interest through aid allocation and spending (Gulrajani & Calleja, 2019). Political leaders drive the notion of earning a domestic return through mutual gains and seeking to justify their political influence over other countries (Switzer, Dew, Butterworth, Simmons, & Schimmel, 1997).

"I am committing that our development spending will not only combat extreme poverty but at the same time tackle global challenges and support our own national interest"–"Theresa May, UK Prime Minister, 2018."

"We will examine what is working, what is not working and whether the countries who receive our dollars and our protection also have our interests at heart" – Donald Trump, US President, 2018

Politicians would like to ensure that aid provided to developing countries is efficiently used and achieving various donor country objectives. However, achieving the narrow, short-term interest through their aid can be risky for distracting purposeful resource mobilisation and interest away from sustainable development agreement (Gulrajani & Calleja, 2019). If funds are allocated in a principled manner, all will benefit in the long-run, and mutual interest will be served without compromising global development.

Swanson (2015) views are that foreign aid may cause disruption and hurt developing countries instead of helping them. He further argues that the billions developed nations have spent on developing countries have not attained development as planned. The aid has disabled and corrupted those national governments, therefore, stalling growth.

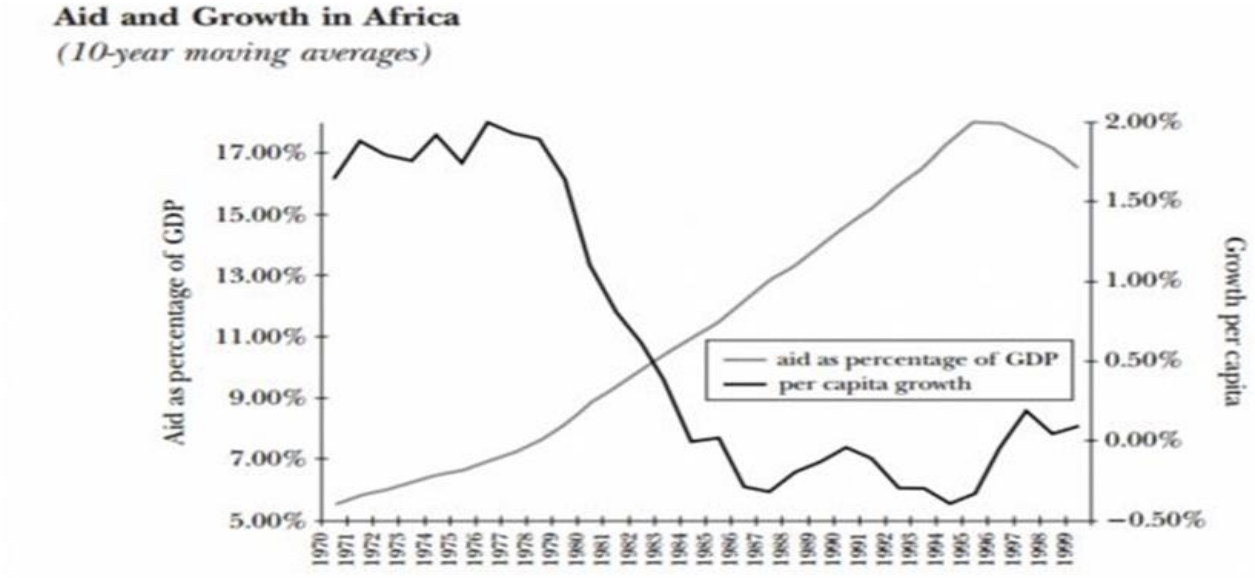

Figure 2.2: Aid and growth in Africa

Source: Easterly (2003), p. 35

Many researchers observed that increased aid distribution by the US and World Bank to developing countries did not generate economic growth (Besley, Case, & Paxson, 2011; Deaton, Rausser, & Zilberman, 2020; Easterly, 2003). Rajan and Subramanian (2008) state that countries that received more aid showed less development than countries that received less aid. Countries that constantly

receive more funding become dependent on the received aid and are seemed not to take fully responsibility and accountability of developing their own countries, instead donor countries are held responsible of development outcomes in under developing countries. Governments that receive less or no aid depend on their people to pay taxes to grow and create independent economies.

The government that receives more assistance does not think about that but more dependent on donor aid. It is noted in most studies that the US provides aid for "us, and not for them" to support US foreign political policy, strategic partners and business-related interests instead of the needs of the developing countries (Swanson, 2015). High-income countries value investment and trade relationships with low-income countries because, firstly, return and export on investments grow donor funds—secondly, access to critical commodities, and Africa commitment of some resources to high-income countries. Finally, foreign strategies and policies are implemented in Africa to minimise friction between donors and the recipient country (McKinley & Little, 1979).

2.4.2 Donor Interests

What makes donors continue to give and remain happy? Many researchers highlight that returns on investment for donors is essential (Christensen, Nielsen, Nielson, & Tierney, 2011; Horner, 2020; Switzer et al., 1997; Van Dalen & Reuser, 2006). Donors need to know where the funding is going, how it is spent, and, most importantly, the impact it has on their objectives. The models of donor funding can be defined as; international collaboration - where financial aid is allocated and distributed to organisations and projects aligned to global sustainable development strategy (Gulrajani & Calleja, 2019). The public and the implementers should hold funders accountable for how funds are allocated beyond their solitary interest by identifying the scope of shared values, partnership and investment (Bigsten, 1999).

The philanthropy and the donor principal approached giving as two explanations; first, the donor is giving because of self-interest, intending to receive something back. Second, the donor provides moral values, humane principles, and selfless assistance (McKinley & Little, 1979). Donors generally are generous towards solidarity crises, natural disasters, and humanitarian aid. Switzer et al. (1997) state that donor motives to donate indicate that donors give for the potential benefit to themselves and the recipients. They contribute as a desire to act as the following social or religious precepts, empathy for the recipient and as merely as a desire to help other people.

The processes associated with the factors influencing funding and aid allocation get more questioned than any other strategic foreign policy in recent years; the objectives remain vague and confusing. This paper aims to explore the factors that influence donor aid processes on the program implementation outcomes. The literature shows that the distribution of aid conforms more to the authority of international politics. The recipient needs models when donor funds are assigned to help solve a significant development priority to vulnerable countries and ensures that aid is equitably distributed and develop their economies (McKinley & Little, 1979).

The resource is allocated according to the needs of the country. However, the donor can still exert conditions from the recipient in return for the support; most times, the recipient became dependent upon the aid and impacted when the donor terminates the support. The Donor interest model assumes that the donor takes advantage of the funds' foreign policy implications and uses that to pursue their interest (McKinley & Little, 1979). The funds are used to reward the state pursuing the donor policies, and funds increase as the donor and recipient become more closely associated.

The donor community's consensus is that higher quality of information and transparency about funding structures positively affect all interested parties' outcomes (Christensen, Nielsen, Nielson, & Tierney, 2011). Donors are encouraged to be transparent about the fund to enhance effective planning and expenditure reporting to minimise corruption and mismanagement of funds by the recipients. Other governments entirely dependent on foreign aid to supplement government revenues are the countries that primarily will channel funds to different country needs without aligning to the donor's objectives and viewed as corrupt (Knack & Rahman, 2004).

2.4.3 Donor recipients' developmental needs

Lewis (2003) views are that aid is not aligned or targeted to the needs of the nations that are most in need. The donors target nations that align with their needs and are willing to implement their policy directives on economic and security issues. Funders focus on funding democratic countries with unexploited resources to ensure that they influence government policy and other stakeholders to drive donor objectives therefore, recipient needs are outweighed by donor interest.

The developing countries' problems are discussed as global dilemmas with international solutions that are not aligned with African policies and priorities. Developed and developing countries' priorities are not allied, and emergent nations view international solutions as hypocritical. The

solutions prevent emergent nations from using their natural resource while the North has depleted most natural resources in Africa in the name of development.

To support health and wellbeing, the North focuses more on curatives measures while Africa priorities preventative solutions. Developed countries emphasise the importance of patent rights and trade pharmaceutical products and vaccines at exorbitant prices that some African countries cannot afford (Birungi & Colbourn, 2019). Africa's aid excludes pharmaceutical and medication funding as the continent must generate funds to buy this from the North (Farag et al., 2009; McDonald, Fabbri, Parker, Williams, & Bero, 2019). The real intention of sustainable development becomes blundered in these contexts.

Donor funding options provide a different degree of control for donors and recipients. Voluntary restricted funds give the funders the authority to dictate the financial size and specify activities that the money can be used for (Bayram & Graham, 2015). If the donor-funded organisation fails to adhere to the donor priorities, legal action can be taken against the implementer, or a full refund is requested. Restricted fund interest should be used for other charity services. NGOs need advanced software technology to track restricted funds, therefore, adding cost to an already compromised budget. African countries that entirely depend on donor funding can be viewed as corrupt when they use funds for what is a priority to them, therefore lose future financing. When NGOs accept restricted funds, and comply with donor directives, more aid can be given, build a sustainable relationship with the donor and NGO accountability is enhanced (Sterck, 2018).

The voluntary unrestricted funds limit donors' control and allow implementers to utilise funds to meet their needs, and funds are still accounted for under that specific activity (Klose, 2020). NGOs' accountability and transparency are enhanced when funds are unrestricted. NGOs communicate the priorities activities, implementation progress and outcomes without fear of funds been stopped. New projects are implemented swiftly, and good donor funds stewardship practice is improved. NGOs' common challenge with an unrestricted fund is the continuous, detailed reporting required by the funders, lots of indicators that NGOs cannot collect. The limitation of procuring reliable data analytic software, infrastructure and staff to collect the data minimises NGOs' ability to compete for funding. Country specific information management and security legislation prevent NGOs to access and provide detailed country information to other countries. Information security is a serious issue, but sometimes donors overlook that for African countries; therefore, NGOs are forced to provide country-specific information unlawfully (Padamsee, 2017).

The literature provides a view that when donor priorities are aligned to the recipient country, donors have the authority to influence policy and can make decisions; the aid provided will be high and, most of the time, unrestricted. However, when policy and interest are at odds between the donor and recipient, the donor controls how their funds are used to avoid financing projects they are not interested in. The aid is mostly lesser than when they are good relations between the recipient and the donor. Donors have made an outstanding contribution to alleviating poverty and support health issues in the world, but more can be done. Developing countries need more aid than countries that have options for funding. Funds must go where it is needed most to address country-specific priority needs. This study seeks to establish if this is the case regarding HIV/TB NGOs in South Africa.

2.4.4 Global economic status

Donor funding has been declining since the 2008 economic downfall; African countries and NGOs had slow and lower economic growth rates (Bong et al., 2020). The current economic global crisis emanating from COVID-19 is more severe than the 2008 financial crisis. It only took four weeks for stock markets to collapse more than 50%, massive bankruptcy, an unemployment rate above 35%, while in 2008, it took three years (Roubini, 2020). The COVID-19 pandemic has had more detrimental effects on the economy as it will be with us for years. The big sustainable economies this time were heavily disrupted by the US, China and Europe, governments' debts have increased drastically, and interest rates are expected to rise. Developed countries' health policies and systems failed to cope with the demands of COVID-19; health budgets are strained as they are spending more on staff, personal protective equipment (PPE) and vaccines (Oladele, Olakunde, Oladele, Ogbuoji, & Yamey, 2020).

HIV/TB funding has been decreasing since 2019 in developing countries compared to their developed counterparts. The Kaiser Family Foundation, a public report, showed that donor funding declined by $200 million in 2019 compared to 2018 (Lanshaw, 2020). The decline was mainly due to the US disbursements, followed by Canada, Denmark, European Commission, France, Netherlands, and Sweden (Lanshaw, 2020). Milanga (2019) states that PEPFAR had cut Kenya funding from $505million to $350 million in 2019; after serious negotiations, the budget was approved at $375 million (Lanshaw, 2020). The budget cut was due to poor performance in achieving HIV/TB targets and the Kenya Government's refusal to share the HIV impact assessment results in 2018 with PEPFAR. UNAID further reported an HIV budget shortfall of 30% in 2020 (UNAIDS, 2020).

The World Bank and Global Fund have contributed to countries with massive debt and a high HIV/TB (Roubini, 2020). The funding objectives have not been meaningfully realised due to corruption, fraud, funds diversion, mismanagement of funds by Governments and other stakeholders. There are reported duplication of invoices, suppliers' payments, and ghost salaries payments (Rhodes, 2020).

The United Nations Conference on Trade and Development estimated $2 trillion costs by the pandemic and predicted a worse global recession (Roubini, 2020). Given the economic status and failure of Governments to use the funds allocated for the appropriate purpose, donors and investors are discouraged and reviewing their funding priorities. The global economic status has a significant impact on voluntary donor funding; the need for donor funds to be used efficiently is critical by NGOs and recipient countries. Funds are cut due to mismanagement; reliance on domestic resources will be the only way soon.

2.5 NGOs utilisation of donor funds

In this section, different models used for effective programme implementation are discussed, as supported by the literature and a further discussion on performance monitoring and evaluation strategies NGOs use to achieve programme objectives.

The NGOs are gradually taking over the state's previous roles to improve efficient development, encourage societal participation and sustainability. Despite the critical role the NGOs are playing in society, there are more uncertainties in the efficiency of how NGOs use allocated resources to achieve project objectives (Bebbington, 1997). Donor-funded organisations are sometimes hesitant to perform all the activities planned as they will be freeing the state of its vital social responsibilities. Instead of integrating with the existing government systems or projects, NGOs sometimes develop new parallel strategies, thus creating structural and policy distortions and misalignments (Karani et al., 2014).

NGOs' legitimacy, capacity and credibility have been criticised because they are perceived as non-transparent to beneficiaries about their projects and resources (Kimani, 2015). Most NGOs' financial reports and audits are not publicised nor shared with the government. Thus, there is minimum accountability on donor funds spent, and only a fraction of funds are allocated for the implementation of services (Alan, 2000). Non-government organisations success is primarily measured base on the impact, quality and efficiency of the service provided to beneficiaries and objectives achieved (Newlin-Blackwell, Rothwell, & Lyrio, 2020). NGOs are not often assessed

on their financial performance, yet money issues are essential for organisations existence (Arthur & Appiah-Kubi, 2020).

2.5.1 The utilisation of financial resources by NGOs

NGOs' role is essential as it aims to achieve social welfare objectives in the public's interest with no financial profit. In many NGOs, financial management and financial capacity are not priorities due to inefficient financial planning and monitoring systems (Owda et al., 2019). The desire to have outstanding performance and less operational and administrative costs has generated incomplete and misleading financial reports in NGOs (Karanth, 2018). The accounting standards body had also overlooked financial and made justifications for inefficient reporting, then excluding NGOs' strict adherence to accounting principles. For the non-profit organisation to survive in this dynamic competitive environment, leadership should understand and utilize financial management tools. Good practice in budget management will help the organisation efficiently use resources to achieve programme objectives and meet stakeholders' needs (Goddard, 2020).

Keeping financial reports is essential, but NGOs need to establish institutionalised sound financial systems to meet legal accounting standards. The focus for non-profit organisations seems to be most on budget allocation and utilisation so that no money is sent back to the funder (Yap & Ferreira, 2011). Donor funding dependency is a reality in most NGOs fuelled by inadequate fundraising capacity and tangible revenue generation strategies. There seems to be a gap in cash flow and surplus management to ensure efficient monies for efficient flow inside and outside the organisation (Olando, 2020). The cash flow forecasting methods help monitor cash flow dynamics and cash position in the organisation (Kimonge, 2011).

It is safe to assume that both profit and non-profit organisations may not remain in business long if they lack liquidity and do not effectively manage their liquidity (Nijholt, 2020). Poor liquidity management for NGOs is evident through poor performance, inability to pay liabilities, inability to pay suppliers and employees on time (Kimonge, 2011). The financial statement may show good revenue and profitable organisation; however, it may not pay its obligation. Cash management is essential for NGOs to continue providing services or products, run everyday operations, and better manage working capital (Kimonge, 2011).

The alignment of performance management systems (PMSs), strategic planning and implementation can enhance NGOs' efficiency in resource utilisation and productivity (Yap &

Ferreira, 2011). Kaushik, Jaggi, Jadhav, Goswami, and Dhuri (2020) view that PMS can help a non-profit organisation achieve its objectives, target forecasting, and performance monitoring different projects. Collaborative planning and active, participative decision making between the NGOs and beneficiaries towards utilisation of funds may lead to improved ownership and implementation of the project.

2.5.2 Financial management by NGOs

The lack of a clear cost management policy stating how non-profit will cover its core cost limits NGO capacity to managed finances. Different donors typically fund NGOs for various projects; therefore, it becomes challenging to streamline the reporting and utilisation of funds as per specific donor requirements (Goddard, 2020). Generating separate budgets for restricted and unrestricted funds may assist NGOs in ineffective reporting and ensure that specific financial requirements are not overlooked. Kimani (2015) views that restricted funds are better recorded by NGOs at the project level than unrestricted funds. NGOs sometimes use unrestricted funds to pay other core costs; therefore, unrestricted project funds get inaccurately recorded. Donors have different policies on core costs, and it is not always clear if all the core costs are covered (Nijholt, 2020). During project implementation, it is not easy to track which funds are used to pay for which activity or service. Musah, Ocansey, and Akomeah (2018) concur with Viravaidya and Hayssen (2001) that a detailed chart of accounts can help NGOs record and report in different donor budget formats.

Using the detailed budget worksheet approach to cost all projects, it becomes easy to transfer the information to other budget formats. The Funding grid can provide the overview dashboard for managers to indicate which donor fund pays for what. Abdulshakour (2020) states that NGOs can use monthly trial balance - use the double-entry method to check balances on accounts and preparation for accruals. Trial balance provides a clear picture of the organisation's transactions—showing the total debts and credit balances. The financial managers may trace the transactions back and forth from the expenses- cash memo-voucher-cash book-ledger- trial balance - income and expenditure statements, and the balance sheet (Abdulshakour, 2020).

The donors should not ignore the importance of the board of directors' and managers' financial knowledge and skills. They have to make sense of the financial statements for efficient decision making.

2.6 NGOs sustainability beyond donor funding

The declining aid, especially for developing countries, has triggered debates within the donor community about the proper planning of smooth transition by the donor-funded programmes to country ownership. The donors and investors diversify their financial portfolio and investments, focusing on the new funding interests (Roubini, 2020). Many researchers confirm that there have been many successful transitions but limited sustainable organisations after those transitions (AbouAssi, 2013; Oladele et al., 2020; Organisation, 2020; Pallas & Nguyen, 2018). (Gotsadze et al., 2019) state that organisational, programmatic and financial sustainability takes time; therefore, an exit strategy or sustainability plan should be incorporated at the beginning of donor-funded projects.

Sustainability is vital for donor-funded organisations. The major challenge is how to achieve organisational, programmatic, and financial sustainability beyond donor funding. Diversification of funding streams and revenue collection strategies, capacity development, innovation, and strategic leadership are ones that organisations can emulate to be sustainable (Abdulshakour, 2020). However, it is not as easy in real life as many reasons need to be considered to ensure sustainability- invested time, timing, and resources availability.

There have been different perspectives of what sustainability is and what it means in the practical context. This study acknowledges this definition's diversity and has noted that they complement each other if not viewed in isolation. Olando (2020) views sustainability as an organisation ability to continue to fulfil its mission and meets stakeholders' needs. Owda et al. (2019) and Aldaba, Antezana, Valderrama, and Fowler (2000) further commented that sustainability is a process that aligns the interaction between strategic planning, organisational operations, programmatic implementation, social benefits and financial elements. Other researchers define sustainability as financial viability, long-term economic growth, population growth and balanced resources in an organisation (Edwards et al., 1999; Fifka et al., 2016; Pennerstorfer, Reitzinger, & Schneider, 2020).

Ahmed (2013) states that financial sustainability refers to the flow of finances, revenue generation and income security. Organisational stability is a successful, productive organisation that creates value and provides quality services or products. Programmatic stability is the ability to continue programme implementation and provides services in the absence of donor funding. It is noted that the views around NGOs sustainability involves the continuation of services and delivering

project benefits to the beneficiaries and relevant stakeholders efficiently after the funding from the donor has been terminated.

For NGOs to transition smoothly beyond donor funding, the WHO health system framework helps identify the internal and external six building blocks for an effective and sustainable health system (Fridell, Edwin, Von Schreeb, & Saulnier, 2020). Tichenor and Sridhar (2017) state that health system strengthening is necessary to achieve sustainability and better outcomes. The framework includes inputs, processes, output and the interaction of all these to achieve stability. The WHO health system strengthening framework considers politics, organisational arrangement, assess causes of poor performance and suggests strategies and policy directives that can improve performance and stability (Murray, Frenk, & World Health, 1999).

NGO systems analysis should be a fundamental part of good practice in programme implementation efforts, including strategic planning, policy review, monitoring, and evaluation. The six pillars of health service implementation are subjected to continuously changing environments within and outside the organisation; if the system cannot withstand the pressures, the NGO may collapse.

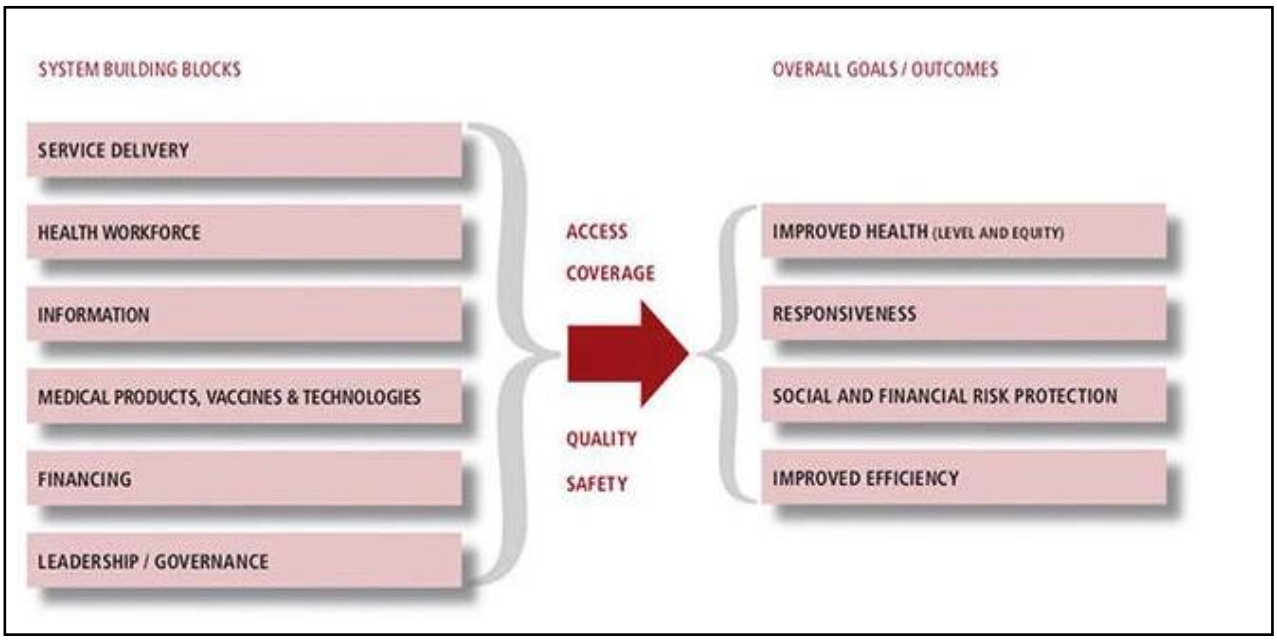

Figure 2.3: World Health Organisation Health System Framework

Source: WHO (2007), p. 3

Implementing the framework can help NGOs attain social impact and financial risk protection, and improved efficiency. The health organisations' system performance and stability have different objectives, but the most crucial for NGOs are programme outcomes, risk management and beneficiary satisfaction (Berman & Bitran, 2011). In each category, specific variables or indicators can be measured. For example, programme outcomes - variables can be man's mortality rate by age, disease-specific prevalence rate, mortality and treatment success rates.

2.6.1 Leadership and governance (stewardship)

NGOs' leadership capacity is questioned by few researchers, primarily in the context of financial accountability and transparency (Martin, Grant, & D'Agostino, 2012; Nisa, Javed, & Akhtar, 2015; Olando, 2020). Several NGOs in developing countries have lost their funding due to poor performance and failure to account for the funds used (Milanga, 2019). Decision-making in most NGOs is a top-down approach informed by donor instructions, failing to engage the bottom-up approach fully, therefore missing critical alignment with the country's fundamental needs and strategies (Adefemi et al., 2017; Christensen, Nielsen, Nielson, & Tierney, 2011). Top-down dictatorship may contribute to poor integration of the bigger vision into implementation, generating a poor sense of ownership and accountability by the implementation team. Decentralisation of decision-making, authority, and resources to the implementation team seems limited in most NGOs (Arthur & Appiah-Kubi, 2020). Implementers and beneficiaries have limited influence over resource allocation, budget, policy formulation, and strategic planning (Fridell et al., 2020). Hence, the social impact of services provided seems slower, and sometimes the beneficiaries' essential needs are not met.

Luk (2020) argues that NGOs are small organisations compared to government institutions; therefore, it is easy for leadership to manage resources from top-down to minimise cost by fully utilising the available leadership. Rhodes (2020) further argues that donor-funded organisation sustainability can be negatively influenced by systemic corruption leading to poor productivity, financial viability. Systemic corruption can reduce philanthropic donations, donor aid and increases uncertainty around future funding. Leadership that intentionally compromises the legal regulation to undermine the procurement processes and taxation regulation eventually collapse the organisation due to mismanagement. Political appointees lead most donor-funded organisations from the funding countries, and most of the time, lack a contextual understanding of the environment. (Brink, Martin-Hughes, Kelly, & Wilson, 2019; Martin et al., 2012; Musah et al., 2018). The aim of having NGOs led by funding country leadership is that organisation efficiency

follows the funding country's procurement processes (Herfkens & Bains, 2015). NGOs board members need to take the lead in facilitating the financial and programme sustainability and provide leadership that will enforce a shared vision, strong governance, and accountable stakeholders.

2.6.2 Financing and revenue-generating

NGO financial management is a process that brings together planning, budgeting, accounting, financial reporting, interbank controls, auditing, and the performance of the grant to manage approved grant resources properly to achieve significant impact (Fund, 2017). Luk (2020) questions the value for money in project implementation and the cost efficiency of the quality of services provided to beneficiaries. NGOs offer limited information to the public on expenditure details, an accurate number of targeted beneficiaries, benefits covered, and declaration of all financial sources (Herfkens & Bains, 2015). There is little information and research on how NGOs allocate, utilise and distribute resources to achieve both the organisation and donor objectives (Lainah Changambika, 2020)

Pasachoff (2020) and Luk (2020) further observed that NGOs with complex programmes and multiple funding streams turn to have a financial risk. Mostly the budget preparations lack diligence, are limited to independent quality review, and done using inadequate financial modelling systems. These are mostly due to the lack of technology, knowledge and skills to monitor budgets effectively (Newlin-Blackwell, Rothwell, & Lyrio, 2020). The smaller NGOs with good leadership and resources mostly show well-prepared budgets, detailed budget activities and effective independent quality reviews (Pasachoff, 2020). To be efficient in financial management, NGOs will have to invest more in capacity development and financial process monitoring. Donor experts can also provide continuous mentoring and coaching on budget preparation procedures to NGOs.

Exploring consultancy may help NGOs generate revenue, an opportunity for dual legal agreements, and channel different funding types through using other legal options. Consulting rebates can assist in the remuneration of staff to encourage retention. Some find the process messy and provides NGOs with a chance of bidding for the contract, leading to a conflict of interest (Uddin & Belal, 2019). Conventional consulting addresses the legitimacy issues as the organisation is dependent on its productivity, profits, accountability, and policy framework (Gotsadze et al., 2019). There is a consensus among the researchers that sustainability can be achieved through

income generated, leadership and staff efficiency. Sometimes, NGOs will transform into private organisation or social enterprises.

The current study believes that, in order for the NGO to generate profit and remain relevant to society's needs, it can have both profit-making and non-profit-making enterprises and use the profits of the one to finance the other the aim is still to build financial sustainability. Another social enterprise model is when the NGO shares business risk with the community as a co-owned and managed enterprise (Abdulshakour, 2020). This may provide investment capital to small organisations or individuals; it enhances NGO effectiveness relevancy and pragmatism. The social enterprise ensures that the financial and economic benefits reach the community broadly. Financial sustainability through income generated. Although social enterprises are not considered NGOs and not entire state or market-driven, they include commercial and social logic and benefit-therefore, their role is opened to the market and the stated for social enrichment (Hardill, 2016). These views are, however, still subject to debate. This study delves into this by attempting to establish the feasibility of some of these sustainability models on NGOs in South Africa.

2.7 The framework that interprets the effects of donor funding, fund utilisation on HIV/TB programme outcomes

This study attempts to identify donor funding effects on HIV/TB programme, particularly in developing countries. Donor aid involves the interaction between the donor countries and donor-funded originations in the recipient country. Many factors influence the donor and recipient relationship; in this study, two models were used to guide the conceptual framework development. The recipient needs model and donor interest model are widely used to understand donor aid. The conceptual framework also borrowed variables from the WHO's Health System Framework, the International Organisation funding theory, and the Transition preparedness assessment framework to understand health system efficiencies, sustainability, and funding patterns.

The WHO's Health System Framework is a standardised tool for health system strengthening for all organisations providing health services. The core pillars that promote efficiency in the health systems are discussed to provide synergies across all health services globally. The pillars are service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance (Tichenor & Sridhar, 2017). The tool was used to identify the programme implementation challenges, where and why solutions are required, what happens, and how to monitor change to achieve sustainable health care services.

The Framework helped understand what makes a well-maintained infrastructure, reliable supply of commodities and supplies, data analytics and technology, backed by adequate funding, robust health plans, financial management, and evidence-based policy implementation. The fundamental pillars are dependent on each other and assisted in identifying systematic variables.

The transition preparedness assessment framework helped identify the variable that influences sustainability building on the WHO health system framework. The study looked at the internal and external factors that may affect donor funding, programme success and NGO sustainability—addressing economic, political support, finance, human resource, governance, accountability, and service delivery outcomes.

The International Organisation (IO) theory highlights donor preferences over the affordability and receipt needs (Bayram & Graham, 2015). Few reviews on the IO funding theory shows that the donors are likely to favour voluntary and mandatory funding over affordability when they have some returns and governing coalition with receiving country aligned to donor interest (AbouAssi, 2013; Alan, 2000; Bayram & Graham, 2015; Nyarko, Mensah, & Hamusokwe, 2020). Voluntary restricted aid seems to be provided when there is not much benefit for the donor country and no policy interest (Pallas & Nguyen, 2018). Donor preference over development policy aims seems to be important in explaining the current trends in donor funding. There are vital implications between the relationship of donors, recipients and the purpose of sustainable development policy implementation.

2.7.1 The Conceptual framework

Several researchers have highlighted that donor interest is influence by coalitions, aligned policy, and political interests, security, investment, and trade interest are attained (Adefemi et al., 2017; Gulrajani & Calleja, 2019; Newlin-Blackwell et al., 2020; Uddin & Belal, 2019; Van Dalen & Reuser, 2006). The donor determines the aid's size and if it is restricted or unrestricted funds based on preferences. Donors can also be mandated to donate based on the foreign development policy; this is done generally within the donor country of origin. The donor interest model-assisted in identifying the factors that influence donor funding, drawing highlights for answering question one.

Question 1: What factors influence donor funding for HIV/TB programmes in South Africa?

The International Organisation funding theory, the recipient need model, and the donor interest model collaboratively guided in understanding the first hypothesis. The first hypothesis tests the relationship between donor interest and other variables such as recipient need, political influence, and dependent variable NGO funding. Pallas and Nguyen (2018) found a positive relationship between donor interest fulfilment and NGO funding. Birungi and Colbourn (2019) obtained a positive relationship between donor interest, political influence, and aid allocation in developing countries. This study thus proposed the following hypotheses:

H_1: *There is a positive relationship between donor interest and NGO funding.*
H_2: *There is a positive relationship between political interest and NGO funding.*
H_3: *There is a positive relationship between HIV prevalence and NGO funding.*

Several studies show no relationship between donor funding interest and recipient needs (Muluh, Kimengsi, & Azibo, 2019; Naomi, Rahma, Gesine, Yogan, & Lawrence, 2019; Rasmussen, 2013). There are limited studies that show the relationship between donor funding interest and HIV/TB pandemic needs in developing countries.

There is limited literature on how donor-funded organisation utilises the funds received to achieve programme outputs. Most studies looked at the effects of decreasing aid on programme implementation and health outcomes in developing countries (Chowdhury et al., 2020; Kates, Wexler, & Lief, 2017; Naomi et al., 2019; Partidário & Verheem, 2019). Some researchers state that poor leadership and governance, political influence, lack of accountability, poor reporting, monitoring, and financial management systems have led to inefficient NGOs (Alvarado-Goldman, 2019; Goddard, 2020; Kaushik et al., 2020; Nijholt, 2020).

Investors and donors would like to see the positive impact of the aid provided on societal development or positive project outcomes. There is currently little evidence on the impact of NGOs' funding utilisation on programme outcomes in developing countries. The outputs may look promising; for example, the number of people on ART drugs has increased in the last five years, but HIV transmission is still high.

Question 2: How do NGOs utilise donor funds to achieve HIV/TB programme objectives?

International donors have gradually decreased their funding in countries or programmes that have shown less improvement in project performance and social impact. There are limited studies that

looked at the relationship between how NGOs utilise funds and programme outcomes. Rutter (2019) and Milanga (2019) established a positive relationship between donor decreasing funding and poor HIV/TB programme outcomes. Most non-profit organisations became white elephants or collapse, and funding has negatively affected service delivery. This study proposes the following hypothesis:

> H_4: *There is a positive relationship between how NGOs utilise donor funds and HIV/TB programme outcomes*

Sustainability is defined differently across literature; the study appreciates continuous, uninterrupted services, positive outputs and productivity beyond donor aid. The conceptual framework in NGOs and this study looks at financial, organisational, and programme stability. Several studies have looked at NGOs' smooth transition to self-funding, domestic funding or government funding and the consequences of NGOs' dependency on international donor aid (Chiliza, 2020; Farag et al., 2009; Gotsadze et al., 2019; Iwelunmor et al., 2016; Johnson, 2008). It noted that NGOs are not self-sustainable; the government cannot fully support NGOs; therefore, remain dependent on foreign aid. In unpacking sustainability issues in NGOs, the study seeks to address the following questions:

Question 3: How can NGOs be sustained beyond donor funding?
Question 4: How can the HIV/TB programme be implemented in a way that ensures sustainability and achievement of programme objectives?

There is little literature on how NGOs can remain sustainable as NGOs and continue providing social services to their respective communities. A few researchers recommend that NGOs diversify their services or products, generate profit and transition to a social enterprise organisation (Ahmed, 2013; Fowler, 2000; Lam et al., 2020). Others emphasise the importance of revenue generation and NGOs' investment strategies (Chiliza, 2020; Horner, 2020). The legislation becomes a barrier for NGOs to effectively pursue profit-generating strategies unless they fully transition out of NGOs' policy directives (Fridell et al., 2020). Limited studies have looked at how NGOs can efficiently use the resources available to be sustainable beyond limited funding. The study thus hypothesised the following:

> H_5: *NGO sustainability is positively influenced by decreased donor funding*

The literature review, models, and framework used to develop the conceptual framework guided the understanding and recommended strategies for implementing the HIV/TB programme to ensure sustainability and achievement of programme objectives.

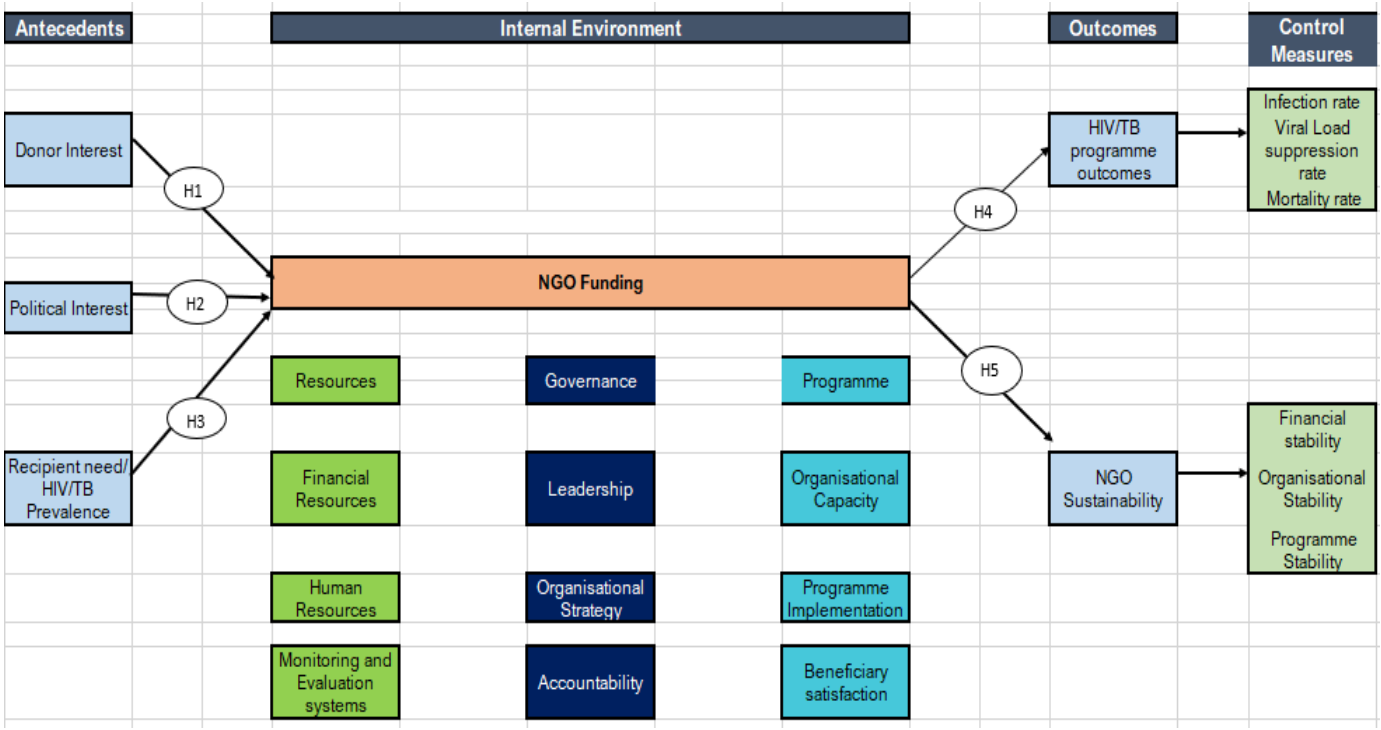

Figure 2.4: Conceptual framework of the study

Source: Developed for the study

2.7.2 Summary of literature reviewed

This chapter's objective was to provide a broad understanding of donor funding effects on programme outcomes and further guides the development of a conceptual framework. The conceptual framework guides the expression of the four questions and hypotheses and formulation of the study's findings.

It is evident from the literature that NGOs play a vital role in the community by addressing the social needs, education, health, and welfare problems that governments fail to achieve. Despite the collaborative engagements and provided aid between the international donor countries and developing countries, recipient countries have little to show on donor funding's social impact. There is noted decreasing funding size trends across developing countries due to multiple factors such as donor interest, political influence, poor project management, poor accountability, and increased corruption.

The majority of researchers agree that donor funding is mainly driven by donor gains (economic interest, security, investments, and political influence) than recipients' needs, therefore compromising the purpose of sustainable developmental goals. Most developing countries are entirely dependent on donor aid, therefore, continuously align their policies to ever-changing donor requirements. The state policies, projects, and budgets became fragmented and cannot generate domestic funding to sustain projects. Most of the donor-funded organisations collapsed after funding stops; this is evidence of failing organisations and poor governance and leadership capacity to run successful organisations. Financial management capacity, accountability and performance monitoring are highlighted as critical capabilities an organisation must have to be productive. Poor healthcare outcomes: increasing new infection rates, disease complications, lack of suppliers and commodities, and mortality are clear signs of the failing health care system, governments, and donors.

There is a need to make a fundamental shift to how aid is allocated, distributed and utilised. Funders and recipient countries should develop strong partnerships, accommodating each other's needs and jointly responsible for the development outcomes. When funders implement their donor programmes in silos that run parallel to the country's plans, they do not result in sustainable outcomes and development. To ensure that donor funds are used for the right purpose, governments, NGOs and donors should work together to monitor implementation, align to the country development strategy, budget, and make decisions based on the majority benefit than donor interest. Furthermore, developing countries should set their development strategy, improve their institutions' efficiency, and intentionally tackle corruption. For NGOs to be productive, sustainable, and achieve programme outcomes, they need to address all health system pillars as they are dependent on each other if one fails, the whole organisation success is compromised. The next chapter presents the research methodology used in attempting to achieve the study's objectives.

3 RESEARCH STRATEGY, DESIGN, PROCEDURE AND METHODS

3.1 Introduction

In Section 1.2.3, three questions relating to this research were posed. Chapter 2 provided views, arguments and critics from different studies that have helped develop an interpretative conceptual framework that guided the methods used. This chapter aims to highlight the research method used. It explains the research strategy, research design and research procedure and methods adopted for the study. The chapter further covers the data analysis procedures followed by presenting validity, reliability, and ethical considerations for the study.

This study's methodology was guided by the "Method map" framework developed by Kevin et al. (2015), as illustrated in Figure 3.1. The framework provided a structured and straightforward approach that helped the researcher select a specific study design guided by research questions and a conceptual or theoretical framework.

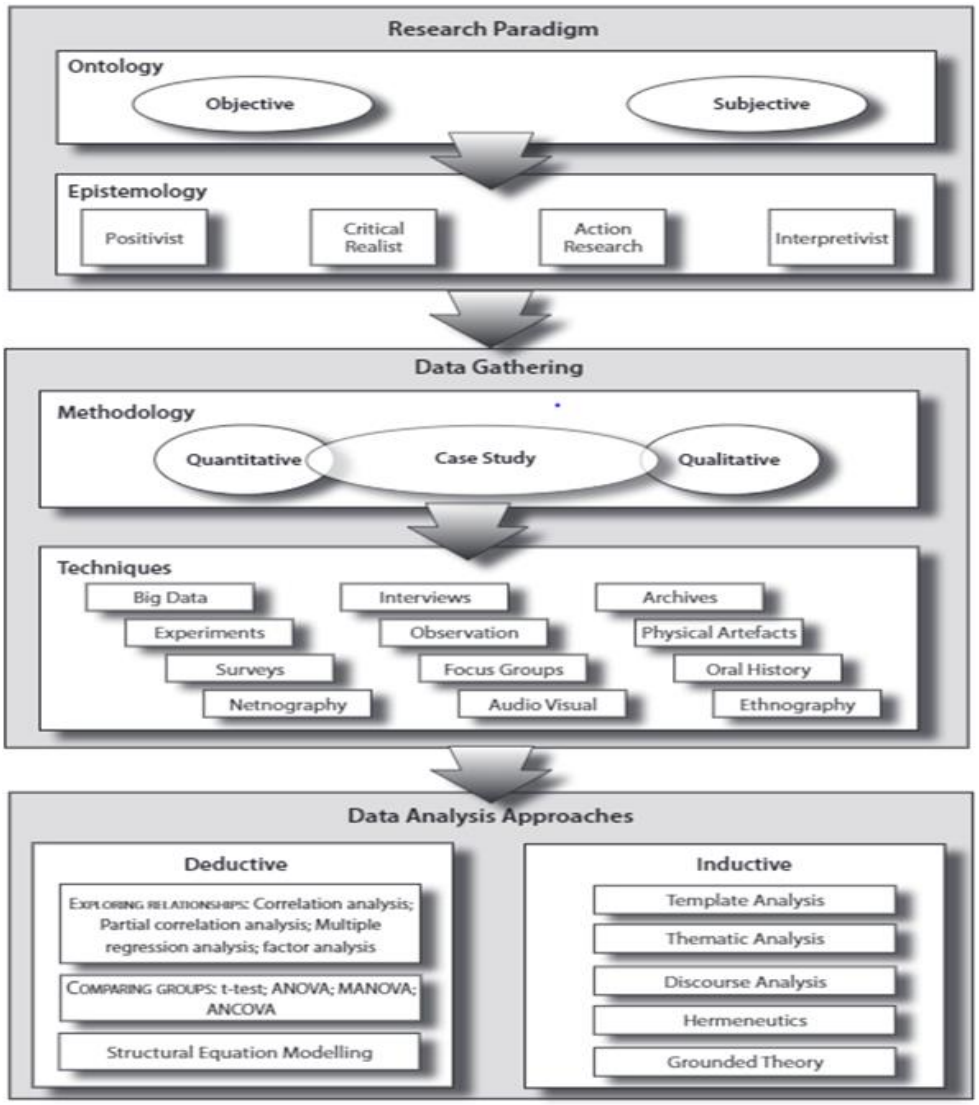

Figure 3.1: Methods Map Framework

Source: Kevin et al. (2015), p.51

3.2 Research Philosophy

Melnikovas (2018) and Sardar and Sweeney (2016) define research philosophy as the basic sets of beliefs, values that guide the study, research knowledge development and the nature of reality. The assumptions inform the research philosophy on how the researchers view the world based on their disciplines, experiences, and beliefs (Creswell & Poth, 2016). The four most commonly discussed beliefs of inquiry include positivism, interpretivism, pragmatism and realism. (Saunders et al., 2016). Kevin et al. (2015) argue that researchers should first define their value or reality (ontology) and how they see the world as objective, subjective, or both. The choices can be interlocking; however, the applied conditions are not fixed (David & David, 2017).

This study adopted the positivism research paradigm based on the research objective and conceptual framework. Positivism is considered ideal when the study intends to be objective and ensure legitimate generalised knowledge claims (Grover, 2015). The study used a deductive and objective approach to understand the effects of donor funding on the HIV/TB programme outcome; therefore, it favoured the quantitative approach. The study answered the effects of donor funding concerning the conceptual framework and hypothesis, which were approved or disproved.

3.3 Research strategy

Grover (2015) summarises the three components of the research strategy: the philosophical world view, research design, and research methods regarding the "Methods Map" framework (which guides the study). The chosen research approach should align with the research design and methods (Bryman, 2016). Kevin and Robert (2015) define the research strategy as a logical, detailed plan on how the researcher will execute the study to achieve research goals. Research strategy outline detailed methods of data collection, analysis, and interpretation (Melnikovas, 2018). There are multiple ways to conduct research, no single right way; however, there are distinct traditions; each operates in its specific terms and set of choices (David & David, 2017).

Several research designs are used for management and business research, such as qualitative, quantitative, and mixed - a combination of quantitative and qualitative research (Bell, Bryman, & Harley, 2018; Neuman, 2014). This study used a quantitative research strategy guided by the research hypothesis, "methods map" by Kevin et al. (2015) and other similar frameworks such as the "research onion" by Saunders et al. (2016). The study adopted a deductive approach that guided the construction of hypotheses, conceptual framework, and strategies to test the proposed hypotheses. Following the deductive reasoning, the approach helped explain the correlation or causal relationships between donor interest, the dependent variable, and other independent variables that were considered factors were influencing donor funding.

The data collected was quantified and analysed using numbers, and data manipulation was necessary to explain social behaviour. This helped ensure that the study could be generalised among donor-funded NGOs in South Africa and be replicated in similar contexts. Neuman (2014) further indicates that a quantitative research strategy builds an objective social reality compared to qualitative, where external and internal views are subjective; therefore, they cannot be generalised.

3.4 Research design

Several researchers define research design as the "backbone of research," "plan," and "blueprint" of conducting research, collection and examination of data (Bell et al., 2018; Creswell & Poth, 2016; Saunders & Bezzina, 2015). According to Bryman (2006) and Kuupole et al. (2017), research design specifies the relationship between the study's variables, strategies, methodological choices, and selecting the sources and types of information used to answer the research question. Creswell and Poth (2016) categorise research design into exploratory, descriptive and causal studies. Bell et al. (2018) further identified other types of research strategies such as longitudinal, experimental, case study, cross-sectional, comparative and survey designs. Fowler (2013) and Yin (2017) view that surveys are deemed appropriate for descriptive studies.

The study utilised a descriptive and survey research strategy guided by the "method map framework" by Kevin et al. (2015) when using a quantitative method. The study sought to understand the effects of donor funding on HIV/TB programme outcomes and somehow identify the factor influencing donor funding in developing countries. Descriptive research helped present a comprehensive, objective, accurate and generalised description of donor funding effects on HIV/TB programme outcomes. The data was collected on several cases in the same period, and the design helped to examine the data on many cases without the potential effect of time ordering. Adopting a descriptive survey helped enhance the ability to detect variations, association patterns of various variables and obtained great statistical power due to the sample's size.

Fatima, Malik, and Shabbir (2018) conducted a study using similar designs; the aim was to understand the "effect of healthcare service quality factors influence patient's satisfaction that aides in constructing loyalty intentions in hospitals of Pakistan." The reason for using a survey, descriptive design was to reach as many patients as possible so that they generalise findings to be able to address specific patient's concerns. The researcher examined many respondents and investigated the association of many different variables to understand the patient's needs better. The reliability score was above 0.7; therefore, a good reliability score (Doğan, 2018).

3.5 Research procedure and methods

Neuman (2014) and Bryman (2016) mention that research methods techniques help the researcher select subjects, measure trends, observe events, process and analyse data, and report the results. This section addresses six research procedure and methods: (3.5.1) Data collection instruments; (3.5.2) Target population and (3.5.3) sample and sampling.

3.5.1 Data collection instrument

Barbie (2013) defines a data collection instrument as a tool used in research to collect the data required for analysis. Neuman (2014) further explains that data collection instruments align with data strategies, either quantitative or qualitative, depending on the research topic and objectives. Zohrabi (2013) defines a questionnaire as a primary data collection source that must be valid, reliable, and ambiguous. Barbie (2013) further mentions that questionnaires are used primarily on surveys; however, they can also be used during observation, experiments and field research.

The study utilised a self-administered questionnaire aligned with the quantitative method and the survey strategy to gather data. The structured questionnaire had mostly closed-ended questions for all respondents, and this enhanced data consistency, analysis and the researcher could test multiple hypotheses. The self-administered questionnaire was provided in the form of a survey with the link. Participants completed the questionnaire without assistance from the researcher; hence the researcher could not influence the participants' views. This helped in avoiding researcher bias and enhancing the validity of the data collected.

Boone and Boone (2012) comment that in response to the challenge of measuring personality and attitude, a Likert-scale was developed with five response options; (1) "strongly agree", (2) "agree", (3) "not sure", (4) " and (5) "strongly disagree." The questioner took about 10 minutes to complete, and the Five-point Likert-scale was used to measure outcomes, meditators and predictor variables. Despard, Nafziger-Mayegun, Adjabeng, and Ansong (2017) conducted a similar study that used self-administered questions to obtain standard data from the large sample of participants and improved the quality of data collected. Participants could complete the questionnaire during their preferred times.

3.5.2 Research target population and selection of respondents

3.5.2.1 Research target population

Neuman (2014) describes the population as the pool from which the study sample is drawn. He further notes that it is essential to specify and describe the population element, geographic location and population boundaries. This study population comprised 30 South African donor-funded organisations funded by Bill Gates Foundation, Global Fund, PEPFAR and UNAIDs. The research targeted more than three respondents per organisation i.e. the Chief of Party, Financial

manager, Programme manager and others. The target population was thus drawn from a total of 308 subjects.

3.5.2.2 Sample and Sampling

Babbie (2013) define sampling as a process of selecting an observation unit. Neuman (2014) and Creswell and Poth (2016) further comment that a sample is a small population group selected from the large population to support the generalisation of study findings.

The study utilised a total research population of 300 as the sample hence adopting census sampling guided by Martínez-Mesa, González-Chica, Duquia, Bonamigo, and Bastos (2016). Martínez-Mesa et al. (2016) further note that the bigger the sample size, the more data reliability and accuracy are improved. Census sampling ensured a 99% level of confidence for the study. This study census sampling enhanced appropriate data collection, sampled suitable subjects, and appropriate sample size to provide sufficient data.

3.6 Data collection procedures

Several researchers describe data collection as a step-by-step process of collecting data through detailed study designs, capturing and recording the information, verifying and validating the data using numbers (Bryman, 2006; Creswell & Poth, 2016; Neuman, 2014).

The researcher obtained permission to carry out the study from the donor agencies responsible for funding the targeted NGOs, i.e. Bill Gates Foundation, Global Fund, PEPFAR and UNAIDs. The researcher sought ethical clearance from the University of the Witwatersrand Ethics committee. In cognisance of the COVID-19 pandemic precautional measures, the researcher developed the self-administered online questionnaire through Google forms. An active link was sent to each of the respondents to complete the questionnaire at their convenient time. The questionnaire was piloted at the two NGOs, two funding agencies and two academic subject experts; 20 people participated. Ten people were in management positions and eight at the programme implementation level, and two subject experts. The purpose of the pilot study was to check the instrument's strengths and weaknesses, consistency, relevancy and whether participants understood the questions. Adjustments were made as per comments from the test group. Respondents were given 14 days to complete the online questionnaire. The questionnaire template could be accessed on the link https://forms.gle/7kZbcEFXMtTTwpge6. The online responses were exported to Microsoft Excel for analysis purposes.

3.7 Data presentation and analysis

According to Neuman (2014), data processing is systematic and articulates the story behind the raw data about the study hypothesis presented through visual graphs, theoretical meaning and variables characteristic summary. Before data analysis, the raw data were cleaned, checked for completeness, outliers and other data errors; after that, it was coded, cleaned again and run on the Statistical Package for Social Sciences (SPSS) software, Version 26. Since the study used a pre-coded questionnaire through an online survey, coding errors were minimise d, as instructions were already built in the questionnaire. For example, the number of words or answers guided limitations and respondents prompted for missing entries.

Bell et al. (2018) agree with Fowler (2013) that data analysis is a process of examining data to develop meaning and draw conclusions concerning the research hypotheses, theories, or questions. Different researchers allude that various statistical methods are used in quantitative research, such as univariate, bivariate, inferential and multivariate analysis (Babbie, 2013; Hollander, Wolfe, & Chicken, 2013; Manly & Alberto, 2016). The quantitative data were collected using close-ended questions through an online survey and analysed using SPSS) Version 26. As guided by Kevin et al. (2015)'s "Methods Map Framework," the study used descriptive and multivariate statistical analysis to measure the degree of association or correlation between dependent and independent variables, approve or disapprove the effects among multiple variables that influenced donor funding interest and HIV/TB programme outcomes.

The data was presented in tables, using descriptive statistics and Pearson correlation tests to identify the relationship between variables. The analysis was quick and efficient to analyse several predictor and dependent variables simultaneously; factor analysis was considered and enhance comprehensive analysis that informed recommendation.

3.8 Data reliability and validity

According to Neuman (2014), data reliability and validity helps to establish the "truthfulness," "credibility," and "believability" of the research findings. The data collection instrument and indicator are deemed valid if they measure what it was accurately supposed to measure (Wagner, Kawulich, & Garner, 2012). Content Validity Index (CVI) was used to test instrument validity through two subject experts' feedback on the questionnaire's relevancy as guided by Yusoff (2019); the researcher proceeded to collect data as the CVI score was above 0.80. If the score was lesser than 0.80, the questionnaire would have been reviewed accordingly and re-measured for CVI.

Guided by Neuman (2014), the researcher used factor analysis on multivariate analysis; the researcher could not influence survey outcomes (no biases), and findings were generalised because the Census sampling was used therefore rendering the results valid. The Cronbach's Alpha (α) reliability test was done on SPSS, and according to Bonett and Wright (2015), Cronbach's Alpha values range from 0 to 1, and results closer to 1 are reliable. The study Cronbach's test was above the acceptable value of 0.7, which indicated that the questionnaire was reliable.

3.9 Ethical Considerations

Various research methodology authors such as Creswell (2016) and Saunders et al. (2016) emphasise ensuring that research ethics are strictly adhered to ensure research and researcher integrity and objectivity. Various ethical principles were, therefore, observed in carrying out the study. Before collecting data for the research, permission and authorisation were sought from the bodies or funders that govern the target NGOs sampled by this study. The proposed questionnaire was shared with these funders to enlighten them of the questions that the researcher intended to ask the target respondents.

The researcher applied for ethical clearance from the University of the Witwatersrand ethics committee, which helped avoid ethical breaches such as respondents' exposure to risks emanating from the study. Prior consent was sought from the respondents before they could complete the online questionnaire. The researcher also informed the respondents that participated in the study is voluntary. They were free to withdraw from the study at any stage of the questionnaire completion if they felt so.

The researcher further respected the privacy and confidentiality of the respondents and donor funding agencies by anonymising the responses and identities of the organisations. The questions are about people's opinions and activities rather than biological information and no sensitive question. The data collected was and shall not be availed to any external parties, and it shall be kept under a password-protected computer pending deletion after three years.

3.10 Research limitations

A few studies have been published on the effects of donor funding within HIV or TB programs and, worse still, within the context of developing and/or emerging economies such as South Africa. The few studies accessed have followed mostly a report style instead of research format, which presented limitations regarding access to credible methodologies that could have been applied in the past. There were, therefore, limited options for methodological comparisons. The

Covid-19 hindered the respondents' interpersonal interactions, limiting the researchers' capacity to make follow-ups and probe for more information physically. However, follow-up emails and calls were made, which helped improve the study's general response rate.

3.11 Chapter Summary

This chapter discussed the study's research methodology, as guided by Kevin et al. (2015), "Methods Map Framework," and research objectives. From the research philosophy assumptions, discussions of the research designs, data collection techniques and ethical considerations. The study adopted the positivism research paradigm hence justified the selection of quantitative research methods, deductive strategy, self-administered questionnaires through an online survey, and used multivariate statistical analysis to establish the correlations and effects among variables. The next chapter, Chapter 4, presents and analyses the study findings as guided by the study's research questions and conceptual framework.

4 DATA PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Introduction

This chapter presents an analysis and interpretation of the data collected for the study. The chapter further discusses the findings, linking the main findings with the literature. The study aimed to understand the effects of donor funding on the HIV/TB programme outcomes in South Africa. The respondents were drawn from the donor-funded NGOs in South Africa and consisted of managers directly involved in HIV/TB programmes formulation and implementation.

The research intended to achieve the following objectives:

- To determine the factors that influence donor funding for HIV/TB programme in South Africa.
- To establish how NGOs utilise donor funds to achieve HIV/TB programme objectives in South Africa.
- To establish strategies to sustain South African NGOs beyond donor funding.
- To propose the HIV/TB programme implementation strategies for NGOs in South Africa.

Guided by the above research objectives and the corresponding proposed hypotheses, the study's findings are presented in four main sections. The first section presents and discusses the findings on the factors that influence donor funding for HIV/TB programme in South Africa. The second section shows how NGOs utilise donor funds to achieve HIV/TB programme objectives in South Africa, followed by presenting the findings on strategies to sustain South African NGOs beyond donor funding. The final section presents strategies for sustainable HIV/TB programme implementation by NGOs in South Africa.

4.2 Respondents' characteristics

Data were collected from employees who were primarily working in not-for-profit organisations. An online survey questionnaire was used to collect data from respondents. The survey was hosted on Google forms and distributed to the respondents to complete. A total of 308 fully completed responses was obtained for data analysis. The characteristics of the respondents are described in the following sections.

4.2.1 Gender of Respondents

Table 4.1 below shows that about 51% of the total sample comprises female respondents, while 46.8% were males. About 2.3% of the respondents also indicated that they were transgender. The results imply that the HIV/TB programme in the healthcare industry is female-dominated.

Table 4.1: Gender of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	157	51.0	51.0	51.0
	Male	144	46.8	46.8	97.7
	Transgender	7	2.3	2.3	100.0
	Total	308	100.0	100.0	

4.2.2 Position of Respondents

Different staff categories from the donor-funded organisations participated in the study. Table 4.2 below shows that about 38 % of respondents were HIV/TB programme managers, 16% were clinicians, 10% were directors and finance managers, 9% were the chief of party's/ deputy chiefs and human resource managers. This shows that most staff members from senior management to programme implementers participated in the study.

Table 4.2: Position of Respondents

		Frequency	Percent	Valid Percent
Valid	Director	30	10.0	10.0
	Chief of party/ Deputy	28	9.0	9.0
	Finance Manager	30	10.0	10.0
	HIV/TB Programme Manager	118	38.0	38.0
	HRM	28	9.0	9.0
	M&E Lead	12	4.0	4.0
	Clinicians	48	16.0	16.0
	Specialist	14	5.0	5.0
	Total	308	100.0	100.0

4.2.3 Education of Respondents

Table 4.3 below shows that as high as 48.1% of the respondents reported that their highest education was a degree, followed by masters with 39.9% and Doctor of Philosophy (PhD) with 7.5% representation in the sample. This confirms that most of the respondents who worked in the not-for-profit organisations in South Africa had relatively higher education levels.

Table 4.3: Education of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PhD	23	7.5	7.5	7.5
	Masters	123	39.9	39.9	47.4
	Degree	148	48.1	48.1	95.5
	Diploma	13	4.2	4.2	99.7
	Certificate	1	0.3	0.3	100.0
	Total	308	100.0	100.0	

4.2.4 Number of Years with NGOs/donor-funded organisations

Moreover, the study also inquired about the number of years respondents had worked with Non-Governmental organisations or donor-funded organisations. The results in Table 4.4 below show that many had worked 1-6 years (31.5%), while others mentioned that they had worked between 7–9 years (29.9%), and still another group indicated that they had worked between 10 to 15 years or more (38.7%).

Table 4.4: Number of years in NGOs/donor-funded organisation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 6 years	97	31.5	31.5	31.5
	7 – 9 years	92	29.9	29.9	61.4
	10 – 15 years	96	31.2	31.2	92.5
	15 years and more	23	7.5	7.5	100.0
	Total	308	100.0	100.0	

4.2.5 Number of years in HIV/TB programmes

Furthermore, 31.1% of the respondents indicated that they had 1- 6 years of HIV/TB programmes, whereas 33.8% of the respondents had between 7 to 9 years of working in HIV/TB programmes. Also, about 31.2% of respondents had between 10 to 15 years or more working in HIV/TB programmes, as presented in Table 4.5 below. Consistent with the years of experience in donor-funded organisations, the findings highlight that there is generally an equal mix of respondents who had fewer years, medium and long years in working in HIV/TB programmes.

Table 4.5: Number of years in HIV/TB programmes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 6 years	108	35.1	35.1	35.1
	7 – 9 years	104	33.8	33.8	68.8
	10 – 15 years	71	23.1	23.1	91.9
	15 years and more	25	8.1	8.1	100.0
	Total	308	100.0	100.0	

4.2.6 Number of years of the organisation's existence

The findings show that most of the NGOs understudy had existed for many years. Table 4.6 below show that as many as 56.5% of respondents mentioned their organisation existed for 15 years or more, followed by 34.7% of respondents' organisations that had existed for between 10 to 15 years. Only 8.7% of the organisations had existed for nine years or less. This suggests that the organisations in the study have a long history of the NGO or donor-funded sector.

Table 4.6: Number of years organisation being in existence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 6 years	10	3.2	3.2	3.2
	7 – 9 years	17	5.5	5.5	8.8
	10 – 15 years	107	34.7	34.7	43.5
	15 years and more	174	56.5	56.5	100.0
	Total	308	100.0	100.0	

4.2.7 Number of years of the organisation being funded by donors

The descriptive statistics below in Table 4.7 further reveal that most of the respondents' organisations are funded by donors. More than half of the surveyed organisations reveal that donor

organisations have funded them for more than 15 years (51.6%). Also, much as 34.10% indicate that they relied on donor funding between 10 to 15 years.

Table 4.7: Number of years organisations being donor funded

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 6 years	17	5.5	5.5	5.5
	7 – 9 years	27	8.8	8.8	14.3
	10 – 15 years	105	34.1	34.1	48.4
	15 years and more	159	51.6	51.6	100.0
	Total	308	100.0	100.0	

The results confirm that most NGOs are donor-dependent and that their survival has generally depended on donor support. Moreover, some 14.3% report that they have received donor funding for nine years or less.

4.2.8 Number of grants obtained from international donors

The study also sought to understand how many grants the NGO's surveyed received in a financial year. Table 4.8 below shows; the highest number of donor funding received in a year was 3-5 grants in a year representing 35%, followed by 1- 2 grants in a year representing 32.8%. Moreover, 24.7% mentioned that they received from 6 to 9 donor grants from international organisations. A few indicated that they received ten or more international donor grants in a year (7.5%). On average, the results show that most NGOs receive about 1 – 5 grants from international donor's support in a fiscal year.

Table 4.8: Number of grants obtained from international donors

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid					
	1-2	101	32.8	32.8	31.8
	3-5	108	35.0	35.0	73.4
	6-9	76	24.7	24.7	99.4
	10 and more	23	7.5	7.5	39.3
	Total	308	100.0	100.0	

4.2.9 Grant amount approved (US Dollars in millions)

Regarding the current approved grant amount, the respondents indicated that they had secured approval for between $70 and $149 million, representing 39%, followed by 18.8% 150 to $249 Million. About 8% of the respondents had also secured the most considerable grant amount of $250 million and more. Some 18.8% of respondents were unaware of how much their organisation had secured in grant approvals. Overall, most of the organisations interviewed confirmed that they had received some significant grant approval for their work. Table 4.9 below shows the summary of donor-funded organisation/NGOs grants amount approved by donors.

Table 4.9: Approved grant amount (in million US Dollars)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I do not know	58	18.8	18.8	99.7
	less than $9 million	1	.3	.3	100.0
	$9 - 19 million	8	2.6	2.6	80.8
	$20 - 69 million	37	12.0	12.0	30.8
	$70 - 149 million	120	39.0	39.0	78.2
	$150 - 249 million	58	18.8	18.8	18.8
	$250 million and more	26	8.4	8.4	39.3
	Total	308	100.0	100.0	Total

In summary, the descriptive statistics provide initial evidence about the respondents' characteristics and their respective organisations. The findings confirm that many of the respondents in the NGOs surveyed were women with higher education levels. Most of the respondents were very experienced in the sector, having worked for between ten to fifteen years and more, and have considerable grant amount under their control in a fiscal year. Most of the organisations had also received as much as five grants support in a year.

An important consideration for the study was understanding the level of programme competencies and experience in HIV/TB programme management. The majority of respondents had up to nine years of experience in handling HIV/TB programmes.

4.3 Factors that influence donor funding for HIV/TB programme in South Africa

One of the study's objectives was to determine the factors influencing donor funding for HIV/TB programme in South Africa. The study used six multi-item measures to determine the key predictors and outcome variables. Specifically, the independent or predictive factors were donor

interest, political interest, recipient need, and NGO funding. The two dependent or outcome variables were HIV/TV programme outcomes and NGO sustainability. The study also used Cronbach's alpha to determine the scale items' reliability; that is, the extent to which the scales produce consistent results when used repeatedly or under different conditions. Cronbach's alpha score of 0.65 and above is deemed better. The factors used in this study with their respective reliability or alpha scores are presented.

First, donor interest (α = 0.40) was measured with three items. Items to measure donor interest were derived from McKinley and Little's (1979) donor interest model; and Christensen et al. (2011). For example, "Donor funding in SA can be influenced by donor interest in terms of economic benefits, trading interest, security and investments over the country needs."

Political interest (α = 0.51) was measured with four items derived from the political interest model (Switzer et al., 1997; Gulrajani & Calleja, 2019). For example, "donor country political interests can influence donor funding in South Africa." Moreover, the recipient need (α = 0.68) was measured with five items. Items include "Donors engage and consult South African government, Civil Society, Beneficiaries effectively before implementing HIV/TB programmes." NGO funding (0.80) was measured with two items. Respondents were asked to indicate their current approved grant amount and the total grant amount they have received in the financial year. For example, "kindly indicate your organisation total grant amount for this financial year Country Operational Plan 2020 (COP 20)." Respondents indicated the range of amount secured. Table 4.10 below shows the reliability scale of factors discussed above.

Table 4.10: Factor reliabilities through Cronbach's alpha

Factors	Cronbach's alpha (α)	No. of items
Donor interest	0.40	3
Political interest	0.51	4
Recipient need	0.68	5
NGO funding	0.80	2
HIV/TB programme outcomes	0.87	7
NGOs sustainability	0.80	9

HIV/TB programme outcomes (0.87) were measured with seven items. The scale assessed the effectiveness of the HIV/TB programme interventions by accounting for reducing infection rate, viral load suppression and mortality rate (Levi et al., 2016). An item includes, "The HIV/TB

programme implementation has resulted in the targeted increase of HIV Viral Load suppression rate in SA". Lastly, NGOs sustainability (0.80) was measured with nine items.

Three items each measured financial stability, organisational stability and programme stability (Gotsadze et al., 2019). For example, an item for measuring organisational was "my organisation's strategic planning process is efficient and assists in achieving targets." The reliability scores show that apart from donor interest and political interest, the scales' remainder scored higher than the minimum threshold of 0.65, thus confirming that the scales are reliable for further analysis. Except for NGO funding, all the items were measured on a five-point Likert scale, namely, "1 = strongly disagree" to "5 = strongly agree."

4.3.1 Correlations among study variables

Correlations among all the variables appear in Table 4.11. Both the control variables and the latent factors were allowed to correlate to determine the factors' interrelations' extent. As was expected, donor interest, political interest, and recipient need were all significantly and positively correlated. Also, HIV/TB programme outcomes also correlated positively with donor interest ($r = 0.269$, $p < 0.001$), political interest ($r = 0.504$, $p < 0.001$), recipient need ($r = 0.667$, $p < 0.001$) and NGO funding ($r = 0.128$, $p < 0.05$). Past researchers have confirmed a positive correlation between the politicians' and donors' willingness to channel funds to impoverished countries to meet their needs (McKinley & Little, 1979; Lewis, 2003; Christensen et al., 2011).

Similarly, NGO sustainability also positively correlated with donor interest ($r = 0.346$, $p < 0.01$), political interest ($r = 0.501$, $p < 0.01$), the recipient needs ($r = 0.595$, $p < 0.001$), and HIV/TB programme outcomes ($r = 0.743$, $p < 0.001$). Switzer et al. (1997); Parks (2008) points out that it is rare to find a perfect alignment between donors' objectives, beneficiary needs, and NGOs' objectives; the constant donor funding fluctuations impact the relations and HIV/TB programme outcomes. The positive relationship between HIV/TB programme outcomes and NGO sustainability suggests that NGOs can achieve organisational, financial and programme stability as program interventions improve.

The control variables were also allowed to correlate with the latent factors in the study model. Leadership sustainability showed a more significant and positive relationship with donor interest, political interest, recipient need, HIV/TB programme outcome and NGO sustainability. Again, as leadership sustainability improves, programme interventions also achieve better outcomes, and NGOs' sustainability is also assured.

Table 4.11: Means, standard deviation, and correlations among all variables

No	Factors	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Gender (female)	1.51	.544	1												
2	Education	2.50	.724	.095	1											
3	YoE in donor funding	2.15	.952	.113*	-.405**	1										
4	YoE in HIVTB programme	2.04	.952	.147**	-.366**	.783**	1									
5	Years of existence	3.44	.744	-.059	-.223**	.230**	.313**	1								
6	Years of being donor funded	3.32	.852	-.107	-.303**	.187**	.280**	.783**	1							
7	Leadership capacity	1.77	.725	-.001	-.030	.059	.118*	-.018	-.048	1						
8	Donor interest	3.57	.644	-.015	-.118*	.122*	.140*	.016	-.040	.154**	1					
9	Political interest	2.89	.482	-.006	.007	.080	.161**	-.013	-.064	.204**	.340**	1				
10	Recipient need	2.572	.667	.043	-.006	.054	.226**	-.051	-.062	.228**	.231**	.665**	1			
11	NGO funding	3.745	1.624	.115*	.137*	.039	.108	.156**	.132*	.002	-.014	-.006	.003	1		
12	HIV/TB programme outcomes	2.388	.744	.055	.004	.093	.206**	-.082	-.055	.397**	.269**	.504**	.667**	.128*	1	
13	NGOs sustainability	2.550	.640	.032	.007	.098	.114*	-.147**	-.157**	.387**	.346**	.501**	.595**	.020	.743**	1

Notes: N = 308, ** p< 0.01, *p < 0.05, SD = Standard deviation, Abbreviation: YoE = years of experience

4.4 How NGOs utilise donor funds to achieve HIV/TB programme objectives

The study further sought to establish how NGOs utilise donor funds to achieve HIV/TB programme objectives in South Africa. Hierarchical moderated multiple regression analyses to test the independent variables' predictive influence on the two specific dependent or outcome variables: HIV/TB programme outcomes and NGO sustainability.

4.4.1 Hierarchical Multiple Regression Analysis

In this section, the study test two different hierarchical moderated multiple regression analyses to test the independent variables' predictive influence on the two specific dependent or outcome variables: HIV/TB programme outcomes and NGO sustainability. Moderation or interaction effects among key variables were also examined to understand the extent of influence on the outcome variables when some factors can interact with the regression models. The control variables, direct effects, and interaction effect variables were entered in three successive steps for each model.

In the first step, the gender of respondents, education of respondents, years of experience in donor funding, years of experience in HIV/TB programme interventions, years of the NGO's existence, years of being funded by donor agencies, and leadership sustainability were entered into the model as control variables. The main predictor variables were entered (i.e., donor interest, political interest, recipient need and NGO funding). The third step had various interactions among the predictor variables.

The analysis also carried out multicollinearity statistics through tolerance and variance inflated factor (VIF) to ensure that multicollinearity was not a threat to the results. For each of the models, the inflatable variance factor in the collinearity diagnostics was less than 3, and the tolerance factors were less than 1. Hence, there are no indications of the threat of multicollinearity effect on the regression models.

As indicated previously, hierarchical multiple regression was used to assess the extent to which key predictor variables explain HIV/TB programme outcomes. After entering the control variables in step one, model 1, Table 4.12 below explained 21.3% of the HIV/TB programme outcomes variance.

Table 4.12: Model 1 Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.461[a]	.213	.194	.667	.213	11.578	7	300	.000
2	.739[b]	.546	.529	.510	.333	54.351	4	296	.000
3	.769[c]	.591	.570	.487	.045	8.113	4	292	.000

Again, after entering the control variables, at step 2 the total variance explained by the model as a whole was 54.6%, F (4, 296) = 32.37, p < 0.001. The model explained an additional 33.3% of the variance in the outcome variable after entering the control variables, R square change = 0.333, F change (4, 296) = 54.351, p < 0.001. In model 3, after entering the control variables, the total variance explained by the model as a whole in HIV/TB programme outcomes was 59.1%, F(4, 296) = 28.185, p < 0.001. Additionally, model 3 contributed extra 5% in explaining the outcome variable, R square change = 0.045, F change (4, 292) = 8.113, p < 0.001.

Table 4.13: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	36.116	7	5.159	11.578	.000[b]
	Residual	133.689	300	.446		
	Total	169.805	307			
2	Regression	92.727	11	8.430	32.373	.000[c]
	Residual	77.078	296	.260		
	Total	169.805	307			
3	Regression	100.436	15	6.696	28.185	.000[d]
	Residual	69.369	292	.238		
	Total	169.805	307			

4.4.2 HIV/TB programme outcomes

The hierarchical multiple regression analysis in Table 4.14 reveals that years of experience in donor-funded organisations significantly influence HIV/TB programme outcomes (β = 0.324, p <0.001). Different studies show that employees with sufficient experience in donor-funded organisations have better opportunities to attain programme outcomes (Bennett et al., 2015; Edun, 2000; Parks, 2008). The years of experience in HIV/TB programme intervention were negatively related to HIV/TB programme outcomes (β = -0.173, p <0.05). This effect is consistent across all three models. Guest and Conway (1999), supported by (Spina & Spina, 2021), agree that most experienced staff can develop a sense of redundancy and lack of motivation to explore new things.

New employees show more eagerness to learn new things. Berman and Bitran (2011) retaliate that most employees with more experience are older, expensive for organisations, while new younger employees can be trained to do the same job at a lesser cost. The results may also highlight that donor-funded organisations or NGOs spend more on salaries. Respondents who participated in the study were highly educated, with lots of experience, long years worked in donor-funded organisations and HIV/TB programmes.

Table 4.14: Predictors of HIV/TB programme outcomes

Factors	Model 1	Model 2	Model 3
Control variables			
Gender	.012	.011	.003
Education	.056	.023	-.006
Years of experience in donor funding	-.131	.047	.096
Years of experience in HIVTB prog	.324***	.008	-.072
Years of existence	-.173*	-.159*	-.173**
Years of being funded	.044	.103	.105
Leadership sustainability	.377***	.246***	.240***
Direct effects			
Donor interest		.089*	.066
Political interest		.064	.067
Recipients need		.542***	.479***
NGO funding		.132**	.124**
Interaction effects			
Political interest*NGO funding			.013
Donor interest*NGO funding			.009
Recipient need*NGO funding			.146**
Political interest*Recipient need			.170***
R^2	0.461	0.74	0.77
Adjusted R^2	0.194	0.529	0.570
ΔR^2	.213	.333	.045

Note: *P < 0.05, **P < 0.01 ***P < 0.001

Leadership sustainability was also significantly and positively related to HIV/TB programme outcomes ($\beta = 0.377$, $p < 0.001$). Again, the influence of leadership sustainability on the outcome was consistent across the other two models. Many researchers state that organisation leadership capacity is critical for organisational success, including product or service provision. The results also confirm a couple of past studies' findings that organisations with poor leadership struggle to attain their objectives (Abdulshakour, 2020; Goddard, 2020; Gotsadze et al., 2019).

In terms of the predictors, donor interest significantly influenced HIV/TB programme outcomes ($\beta = 0.089$, $p < 0.05$). The HIV/TB programme in SA is largely funded and managed by donor funding agencies and NGOs; therefore, a decrease in donor funding and diverted donor interest negatively impacts the HIV/TB programme outcomes (Uddin & Belal, 2019). These also show that the HIV/TB programme is more dependent on international donors, putting the country's biggest health programme at risk for future sustainability (Chiliza, 2020).

In the final model, political interest ($\beta = 0.479$, $p < 0.001$), and recipient need ($\beta = 0.124$, $p < 0.001$) both had significant and positive influence on HIV/TB programme outcomes. The results concur with Horner (2020) views that lack of political will to drive and prioritise HIV/TB issues and community needs will negatively impact the HIV/TB programme. The role and responsibilities of communities or individuals are important in improving HIV/TB outcomes; it first starts with taking full responsibility for your health (Fridell et al., 2020). Whiteside (2019) further emphasises that the HIV/TB programme's success depends on the country's leadership and society, not international donors; donors can only do so much.

There is also sought to determine the interaction effects among the variables. The findings reveal that recipient need interacts significantly with NGO funds to influence HIV/TB programme outcomes ($\beta = 0.146$, $p < 0.001$). In South Africa, donors have gradually transitioned out of districts that have reached saturation and 90-90-90 targets and prioritised districts with high HIV/TB prevalence (Chiliza, 2020). According to Goddard (2020), NGO funding should not be forever but to meet the need. However, because of poor sustainability and transition preparedness, districts that donors have transitioned out of regress. Moreover, political interest interacts significantly with respondent need to predict HIV/TB programme outcomes ($\beta = 0.170$, $p < 0.001$).

4.5 How South African NGOs can be sustained beyond donor funding

The study also sought to establish strategies to sustain South African NGOs beyond donor funding. Respondents were asked to indicate the various strategies they felt could be utilised to sustain their respective NGOs beyond donor-finding. This section presents the NGO sustainability strategies emanating from the study.

4.5.1 NGO sustainability

The results below in figure 4.1 show that the majority, about 71%, of donor-funded organisations or NGOs do not have additional revenue-generating activities besides donor funding. Only 29% have some activities to boost their current funding; diversified funding sources also include some donors' funding. These results concur with Brink et al. (2019) that most South African NGOs depend on donor funding; when funding ceases, some organisations do not survive the past two years. Legislation that governs NGOs and donors' policies also limits NGOs' opportunities to fundraise, generate revenue and make profits irrespective of the HIV/TB programme's very costly demands for both the government and donors in SA. Reviewing donors' policies by allowing NGOs to generate some income from the funds received and strictly monitor the use of that profit for the programme implementation will minimise dependency.

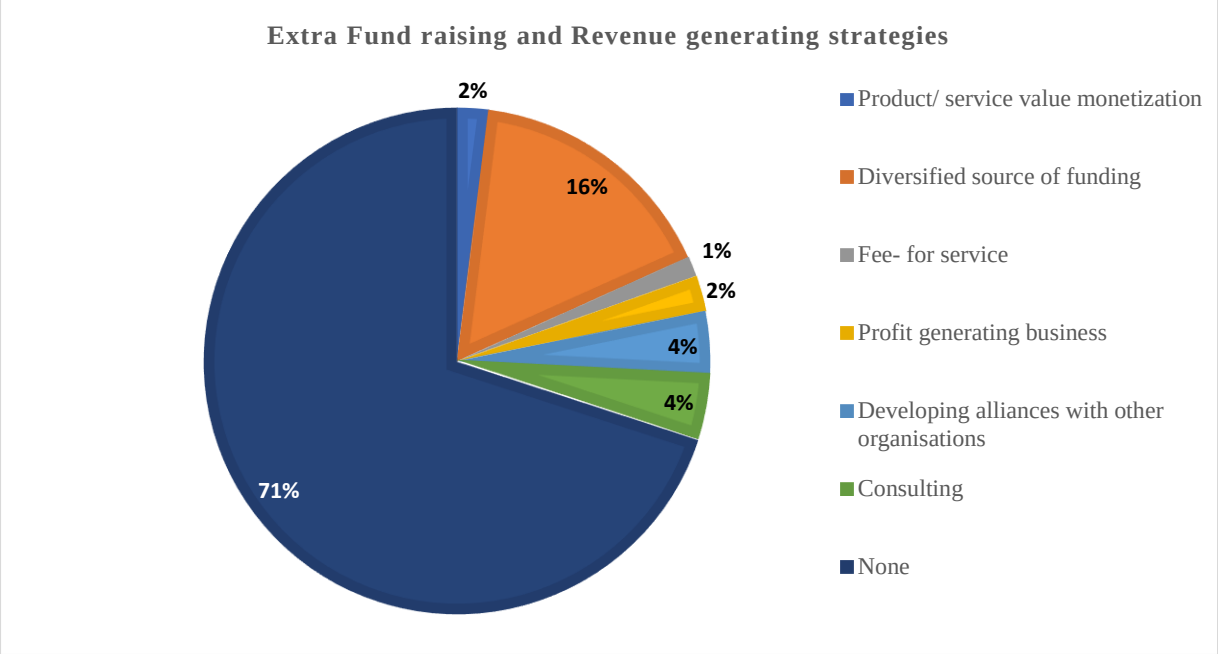

Figure 4.1: Fundraising and revenue-generating strategies

Table 4.15: NGO sustainability ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.583	7	3.369	9.887	.000[b]
	Residual	102.223	300	.341		
	Total	125.806	307			
2	Regression	62.080	11	5.644	26.214	.000[c]
	Residual	63.726	296	.215		
	Total	125.806	307			
3	Regression	63.428	15	4.229	19.794	.000[d]
	Residual	62.378	292	.214		
	Total	125.806	307			

Examining the hierarchical multiple regression analysis in Table 4.16 reveals that in model 1, the control variable, leadership capacity, has a significant positive influence on NGOs sustainability ($\beta = 0.367$, $p < 0.001$). The significant and positive influence of leadership sustainability on the outcome was consistent across models 2 and 3. The remaining control variables did not significantly influence the outcome in model 1. However, in model 2, years of experience in donor funding was significant and positively related to NGOs sustainability across models in model 2 ($\beta = 0.203$, $p < 0.001$) and model 3 ($\beta = 0.225$, $p < 0.001$). However, years of experience in HIV/TB programme interventions had a significant and negative influence on NGOs sustainability ($\beta = -0.181$, $p < 0.05$) and model 3 ($\beta = -0.219$, $p < 0.001$).

Regarding the predictors, donor interest significantly influences NGOs' sustainability ($\beta = 0.171$, $p < 0.001$). Political interest did not have a significant influence on NGOs sustainability. Nevertheless, the recipient need had a significant and positive influence on NGOs sustainability ($\beta = 0.458$, $p < 0.001$). This effect is consistent in model 3, as well.

Interaction effects were also assessed to determine whether some of the predictor variables interact to influence NGOs sustainability. The results show that donor interest and the recipient need had a significant and positive influence on NGOs sustainability ($\beta = 0.108$, $p < 0.0$). However, because the R square change was not significant to support the model, this effect needs to be interpreted with caution.

Table 4.16: Predictors of NGO sustainability

Factors	Model 1	Model 2	Model 3
Control variables			
Gender	-.006	.005	-.001
Education	.025	.020	.007
Years of experience in donor funding	.051	.203**	.225**
Years of experience in HIVTB prog	.099	-.181*	-.219**
Years of existence	-.116	-.110	-.110
Years of being funded	-.078	-.004	-.001
Leadership Capacity	.367***	.243***	.236***
Direct effects			
Donor interest		.174***	.168
Political interest		.099	.102
Respondent need		.458***	.420***
NGO funding		.047	.040
Interaction effects			
Political interest*NGO funding			.037
Donor interest*NGO funding			.008
Recipient need*NGO funding			.007
Political interest*Recipient need			.108*
R^2	0.433	0.702	0.710
Adjusted R^2	0.493	0.493	0.504
ΔR^2	0.187	0.306	0.011

Note: *P < 0.05, **P < 0.01 ***P < 0.001.

4.6 Summary of hypothesis and findings

The study also attempted to address the research questions raised in chapter 1. Three main hypotheses were formulated as guided by the research questions and conceptual framework in chapter 2 to understand the effects of donor funding on the HIV/TB programme in South Africa. The relationship between donor interest, HIV prevalence/ recipient need, political interest and NGO funding was studied. The hypotheses were run using the Pearson Chi-Square test of association, and results were either supported or not supported.

Out of the six hypotheses projected below in Table 4.17, three were supported, and three were not supported. The results below confirm some of the empirical findings in the literature and models used in the study. Hypothesis one contrasts with several researchers that donors may give because of self-interest to have positive returns on investments; in the HIV/TB programme, it is primarily social impact that required. However, donors still prescribe to NGOs how to use the funds—for example, buying cars made in the US only and other prescriptions (Christensen, Nielsen, Nielson, & Tierney, 2011; Horner, 2020; Switzer et al., 1997; Van Dalen & Reuser, 2006). Donors are keen to see how their monies are used to improve livelihoods and socio-economic development. McKinley (1979) views concur with the results that donor giving is persuaded by humane principles and donors giving generously for solidarity purposes without expecting any returns.

Gulrajani and Calleja (2019) view that politicians led the determination of funding from donor countries to serve their interest in supporting sustainable development in underdeveloped countries. Regarding funding for HIV/TB programme implementation, political interest does not correlate with NGO funding specifically for HIV/TB. Swanson (2015) supports the hypothesis that foreign funding does not attain development, NGO sustainability, and economic growth. Most authors contend that governments and NGOs from developing countries need to obtain their sustainability and economic growth through socio-economic strategies that will minimise dependency on foreign aid (Besley et al., 2011; Naidoo & Fisher, 2020; Parks, 2008; Rajan & Subramanian, 2008).

Table 4.17: Summary of hypotheses results

	Hypothesis	**P-value**	**Findings**
H_1	There is a positive relationship between donor interest and NGO funding.	0.829	Not Supported
H_2	There is a positive relationship between political interest and NGO funding	0.820	Not Supported
H_3	There is a positive relationship between recipient need and NGO funding	0.009	Supported
H_{3a}	There is a positive relationship between political interest and the recipient need	0.000	Supported
H_4	NGO funding has a positive influence on HIV/TB programme outcomes	0.001	Supported
H_5	NGO funding has a positive influence on NGO sustainability.	0.276	Not supported

Note: *P < 0.05, **P < 0.01 ***P < 0.001.

4.7 How HIV/TB programme is implemented to ensure sustainability and achievement of programme objectives

The respondents were asked two questions to attain more information about the possible sustainability and programme achievement strategies. Example, question 61: *In your view, how can the HIV/TB programme be implemented in a way that ensures the sustainability of donor-funded organisations/ NGOs?* Question 62: *In your view, how can the HIV/TB programme be implemented in a way that ensures the achievement of programme objectives?* Two figures: 4.2 and 4.3 below, show results from the two questions.

4.7.1 Sustainability of donor-funded organisations

About 48% of the respondents reported that donor-funded organisations/ NGOs could attain sustainability by exploring other funding and revenue-generating strategies, and donors should ensure that they have a sustainability plan beyond their funding. Lanshaw (2020) and Milanga (2019) support the results that NGOs should intensify fundraising and revenue-generating strategies to be profitable and sustainable. Some authors concur with the respondent's results that donors, NGOs, and recipient country government should develop a sustainable plan at the beginning of the funding cycle (Arthur & Appiah-Kubi, 2020; Gotsadze et al., 2019; Uddin & Belal, 2019). Gotsadze et al. (2019) further retaliated that NGOs have to transition to social enterprises and even business ventures opportunities for NGOs to continue providing sustainable social services.

Furthermore, about 30% of the respondents reported that the South African Government co-funding and when the Department of Health leads HIV/TB programme implementation would contribute positively to NGO sustainability. Switezer et al. (1997) point out that if the government takes responsibility, accountability, and efficient direction, health programmes and NGOs can be sustainable beyond limited donor funding.

About 15% of respondents reported that meaning full stakeholder collaboration and stakeholder buy-in is essential for NGO sustainability. Kates et al. (2017) support the results that stakeholder involvement and collaboration of donors, NGOs, beneficiaries, private sector, government and others can enhance countries' efficiency in institutionalising national strategies and goals across all sectors to enhance sustainable socio-economic development.

Lastly, only 6% reported that attaining social impact from the HIV/TB programme will enhance NGO sustainability. According to Levi et al. (2016) and Whiteside (2019), good HIV/TB

programme performance motivates donors to support more. The aim is to attain zero new infections and ensure that people on HIV treatment are virally suppressed and cured of TB, therefore improving the livelihoods of people living with HIV and TB.

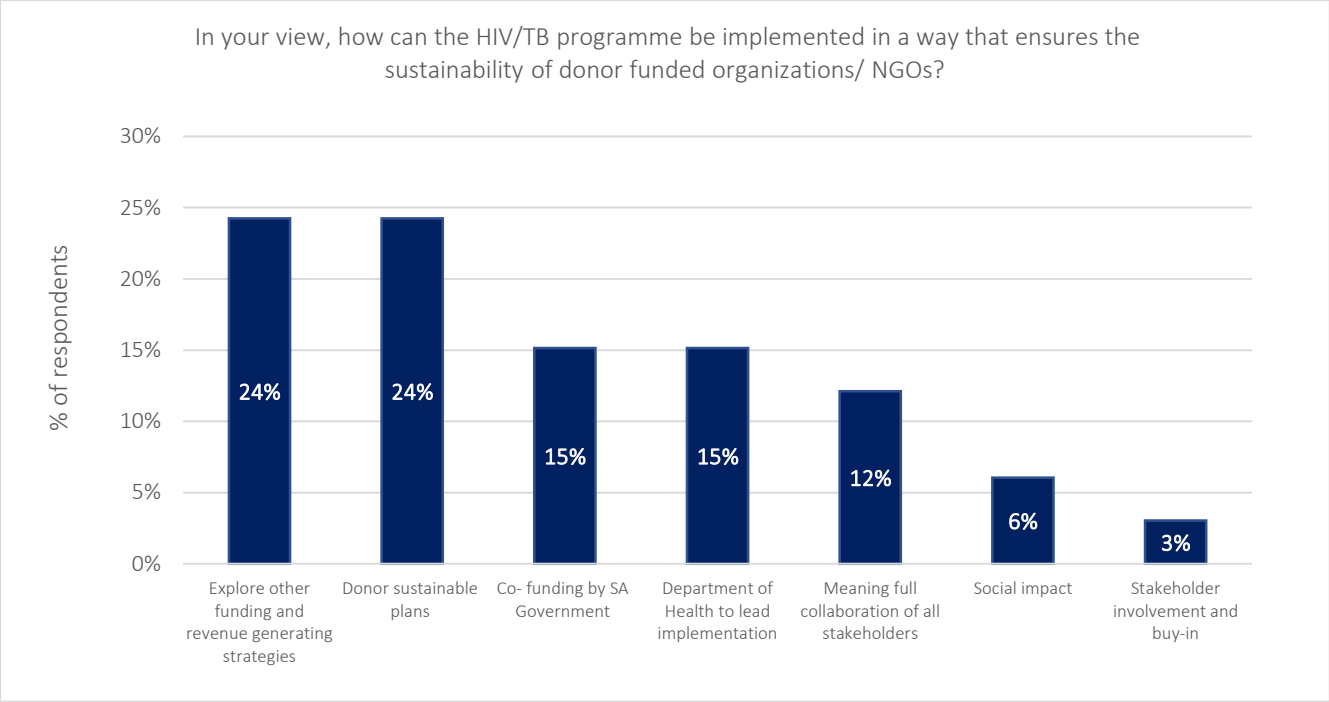

Figure 4.2: Sustainability of donor-funded organisations

4.7.2 Achievement of HIV/TB programme outcomes

The results below in figure 4.3 show that 32% of the respondents indicated that HIV/TB programme outcomes would be achieved if there is the alignment of donors' objectives with country strategies, enforce ownership, accountability from NGOs and South African government, and management of corruption within government departments and NGOs. The results from respondents are aligned to the WHO's health system strengthening framework that considers politics, country goals, organisational accountability, assessing contributory factors to poor performance, consequence management, recommend strategies and policy directives that can improve performance and stability (Murray, Frenk, & World Health, 1999).

About 45% of the respondents mentioned that donors and the South African government should focus more on HIV/TB programme impact than targets. All stakeholders (government, private sector and NGOs) should integrate HIV/TB healthcare services; there should be collaborative and peer monitoring of programme performance and meaningful stakeholder involvement and buy-in. Several researchers confirm that measuring government/ NGOs commitments/ objectives

using the budget spent or the number of people reached does not transform into improving services and livelihoods (Africa, 2012; Ahmed, 2013; Birungi & Colbourn, 2019).

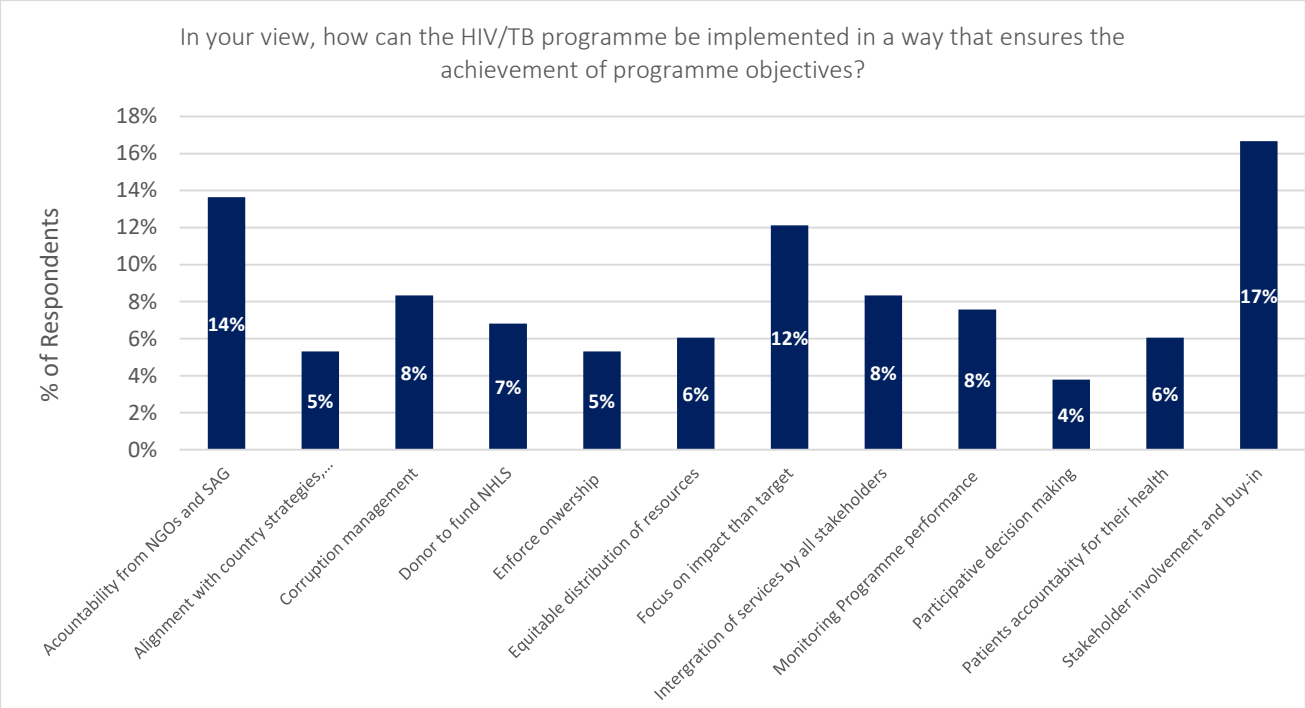

Figure 4.3: Achievement of HIV/TB programme outcomes

To achieve the HIV/TB programme objectives, 13 % of the respondents reported that they should be equitable distribution of resource as per need from both government and donors; donors should fund National Health laboratory services. The healthcare system in South Africa still suffers from the misallocation of funds (Milanga, 2019). On paper, the focus is more on disease prevention at the Primary and Community healthcare level. However, funds are still allocated more at the tertiary level; therefore, straining the system's ability to respond to preventable illnesses quicker (Luk, 2020).

4.8 Chapter Summary

The present study sought to determine which factors influence HIV/TB programme outcomes in South Africa, emphasising donor funding and other key external factors. Overall, the results show that recipients need effectively interacts with NGO funding support and utilisation, which ultimately influences HIV/TB programme outcomes. The study also supports the hypothesis that the government's political interest interacts effectively with the recipients' needs to influence HIV/TB programme outcomes. NGO funding was also found to significantly influence HIV/TB programme outcomes, suggesting that more not-for-profit organisations receive funding for the

operations. The study also finds that the donors' interest has a vital role in HIV/TB programmes' positive outcomes.

Another research objective was to determine the factors that contribute to NGO sustainability beyond donor funding. The results show that donor funding does not contribute to NGO sustainability. Instead, donor interest and the recipient need to be considered since they significantly influence NGOs' sustainability. Furthermore, political interest and the recipient need to have a significant interaction effect on NGOs' sustainability. This suggests that for NGOs to be sustainable, they need to take the government's political interests and recipients' needs into consideration when managing their operations. Although not part of the study's key predictors, leadership capacity was a significant predictor of HIV/TB programme outcomes and NGOs' sustainability. This suggests that while funding is not positively related to NGOs' sustainability, the NGOs' leadership competencies and practices are vital to their stability and continuity. Hence, not-for-profit organisations need to consider leadership practices as they seek to remain operational over the long term.

5 SUMMARY, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

This chapter summarises the major issue discussed in the previous chapters of the research report. The chapter concludes with the significant finding of the study and outlines the limitation associated with the study. The chapter further brings the study's implications, recommendations, and suggestions for future research based on its conclusions and limitations.

5.1 Summary

The study aim was to establish the effects of decreasing donor funding on the HIV/TB programme outcomes and sustainability of the donor-funded organisations in South Africa. The study was guided by three research questions, a hypothesis, and a conceptual framework that helped interpret the results. The study intended to answer the following objectives: (1) To determine the factors that influence donor funding for HIV/TB programme in South Africa; (2) To establish how NGOs utilise donor funds to achieve HIV/TB programme objectives in South Africa; (3) To establish strategies to sustain South African NGOs beyond donor funding; (4) To propose HIV/TB programme implementation strategies for NGOs in South Africa.

An online quantitative survey was conducted in most non-profit organisations providing HIV/TB services across the country. A relatively fair representation of the participants was obtained from the executive leadership to the implementers' level; about 308 responses were received.

The literature review showed that donor funding from first-world countries to developing countries has decreased in the past few years. This is due to different reasons such as; global economic meltdown, changing donor interest, political influence, poor performance and management of grants from recipient countries. The conceptual framework addressed each of these factors and attempted to understand the relationship between them. For example, the relationship between donor interest and recipients' needs, NGO funding and HIV/TB programme outcomes. Furthermore, look at the relationship between NGO funding and Organisation sustainability.

The study findings coincided and also contrasted with some of the past literature results. The study found that donors fund HIV/TB programmes not because they want anything in return. Unlike

others, studies in foreign aid confirmed that donors give because of trade benefits, investment, political policy alignment with donors' objectives, and other returns. The results conclude that donors invest in HIV/TB programmes because of good intentions without direct benefits. The recipient's needs or HIV/TB prevalence seems to influence political interest and NGO funding from international donors. NGOs are funded to ensure that the individual needs of people living with HIV and TB are meet and HIV/TB is eradicated in these countries.

The findings further showed that NGO funding does not guarantee NGO sustainability; about 67.8% of NGOs have about 1 -5 grants a year from international donors and 59.8% have up to $249 million, about 8% have $5000 million and more a year only for HIV/TB programmes. Despite the number of years NGOs have been providing HIV/TB services, 91,2% of the respondents reported that their organisation has existed and has ten years and more experience in the HIV/TB programme implementation. The number of grants given to one organisation by different international donors, total funds approved years of experience, and well trained, experienced and educated staff seemed to positively impact the HIV/TB programme outcomes, social impact/ livelihoods and NGO sustainability.

South African NGOs' donor dependency issue came out as a concern as more than 71% of organisations are only receiving funds from donors and have no other funds generating strategies. These organisations provide the most critical and most extensive health programme globally, but with no tangible vision for sustainability beyond donor funding is a risk the country cannot afford to take. The majority of the respondent's views were that: (1) Political will to priorities HIV/TB programmes; (2) Co-funding by the SA government; (3) Well-articulated sustainability plan from both donors and the department of health; (4) Meaningful stakeholder engagement and integration of HIV/TB services from the public and private sector will be critical interventions to enhance HIV/TB programme outcomes, organisations stability and service provision.

5.2 Conclusions

This study aimed to identify and understand the effects of donor funding on the HIV/TB programme outcomes in South African donor-funded organisations. The quantitative analyses of donor interest, programme outcomes, recipient needs, and NGO sustainability conclude the following HIV/TB outcomes and organisations' sustainability findings.

5.2.1 Factors influencing donor funding for HIV/TB programme in South Africa

The study concluded that donor interest, political interest, and the recipient need influence donor funding for HIV/TB programs in South Africa. The study further illustrated that donor funding for HIV/TB programme in South Africa is driven by generous interest and the will to improve the livelihoods of people living with HIV in South Africa. The HIV/TB programmes outcomes were influenced by the availability of donor funds, political will and buy-in, and beneficiaries' needs. The HIV/TB programme outcomes showed positively correlation with donor interest ($r = 0.269$, $p < 0.001$), political interest ($r = 0.504$, $p < 0.001$), recipient need ($r = 0.667$, $p < 0.001$) and NGO funding ($r = 0.128$, $p < 0.05$). The study further concluded that high HIV/TB prevalence in South Africa stimulates international donors' willingness to fund the implementation of the HIV/TB programme in South Africa through capable NGOs.

5.2.2 How NGOs utilise donor funds to achieve HIV/TB programme objectives

The study concluded that the demand and supply of HIV/TB services are not achieved by the currently donor-funded organisations in South Africa. The demand for HIV/TB services is high. Therefore, the currently dwindling funding from both the donors and the South African government cannot meet the programme budget demands, negatively impacting planned HIV/TB programme outcomes. Although NGOs continuously drive cost reduction activities, the impact was not evident as it was an inefficient, non-transparent organisation's financial and supply chain management systems. About 70% of the respondents reported that their organisations' financial and Supply Chain Management systems were inefficient, transparent, efficient, and lacked practical, effective cost allocation policy.

5.2.3 How South African NGOs can be sustained beyond donor funding

The study concluded that NGOs sustainability was mainly driven by the recipient countries' political capacity to respond to health needs effectively. The political and service user, active accountability and ownership in collaboration with the international donor enhanced positive HIV/TB programme outcomes. NGO sustainability showed a positive correlation with donor interest ($r = 0.346$, $p < 0.01$), political interest ($r = 0.501$, $p < 0.01$), the recipient needs ($r = 0.595$, $p < 0.001$), and HIV/TB programme outcomes ($r = 0.743$, $p < 0.001$). The positive relationship

between HIV/TB programme outcomes and NGO sustainability suggested that NGOs could achieve organisational, financial and programme stability as program interventions improve.

The study hypothesis (H_2) concluded that the availability of funding does not influence NGO sustainability. Donor-funded organisations' sustainability was influenced by many factors such as leadership capacity, effective strategic planning, funds utilisation, programme implementation and monitoring, and the organisation's revenue-generating activities.
Furthermore, the success of the HIV/TB programme implementation and NGOs stability could not be led by foreign countries; recipient countries and organisations need to take full responsibility for their HIV/TB programme successes and failures.

5.2.4 How HIV/TB programme implementation ensures sustainability and achievement of programme objectives

The study concluded that diversification of income-generating strategies could enable organisational, financial and programme stability by minimising organisational risk and service delivery disruptions. From the onset of the funding cycle, donors and NGOs should have an implementable sustainability/ transition plan in collaboration with the government, as most of the services will be handed over to the public healthcare sector. About 48% of the respondents reported that donor-funded organisations/ NGOs could attain sustainability through exploring other funding and revenue-generating strategies, and donors should ensure that they have a sustainability plan beyond their funding.

The study further concluded that without meaningful stakeholder engagement, alignment of donor objectives to the country's HIV/TB programme objectives, and co-funding of the HIV/TB programme within its financial resources, the HIV/TB programme's sustainability would not be attained. HIV/TB programme outcomes success measure should be based on the social impact attained to attract investors and funders, not based on the budget spent while programme outcomes are still lacking. Political vigour and buy-in can provide a conducive platform to institutionalise HIV/TB national strategies and priorities across all stakeholders.

5.2.5 The Study Conceptual Framework

As informed by the literature and conceptual framework, the study concludes that donors give for HIV/TB programme generously to improve the livelihoods of people living with HIV. The recipient needs or HIV/TB high prevalence rate stimulate international donors to respond and

fund NGOs to respond to the societal needs and combat HIV and TB infections. The study further concluded that sufficient NGO funding could improve HIV/TB programme implementation and attain better programme outcomes. Furthermore, the study established an extra relationship that was not included in the initial conceptual framework that NGO leadership capacity positively influences organisational sustainability irrespective of the declining donor aid. The study further concluded that NGO funding does not translate to NGO sustainability. Figure 5.1 below shows the determinants of NGO funding for HIV/TB programme implementation as informed by the study results.

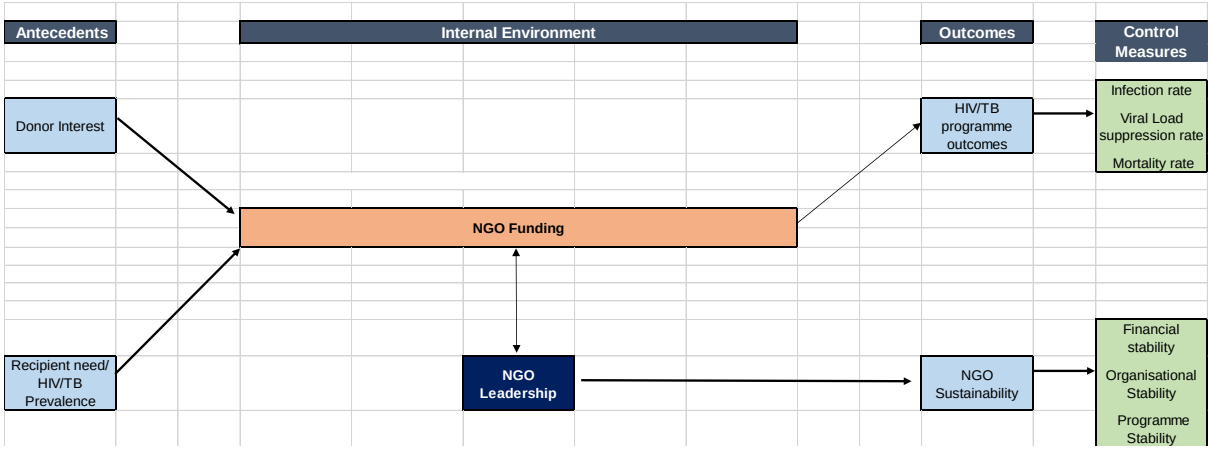

Figure 5.1: Determinants of NGO funding for HIV/TB programme

Essential factors to minimise disruption when donor funds cease are solid organisational leadership, efficient resource utilisation, and accountability to funding most of the HIV/TB programme activities. This study has shown that donor funding is declining, and South African donor-funded organisations are not ready to transition and sustain HIV/TB services with minimal donor funding. There is currently no clear, tangible sustainability plan from NGOs and donors.

5.3 Recommendations

Donor funding for HIV and TB has significantly impacted South Africa for the past 15 years despite the countries' challenges in implementing robust HIV/TB policies on time. As the world changes, developing countries, including SA, need to take the opportunity to pivot their socio-economic development policies and strategies. The global economic crisis will have decades of adverse effects on developing countries; therefore, it paramount that South Africa start embarking on crucial policies that will enhance self-sufficiency and resilience. As guided by the study findings and conclusions, the recommendations below are presented for consideration.

5.3.1 Review regulations governing fund utilisation by NGOs

Donors should permit a certain percentage of funds provided to be used to generate more income; the level of income to be generated can be specified, and funds generated to be strictly used for service delivery. NGO will gradually generate revenue, provide services that a key but not funded, and minimise dependency on global aid in the long run. NGOs should be prepared to share their financial reports with the donors and the public to enforce accountability on generated profits. These will improve accountability of how funds are utilised to achieve HIV/TB programme outcomes.

5.3.2 Develop and publicise a sustainable/ transition plan at the beginning of the funding cycle

The normal cycle for donor funding in South Africa is five years, depending on the availability of funds and NGO performance. Some NGOs lose funding before the cycle ends or after it ends. These disruptive issues, staff retrenchments increase unemployment and increase the burden to the public health sector. Therefore donor agencies and NGOs need to plan for continuity of services beyond donor funding in collaboration with the department of health and the private sector. The sustainability or transition plan should detail the financial, organisational and programme sustainability beyond donor funding. All stakeholders should take responsibility to review the transition plan annually as informed by internal and external environmental changes.

5.3.3 Review business models in line with the market or economic changes

The sustainable development and humanitarian sector face inevitable threats of funding constraints; NGOs are retrenching staff, cost-cutting and downsising. Therefore, NGO leadership needs to rethink the organisational strategy that will help organisations survive beyond donor aid. The NGO leadership and board members need to start discussing their vision, who they are, what they do best, and what makes their organisation stand-out or better. The HIV/TB programme needs to pivot quickly to respond to different and additional health needs that negatively impact programme implementation. For example, accessibility and availability of medication, comprehensive community health mobile services, and others. NGOs main focus generally during declining funding is fundraising and more fundraising and forget about the quality of service

delivered to the beneficiaries. When NGOs find an opportunity to create value for service users, it has a breakthrough to its income generation sources; beneficiaries look for quality services and pay for value.

5.3.4 Engage in leadership capacity development on resource management

The donors should offer training, mentoring and technical support to NGOs leadership on effective resource allocation, utilisation, and financial management. Knowledge and skills gained/ transferred from these training, mentoring and coaching sessions can improve NGOs' ability to allocate financial resources efficiently to achieve planned programme outputs. It will further improve financial system transparency to all stakeholders and compliance with accounting and financial regulations. NGO management will further learn budgeting and financial statement analysis and interpretation, enabling effective decision-making, planning, guiding operations, reducing wastage, and effectively monitoring cash flow.

5.4 Limitations of the study

The study's limitation was study focus on a quantitative approach; although it had some long open-ended questions to capture respondents' views, it would have helped understand the respondents' qualitative views.

5.5 Recommendations for further research

The key issue emerging from this and other past studies remain the sustainability of NGOs beyond donor-funding. Future studies could focus on assessing NGOs' readiness to transition from donor funding to self-funding. Future studies could also evaluate the most commonly effective revenue-generating strategies that NGOs can use in South Africa.

6 THE CONSULTANCY REPORT

6.1 Introduction

This chapter discusses the research findings as part of the consultancy report. The chapter addresses the research objectives by proposing recommendations based on the study results. The consultancy report is done for one of the donor-funded organisations in South Africa to present strategies that can help achieve HIV/TB programme outcomes and for the Organisation to remain stable beyond donor funding.

6.2 Executive summary

The HIV/TB programme implementation in South Africa is increasingly negatively impacted by declining donor and government funding. The declining budget or funds pose a threat to healthcare service delivery, HIV/TB programme services, including the sustainability of donor-funded organisations providing HIV and TB services. This disruption has a significant impact on the morbidity, clinical complications and mortality of people living with HIV and TB. Furthermore, as organisations transition from donor funding to self-sustainability, they do not survive more than two years due to a lack of proper transition and sustainability planning. This report proposes to answer the following objectives:

I. To determine how the donor-funded Organisation can use available resources efficiently to achieve HIV/TB programme targets or objectives.
II. To determine other income-generating strategies that the donor-funded Organisation can use to sustain HIV/TB services beyond donor funding.

A survey was conducted to collate NGOs' staff views of the possible solutions that can help this donor-funded organisation meet its programme outcomes and implement strategies that will generate extra income. The report finding shows that leadership capacity, efficient financial and supply chain management, diversification of revenue sources are the key strategies to achieve programme outcome and organisational sustainability. The report further recommends that the NGO review its business model and continuously study external and internal environments that can pose a threat or provide opportunities to the Organisation. These will allow flexibility in decision-making and minimise business risk and organisation collapse.

6.3 Background

Sustainable Developmental Goal 3, "Ensure healthy lives and promote well-being for all ages", has not been achieved in South Africa as per the sustainable developmental plan. NGOs have taken most of the roles of government to curb further disparities in societies. International donors fund NGOs to support South Africa's government in eradicating the spread and impact of HIV/TB. In the past 15 years, SA had made tremendous progress in reaching people living with HIV and TB, particularly HIV testing and HIV viral load suppression. South Africa managed to test 90% of people living with HIV; about 68% were put on ART, and 87% had a suppressed viral load. Although these have been done, the HIV prevalence remains at about 20.4%; one in five people is living with HIV (UNAIDS, 2020). However, the prevalence differs between provinces, from 12.6% in Western Cape to 27% in KwaZulu-Natal. South Africa needs to put 2 million people on treatment by 2025 (UNAIDS, 2020). Figure 6.1 below show the 2019 HIV statistics in South Africa.

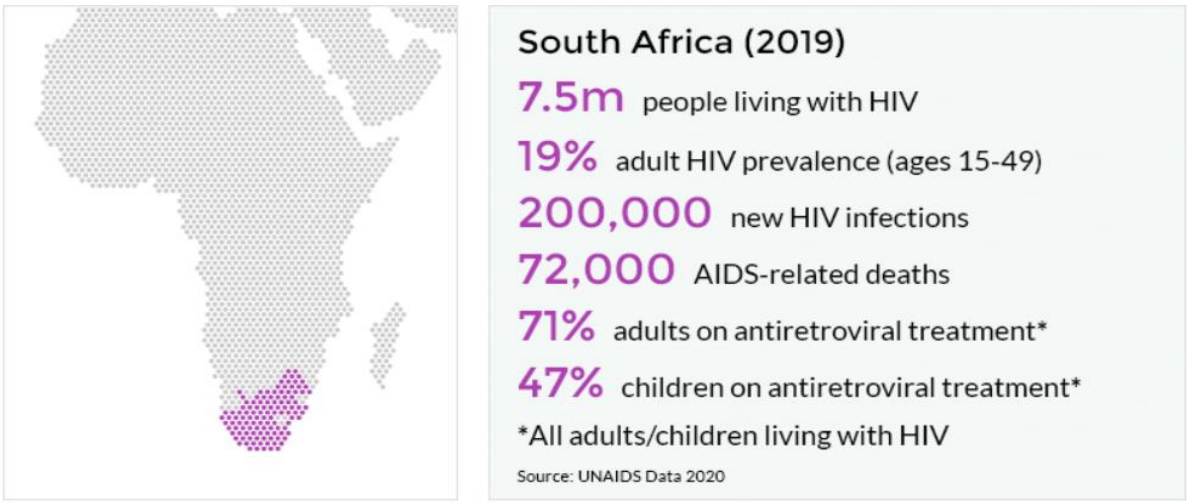

Figure 6.1: South Africa HIV statistics, 2019

Source: UNAIDS (2020)

NGOs and developing countries face stagnant HIV and TB prevalence and declining donor funding for HIV. From both bilateral and multilateral HIV funding channels, the decline was US$165 million compared to US$7.8 billion in 2019 and US$8.0 billion in 2018 (Lanshaw, 2020). Even after taking into account the exchange rate and inflation benefits, funding still declines. South Africa's declining funding is mainly due to changing donor interest and poor performance of funded NGOs in attaining social impact and achieving programme objectives. Funders are discouraged to continue funding failing programmes. Therefore, NGOs face challenges to sustain

the HIV/TB service and organisation continuity. Developing country governments lack adequate capacity to transition donor-funded organisations to government-funded organisation smoothly.

6.4 Company brief profile

Out of the donor-funded organisations that participated in the study, the consultancy report will focus on one Organisation in South Africa that faces the same challenges as other NGOs.
The donor-funded Organisation Philasande Institute has existed for more than 20 years. Philasande Institute is a fictitious name to protect the Organisation's identity and adhere to the study's ethics requirements. The Organisation provides the following services: HIV/TB programme implementation, Research, Clinical Trials, and Technical support at all government levels and capacity development. The Organisation has transitioned from different funders three times in the past 15 years; at some point, it has lost funding for some HIV/TB programmes. The Organisation had about 2500 employees before they lost funding and supported four big districts across the country. After funding had stopped, 2100 employees lost their jobs, and 70% of those managed to transition to the incoming donor-funded organisation and other NGOs across the country.

The government did not have a budget or vacant position to absorb any of the staff. The 30% are still struggling to find employment even today; this was made worse by the country's high unemployment rate and COVID 19 pandemic. HIV and TB service could continue, but with some interruption for about 12 months, stakeholder buy-in and transition between the two NGOs was challenging. Philasande Institute currently functions with about 200 employees, receives funding for small HIV/TB programmes, and provides income services. These services were part of the Organisation, although not a more significant component by then. The organisation leadership has many years of experience in the healthcare sector nationally and internationally and more than 15 years of experience in donor-funded programmes. Briefly stated reasons for donor transition were donor district rationalisation and poor performance in supported programmes.

Figure 6.2 below shows the funds received by Philasande Institute in the last 12 years. The funding has decreased by 55% in the last six years for Philasande Institute.

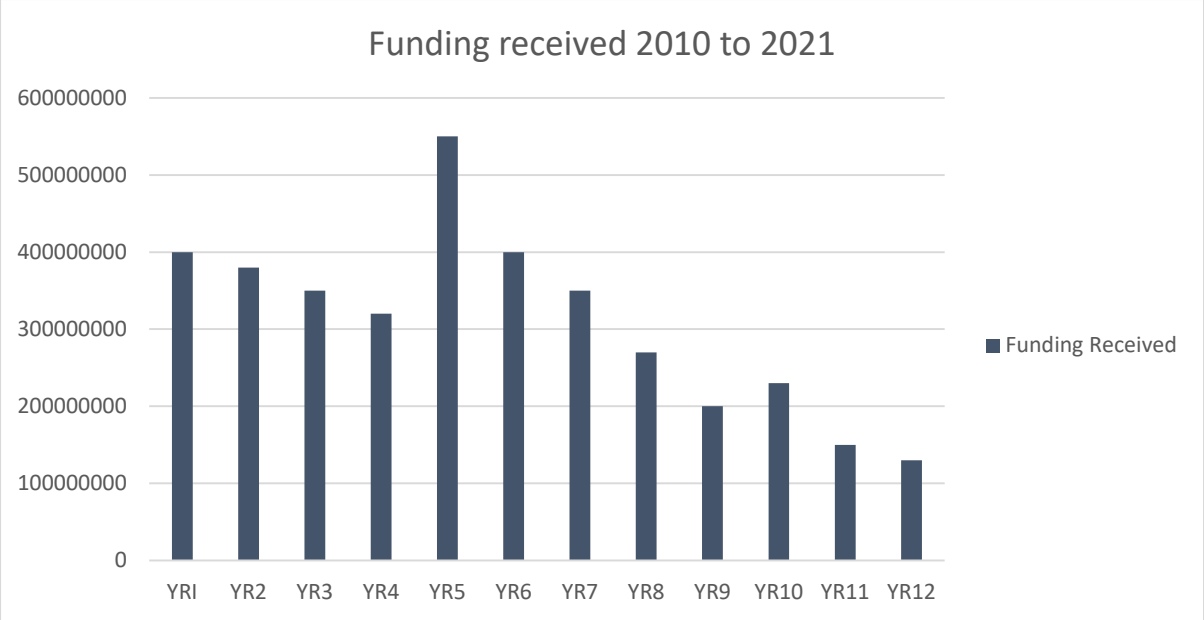

Figure 6.2: Funds received by Philasande Institute in the last 12 years

6.5 Consultancy report objectives

The two objectives below align with the study conceptual framework and questions in addressing NGO sustainability and HIV/TB programme outcome.

I. To determine how the donor-funded Organisation can use available resources efficiently to achieve HIV/TB programme targets or objectives.

II. To determine other income-generating strategies that the donor-funded Organisation can use to sustain HIV/TB services beyond donor funding.

6.6 Problem Analysis

Philasande Institute sustainability and productivity are interdependent on its capacity to recognise promptly and effectively respond to changes in the external and internal environment. Change is inevitable; therefore, the organisation needs to be agile and flexible to manage unexpected changes that affect donor funding and organisation survival.

6.6.1 External factors that affect HIV/TB programme outcomes and Philasande Institute sustainability

Political

A lack of political will and buy-in in prioritising and funding HIV/TB programme may have opened the potential for NGO dependency on international aid (Fowler, 2000). Donor funding countries' legislation and political priorities are constantly changing, forcing NGOs to quickly

transition from their core strategies and align to attain funding. The extent to which the US as a significant donor in South Africa influences the economy and impacting the donor-funded project in the health sector is inevitable. Too much political influence and interference on health programmes contribute to skewed health interventions and programme monitoring.

Economic factors

The public sector expenditure continues to increase in South Africa in an already compromised economy, primarily due to reported poor planning, execution, corruption, business scandals, and the COVID 19 pandemic impact; therefore health sector is hugely compromised. Changes in the trade and tax, including supply chain processes, have placed the health sector under severe shortages of suppliers and commodities, therefore impacting service delivery to people living with HIV and TB. The increasing retrenchments in mines, agriculture, retail, and other industries will increase the poverty rate and susceptibility to HIV and TB infection through an unhealthy lifestyle. The healthcare workers shortages in the country have also caused a strain on delivering health services, especially for chronic patients that require constant care and monitoring.

Social factors

Teenager pregnancy, gender disparity, polygamy, gender-based violence, stigma and discrimination against key populations contribute to the increasing HIV transition (Mhavika, 2020). Overcrowding, slumps, pollution and hunger contribute to the spread of TB in South Africa. The increasing unemployment rate contributes to increasing lifestyle diseases and further increase demand for healthcare services, therefore, straining the currently minimal available budget from the government and NGOs as a response to unplanned high morbidity and HIV/TB complications (Jewell et al., 2020)

Legislation

The funders' policies that govern NGOs limits organisations from generating other investments or income from the funds provided, thus enforcing future dependency on international aid. The South African legislation that governs NGOs also limits NGOs from generating profits unless they fully transition into business ventures or social enterprises. NGOs are not mandated to publicise their financial reports; financial accountability is only between the funder and NGOs. Therefore, it prohibits the donor-funded Organisation from fully accounting to beneficiaries and society on service provided and funds spent.

Technology and innovation –

Innovations and technology are the key drivers of sustainability and productivity, but donors do not fund HIV/TB technology initiatives and innovation. The cost is too high, and implementation may be unsustainable; therefore, funders refrain from putting their monies in idealisation experiments. NGOs cannot fund technology and new service delivery innovations for HIV/TB programs; therefore, programme implementation strategies are not agile in responding to service users' changing needs. Restricted funds also limit NGOs to be innovative beyond the scope set by the donors.

6.6.2 Internal factors affecting HIV/TB programme outcomes and Philasande Institute sustainability

Philasande Institute has the good technical capacity to implement the HIV/TB programmes; however, the inability to generate income, innovate and diversify services can be a critical factor that entrenches dependency on donors. Figure 6.3 below shows the SWOT analysis for the donor-funded organisation.

6.6.2.1 Philasande SWOT Analysis

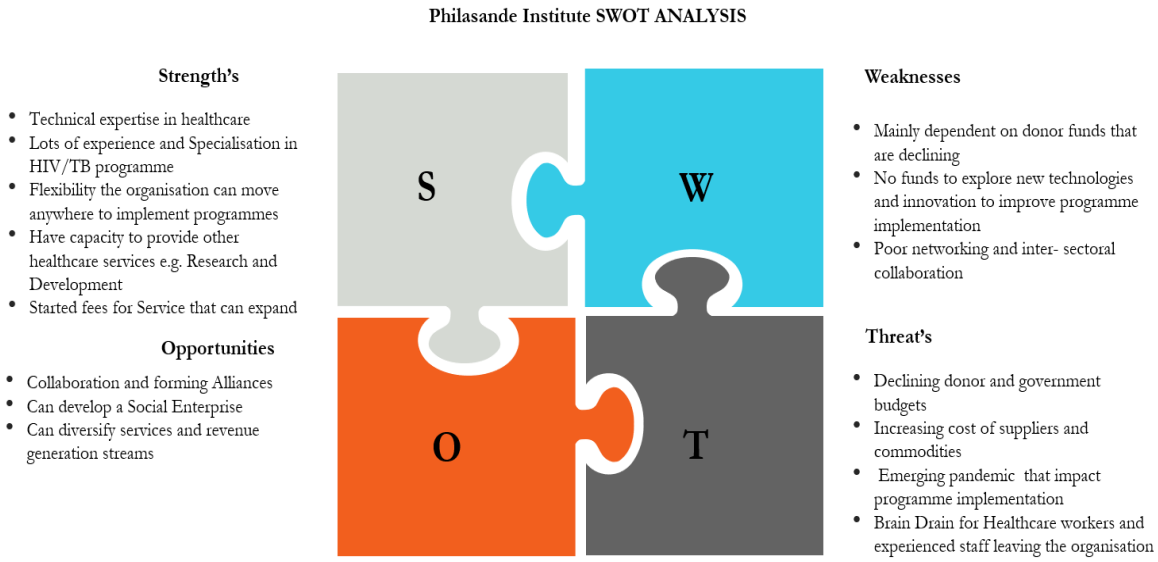

Figure 6.3: Philasande Institute SWOT analysis

6.6.2.2 Philasande Institute Problem Analysis tree

Figure 6.4 below shows the problem analysis tree for Philasande Institute; effective strategic planning is viewed as the backbone of organisational success. It affects internal and external systems, spells out the linkages between budget allocation and utilisation alignment with

programme implementation processes. Suppose the strategy is not well developed and executed. In that case, NGO is bound to experience the listed challenges below tracing and managing resource mobilisation, including programme monitoring and evaluation to attain desired goals.

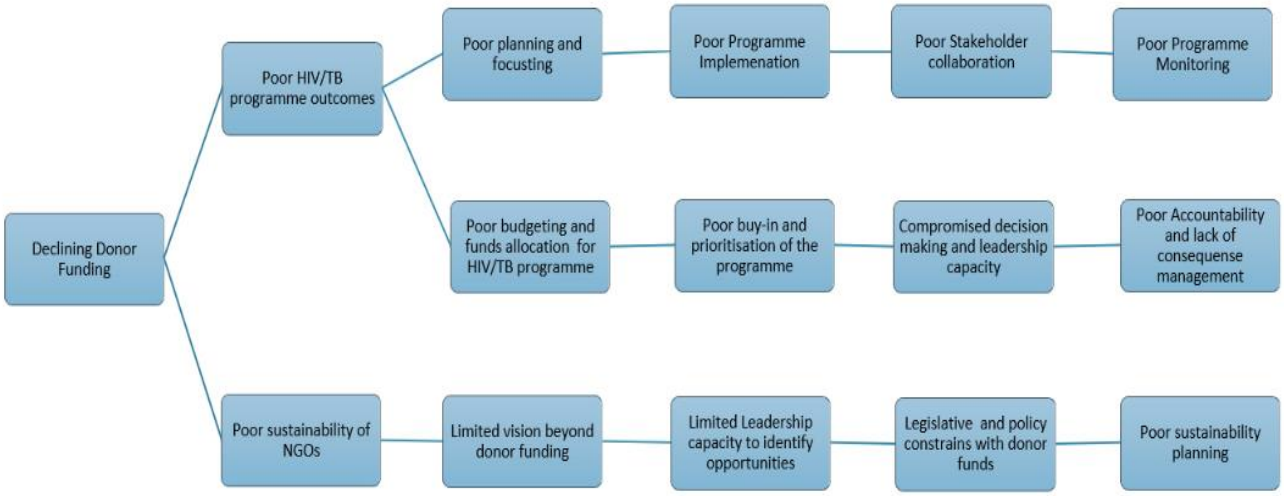

Figure 6.4: Problem Analysis tree for Philasande Institute

6.7 Finding's presentation and discussion

The results below confirm some of the identified challenges in problem analysis as informed by the literature. Figure 6.5 below shows the respondent's descriptive results for measuring programme implementation, outcomes, and NGO sustainability. In addressing the first objective, determining how the Organisation can use available resources efficiently to achieve HIV/TB programme objectives. About 48% of the respondents mentioned that funds are not utilised effectively in their Organisation to achieve HIV/TB programme outcomes. The findings concur with Goddard (2020) that most NGOs in developing countries may have other priority needs that are not aligned to funding prescriptions and use them for other needs.

Only 54% of the respondents reported that they have sufficient staff to implement HIV/TB programmes. Given the program's priorities and targets, 54% of staff members are stretched to implement the programme effectively and reach the required targets/ objectives. Naomi et al. (2019) mention that health workers' shortages worldwide harm effective health care service delivery. Furthermore, 70% of the respondents reported that HIV/TB programme had not attained the targeted reduction of HIV new cases. The 90-90-90 UN strategy aims to reduce the transmission of HIV and the spread of TB; the findings show that the country has not effectively

curb new infections. These may also be attributed to the lower HIV viral suppression rate as per the target and lower TB case finding and treatment success rate.

More than 90% of the respondents mentioned that their Organisation is not sustainable beyond donor funding. They do not have a sustainable transition strategy implemented in collaboration with the South African government after funding. The study findings concur with Gotsadze et al. (2019) that most NGOs transitioning from donor funding could not survive two years after funding had stopped. Constant environmental study and changes should be part of NGOs culture to pivot quickly and identify other opportunities to enable the organisation to continue providing services with minimal disruptions.

Question	Findings				
	Strongly disagree	Disagree	Not sure	Agree	Strongly Agree
1. Restricted funds help my organization to utilize monies efficiently in key activities that improves HIV/TB programme performance.	5%	30%	4%	54%	7%
2. My organization has good leadership and governance structures.	6%	38%	0%	48%	8%
3. My organization's strategic planning process is efficient and assists in achieving good performance (achieving targets).	7%	55%	0%	29%	9%
4. Decision making in my organization is decentralized and staff opinions matter	35%	54%	0%	7%	5%
5. In my organization there is transparency of how funds are allocated and utilized.	26%	64%	2%	7%	1%
6. My organization's financial and Supply Chain Management systems are efficient, transparent and improve organization efficiency.	15%	56%	0%	27%	2%
7. In my organization funds are utilized efficiently to improve HIV/TB programme performance	6%	42%	2%	44%	6%
8. My organization has efficient financial management and cost allocation policy	5%	42%	0%	50%	3%
9. My organization has adequate number of staff to implement the HIV/TB programme in SA.	4%	42%	0%	47%	7%
10. My organization has revenue-generating strategies and does not rely on donor funding only.	13%	75%	4%	8%	0%
11. My organization is sustainable beyond donor funding for at least five years after donor funding ceases.	36%	57%	4%	3%	0%
12. My organization has a sustainability strategy that can be implemented effectively with the South African Government after donor funding stops.	49%	47%		4%	0%
13. The HIV/TB programme implementation has resulted in the targeted reduction of HIV/TB new infections in SA	6%	64%	0%	25%	5%
14. The HIV/TB programme implementation has resulted in the targeted increase of HIV Viral Load suppression rate in SA.	8%	70%	0%	14%	8%

Figure 6.5: Respondents Descriptive Results

The study also attempted to determine other income-generating strategies that the organisation can use to sustain HIV/TB services beyond donor funding. About 88% of the respondents reported that their organisation does not have other revenue-generating or fundraising strategies; they rely primarily on donor funding.

6.8 Recommendations

According to the study findings, Philasande Institute has experienced, educated and good capacity to implement HIV/TB programme in South Africa. Therefore, for the NGO to be a successful organisation, the focus should be on business mind-set/strategies, efficient financial management and investment, and outstanding innovative leadership. For the NGO to remain relevant in the dynamic world, there is a need to transition from purely non-profit to a mixed business model of addressing social problems while generating income.

6.8.1 Invest more time in strategic planning, implementation, monitoring, and contingency planning

Planning is usually given little time in this organisation; most of the planning is done at the donor country and funding agency level. The NGO planning cycle is limited; when grants are issued, they are already objectives, targets, and timelines. NGOs' role and responsibility are to operationalise these objectives and provide detailed day-to-day activities. The opportunity to take time planning is not available implementation is more prioritised. This study recommends Lean strategic planning that allows agility, provides direction and constant reviewing of the activities to meet critical objectives and takes advantage of new opportunities. These will ensure the alignment between HIV/TB programme strategic objectives and how resources are allocated and utilised.

Conduct contingency planning - leadership is continuously exposed to the changes in donor funding and disruption of HIV/TB services; therefore, it vital to develop a contingency plan -for unexpected changes in the internal and external economic and healthcare environment.

6.8.2 Cultivate the entrepreneurship mentality in leadership

It is essential to cultivate the entrepreneurship mentality in NGO leadership. To start thinking more about other opportunities and knowing what to do with the scarce resource and effective timing to implement strategy successfully. Organisation without agile leadership and decision-making capacity will lead to chaotic outcomes; the world is changing too fast; therefore, the NGO should also follow suit. Leadership development and coaching will improve leadership self-awareness, values, emotional intelligence and developing leaders to understand and actively respond to dynamic environments. Contextual relevance will help the leader balance various challenging pressures from different stakeholders that do not compromise the organisation and individual identity and values.

6.8.3 Review financial management and cost allocation policy

NGO needs to establish a robust and efficient resource data management and analytic system – aligning the data collection, processing, and analysis to the program's objectives will help track live organisation effectiveness by answering the how, why, where, when, and other questions. Leadership will have organisation and programme diagnostic and prescriptive reports that will help develop specific interventions and limit blanket approach decision making.

6.8.4 Adopt Lean Business canvas

Mamabolo (2018) alludes that NGOs are not exceptional as other businesses; if they provide a service to people, in the long run, they have to generate sufficient revenue to survive and continue serving their communities. However, business enterprises focus only on profit maximisation and shareholder value while NGO -transition to a social enterprise focus more on advancing social impact public service mission while generating adequate revenues to keep the organisation stable.

Using a lean business canvas for Philasande Institute will provide leadership and stakeholders with a transparent, simple, relevant and understandable business model that can be easily communicated and implemented. The Canvas building blocks interlink with each other from the unique value proposition to customer segments and other elements; therefore, developing a successful organisation requires leadership to ensure alignment in all canvas building blocks. Figure 6.6 below shows a recommended lean business canvas model for non-profit marking organisations.

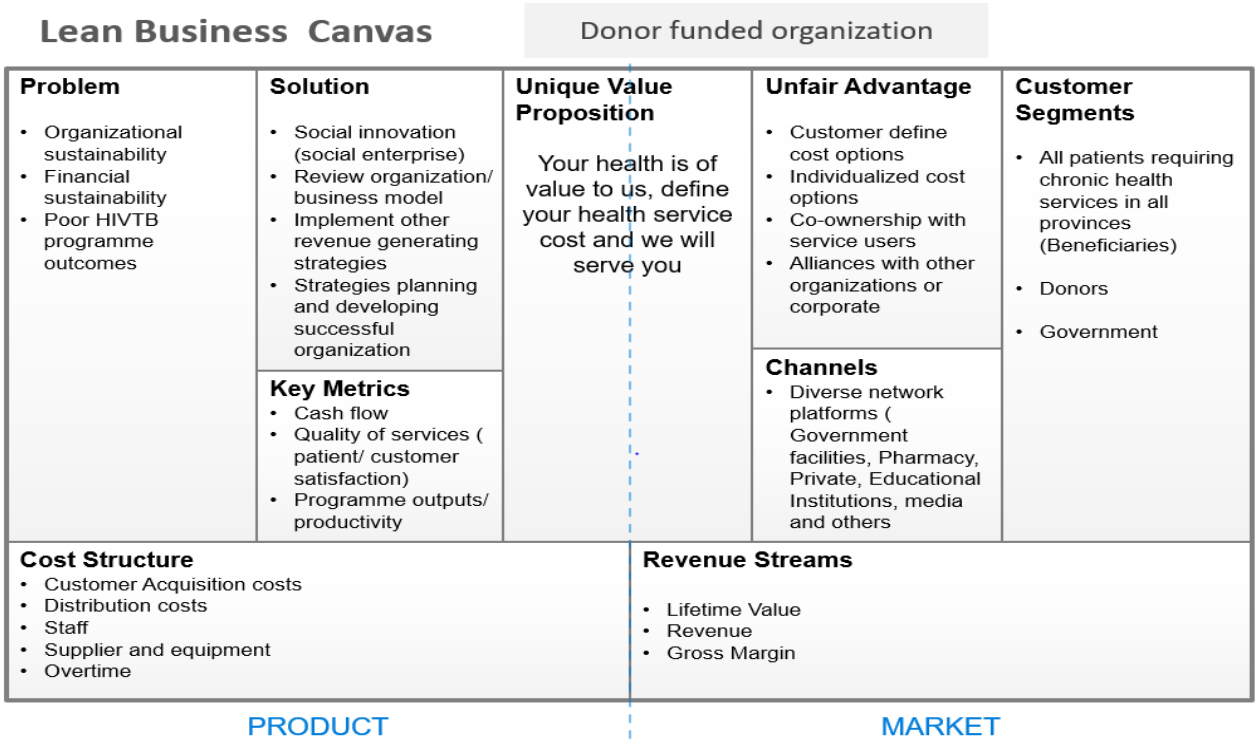

Figure 6.6: Lean Business Canvas for Philasande Institute

6.8.5 Explore and implement the Ansoff Growth matrix

Ansoff (1957) states that businesses or organisations should constantly grow and change to remain stable and relevant. The "product-market growth metrics" focuses on external diversification and organisational decision-making. Ansoff growth matrix will assist NGO leadership in considering the four strategies based on the two-element "market and product" and making decisions to minimise their respective risk to the organisation. Philasande should continuously respond to the environment and, therefore, should have at least two different balance strategies with their risk well quantified.

The NGO can also explore market penetration strategy. With this strategy, the organisation continues with its current services, markets and focuses more on market share penetration. The benefit is that the NGO can still use their current expertise, experience and capacity to penetrate the market; there is no need to explore new markets. Leadership should consider the vast competition in the HIV/TB field in South Africa that may further stimulate new rivalry, competition with the private sector and legislation limitation concerning alliances /acquisitions with big companies.

The market development option will also benefit the NGO as part of the transition from strictly donor-prescriptive boundaries. The organisation can explore a few new service users, segments and one or two African countries like Botswana and Ethiopia with some potential economic growth. The benefit is that the services provided remain the same, and the NGO explores new markets, providing a modified version of the current services to suit the context of the new segments. To succeed in new markets, the organisation should have a good feasibility study, excellent marketing strategy and brand. Figure 6.7 below shows the Ansoff growth matrix.

Figure 6.7: Ansoff Growth Matrix for Philasande Institute

Source: Ansoff (1957)

6.8.6 Explore and implement alternative revenue-generating and diversification models

The organisation vision, mission, and strategic plan inform revenue-generating and fund raining objectives. Therefore, NGO leadership should implement their strategies even with minimal available resources and generate income as they do not wait for a total estimated budget. Effective income generation and fundraising depend on effective planning, rigorous implementation, monitoring, and more planning than execution. The better the planning process, the better the income-generating results. The organisation will meet social needs while generating income to effect social, societal change.

Philasande Institute can implement the following different strategies to generate extra income beyond limited donor funding:

- Fundraising and communication plan - preparing a fund raining and communication plan will inform detailed day-to-day income-generating activities and provide a tangible measure of the feasibility of achieving revenue-generating objectives. The fundraising or revenue-generating plan should reflect the organisation value proposition of why corporates, individuals, foundations and others should fund this organisation—further elaborating the short-term and long-term benefits.
- Self-funding – if the founders believe in their strategy success and fund their vision, it will also stimulate trust and encouragement from other constituencies and funders to support that viable and bankable business idea/ strategy.
- Building effective constituency networks and support- the NGO should establish a solid constituency that believes in its vision. These could be family members and friends, stakeholders currently involved in the organisation (board members, management, employees and others), previously involved, and potential ones involved in the future.
- Social corporate investments- good organisational governance enhances the impact of investor confidence on corporate funding support decisions.
- Diversify funding sources– will support the organisation to remain financially stable, assisting in reducing funding volatility, financial risk and minimising dependency on one source of revenue. Leadership and board capacity to identify opportunities and act on them will improve organisational flexibility towards achieving their goals and objectives.

Figure 6.8 below further shows other fundraising strategies the NGO can explore to generate income beyond donor funding.

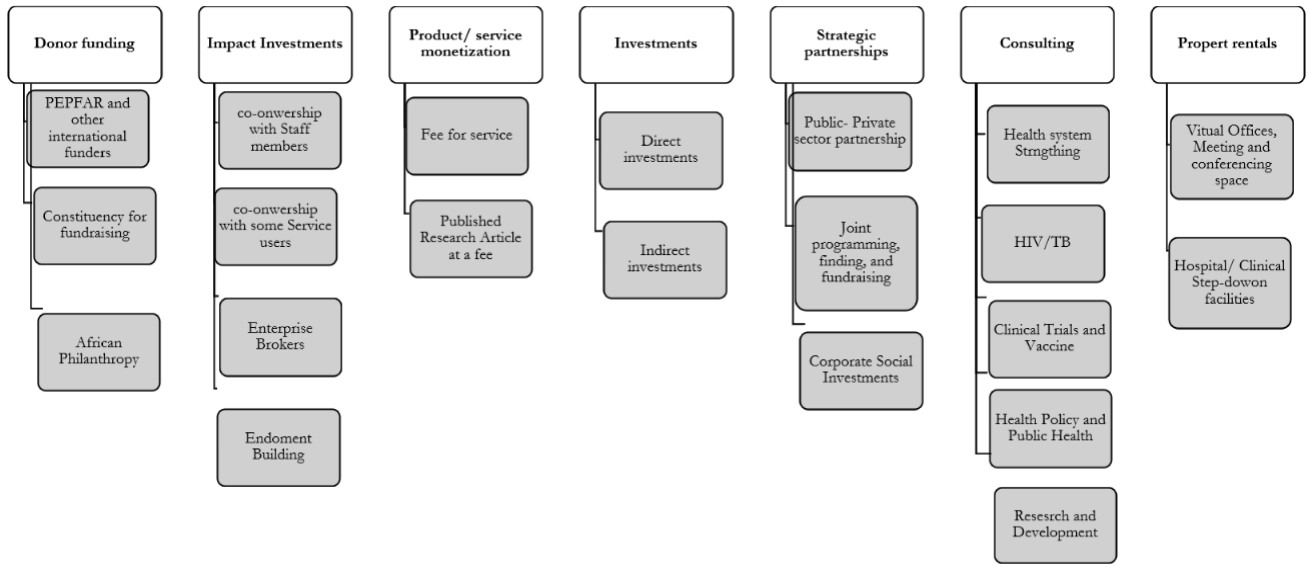

Figure 6.8: Proposed revenue diversification Strategies for Philasande Institute

6.9 Conclusions

It is becoming clear that it cannot be business as usual for Philasande Institute in South Africa; the world is changing. Therefore, profit and not-for-profit business must rethink their business model to remain relevant and grow. The NGO has spent years trying to improve efficiency by driving down costs and continue providing services. The culture of simply improving the business plan to increase things by 10% is not relevant and not enough. Philasande needs agility and innovativeness to identify the niche to deal with increasing external competition, disruption, and threats. The organisation needs to keep inventing new business models and require a different set of skills, attitudes and structure to meet its goals and attain social impact.

The lean start-up methodology is relevant to small organisations, but big organisations have also successfully adopted it. It provides a simple, implementable, relevant business model aligned to the needs of the service users. As the NGO review, its business model's survival in the changing markets is essential; therefore, leadership needs to make well-informed decisions. Diversification of revenue-generating strategies and investments is essential if they lower organisation marginal cost; leadership should also be aware of new rivals' potential. Joint ventures and outsourcing some secondary activities can improve NGO programme performance. Leadership capacity is critical to achieving the organisational vision, donor, DoH and beneficiaries needs and programme outcomes. NGOs should robustly act on changing donor funding patterns to remain relevant and sustainable to meet societal needs.

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APPENDICES

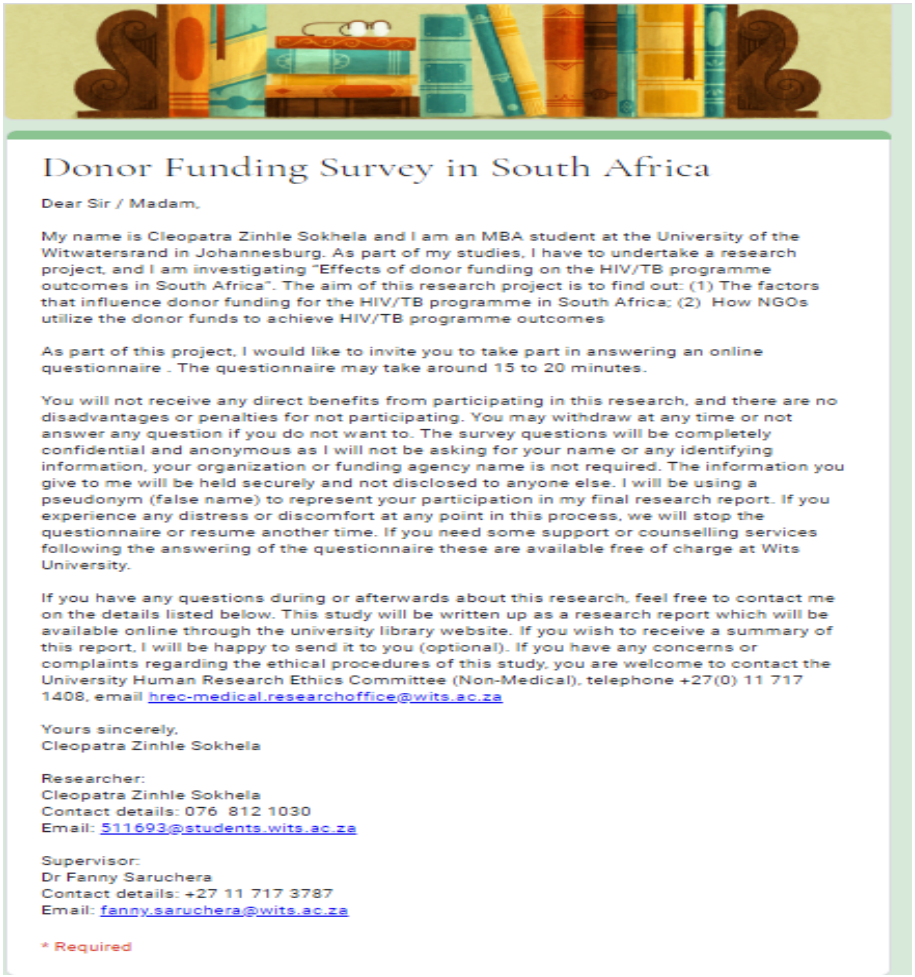
Appendix 1: Data collection instrument

Appendix 2: Ethics documentation

Appendix 3: Turnitin Report

Appendix 1: Data collection instrument

Online questionnaire: Link: https://forms.gle/7kZbcEFXMtTTwpge6



Donor Funding Survey in South Africa

Dear Sir / Madam,

My name is Cleopatra Zinhle Sokhela and I am an MBA student at the University of the Witwatersrand in Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating "Effects of donor funding on the HIV/TB programme outcomes in South Africa". The aim of this research project is to find out: (1) The factors that influence donor funding for the HIV/TB programme in South Africa; (2) How NGOs utilize the donor funds to achieve HIV/TB programme outcomes

As part of this project, I would like to invite you to take part in answering an online questionnaire . The questionnaire may take around 15 to 20 minutes.

You will not receive any direct benefits from participating in this research, and there are no disadvantages or penalties for not participating. You may withdraw at any time or not answer any question if you do not want to. The survey questions will be completely confidential and anonymous as I will not be asking for your name or any identifying information, your organization or funding agency name is not required. The information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the questionnaire or resume another time. If you need some support or counselling services following the answering of the questionnaire these are available free of charge at Wits University.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report which will be available online through the university library website. If you wish to receive a summary of this report, I will be happy to send it to you (optional). If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Yours sincerely,
Cleopatra Zinhle Sokhela

Researcher:
Cleopatra Zinhle Sokhela
Contact details: 076 812 1030
Email: 511693@students.wits.ac.za

Supervisor:
Dr Fanny Saruchera
Contact details: +27 11 717 3787
Email: fanny.saruchera@wits.ac.za

* Required

Consent Form Title of the Project: Effects of donor funding on the HIV/TB programme outcomes in South Africa Name of researcher: Cleopatra Zinhle Sokhela I agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:(Please circle the relevant options below). *

- [ ] I agree that my participation will remain anonymous
- [ ] I agree that the researcher may use anonymous quotes in his/her research report
- [ ] I understand that the questionnaire is online
- [ ] I agree that the information may be used anonymously for academic purposes

I agree to participate in this research project. *

- ◯ Yes
- ◯ No

Next

Page 1 of 4

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Google Forms

Donor Funding Survey for the HIV/TB Programme in South Africa

1. Please indicate your current position *

- ◯ Director
- ◯ Chief of Party
- ◯ Finance Manager/ Chief of Finance
- ◯ Programme Manager
- ◯ Human Resource Manager
- ◯ Other:

2. Please indicate your highest level of education *

- ◯ PhD
- ◯ Masters
- ◯ Degree
- ◯ Diploma
- ◯ Higher education Certificate
- ◯ Grade 12

3. Please indicate your years of experience in Donor funded NGOs/ organizations *

- ◯ Less than 1 year
- ◯ 1-3 years
- ◯ 4-6 years
- ◯ 7-9 years
- ◯ 10-15 years
- ◯ 15 years and more

4. Please indicate your years of experience in HIV/TB programmes *

- ◯ Less than 1 year
- ◯ 1-3 years
- ◯ 4-6 years
- ◯ 7-9 years
- ◯ 10-15 years
- ◯ 15 years and more

5. Please indicate your gender *

- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Gender non conforming

6. For how long has your organization existed? *

- ◯ Less than 1 year
- ◯ 1-3 years
- ◯ 4-6 years
- ◯ 7-9 years
- ◯ 10-15 years
- ◯ 15 years and more

7. For how long has your organization been donor funded? *

- ◯ Less than 1 year
- ◯ 1-3 years
- ◯ 4-6 years
- ◯ 7-9 years
- ◯ 10-15 years
- ◯ 15 years and more

8. What is the current approved grant amount (US Dollars in millions) in your organization? *

- ◯ $250 million and more
- ◯ $150 - 249 million
- ◯ $70 - 149 million
- ◯ $20 - 69 million
- ◯ $9 - 19 million
- ◯ less than $9 million
- ◯ I do not know

9. How many grants does your organization have for this financial year from international donors? *

- ◯ Less than 1
- ◯ 1-2
- ◯ 3-5
- ◯ 6-9
- ◯ 10 and more

10. Kindly indicate your organization total grant amount for this financial year COP 20. *

- ◯ Less than $30 million
- ◯ $30- 69 million
- ◯ $70-199 million
- ◯ $500-899 million
- ◯ $900 million and more
- ◯ I do not know

11. Kindly indicate the programmes your organization is funded for. *

- ☐ HIV/TB Care and Treatment
- ☐ Prevention
- ☐ Orphans and Vulnerable children (OVC)
- ☐ Key populations
- ☐ Capacity development
- ☐ Technical support
- ☐ Clinical Trails
- ☐ Innovations
- ☐ Data analytics support
- ☐ Research and Development

12. Please indicate your organization funders or donors. *

- ☐ Government
- ☐ International donors
- ☐ Philanthropist
- ☐ Local foundations
- ☐ Self - funded
- ☐ High-net-worth individuals (HNWI)

13. Donor funding for HIV/TB programme has been consistent for the last 10-15 years in South Africa (SA). *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

14. Donor funding for HIV/TB programme has decreased in the last 10 years in SA. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

15. Donor country political interests can influence donor funding in SA. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

16. Donor funding in SA can be influenced by donor interest in terms of economic benefits, trading interest, security and investments over the country needs. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

17. Donor funding in SA can be influenced by HIV/TB Programme needs over donor political interest. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

18. International donors are committed to supporting the eradication of HIV/TB in South Africa. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

19. Donors are committed to continue funding the HIV/TB programme in South Africa. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

20. Donors policies and objectives are aligned to the country's priorities and NGO/ organization objectives. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

21. Donors engage and consult South African government , Civil Society , Beneficiaries effectively before implementing HIV/TB programmes. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

22. Donors fairly allocate funds between NGOS/ organizations in SA. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

23. Donors give new emerging NGOs/ organizations similar financial aid opportunities as big old NGOs in SA. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

24. Donors consult the South African Government , Civil society and NGOs efficiently before deciding to stop funding. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

25. My organization is provided mostly with unrestricted funds by donors. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

26. Restricted funds help my organization to utilize monies efficiently in key activities that improves HIV/TB programme performance. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

27. Donor agencies provide adequate technical support to my organization to improve HIV/TB programme performance. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

28. My organization has good leadership and governance structures. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

29. My organization's strategic planning process is efficient and assists in achieving good performance (achieving targets). *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

30. Decision making in my organization is decentralized and staff opinions matter. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

31. In my organization there is transparency of how funds are allocated and utilized. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

32. My organization's financial reports are shared annually within the organization. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

33. My organization's financial reports are shared annually with the public, civil society organizations and Department of Health. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

34. My organization's financial and Supply Chain Management systems are efficient, transparent and improve organization efficiency. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

35. In my organization funds are utilized efficiently to improve HIV/TB programme performance. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

36. In my organization the HIV/TB programme performance outcomes match the budget utilized. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

37. My organization has efficient financial management and cost allocation policy. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

38. Donors have not found any financial mismanagement in our reports in the past five years. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

39. My organization has adequate number of staff to implement the HIV/TB programme in SA. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

40. My organization has adequate required skills, experiences, and expertise to implement the HIV/TB programme efficiently. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

41. My organization has efficient reporting systems to donors and stakeholders. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

42. My organization takes ownership and accountability of HIV/TB programme performance outcomes in SA. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

43. My organization consults the South African government, Civil society organization, Beneficiaries effectively before implementing HIV/TB programmes. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

44. My organization publicizes annual or quarterly HIV/TB performance report to CSO, beneficiaries and public. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

45. The HIV/TB programme has had great social impact on people's lives. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

46. My organization has revenue-generating strategies and does not rely on donor funding only. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

47. My organization revenue and fundraising strategies are efficient. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

48. My organization has a profit-making unit to support the NGO part of the organization. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

49. My organization is sustainable beyond donor funding for at least five years after donor funding ceases. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

50. My organization will be able to continue providing HIV/TB programmes effectively after reduced donor funding. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

51. My organization has a sustainability strategy that can be implemented effectively with the South African Government after donor funding stops. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

52. My organisation has good human resource management and retention strategy after donor funding reductions or funding stops. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

53. In my organization donor funding transition has little impact on service delivery to the beneficiaries. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

54. My organization has implemented revenue or fundraising strategies. *

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

55. My organization is not dependent on donor funding *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

56. Donor dependence limits my organization's autonomy in implementing HIV/TB programme efficiently to benefit service users. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

57. Which of the following revenue-generating strategies is your organization implementing to remain sustainable beyond donor funding? *

- ☐ product or service monetization
- ☐ Diversified sources of Funding
- ☐ Fees- for services
- ☐ Profit generating business
- ☐ Social entrepreneurship
- ☐ Fundraising events
- ☐ Mixed portfolio of investments
- ☐ Developing alliances with another organization or corporate
- ☐ Community Associations
- ☐ Co-ownership with service users
- ☐ Commercial ventures
- ☐ Consulting
- ☐ None
- ☐ Other: _____

58. The HIV/TB programme implementation has resulted in the targeted reduction of HIV/TB new infections in SA. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

59. The HIV/TB programme implementation has resulted in the targeted increase of HIV Viral Load suppression rate in SA. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

60. The HIV/TB programme implementation has resulted in the targeted decline of HIV/TB mortality rate in SA. *

- ◯ Strongly Disagree
- ◯ Disagree
- ◯ Not Sure
- ◯ Agree
- ◯ Strongly Agree

61. In your view, how can the HIV/TB programme be implemented in a way that ensures the sustainability of donor funded organizations/ NGOs?

Your answer

62. In your view, how can the HIV/TB programme be implemented in a way that ensures the achievement of programme objectives?

Your answer

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Appendix 2: Ethics documentation

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF GRADUATE SCHOOL OF BUSINESS ADMINISTRATION ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER WBS/BA511693/645**
PROJECT TITLE	Effects of donor funding on the HIV/TB programme outcomes in South Africa
INVESTIGATOR	Ms Cleopatra Sokhela
SCHOOL/DEPARTMENT OF INVESTIGATOR	MBA (Research Article)
DATE CONSIDERED	24 November 2020
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	MINIMAL RISK
EXPIRY DATE	30 JUNE 2021

ISSUE DATE OF CERTIFICATE 15 December 2020 **CHAIRPERSON** _____
(Dr MDJ Matshabaphala)

cc: Supervisor: Dr Saruchera

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

_____ 21 / 12 / 2020
Signature **Date**

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Private Bag 3 Wits, 2050
Fax: 0270865535224
Tel: 02711 7173582

Reference: Ms Jennifer Mgolodela
E-mail: jennifer.mgolodela@wits.ac.za

11 February 2021
Person No: 511693
PAG

Mrs CZ Sokhela
28 Nina Streetga
Linmeyer
Johannesburg
2190
South Africa

Dear Mrs Cleopatra Sokhela

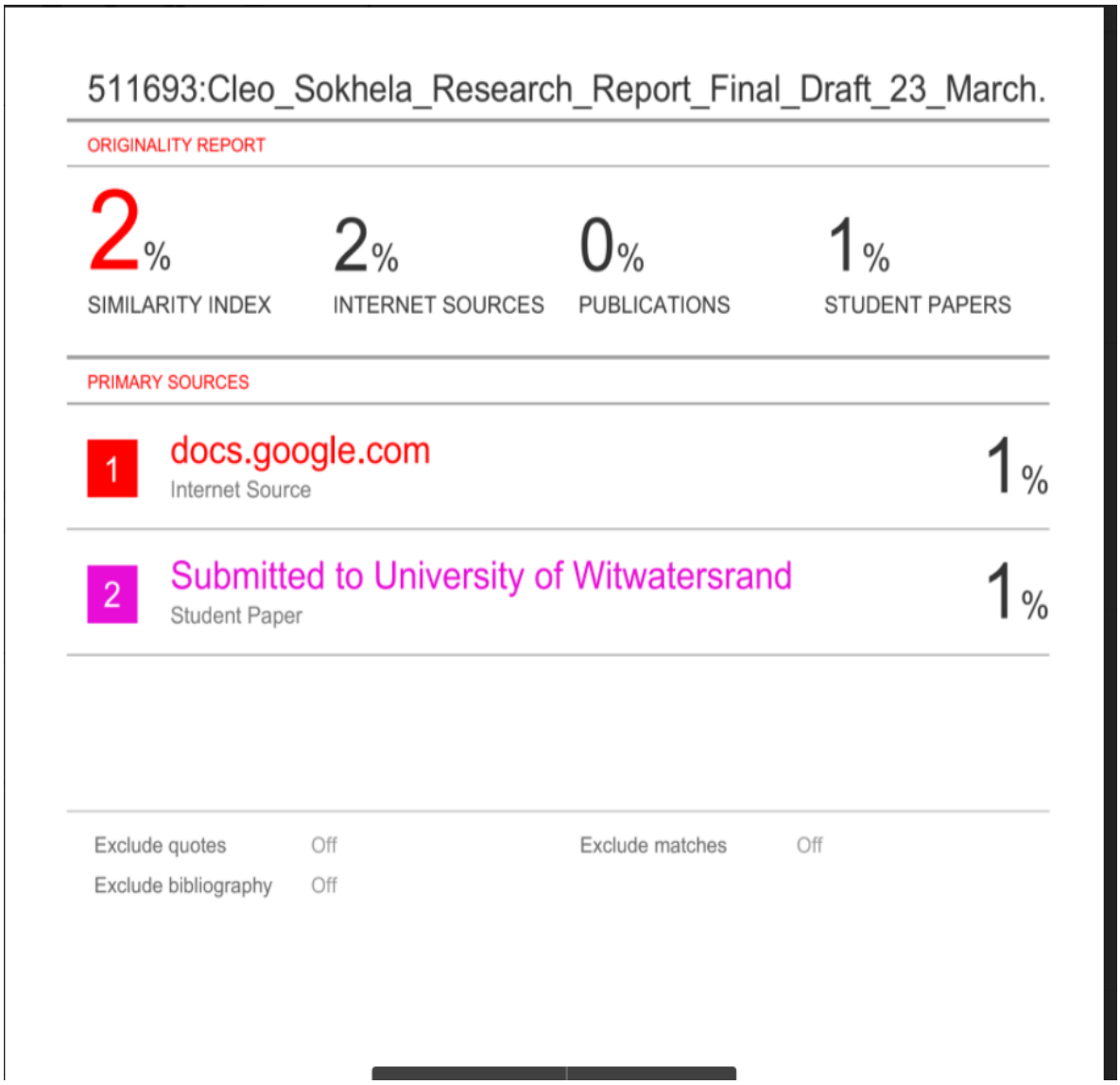
Master of Business Administration: Approval of Title

We have pleasure in advising that your proposal entitled *The donor funding of the HIV/TB programmes in South Africa* has been approved. Please note that any amendments to this title have to be endorsed by the Faculty's higher degrees committee and formally approved.

Yours sincerely

Mrs Marike Bosman
Faculty Registrar
Faculty of Commerce, Law and Management

Appendix 3: Turnitin Report



511693:Cleo_Sokhela_Research_Report_Final_Draft_23_March.

ORIGINALITY REPORT

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