

# **FAITH-BASED RESPONSES TO HIV/AIDS IN SOUTH AFRICA**

An Analysis of the Activities of Faith-based  
Organisations (FBOs) in the  
National HIV/AIDS Database



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## **Introduction**

### **Background to the Research**

HIV/AIDS strategies in South Africa have generally emphasised the role of the formal health system led by national and provincial governments in providing support to areas such as condom distribution, the treatment of sexually transmitted infections (STIs), voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT), treatment of opportunistic infections and, more recently, the provision of anti-retroviral drugs (ARVs).

Less attention has been paid to documenting and analysing the many and diverse activities conducted by non-governmental organisations, community-based organisations and other institutions, including faith-based organisations, at community level. These organisations provide a range of HIV/AIDS-related services across the continuum of prevention, care and support, treatment and rights. Much however remains to be understood about the nature, scale and scope of these contributions and the way in which they supplement and interface with more centralised responses.

In 2003, the Department of Health of the Government of South Africa commissioned the Centre for Health Systems Research and Development (CHSRD) and the Centre for HIV/AIDS Networking (HIVAN) to develop a national database of HIV/AIDS organisations that would be translated into a public access, searchable repository of information about community-level activity around HIV/AIDS in South Africa. The database was intended to disseminate information about HIV/AIDS-related projects, mobilise support for on-going projects, identify possible areas of collaboration, and assist the Department of Health and donors to improve, plan and optimise resource allocations in support of national response to HIV/AIDS.

Towards the end of 2003, HIVAN issued a national call for submissions with a request for organisations of all types (non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), donor agencies, philanthropic agencies, and the private sector) to submit details about any HIV/AIDS-related projects, programmes, initiatives, or research. Data was collected with the assistance of a 24-part questionnaire that gathered details about the organisational profile, services, clients, publications, access to funding, networking, resource needs, employees, capacity, and the settings in which activities are conducted (see Appendix 1).

By early 2005, data from more than 2000 organisations and groups had been entered into the National AIDS Database ([www.hivan.org.za/aidsdatasearchadvance.asp](http://www.hivan.org.za/aidsdatasearchadvance.asp)) and entries for organisations continue to be added to the database as they are received.

In October 2004 a collaboration between CADRE and HIVAN was initiated to analyse the contents of the National AIDS Database with a view to better understanding HIV/AIDS response in South Africa, including the growth of the non-governmental sector, organisational capacities, absorptive capacities for funding, service areas, duplication and gaps, collaboration and reach.

This report presents selected findings from this research, focusing on the activities of the faith-based organisations (n=162) listed in the database as of October 2004.

## **Research Questions**

The analysis undertook to answer the following questions:

- ❑ What types of faith-based organisations are providing HIV/AIDS-related services? Where are they located and what kind of settings do they operate in?
- ❑ What services do they provide and to what client groups?
- ❑ What are the resource needs of FBOs involved with AIDS response and from what sources do they derive financial and other kinds of support?
- ❑ How large are the FBOs involved in AIDS response in terms of the number of staff they employ and the average number of clients they serve?
- ❑ To what extent do FBOs network with and support one another?

## **Methods**

The dataset transferred from HIVAN to CADRE contained 34 data fields relating to questions included in the original questionnaire (see Appendix 2 for complete list of fields). Following a review of the dataset, preliminary decisions were made about relevant data fields and a process of data cleaning and re-coding was undertaken. Seventeen of the 34 fields were utilised in the analysis. SPSS was used to run frequencies and cross-tabulations on records for 1582 organisations listed in the database.

Organisations that identified themselves as faith-based in orientation (Question 8) were classified as FBOs for the purposes of analysis. This encompassed a broad array of faith-based institutions, including national religious structures (e.g. South African Catholic Bishops Conference), local parishes and congregations, faith-based NGOs (e.g. Focus on the Family, Youth for Christ), church-based social service agencies and a wide assortment of faith-based initiatives or projects (e.g. God's Golden Acres, Sinikithemba Christian Care Centre). Some of these groups operate at a community or local level, while others operate at a provincial or national level.

Because the main objective of the research was to examine the work of FBOs at the grassroots level, primary analysis has been conducted on the sub-set of FBOs that operate in community contexts (rather than province-wide or nationally) and that represent congregations, denominational social service agencies or faith-based projects (n=98). The work of faith-based NGOs will be considered in an accompanying analysis on the activities of civil society organisations (CBOs/NGOs) listed in the National AIDS Database.

### ***Limitations of the analysis***

Although the call for submissions to the National AIDS Database was disseminated widely, organisations that submitted information to the database were self-selected and the contents of the database cannot be taken as representative of activity across the country as a whole. Preliminary analysis suggests strong biases, for example, towards organisations based in KwaZulu-Natal (62% of all FBOs analysed) and Gauteng (17%) compared to other South African provinces.

It is also necessary to be cautious about the extent to which certain types of less-established, less-resourced organisations – such as groups working in rural areas without

access to technology – are represented in the database, given that most information was submitted either by fax, phone or email.

Finally, it is assumed that organisations submitting information to the National AIDS Database have done so because they are involved with HIV/AIDS in some manner. However it should be noted that many of the organisations in the database were established prior to the advent of the AIDS epidemic and have mandates that extend beyond HIV/AIDS response. The database does not differentiate between 'AIDS-specific' and 'non-AIDS-specific' organisations and the questionnaire collected data about activities that could relate to HIV/AIDS, but could also relate to outreach/social services more broadly (e.g. 'training in counselling skills,' 'children's issues,' 'fostering'). It is therefore not always easy to determine which parts of organisational activity and services relate specifically to HIV/AIDS and which pertain to other aspects of a broader organisational mandate. For this reason, in certain categories of the analysis that follows, broad or ambiguous categories of services or clients were omitted in favour of those that relate unambiguously to HIV/AIDS.

Despite these limitations, the present analysis can be of use in pointing to broad trends and patterns among FBOs working on HIV/AIDS response in South Africa, the kinds of services they provide, the clients they work with, and the types of challenges they face.

## **FINDINGS**

### **Profile of FBOs**

Of the 1582 entries in the National AIDS Database, 162 identified themselves as faith-based organisations (FBOs). FBOs were classified by their religious or denominational orientation in accordance with the groupings used in the South African census.<sup>1</sup>

The FBOs in the database are predominantly Christian in orientation (96%). The remaining 4% are comprised of Bahai, Muslim, and Hindu groups. Among Christian FBOs, 40% are interdenominational or follow Christian teachings without being affiliated to a particular denomination, 14% percent are Catholic, 11% are Dutch Reformed, 11% are Pentecostal/Charismatic, 7% are Anglican, 6% are Methodist, and the remaining 8% represent other Christian denominations.

It is interesting to compare these distributions with the religious profile of South Africa as a whole. The national census data on religious affiliation shows that the greatest proportion of South Africans that declare a religious affiliation identify themselves as members of Apostolic and Zionist churches (13% and 11% respectively), followed by Pentecostal/Charismatic (8%), Methodist (7%), Catholic (7%), 'other Christian churches' (7%), Dutch Reformed (7%) and Anglican (4%).<sup>2</sup> This suggests that Catholics, Dutch Reformed and Anglicans are somewhat overrepresented in the database in relation to their overall size within the population as a whole, while the fact that only 2% of FBOs in the database are identifiable as Apostolic or Zionist suggests that these faiths are underrepresented. It should also be noted that a large proportion of FBOs in the database

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<sup>1</sup> Statistics South Africa. *Census 2001: Metadata*.

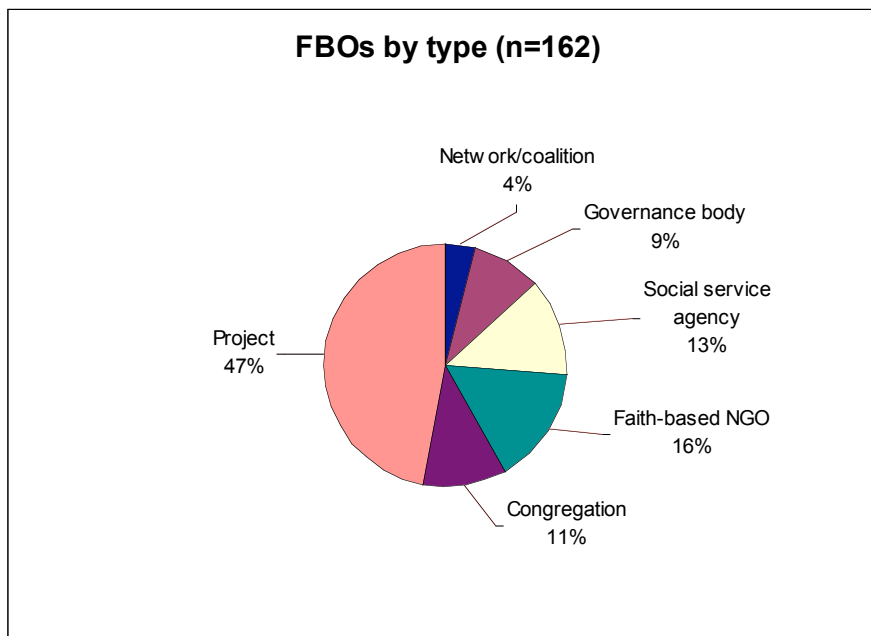
<sup>2</sup> Statistics South Africa. *2001 Population Census*.

are classified as interdenominational or 'Christian-based,' without being affiliated to a specific denomination.

The 162 FBOs in the database were reviewed and categorised as follows:

- ❑ *Networks and coalitions* – associations of churches and other FBOs established to facilitate communication and coordination among members (e.g. Diakonia Council of Churches, Pietermaritzburg Agency for Christian Social Awareness);
- ❑ *Governance bodies* – national or provincial/regional structures within the religious denominations that have financial, administrative or doctrinal responsibilities (Diocese of Zululand; United Presbyterian Church in Southern Africa);
- ❑ *Social service agencies* – welfare and charitable wings of religious denominations that conduct outreach in the community on behalf of the church/religious group (Adventist Development & Relief Agency, Christelike Maatskaplike Diens);
- ❑ *Faith-based NGOs* – independent organisations that identify themselves as having a religious orientation (Scripture Union Life Skills Education, Uniting Christian Students Association);
- ❑ *Congregations* – individual churches, parishes or religious constituencies (e.g. Westville Methodist Church); and
- ❑ *Projects* – specific initiatives being conducted by faith-based organisations (or run independently, but with a faith orientation), such as children's homes, home-based care, soup kitchens, income-generation projects and others (e.g. Sinosizo Home Based Care Programme, HOPE Centre, Greytown Children's Home).

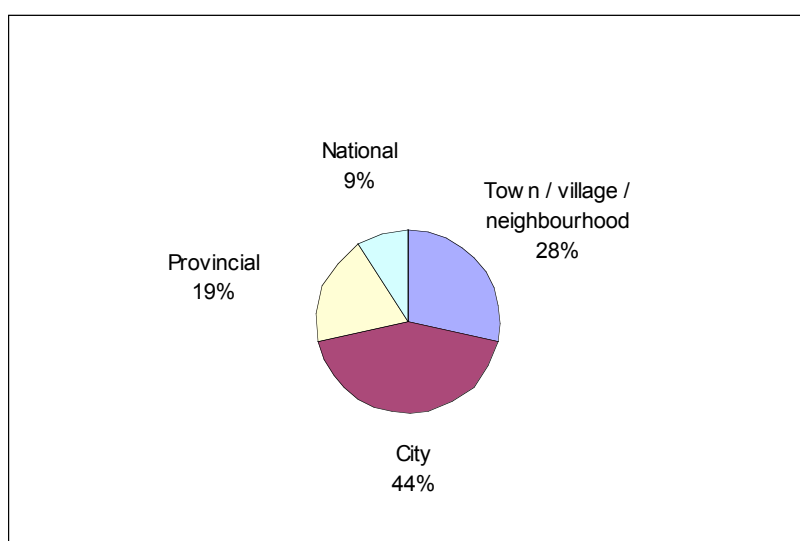
**Figure 1: Faith-based organisations, by type**



FBOs were also categorised in terms of their operational reach. Reach was defined as follows:

- ❑ *Town/village/neighbourhood reach* – FBOs which operate within a defined community, such as a small town or village, or in a neighbourhood of a larger city;
- ❑ *City reach* – FBOs which operate in a city setting, with activities that potentially serve clients from the whole city and/or its outlying areas;
- ❑ *Provincial reach* – FBOs which operate in a section of a province or across an entire province; and
- ❑ *National reach* – FBOs which serve the entire country.

**Figure 2: Faith-based organisations, by reach**



As the primary interest of this study is in local-level HIV/AIDS responses on the part of FBOs as community actors, the analysis that follows applies to the sub-set of FBOs that are either projects, congregations or social service agencies, and that work at town/village/neighbourhood or city level (n=98). This population is presented in Table 1.

**Table 1: Profile of FBOs included in analysis, by type and reach**

<i>n</i> =98	Town / Village / Neighbourhood Reach	City Reach	Total
Social service	3	12	<b>15</b>
Congregation	25	3	<b>18</b>
Project	28	37	<b>65</b>
<b>Total</b>	<b>46</b>	<b>52</b>	



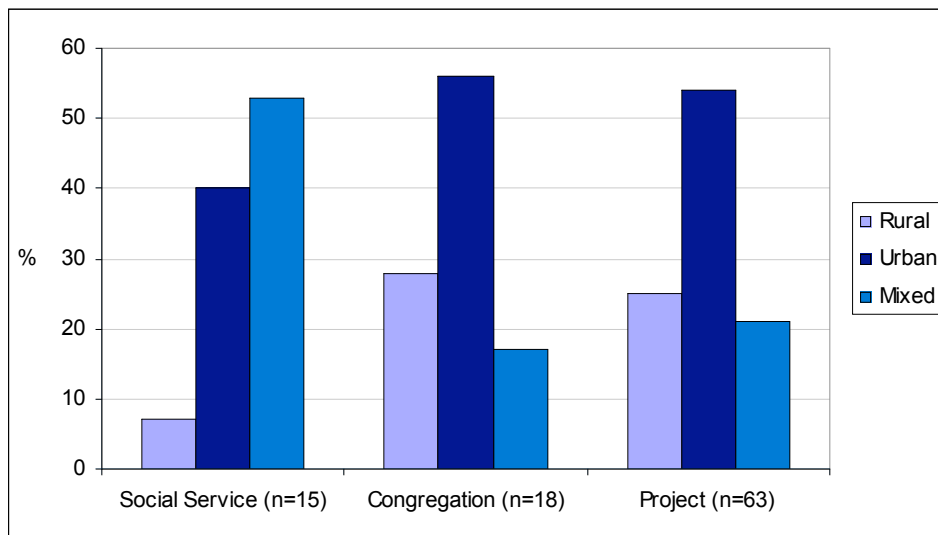
## Setting

Organisations were asked to indicate the service area in which they work in terms of its rural or urban character. Responses included deep rural, semi-rural, peri-urban, urban, and combinations thereof. FBOs were classified as working in one of three types of settings: rural, urban, and 'mixed.' Mixed settings refer to those that span both rural and urban contexts.

Slightly more than half of the FBOs (n=98) work in urban settings (52%), while 23% work in rural areas and 25% work in mixed urban and rural settings (Figure 3).

Broken down by FBO type, this pattern of distribution by setting is largely the same for projects and congregations. However the profile of social service agencies differs, with only 7% working in rural settings, 40% working in urban settings, and 53% working in mixed rural and urban settings.

**Figure 3: Settings where FBOs work, by type**

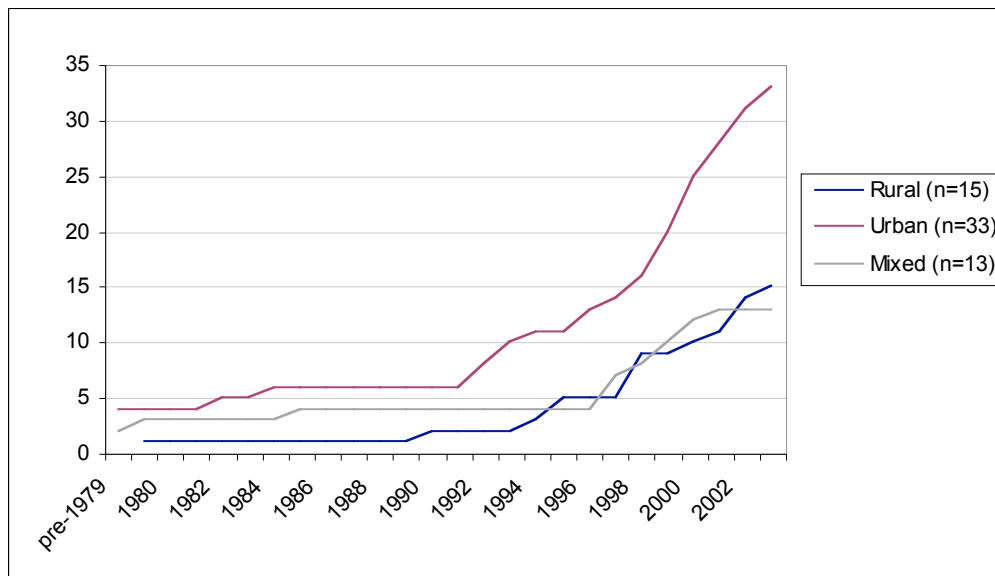


## Years of operation

Organisations were asked to indicate how many years they have been operating. FBOs in the database range in age from newly established to more than 150 years old, in the case of certain congregations and church-based social service agencies.

In contrast to these long-established congregations and agencies, many faith-based projects have been initiated more recently – possibly in response to AIDS and/or other social challenges. Among the faith-based projects in the dataset, there has been strong growth in all three operational settings, beginning in the mid-1990s (see Figure 4). Since 1995, projects in all three settings have grown by 200% or more. Since 2000, however, the greatest rate of growth in projects has been in rural areas (50%), compared to urban areas (32%) and mixed settings (8%).

**Figure 4: Growth of faith-based projects listed in the National AIDS Database, by setting**

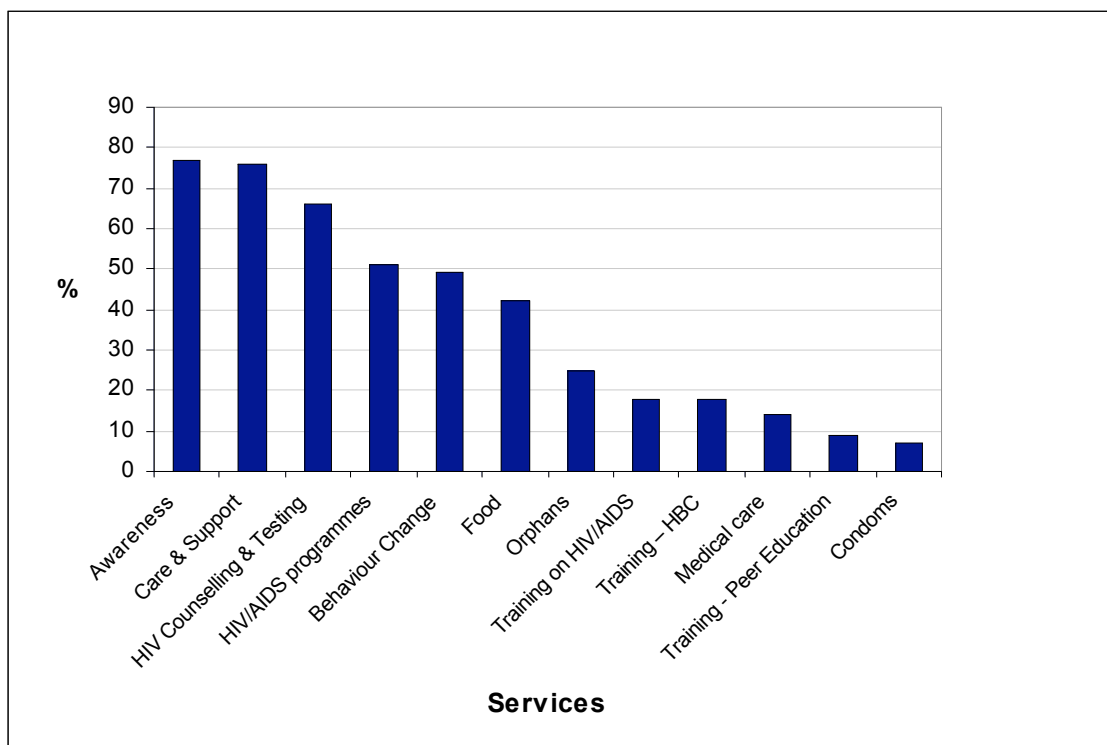


## Services

Organisations were asked to indicate the services they offered from among 76 possible options, and to list any 'other' services provided. These options included a wide range of activities, from direct service provision (training, support to orphans, blood transfusion services) and educational and outreach work (awareness, behaviour change, community service, support groups, life skills), to research and advocacy activities. These services were then re-coded into 35 categories and those clearly identifiable as HIV-related were included in the analysis.

Figure 6 presents the HIV/AIDS-related services provided by FBOs (n=96). Overall, the services provided by the greatest proportion of FBOs are awareness, care and support, and HIV counselling and testing. A significant proportion report involvement in HIV/AIDS programmes, behaviour change, and food – a category which includes food gardens and food parcels. One-quarter of FBOs report work with orphans. Training on HIV/AIDS, training in home-based care, training in peer education, medical care, and condom distribution are less common among FBOs.

**Figure 6: HIV/AIDS-related services provided by FBOs (n=96)**

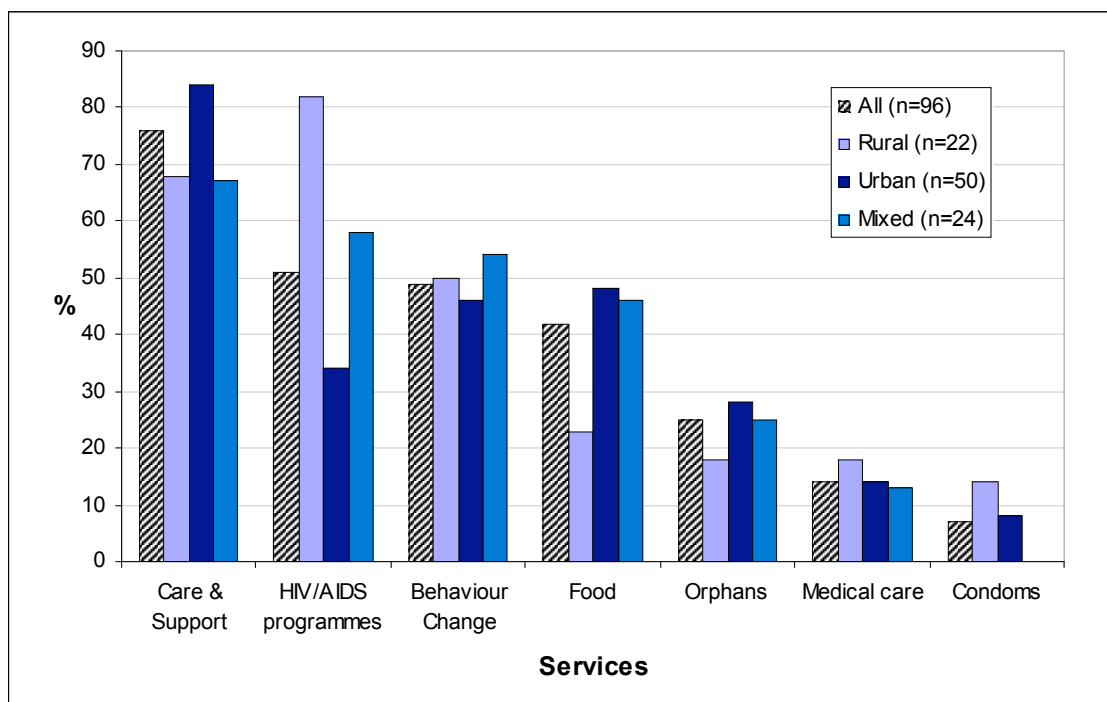


This pattern of service provision is fairly similar across FBO types, with congregations somewhat less involved than others in support to orphans, HIV/AIDS-related training and condom distribution. Another difference is that medical care is provided by a greater proportion of projects (20%) than congregations (6%) and social service agencies (0%).

When service provision is examined by setting, certain differences are apparent (see Figure 7):

- ❑ FBOs working in rural areas are less involved with food-related projects than their counterparts in urban and mixed settings;
- ❑ FBOs in rural areas are less involved with orphan support than groups in urban and mixed settings;
- ❑ A higher proportion of groups in urban areas report involvement with care and support activities, compared to groups in rural and mixed settings; and
- ❑ Condom distribution is higher among FBOs working in rural areas than urban and mixed settings.

**Figure 7: Services provided by FBOs, by setting**



### Staff complement

Organisations were asked to indicate their total number of employees, which in terms of the questionnaire were defined to include full-time staff, part-time staff and volunteers. Overall, 50% of FBOs (n=86) have 10 or fewer employees, and 63% have 20 or fewer employees.

FBOs in urban settings appear likely to have larger staff complements than those in rural and mixed settings. A greater proportion of organisations working in rural and mixed settings have less than 10 employees (53% and 57%, respectively), compared with those working in urban settings (47%). Seventy-one percent of FBOs in mixed settings and 68% of those in rural settings have fewer than 20 employees, compared to 58% of those working in urban settings.

Looking separately at the category of faith-based projects (n=59), the analysis shows that they range in size from two employees to more than 450. However the majority of projects (60%) have 20 or fewer employees, with another 30% employing between 21 and 80 people and 10% of projects being staffed by more than 81 people.

### Clients

Organisations were asked to report on the client groups which they serve. Because many of the client group categories indicated on the questionnaire were quite broad (e.g. 'children,' 'adults,' 'women,' 'communities'), the analysis has focused on those client groups that can be understood as having specific relevance to HIV/AIDS.

The proportion of FBOs that work with various client groups is presented in Table 2.

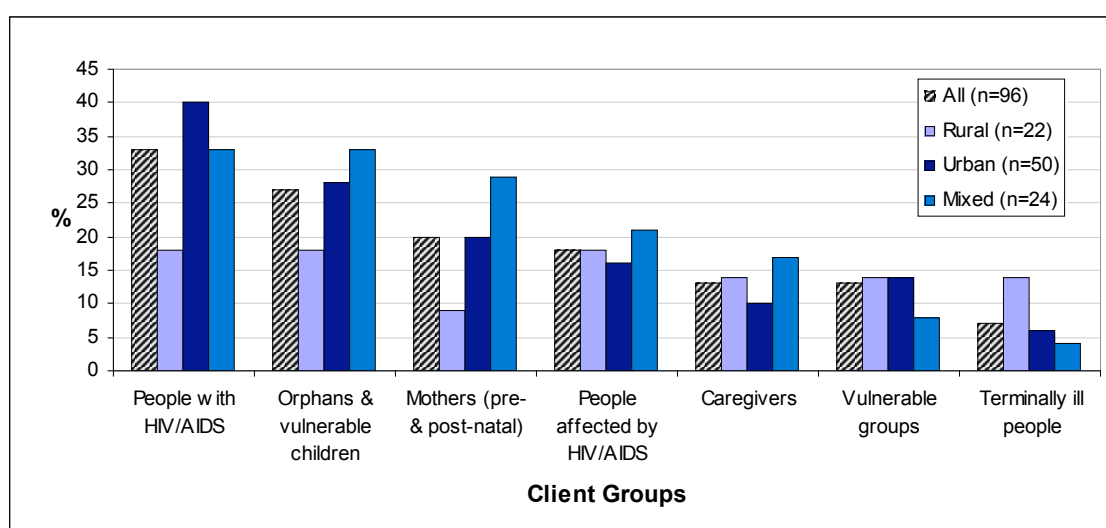
**Table 2: Client Groups**

Client Group	% of FBOs (n=96) working with client group
People with HIV/AIDS	33%
Orphans & Vulnerable Children	27%
Mothers (pre- and post-natal)	20%
People affected by HIV/AIDS	18%
Caregivers	13%
Vulnerable groups	13%
People who are terminally ill	7%

There are differences in the extent to which different types of FBOs work with various client groups. For example, congregations are less active than projects and social service agencies in working with almost all client group types, while faith-based social service agencies are more active than projects in working with orphans, new mothers, caregivers, and vulnerable groups. Projects work more with PWAs and people affected by HIV/AIDS than do the other types of FBOs.

Differences can be noted in terms of the client groups that are worked with by FBOs in various settings (Figure 9). FBOs in rural areas work less with PWAs, orphans and vulnerable children, and new mothers than do groups in urban areas, but are more likely to work with terminally ill people. Groups in different settings work in relatively similar proportions with people affected by HIV/AIDS, caregivers and vulnerable groups.

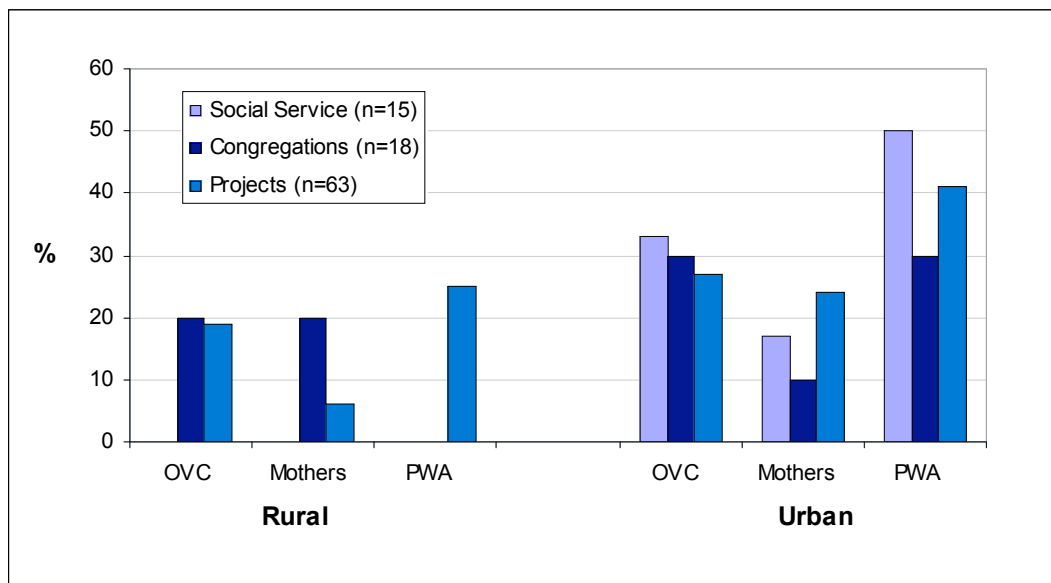
**Figure 9: Client groups served by FBOs, by setting**



Looking at client groups by both FBO type and setting (Figure 10), it appears that orphans and vulnerable children, new mothers and PWAs are three groups that are worked with more frequently in urban and mixed contexts than in rural ones. For example, 33% of social service agencies, 30% of congregations and 27% of projects in urban areas report work with OVC, compared to 0%, 20% and 19% of groups in rural areas.

Moreover, a greater proportion of faith-based projects in urban areas (18%) work with vulnerable groups – including commercial sex workers, substance abusers, prisoners, street children – than those in rural (6%) and mixed (8%) areas.

**Figure 10: FBO involvement with client groups, by rural and urban setting**

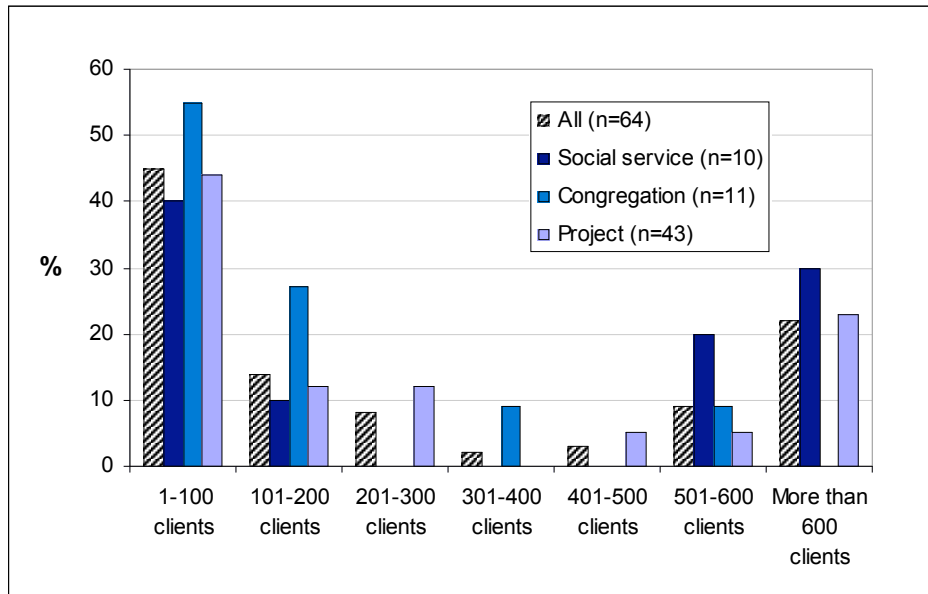


### Number of clients served

The average number of clients served by FBOs per month ranges widely, from less than 10 to several thousand, but the majority of organisations (59%) serve a client base of less than 200 people per month and almost half (45%) work with less than 100 clients per month (see Figure 11). Among these, just over half work with 25 or fewer clients per month.

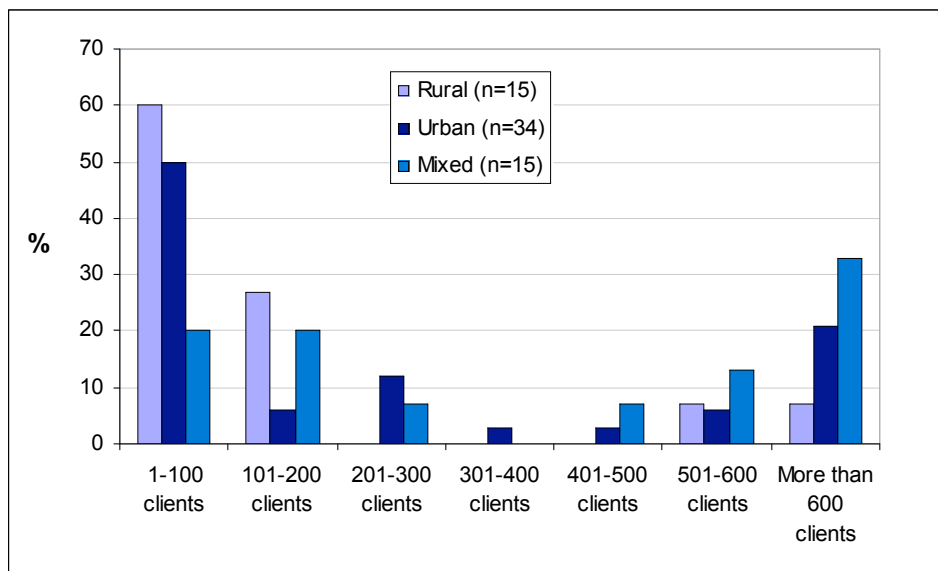
The three types of FBOs have slightly different patterns in relation to average number of clients served. Fifty-five percent of congregations (n=11) serve fewer than 100 clients per month, and 82% of them serve fewer than 200 clients per month. Social service agencies (n=10) are somewhat polarised in relation to client numbers, with 40% serving 100 clients or fewer per month and another 50% serving more than 500 clients per month. Similarly, more than 40% of faith-based projects (n=43) serve under 100 clients per month, another third serve between 100 and 600 clients per month, and 23% report serving more than 600 clients per month.

**Figure 11: Number of clients served by FBOs per month, by type**



FBOs operating in rural contexts appear on average to serve smaller numbers of clients than groups working in urban and mixed settings (see Figure 12). Sixty percent of groups in rural areas work with less than 100 clients per month, while 87% work with less than 200. Although half of groups in urban areas work with less than 100 clients per month, a significant proportion – 21% - work with more than 600 clients per month. Groups in mixed settings also work with large numbers of clients – 53% of them work with more than 400 clients per month, and a third work with more than 600 clients per month.

**Figure 12: Number of clients served by FBOs, by setting**



## Sources of funding

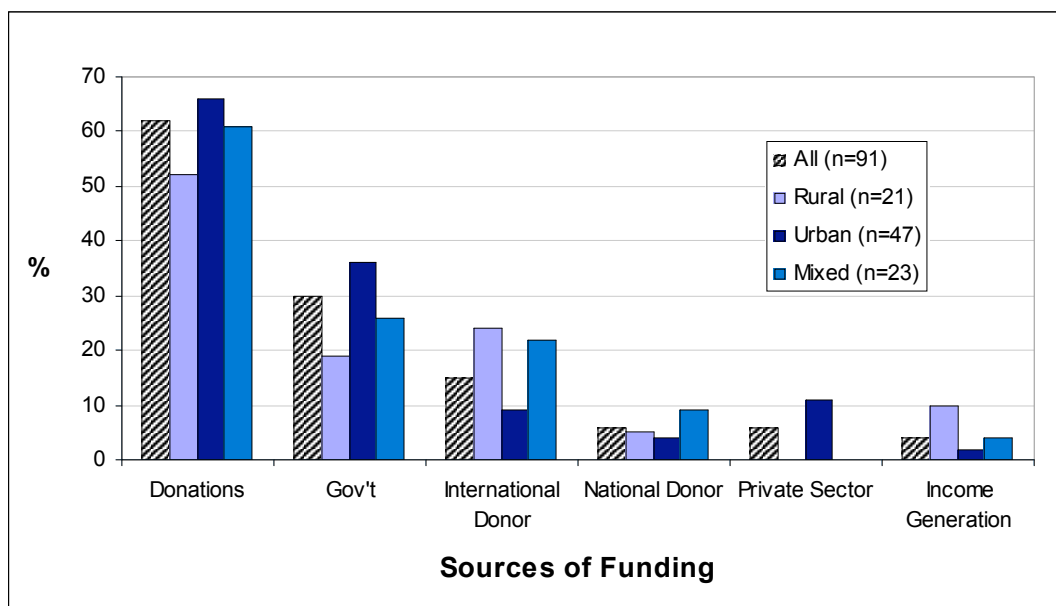
Organisations were asked to indicate their sources of funding from among a range of local, national and international sources, both public and private. The responses are presented in Figure 13.

Donations are the most common source of funding for FBOs of all types (n=91), with 62% reporting that they receive donations. This is followed in descending order by government (30%), international donors (15%), national donors (6%), private sector (6%) and income generating activities (4%). Sixteen percent of FBOs indicated that they are seeking funding, and 6% report having no funding sources.

Figure 13 also shows the sources of funding for FBOs by setting. It shows that donations are by far the main source of funding for FBOs in all three settings, with a slightly greater proportion of FBOs working in urban settings receiving donations. A greater proportion of FBOs in urban areas also receive funding from government sources (36%) and from the private sector (11%), compared to other settings

By contrast, funding from international donors goes to a greater proportion of organisations working in rural and mixed settings than in urban settings.

**Figure 13: Sources of funding, by setting**



Sources of funding differ by type of FBO. Congregations are supported predominantly through donations, and to a very limited extent through income generation projects. No congregations report receiving support from government sources, from national or international donors, or from the private sector.

Social service agencies affiliated to churches, however, have a broader funding profile. More than 70% of social service agencies receive donations, but a sizeable proportion (40%) receive funding from government sources and 13% are supported by international donors. Projects also have quite a broad funding profile. In addition to donations (59%), projects also receive funding from government (34%), international donors (20%), national donors (8%) and the private sector (8%).



Looking separately at the sub-category of faith-based projects, which is the largest of the three FBO types (n=61), it appears that support from international donors is concentrated in projects in rural and mixed settings, rather than urban ones. Thirty-one percent of rural projects and 25% of projects in mixed settings receive international donor support, compared to only 12% of urban ones. By contrast, support from national (South African) donors is highest in mixed settings (17%) compared to 6% each in rural and urban settings.

Support from South African government sources is received by more urban projects (42%) than rural (25%) or mixed setting (25%) projects. The same is true of social service agencies, where 50% of those in urban areas receive government support, compared to 38% in mixed settings and 0% in rural areas.

## Resource needs

Organisations were asked to indicate their resource needs. These needs are presented in Table 3.

Among FBOs overall, 78% cite funding as a need. This is followed by half of FBOs that require equipment and infrastructure (e.g. IT equipment, office equipment, office space/premises) and basic needs (food, blankets, supplies). Training and capacity building and research also emerge as key areas of need.

**Table 3: Resource Needs of FBOs**

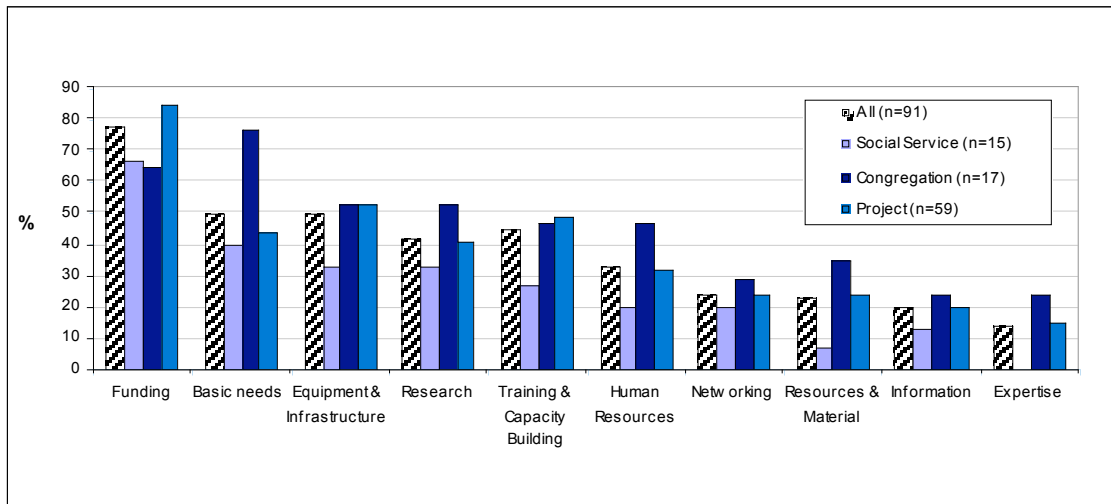
Resource Need	% of FBOs (n=91) citing need
Funding	78
Equipment & infrastructure	50
Basic needs	50
Training & capacity building	45
Research	42
Human resources	33
Networking	24
Resources & materials	23
Information	20
Expertise	14
Anti-retrovirals	4
Condoms	2

Figure 14 presents these resource needs broken down by FBO type. Funding emerges as the greatest need for both projects and social service agencies, but the second-greatest need for congregations, after basic needs. It is noteworthy that a significantly greater

proportion of projects (85%) need funding, compared to social service agencies (67%) and congregations (65%).

FBOs of all types cite resource needs that are primarily developmental or infrastructural in orientation. Basic needs and equipment & infrastructure are required by a significant proportion of all three types of FBOs, but these needs are more pronounced among projects and congregations.

**Figure 14: FBO resource needs, by type**



Sizable proportions of FBOs of all types expressed needs for research, human resources and training/capacity building, with congregations needing research and human resources more than the two other types. Nearly half of projects and congregations cited training and capacity building as a need.

Overall, in almost all sub-areas, a greater proportion of congregations than other types of FBOs express a need for resources.

FBOs working in rural settings are in greater need of resources than urban and mixed setting groups across many of the identified categories, including basic needs, equipment and infrastructure, research, training and capacity building, resources and materials, and expertise. However, in relation to human resources, networking and information, a smaller proportion of rural groups expressed a need for these resources than their counterparts in urban and mixed settings.

### Networking

Organisations were asked whether they network with other agencies or institutions. The analysis shows that networking is not widespread. Overall, 35% of FBOs report that they cooperate or network with other organisations. This includes 32% of projects, 33% of social service agencies, and 44% of congregations. Networking is more common among rural FBOs (55%) than urban FBOs (32%) and those working in mixed settings (25%).

Faith-based projects in rural settings have the greatest degree of networking – 63% - compared to only 27% among urban projects and 15% among those in mixed settings.

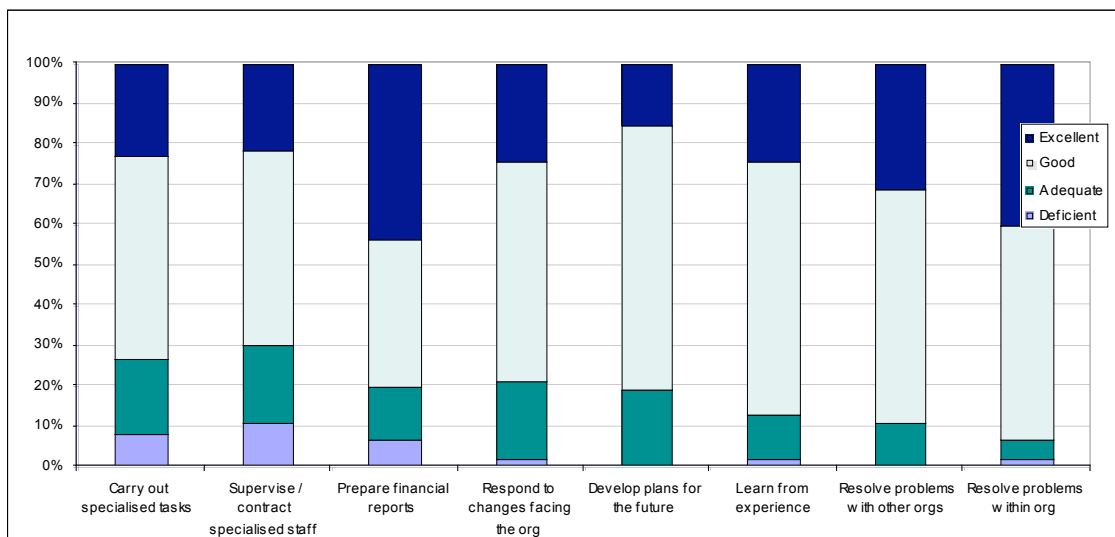
## Capacity

Organisations were asked to assess their capacity in relation to eight different areas of activity. The findings presented here relate to faith-based projects, the FBO sub-type with the greatest number of respondent organisations (n=62).

As shown in Figure 15, on the whole, 70% or more of the projects rated themselves as 'good' or 'excellent' across all of the eight categories, with the highest ratings coming in the areas of 'resolving problems within the organisation,' 'resolving problems with other organisations,' and 'learning from experience.' The areas with the greatest 'deficient' and 'adequate' responses were in 'supervising specialised staff' and 'carrying out specialised projects.'

Forty-four percent of projects rate themselves as excellent in preparing financial reports – the highest 'excellent' rating among the eight types of capacity.

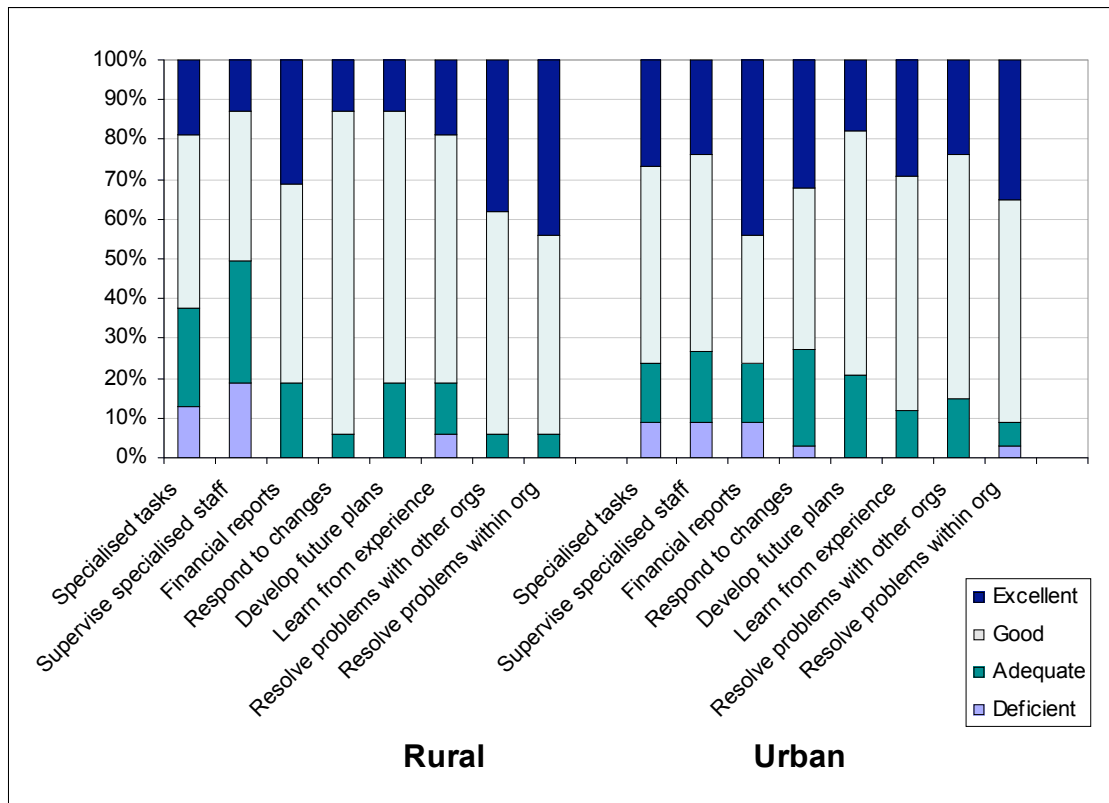
**Figure 15: Assessment of Capacity by Faith-Based Projects (n=62)**



Comparing projects in urban and rural areas (see Figure 16), the capacity assessments reveal that in all but two categories – resolving problems with other organisations and resolving problems within the organisation – a greater proportion of urban organisations than rural organisations rate themselves as 'excellent.'

When combining 'good' and 'excellent' assessments, however, the picture becomes more mixed. A greater proportion of urban than rural projects believe that they are 'good' or 'excellent' at carrying out specialised tasks and supervising or contracting specialised tasks, while significantly more rural organisations believe they are 'good' or 'excellent' in responding to changes facing the organisation.

**Figure 16: Capacity assessment by rural and urban FBOs (n=62)**



## Discussion

An examination of the contents the South African National AIDS Database shows that faith-based organisations are a significant actor within South African AIDS response. Approximately 10% of the organisations listed in the database classify themselves as faith-based. These include diverse institutional types, ranging from national and diocese-level religious structures to small-scale projects run by religious groups at community level. The database includes entries from social service and outreach agencies affiliated to religious denominations, ecumenical networks of religious groups concerned with HIV/AIDS, and faith-based non-governmental organisations working in a variety of fields. The FBOs in the database are predominantly Christian.

Nearly half the FBOs in the dataset represent projects that are either administered by religious groups or are privately-run, but with a faith orientation. Along with church-run social service agencies and congregations, these projects administer a variety of HIV/AIDS-related services at community level and have therefore been chosen as the focus of the analysis.

Approximately half of these FBOs work exclusively in urban areas, with only a quarter working in deep or semi-rural settings. While in absolute numbers the emphasis of the work of faith-based groups is in urban contexts, growth in activity appears to be occurring in rural areas. Among FBOs listed in the national database, there has been a 50% growth in the number of faith-based projects working in rural areas since the year 2000, compared to only a 32% growth among those in urban settings. Research conducted by HIVAN suggests that many international donors are prioritizing rural areas over urban

areas in funding for HIV/AIDS. Additional research would need to be conducted into the history and genesis of these projects in order to know whether this growth in activity in rural areas can be attributed to such external factors, or whether it reflects an upsurge of indigenous responses to HIV/AIDS within rural communities.

### ***What are FBOs doing in response to HIV/AIDS?***

While some FBOs appear to be AIDS-specific in their orientation – that is, their work is explicitly motivated by a desire to respond to HIV/AIDS and focuses specifically upon AIDS-related issues – others have broader mandates that include, but are not limited to HIV/AIDS. Example would include a children's home that provides support to orphaned children (including those who have lost parents to AIDS), or a life skills project that promotes personal behaviour changes, such as reduction in alcohol intake, alongside HIV prevention measures such as safer sexual practices.

Because AIDS-related work seems often to be embedded within broader service portfolios, it is difficult to disentangle purely 'AIDS-related services' from the total range of services provided by organisations. As the given research looked only at those services that could be clearly identified as AIDS-related, it may be that the findings under-depict the actual scope of AIDS-related work being conducted by FBOs.

Given this caveat, the analysis showed that services are concentrated in the realms of prevention (e.g. awareness activities, counselling and testing) and care and support, with a lesser emphasis on various forms of HIV-related training and the provision of medical care. Condom distribution does not figure prominently among FBOs' activities, which is in keeping with the importance placed on abstinence by many religious institutions. Approximately one-quarter of FBOs report work with orphans,<sup>3</sup> while slightly more than 40% provide food-related services, such as vegetable gardens and food parcels.

The pattern of service provision appears to be relatively consistent across the three FBO types (social service agencies, congregations and projects), but varies somewhat by setting. A greater proportion of groups in urban areas appear to focus on services related to care and support, orphans, behaviour change, and food, with the differential between urban and rural most pronounced in the latter two categories.

The difference in food-related services may suggest a greater need for food and nutrition among urban dwellers who have less access to land for growing food than people in rural areas. It may also be attributed to greater support from farmers and other local suppliers in rural areas, whose goods are distributed informally through various care networks, but not necessarily under the formal auspices of FBO projects. Work with rural home-based care networks<sup>4</sup> has also suggested that caregivers tend to share their own resources, including food, with families perceived to be in greater need. This may help to explain the relative lack of emphasis placed on food-related services in rural areas.

PWAs, orphans and vulnerable children, and pre- and post-natal mothers are the client groups most worked with by FBOs as a whole,<sup>5</sup> although FBOs operating in urban settings work with these groups more than do those in rural contexts.

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<sup>3</sup> It should be noted that 50% of FBOs included 'children's issues' among their service areas. However 'children's issues' was deemed insufficiently specific to be included as an AIDS-related service.

<sup>4</sup> Conducted by HIVAN. Personal communication.

<sup>5</sup> From among those client groups that are clearly related to HIV/AIDS. Categories such as 'children,' 'youth' and 'women' were cited by a large proportion of the organizations, but were too broad to be considered in an analysis.

The number of clients served by FBOs varies widely, but 45% of the FBOs studied work with less than 100 clients per month. Of these, approximately half work with less than 25 clients per month. This suggests that a sizable proportion of FBOs are delivering services on a fairly limited scale. On the whole, judging by the distribution of average client numbers, it appears that FBOs working in rural areas tend to serve smaller numbers of clients than those working in urban areas.

### ***Operational issues: staffing, resourcing and networking***

The National AIDS Database does not contain data about the legal or registration status of the organisations it lists. It is assumed, however, that the FBOs in the dataset represent a mix of formal organisations (officially registered institutions with constitutions and management committees) and informal groupings, with the majority of the latter falling into the category of faith-based projects.

The FBOs in the dataset appear to be fairly small in size, judging by the number of individuals that they employ. Forty-five per cent of the FBOs employ less than 10 people, and 60% employ less than 20. Bearing in mind that, in many instances, these numbers may include part-time and/or unpaid volunteers,<sup>6</sup> it appears that many of these operations are quite limited in size.

Resources to support the work carried out by FBOs come from a variety of sources, with 'donations' (from within the church, from community members, and from other sources) by far the most commonly cited form of support. Social service agencies rely particularly heavily upon donations from the church itself. Funding from the South African government is also quite common among social service agencies and projects (but not congregations), and is more common than funding from international donors. Income generation projects, support from the private sector, and support from South Africa-based donors (e.g. foundations and trusts) are relatively uncommon.

Support from South African government sources is received by twice as many urban groups as rural ones, suggesting that government funding is either more easily accessed by groups in urban areas or that government funding prioritises activity in urban areas. Support from international donors, by contrast, goes to relatively few groups in urban areas (less than 10%), but a greater proportion of groups working in rural or mixed rural-urban settings.

The database analysis suggests that funding and resources are available from a variety of public and private sources in support of FBOs, and that a significant proportion of FBOs has succeeded in accessing at least some amount of funding from these sources. However, the present analysis is unable to address the adequacy of this funding (in terms of amounts) or any of the 'process' issues which surround the on-going task of accessing, managing and reporting on this funding. The fact that close to 80% of FBOs cite 'funding' as their primary resource need suggests that this is a major issue facing FBOs in terms of their day to day operations. Ten percent of FBOs working in rural settings and 6% of those in urban settings report that they have no sources of funding at all.

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<sup>6</sup> The original call for submissions asked organisations to report their 'number of employees' and 'how many people does the organization employ in each of the following capacities: full-time, part-time, volunteers, salaried, unpaid.' Data disaggregated by 'type' of employee were not received by CADRE and therefore did not form part of this analysis. Because of the wording of the original questionnaire, it must be assumed that reported number of employees may include volunteers.

After funding, the next greatest needs relate to basic equipment (premises, IT equipment, office equipment) and basic goods (blankets, food, gloves, supplies). Half of FBOs cite these categories as areas of need. Compared to these 'fundamentals,' areas like training and capacity building, research, and human resources are cited by only a third to a half of FBOs in the database. Although additional qualitative research would help to confirm this picture, it appears that the greatest operational need for FBOs is in the area of infrastructure and consumables – the systems and goods (and finances) that allow organisations to continue providing services. More 'complex' types of support – training, human resources, research and expertise, and networking – are not reported as priority needs to the same extent.

Groups working in rural areas report a greater need for almost all types of resources than do those working in urban settings, which corroborates a commonly held belief that operations in rural areas tend to be under-resourced and/or have more limited access to resources of various types than those in urban contexts.

Interestingly, however, FBOs working in rural areas report much higher levels of networking than their urban counterparts. Overall, levels of networking and cooperation are relatively low – only 35% of FBOs report that they network with others – yet among faith-based projects in rural areas, 63% report that they network with or assist other organisations or institutions. This may indicate that rural-based initiatives enjoy a greater sense of collegiality, identification with common challenges, and participation in established social networks, or simply that they are more pro-active in seeking out linkages with others. Additional research would be required to better understand the factors contributing to levels of networking.

### ***How are they performing?***

Having reviewed the broad scope of activities undertaken by FBOs in relation to HIV/AIDS and discussed some of the operational dimensions of their work, the question remains as to how effectively and competently FBOs are carrying out HIV/AIDS-related work.

An informed answer to this question would require additional research that falls outside the scope of the present analysis. However the dataset does allow us to consider how the FBOs themselves assess their capacity along a range of indicators.

As the presentation of findings in the 'capacity' section suggests, FBOs on the whole rate themselves quite highly on all eight of the dimensions, with the lowest ratings coming in the areas of carrying out specialised tasks and supervising/contracting specialist staff. On the whole, rural organisations give themselves fewer 'excellent' ratings than those in urban areas, but apart from the two specialised indicators (mentioned above) do not rate themselves as 'deficient' or 'adequate' more often than organisations in urban areas.

## **Conclusion**

This analysis adds to a small, but growing body of evidence about the contributions made by faith-based organisations to HIV/AIDS response. It suggests that:

- Faith-based organisations of different types and profiles are involved with multiple aspects of AIDS response in South Africa, with a particular focus HIV prevention and care services;

- ❑ The activities carried out by many of these FBOs are fairly limited in reach, occur 'close to the ground' in community settings, and do not appear to be integrated into larger service-delivery frameworks;
- ❑ The resourcing of FBO activity is heavily dependent upon donations, although other sources of funding are accessed to a limited extent by some FBOs; and
- ❑ There appear to be differences in the number, scope and focus of FBO-led AIDS response activities in urban and rural settings. Rural organisations appear to be less well resourced, less independent (as evidenced by higher levels of networking), and more closely connected to people and communities.

Because this dataset is not representative of FBO activity nationwide, and suffers from limitations in relation to the broadness of certain categories of information collected, one must be cautious about generalising these findings. It is likely that the FBOs listed in the National AIDS Database represent only a small fraction of the AIDS-related activity being undertaken by faith-based actors in South Africa, and that they are in fact among the better-capacitated and networked initiatives. It can be assumed with a high degree of certainty that hundreds and possibly thousands of other faith-based AIDS-related projects are operating, under the 'radar,' in communities across South Africa.<sup>7</sup> To date, no systematic efforts have been made to document the full scope of this response, and emerging understandings of the nature and impact of FBO contributions to HIV/AIDS response are dependent upon a fragmented body of case studies and surveys.

Analysis of this sort, while useful in pointing to the 'big picture,' is unable to answer many underlying questions that relate to the manner in which FBOs are working, the motivations which underpin their responses, and the impact of their activities. Some of the questions that need to be further investigated, with the help of qualitative research methodologies, include:

- ❑ How do FBOs determine their programme focus?
- ❑ How do they plan their work? On the basis of what types of needs assessments, with what degree of guidance, and using what types of overarching ideas and frameworks?
- ❑ How do they monitor and evaluate their work?
- ❑ How integrated are FBO activities with those of their denominations and mother bodies?
- ❑ To what extent are FBOs involved with ecumenical or interfaith AIDS responses?
- ❑ What types of relationships exist between FBOs and secular organisations also involved with AIDS-related activity?

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<sup>7</sup> For example, an audit of AIDS-related responses (including those of FBOs) in three South African communities identified seven FBOs conducting AIDS activities in one community of 65,000 people (Birdsall & Kelly (2005) *Community Responses to HIV/AIDS in South Africa: Findings from a Multi-Community Survey*, CADRE). In another area, with a population of 150,000 people, eight FBOs were identified. While these levels of activity may not be typical for the country as a whole, they do suggest that FBOs are probably significant players in local-level AIDS responses in most communities.





**5. Details of the Representative of the Organisation who completed this questionnaire (Organisation contact person)**

<p><b>(a) Name:</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<p><b>(b) Designation or position in organisation (e.g. personnel or finance manager):</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
<p><b>(c) Telephone:</b></p> <p style="text-align: center;"><i>code-number</i></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<p><b>(d) Cell:</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
<p><b>(e) E-mail:</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	

**6. Describe your organisation in 20 words or less:**


**7. Organisation acronym (e.g. HIVAN)**

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**8. What type of organisation is this?**

(Select ONE response ONLY. If OTHER, describe nature or type of organisation.)

<input type="checkbox"/> Activists	<input type="checkbox"/> Financial	<input type="checkbox"/> Research
<input type="checkbox"/> Bilateral (Donor) Agency	<input type="checkbox"/> Government Based Organisation	<input type="checkbox"/> Residential Facility
<input type="checkbox"/> Care Provider	<input type="checkbox"/> Health Centre Provider	<input type="checkbox"/> Social Development
<input type="checkbox"/> Charity	<input type="checkbox"/> Health Department	<input type="checkbox"/> Social Service
<input type="checkbox"/> Civil Society	<input type="checkbox"/> Home Based Care	<input type="checkbox"/> Telephone Hotline
<input type="checkbox"/> Clinic	<input type="checkbox"/> Hospital	<input type="checkbox"/> Multilateral (Donor) Agency
<input type="checkbox"/> Communication	<input type="checkbox"/> Industry	<input type="checkbox"/> International Philanthropic Institution
<input type="checkbox"/> Community Based Organisation	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private Sector
<input type="checkbox"/> Counselling & Support	<input type="checkbox"/> Legal	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Drop-in Centre	<input type="checkbox"/> Non-governmental Organisation	<input type="checkbox"/> Transport
<input type="checkbox"/> Educational	<input type="checkbox"/> Task	<input type="checkbox"/> Welfare
<input type="checkbox"/> Faith Based Organisation	<input type="checkbox"/> Policy Group	<input type="checkbox"/> Other



13. Does the organisation support the activities of and/or network with any implementing agencies or other organisations including public, private and other types of institutions?

Yes       No

14. If the answer to question 13 is yes, please list the names of those organisations which are supported and assisted or networked with by your organisation. Specify the types of assistance and indicate how strong the link is by ticking the appropriate box.

			<b>Strength of the link</b> (Please select ONE option only)												
			Little support	Occasional support	Regular support	Very active									
				3	2	1	0								
			<b>Types of assistance</b> (Please select ALL applicable. If OTHER, please describe)		Other										
Training															
Staff															
Speakers															
Research															
Networking															
Partners															
Mentorship															
Infrastructure															
Information															
Funding															
Expertise															
Marketing															
Exposure															
<b>Name of organisation</b>															

**15. Number of Employees:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**16. How many people does the organisation employ in each of the following capacities?**

15 a		15 b	
Full-time	<input type="text"/>	Salaried	<input type="text"/>
Part-time	<input type="text"/>	Unpaid	<input type="text"/>
Volunteers	<input type="text"/>		

**17. Organisation settings/Service area:**

(Select ONE option only)

Rural	<input type="checkbox"/>	Urban	<input type="checkbox"/>	Peri-Urban	<input type="checkbox"/>
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### 18. What services does your organisation offer?

(Please select ALL applicable. If OTHER, please describe)

<input type="checkbox"/> Advisory	<input type="checkbox"/> Nursing
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Awareness	<input type="checkbox"/> Orphan-Identity
<input type="checkbox"/> Behaviour Change	<input type="checkbox"/> Orphan-Support
<input type="checkbox"/> Blood Transfusion Services	<input type="checkbox"/> Policy Development
<input type="checkbox"/> Charity	<input type="checkbox"/> Prevention of Mother-To-Child Transmission Programmes
<input type="checkbox"/> Children's Issues	<input type="checkbox"/> Primary Health Care
<input type="checkbox"/> Community Service	<input type="checkbox"/> Referral
<input type="checkbox"/> Condom Distribution	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Condom Promotion	<input type="checkbox"/> Research-Biomedical (Clinical)
<input type="checkbox"/> Consulting	<input type="checkbox"/> Research-Biomedical (Scientific)
<input type="checkbox"/> Contracting	<input type="checkbox"/> Research-Economics Education Law
<input type="checkbox"/> Counselling and Testing	<input type="checkbox"/> Research-Other
<input type="checkbox"/> Counselling-Bereavement	<input type="checkbox"/> Research-Social and Behavioural Science
<input type="checkbox"/> Counselling-Family	<input type="checkbox"/> Resource Centre
<input type="checkbox"/> Counselling-HIV/AIDS	<input type="checkbox"/> Safe Sexual Practice Promotion/ Shelter
<input type="checkbox"/> Counselling-Lay	<input type="checkbox"/> Speakers Facilitators
<input type="checkbox"/> Counselling-Professional	<input type="checkbox"/> STD Management and Control
<input type="checkbox"/> Counselling-Rape	<input type="checkbox"/> Substance Abusers
<input type="checkbox"/> Day Care	<input type="checkbox"/> Support group
<input type="checkbox"/> Drug Therapy	<input type="checkbox"/> Therapies - Alternative
<input type="checkbox"/> Emergency Funds	<input type="checkbox"/> Traditional Healing
<input type="checkbox"/> Family Planning	<input type="checkbox"/> Training-Education
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Training-Home-based Care
<input type="checkbox"/> Food	<input type="checkbox"/> Training-Lay Counselling
<input type="checkbox"/> Fostering	<input type="checkbox"/> Training-Non-Professional Health Care
<input type="checkbox"/> Funding	<input type="checkbox"/> Training-Peer Education
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Training-Professional Counselling
<input type="checkbox"/> Gender Issues	<input type="checkbox"/> Training-Professional Health Care
<input type="checkbox"/> Home-based Care	<input type="checkbox"/> Training-Volunteer
<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Training-youth
<input type="checkbox"/> Hotline	<input type="checkbox"/> Transport
<input type="checkbox"/> Human Rights	<input type="checkbox"/> Treatment
<input type="checkbox"/> Insurance	<input type="checkbox"/> Treatment - Supplies
<input type="checkbox"/> LifeSkills	<input type="checkbox"/> Treatment-Inpatient
<input type="checkbox"/> Media	<input type="checkbox"/> Treatment-Outpatient
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Vaccine Development
<input type="checkbox"/> Micro-enterprise Income Generation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> Networking	

## 19. What is your organisation's capacity to...

	Excellent	Good	Adequate	Deficient
1. Carry out specialised tasks for its principle subprojects (e.g. credit, training, commercialisation)?	3	2	1	0
2. Supervise and contract specialised consultants or staff?	3	2	1	0
3. Prepare financial reports for banking institutions, donors, or government?	3	2	1	0
4. Respond in a timely fashion to changes that affect the organisation (e.g. price fluctuations, change of policy)?	3	2	1	0
5. Develop specific plans for the future (instead of reacting to external offers or opportunities as they present themselves)?	3	2	1	0
6. Reflect upon and learn from experience (i.e. build an institutional memory)?	3	2	1	0
7. Resolve problems or conflicts with other organisations or social actors?	3	2	1	0
8. Resolve problems or conflicts within the organisation?	3	2	1	0

## 20. Who are your organisation's clients?

(Please select ALL applicable. If OTHER, please describe)

<input type="checkbox"/>	Academic	<input type="checkbox"/>	Labour
<input type="checkbox"/>	Activists	<input type="checkbox"/>	Medical Researchers
<input type="checkbox"/>	Antenatal	<input type="checkbox"/>	Men
<input type="checkbox"/>	Care Givers	<input type="checkbox"/>	Migrants /Military
<input type="checkbox"/>	Children	<input type="checkbox"/>	Mothers and Babies
<input type="checkbox"/>	Communities	<input type="checkbox"/>	Non-governmental Organisations
<input type="checkbox"/>	Community Based Organisations	<input type="checkbox"/>	Orphans
<input type="checkbox"/>	Community Leaders	<input type="checkbox"/>	In Patients
<input type="checkbox"/>	Counsellors	<input type="checkbox"/>	Out Patients
<input type="checkbox"/>	Educators	<input type="checkbox"/>	People Living With AIDS
<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Private Sector
<input type="checkbox"/>	Employers	<input type="checkbox"/>	Substance Abusers
<input type="checkbox"/>	Faith Based Organisations	<input type="checkbox"/>	Traditional Healers
<input type="checkbox"/>	Family Planning Clients	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Gays and Lesbians	<input type="checkbox"/>	Volunteers
<input type="checkbox"/>	General Practitioners	<input type="checkbox"/>	Women
<input type="checkbox"/>	Government	<input type="checkbox"/>	Youth
<input type="checkbox"/>	Health Care Workers	<input type="checkbox"/>	
<input type="checkbox"/>	Households	<input type="checkbox"/>	
		<input type="checkbox"/>	Other

21. How MANY clients do you on AVERAGE serve per MONTH?

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22. What area does your organisation serve - ie. Where do you provide your services?

<p>a. Name(s) of city/town/suburb/village(s)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																																																	<p>b. In which province is this city/town/suburb/village(s)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td><td style="width: 15%;"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																																																
<p>c. In which other countries, aside from South Africa, are you providing services?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>																																																																																																																																																																																																																																																																	

23. Does your organisation represent a national or provincial branch of this organisation, ie. Does it have offices or branches in different parts of the country?

Yes <input type="checkbox"/>		No <input type="checkbox"/>
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(Note: append or fax a list of these branch offices, their postal addresses and telephone numbers.)



## **Appendix 2: Fields contained in dataset**

- Name of Organisation (q1)
- Preferred Language(s) (q2)
- Postal Address 1 & 2 (q3a)
- Physical Address 1 & 2 (q3b)
- Telephone Number (q3c)
- Facsimile Number (q3d)
- Email Address (q3e)
- Web Address (q3f)
- Age of Organisation (q4)
- Contact Person (q5a)
- Contact Person's Designation (q5b)
- Contact Person's Telephone Number (q5c)
- Contact Person's Email Address (q5e)
- Description of Organisation (q6)
- Organisational Acronym (q7)
- Nature (q8, part 1)
- FBO (q8, part 2)
- Publications (q9)
- Content of Publications (q9)
- How Organisation is Funded (q10)
- Organisation's Donors (q11)
- Resource Needs (q12)
- Collaboration with Other Organisations (q13 & q14)
- Assistance to/from Other Organisations (q13 & q14)
- Number of Employees (q15)
- Setting where Organisation Works (q17)
- Services Offered by Organisation (q18)
- Organisational Capacity (q19)
- Clients (q20)
- Average Number of Clients Served per Month (q21)
- Area where Services are Offered (q22)
- Branches of Organisation (q23)