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Rebecca Gittelson   April 14, 2011

Collaboration Among HIV/AIDS Non-Governmental Organizations in South Africa

by

Rebecca Gittelson

Dr. David Davis
Adviser

Department of Political Science

Dr. David Davis

Adviser

Dr. Richard Doner

Committee Member

Dr. John Boli

Committee Member

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a thesis submitted to the Faculty of Emory College of Arts and Sciences
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Abstract

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This research takes a qualitative approach to exploring the factors that impact collaboration
among non-govermnental organizations (NGOs). This study applies resource dependence theory,
political theory, and institutional theory to the examination of inter-organizational interactions
among HIV/AIDS NGOs in South Africa. Eighteen NGO representatives and five experts on
civil society and HIV/AIDS are included in the sample. The findings demonstrate that NGOs
collaborate in response to two simultaneous factors: pressure from funders to collaborate, and a
need to fill a gap in service or advocacy provision within a competitive funding environment.
The policy environment was found to not have a direct impact on the level of collaboration
among NGOs. Findings also show that fragmentation among funding organizations leads to a
lack of collaboration among NGOs and subsequent service duplication. Based on these results, a
series of policy reccomendations intended to increase collaboration among NGOs is provided for
use by funding organizations and NGOs.

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Acknowledgements

My thesis process began when I started reading about networking among NGOs for a research project at the end of my sophomore year of college. At that time, I had no idea that reading one book (for a paper I didn't even end up writing) would take me all the way to South Africa. Along the way, I read many more books, and learned as much as I could about the topic. My path echoes the words of Dr Suess: "The more that you read, the more things you will know. The more that you learn, the more places you'll go."

I could not have learned about this topic and completed field research in South Afirca without the support of many professors, family members, and friends. Further, this project could not have been completed without the generous insight and time granted to me by many NGO representatives and experts in the field. I am particularly indebted to Dr. David Davis, who acted as my mentor and advisor in this process, both in Johannesburg and in Atlanta. He supported me in gathering interviews, finding my niche in Johannesburg, reminding me to find balance between work and play, and brainstorming about future plans. Despite their hesitance about letting me live in Johannesburg, my parents provided the main source of encouragement over the past year. As always, their constant reminders to trust my abilities and myself were invaluable. I will always try to emulate the incredible generosity shown by Amy, Andrew, Lisa, Dylan, and Sharona, who all took me—an almost complete stranger—into their homes in South Africa.

I would also like to acknowledge Dr. Rick Doner and Dr. John Boli for their support and careful editing of my work. Although she was not a member of my thesis committee, Dr. Tracy Scott's door was always open for advice on my thesis and almost any other topic. Lastly, I want to acknowledge my friends: the Altmans, Chelsea, Brooke, Kim, Jie, Roxanna, Davis, Ebie, and Michal for their patience with me over the last year. There are still many more things I will learn and places I will go, and I am grateful I can rely on my friends, family, and the Emory community to support me in these future plans.

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INTRODUCTION

The purpose of this research was to expand understanding of the mechanisms that underlie collaboration among non-governmental organizations (NGOs). Specifically, this research addressed the question: What factors affect the level of collaboration among HIV/AIDS NGOs in South Africa? This topic can be viewed within the scholarly context of the increased significance of NGOs as individual organizations and as parts of coordinated efforts worldwide, global efforts to combat the disease, and the academic debate on inter-organizational interaction and collaboration.

Over the last 25 years, collaboration among NGOs has been lauded as a particularly effective mechanism for addressing a range of societal and political problems. The formation of coordinated relationships allows NGOs to combine the resources and expertise of multiple organizations and thus achieve outcomes that would not be feasible individually (Clarke 1998; Dimaggio and Anheier 1990; Pinkney 2009). Concurrently, a number of studies have addressed why and how NGOs collaborate (Foster and Meinhard 2002; Guo and Acar 1995; Sowa 2010) Although NGOs and NGO coordination have become influential in international politics, research within political science has been limited (Clarke 1998; Keck and Sikkink 1998) and tended to ignore interactions between non-state actors, especially NGOs (Ahmed and Potter 2006; Seckinelgin 2008). Within the health sector, collaboration is essential to meeting public health challenges (Rosenberg et al. 2010), yet little research focuses on NGO collaboration within this broad context or regarding HIV/AIDS specifically.

Since HIV/AIDS was discovered thirty years ago, the epidemic has reached proportions far beyond all initial expectations (Piot et al. 2010) and has become one of

the world's major global health priorities (AIDS Epidemic Update 2009, 8). The most

recent worldwide statistics show that in 2008, 33.4 million people were living with

HIV/AIDS. This prevalence is 20% higher than in 2000 and three times more than in

1990 (AIDS Epidemic Update 2009). In response to the decimating effects of the disease,

HIV/AIDS NGOs, often working collaboratively, have become important actors in the

HIV/AIDS field and are recognized for their work in providing treatment, delivering

services, and monitoring government policy (Seckinelgin 2008).

CHAPTER ONE
SOUTH AFRICAN CONTEXT

HIV/AIDS prevalence rate in South Africa and growth of the HIV/AIDS NGO sector

The parallel, related rise of HIV/AIDS rates and HIV/AIDS focused NGOs is especially evident in South Africa, which has the highest prevalence of HIV/AIDS in the world. Estimates of HIV prevalence in South Africa vary from 5.2 million to 5.7 million people living with the disease (Country Progress Report 2010). In South Africa, the disease has broad and devastating impacts with respect to demographics, socioeconomic status, and security (Brower and Chalk 2003). "In one way or another, AIDS affects all South Africans and all social institutions" (Wouters et al. 2009, 180).

The spread of the disease, in combination with the country's political realities, has led to the growth of South African HIV/AIDS-focused NGOs. In the post-apartheid era, South Africa has experienced an increase in the capacity and size of the NGO sector. Struggles against the apartheid state created a group of educated, worldly civil society leaders (Wallace et al. 2007). Within the context of an increasingly capacitated civil society, HIV/AIDS-focused NGOS developed in response to the demographic, economic, social, political, and security costs of the disease (Brower and Chalk 2003; Chirambo 2006). The number of NGOs established in the South African health sector—which includes HIV/AIDS organizations—increased from 598 in the pre-1976 period to 2,212 from the end of apartheid in 1994 to 2002 (Swilling and Russell 2002). HIV/AIDS NGOs now "constitute the bulk of policy interventions and service delivery actors" (Seckinelgin 2008, 42).

Despite the large body of NGOs that address HIV/AIDS in South Africa, little research has focused on understanding this influential group of organizations. As such,

this paper contributed to the literature by examining how South African NGOs working on HIV/AIDS coordinate in general, and developed an argument about the factors that influence the level of collaboration among HIV/AIDS NGOs in South Africa. A qualitative case study approach including interviews, process tracing, and document analysis, was used to test these hypotheses. These findings demonstrated the causal mechanisms driving collaboration among HIV/AIDS NGOs in South Africa.

South African political context

Since the apartheid era, HIV/AIDS policy has been marked by dramatic shifts. Within this turbulent policy environment, HIV/AIDS NGOS operating in the country have had to adapt their goals and activities as policy changed. However, little research has been conducted on how NGOs interacted with each other in response to each administration's policy.

In the early 1990s, before apartheid ended and the now-dominant African National Congress was still the government-in-waiting, HIV/AIDS NGO collaborations were formed. These included the AIDS Consortium, which was founded in 1992, and later the AIDS Law Project, both of which were founded to promote a human rights perspective on HIV/AIDS. The National Progressive Primary Health Care Network established a countrywide initiative to reach out to communities impacted by HIV/AIDS, and the Networking HIV/AIDS Association of South Africa (NACOSA) had begun establishing a national coalition of NGOs and individuals to coordinate a response to HIV/AIDS and develop a national plan to deal with HIV/AIDS (Heywood 2005).

When the ANC came to power in 1994, it seemed to be a promising time for coordinated NGO efforts to impact government HIV/AIDS policy. Although there was

some controversy over the development—and particularly the implementation—of

HIV/AIDS policy during this period, HIV/AIDS-related stigma and mortality remained

relatively low and the disease had not yet reached pandemic status. Therefore,

collaborative endeavors did not fully mobilize in the 1994-1999 period and "there was no

loud clamoring from civil society for a better response to the HIV/AIDS epidemic"

(Heywood 2005, 376).

In 1999, Thabo Mbeki was elected President of South Africa. By 1999,

HIV/AIDS morbidity and mortality had increased dramatically yet the second ANC-led

government continued to focus on other priorities. Heywood (2005, 377) argued that in

response to the combination of climbing HIV/AIDS prevalence rates and relative lack of

government policy implementation, HIV/AID NGOs "became more vigorous in calling

for more concerted action on AIDS." This advocacy occurred in coordination with

activism by groups such as the Treatment Action Campaign (TAC). By late 1999, civil

society and government had significantly diverged on many aspects of HIV/AIDS policy:

- Between HIV prevention (said to be government's priority) and treatment (said to
  be the priority of a range of others)
- between tackling poverty (government's priority) and tackling HIV (again the
  priority of a range of others)
- between providing poor people with basic nutrition (government's priority) and
  medicines (allegedly the priority of a range of others) (Heywood 2005, 378).

Additionally the Mbeki administration stoked a debate between western and

traditional medicines, in which the government argued that AZT (azidothymindine) was a

toxic and ineffective drug and supported treatments such as a nutritional mix of garlic and

vegetables (Deane 2005). Civil society responded by pushing for access to treatments

such as Nevirapine for prevention of mother-to-child-transmission and antiretroviral

prophylaxis for rape survivors (Deane 2005; Heywood 2005). The result of the conflict

between civil society and government in this period was a growth in coordinated action

by NGOs in South Africa. Heywood (2005) argued:

> There is a direct causal relationship between this unfortunate situation and the growth of political activism around HIV led by, but not confined to the Treatment Action Campaign. This political activism, which has often focused on what should have been non-contentious policies, has been a significant feature of the post-1999 governmental South African response to HIV/AIDS (380).

By 2003, NGOs had come together to litigate and advocate for new policies, and

the government had begun to change priorities in response to civil society action

(Wouters et al. 2009). That year, the first National AIDS Conference was held in South

Africa and attended by civil society and government leaders. The Conference resulted in

a plan to provide free antiretroviral drugs through the public sector. The plan was met by

celebration in the streets and "AIDS activists expelling a collective sigh of relief and

welcoming the decision" (Deane 2005, 545).

Since President Jacob Zuma became leader of the ruling African National

Congress party in 2007 and president in 2009, the government has become increasingly

supportive of access to HIV/AIDS care and treatment. While the road has not been

entirely smooth, NGOs and government are no longer diametrically opposed on

HIV/AIDS policy. Although there is a significant body of work on HIV policy in South

Africa, there is a gap in scholarship regarding the question: How have these HIV policy

changes impacted HIV/AIDS NGO interaction, particularly collaboration? Further, how

have NGO interactions changed policy?

Funding Context

Financial concerns and bankruptcy constantly threaten the existence of individual

NGOs (Ahmed 2006). As such, many South African HIV/AIDS NGOs rely on external

funds for survival (Wallace et al. 2007). While large sums of foreign aid are a key

component of the country's HIV/AIDS strategy, funds are targeted to a limited number of

organizations (Ndlovu 2005; Wallace et al. 2007). Wallace et al. (2007, 88) argue that

South African NGOs face these funding challenges because of economic and political

realities as well as donor perceptions:

> According to some donors, South Africa is a middle-income country, and, as such, should receive limited support. Yet it is also one of the most unequal economies in the world, and one where new opportunities to attack that inequality have only emerged with the end of apartheid. Many organizations and back funders thus opt to provide targeted support.

It is difficult to track the actual amount of money flowing into the HIV/AIDS

sector, but the method through which it is distributed is relatively clear (Ndlovu 2005;

Wallace et al. 2007). Funds are generally provided through a process of competitive

tenders (contracts), in which organizations submit applications to funding organizations

for specific projects (Cooley and Ron 2007). Organization for Economic Cooperation and

Development (OECD) data somewhat addressed this limitation by providing the top ten

donors of gross bilateral official development assistance (ODA), the majority of which is

directed toward the health sector. As HIV/AIDS is the main health challenge in South

Africa (Department for International Development 2010), it follows that much of the

health assistance is directed toward the disease. According to the OECD data, the largest

donors are, in order[1]: the United States, European Commission, United Kingdom,

Germany, France, the Global Fund, Netherlands, Ireland, Denmark, and the United

Nations Development Programme Global Environment Facility (the UN's global

development network) (OECD 2007-2008). The OECD data thus provided a starting

point to identify the amount of aid each of these entities directs toward HIV/AIDS in

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[1] Note that bilateral and multilateral donors are not separated on this list.

South Africa. For example, the United States, through the US President's Emergency Fund for Aids Relief (PEPFAR), provided $87.7 million to South Africa from 2004 to 2007 (UNICEF), and PEPFAR funding was increased in 2010. The scope of American assistance exemplifies the vast sums of money foreign bilateral and multilateral donors pour into the country, ultimately impacting the HIV/AIDS NGO sector.

Some HIV/AIDS NGOs also receive funding from the South African government through the 2007-2011 HIV/AIDS and STI National Strategic Plan (NSP). Within the NSP framework, the national and provincial governments award competitive grants to HIV/AID NGOs. Wouters et al. (2009, 180) described the HIV/AIDS budget under the NSP:

> 12.4% of the national budget has been allocated to the health sector. R5.66 billion of this budget is allocated to HIV/AIDS, but after adjustment for inflation, the real value is only R5.2 million, meaning that the allocation falls short of the HIV/AIDS resource requirement for 2008 (R6.8 billion), as reflected in the NSP. In addition, the Department of Health has admitted that the budget allocation for ART through the current HIV/AIDS conditional grant to provinces is at least R1 billion short of the amount initially budgeted to treat the targeted 220 000 people in 2009.

While the lump sums flowing into the HIV/AIDS NGO sector from foreign donors and the domestic government are large, the competitive and targeted nature of the funding environment means that many HIV/AIDS NGOs operate under conditions of financial instability and resource scarcity. How do these funding realities impact collaboration among HIV/AIDS NGOs? Further, what determines how effective resources will be in addressing the HIV/AIDS challenge?

In sum, the impact of the political and financial environment on inter-organizational collaboration presents a puzzle. This enigma is particularly relevant in South Africa, where a plethora of NGOs work to combat the decimating effects of

HIV/AIDS and both international donors and the domestic government influence the

county's disease response. Despite the significance of HIV/AIDS NGOs in the country, it

is unclear how and why they interact, collaborate, and compete. As such, this research

attempted to more fully understand the factors that motivate collaboration among

HIV/AIDS NGOs in South Africa through a range of complementary theoretical

approaches.

CHAPTER TWO
THEORIES, HYPOTHESES, AND VARIABLES

With the expansion of NGO collaboration, scholars have begun to address why and how such organizations collaborate. Although these studies have clarified the motivations and results of collaboration, no dominant theory has arisen in the literature to explain collaboration among NGOs. This lack of a unifying theory reflects the complex nature of collaboration and the need to utilize multiple, complementary theories to fully understand the phenomenon (Galaskiewicz and Bielefeld 1998; Gray and Wood 1991; Guo and Acar 2005; Oliver 1990; Sowa 2008). Therefore, this research project applied three frameworks common in the literature—resource dependence theory, political theory, and institutional theory—to the study of collaboration between HIV/AIDS NGOs in South Africa.

RESOURCE DEPENDENCE THEORY

Resource dependence theory states that in a competitive, unstable resource environment, organizations are motivated to collaborate in order to secure access to resources they cannot obtain individually (Compston 2009; Foster and Meinhard 2003; Guo and Acar 2005; Oliver 1990; Singer and Yankey 1991; Sowa 2008). The need to secure resources to ensure survival is a driving factor in establishing inter-organizational collaboration (Sowa 2008). Organizations attempt to balance the need to secure resources through interdependence with the challenge to individual autonomy that collaborations may present (Bailey and Koney 2000; Foster and Meinhard 2002; Gray and Wood 1991; Pfeffer and Salancik 1978; Reitan 1998).

Though resource dependency is widely presented as a driving force for the formation of collaborative NGO relationships, this theory is rarely applied to health
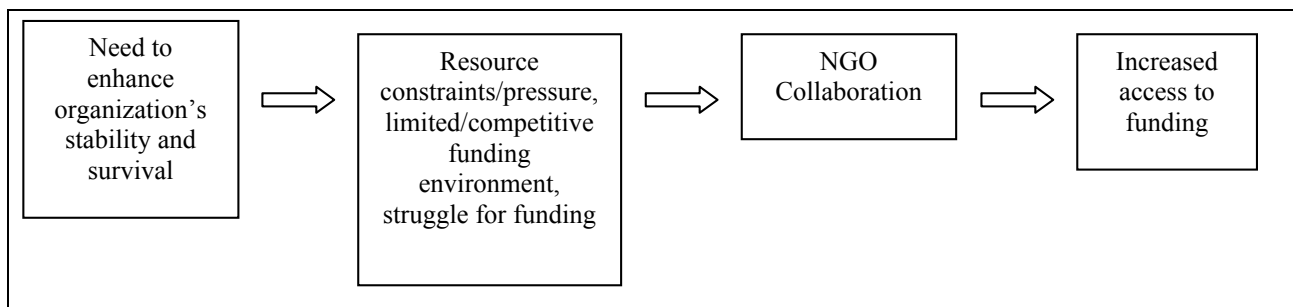
NGOS in general, and HIV/AIDS NGOs in South Africa specifically. Farmbry and Ceesay-Fanneh's conference paper (2006) on network formation in the South African HIV/AIDS NGO sector is one, if not the only, exception to this lacuna. This small-scale study utilized interviews with representatives of five NGOs in the Western Cape Province, which includes Cape Town. While the authors briefly touched upon foreign aid in the HIV/AIDS NGO sector as a resource driving collaboration, they neither corroborate this trend nor established a clear link between donor-provided resources and collaboration. Unlike Swilling and Russell's study (2002) that incorporated numerous, complementary data sources to quantify the number and type of NGOs in the country, Farmbry and Ceesay-Fanneh utilized only one, limited measure of the number of NGOs in the country. Overall, their work provided an introduction to the collaborative activities of a few HIV/AIDS NGOs in a certain South African province, yet did not fully explore the causal mechanisms driving collaboration in the HIV/AIDS NGO sector of South Africa. Moreover, the use of resource dependency theory in the existing literature suggests that it is important to examine the financial resource environment in which South African HIV/AIDS NGOs operate and their responses to funding realities. As such, in the South African HIV/AIDS NGO context, funding is the predominant resource at stake[2].

In sum, South African HIV/AIDS NGOs operate in a competitive, unstable resource context. Resource dependence theory predicts that in this type of funding environment, organizations will collaborate to obtain resources they could not access individually. For example, NGOs may develop joint grant proposals in an effort to appeal

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[2] However, some of the literature encompasses other types of resources as factors driving collaboration. See Bailey and Koney (2000, 19), Dutting and Sogge (2010, 351), and Linden (2002).

to funders more than they would as individual applicants. By doing so, NGOs promote

their own stability and survival (Sowa 2008). Therefore, resource dependence theory and

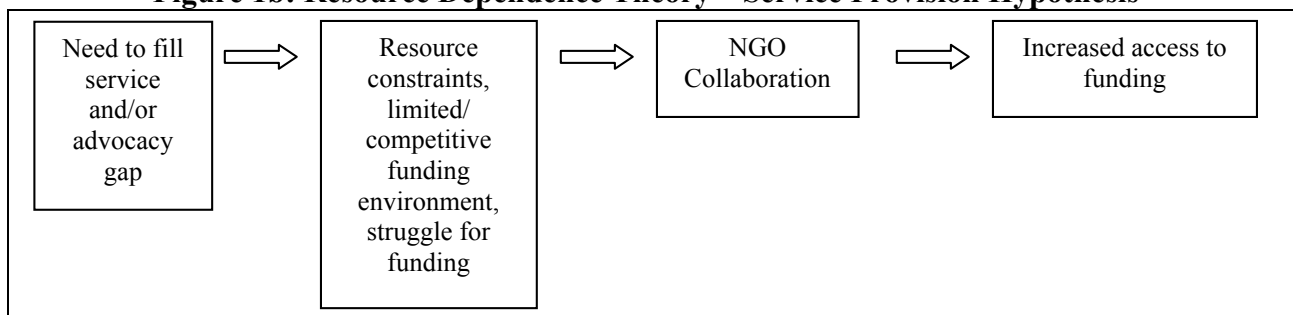the funding context in which HIV/AIDS NGOs operate led to the following proposition:

Figure 1a: Resource Dependence Theory—Competitive Resource Environment Hypothesis

Need to enhance organization's stability and survival	⟹	Resource constraints/pressure, limited/competitive funding environment, struggle for funding	⟹	NGO Collaboration	⟹	Increased access to funding

Hypothesis 1a: South African HIV/AIDS NGOs operate in an unstable resource environment, so they will collaborate in order to increase access to financial resources and thus support organizational stability and survival.

Resource dependence theory was applied not only to collaboration motivated by

survival, but was linked also to the need to maintain and/or expand advocacy and service

provision. Sowa (2008) argued that in an unstable resource environment, organizations

also collaborate to obtain funds intended to provide a level of service they cannot provide

individually. Bailey and Koney (2000) stated that organizations "hope, to be better able,

as a united group, to access funding needed to sustain or expand current services" (19).

Therefore, resource dependence theory led to the following proposition:

Figure 1b: Resource Dependence Theory—Service Provision Hypothesis

Need to fill service and/or advocacy gap	⟹	Resource constraints, limited/ competitive funding environment, struggle for funding	⟹	NGO Collaboration	⟹	Increased access to funding

Hypothesis 1b: In a limited resource context, organizations will collaborate to access funding in order to provide services and advocacy.

In conclusion, resource dependence theory stated that when the funding environment is competitive and unstable, organizations collaborate to obtain funding they could not access alone. Collaboration to secure these funds is motivated by either organizational survival or advocacy and service provision. In the South African context, these hypotheses were tested by a) evaluating whether the HIV/AIDS NGOs must compete for resources from domestic and international funding bodies and b) determining whether NGO collaboration is "bottom-up," in that NGOs applied for funding with sub-contractors and/or partners already established in an effort to appeal to funders.

POLITICAL THEORY

Political theory essentially argued that the external policy environment influenced inter-organizational interactions and that NGOs both supplemented and opposed the state (Dimaggio and Anheier 2006). Wison (2000) argued that interest groups, such as non-governmental organizations, collaborate to create policy change. For example, in the 1980s, U.S. President Ronald Reagan attacked the Clear Air regime, which was founded in the 1970s. In response, environmentalist organizations, including but not limited to the Sierra Club and Environmental Defense Fund, worked together to lobby for stronger clean air laws and were influential in restoring budget cuts, strengthening environmental policy, and firing anti-environmentalist government staff (Wison 2000). This example is representative of the impact NGO collaborations can have on policy.

The political history of HIV in South Africa demonstrates that HIV/AIDS NGOs tend to behave in a similar manner. As described previously, South African NGOs

mobilized, often collaboratively, in opposition to the Mbeki administration to push for policy change. Therefore, political theory and political realities led to the following proposition:

Figure 2: Political Hypothesis
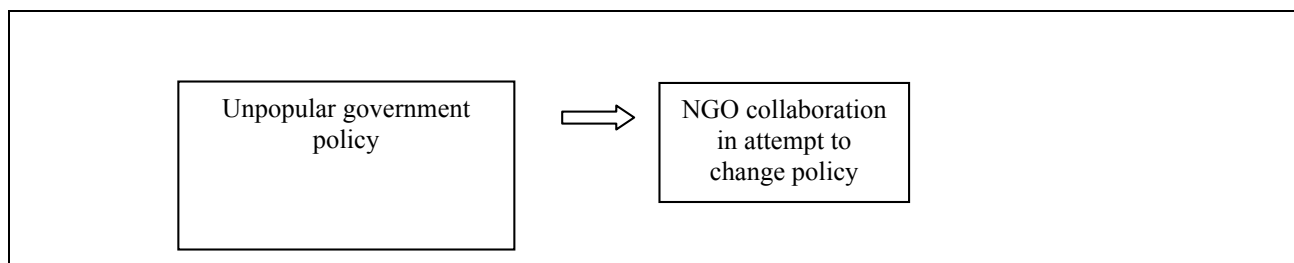
Hypothesis 2: In periods of unpopular government policy, NGOs will collaborate to change policy.

INSTITUTIONAL THEORY

The basic premise of institutional theory was that organizations strive for legitimacy in their organizational field through structural adjustment to meet the influences of external institutions, including funders (Bailey and Koney 2000; Gray and Wood 1991; Sowa 2008). Oliver (1990, 246) suggested that institutions impose pressures on organizations "to justify their activities or outputs. These pressures motivate organizations to increase their legitimacy in order to appear in agreement with the prevailing norms, rules, beliefs, or expectations" of outside actors. Therefore, NGOs may respond to institutional pressures by adhering to institutional mandates to collaborate (Bailey and Koney 2000; Gray and Wood 1991; Sowa 2008) and modeling their behavior after funding organizations (Dimaggio and Powell, 1983; Sowa 2008).
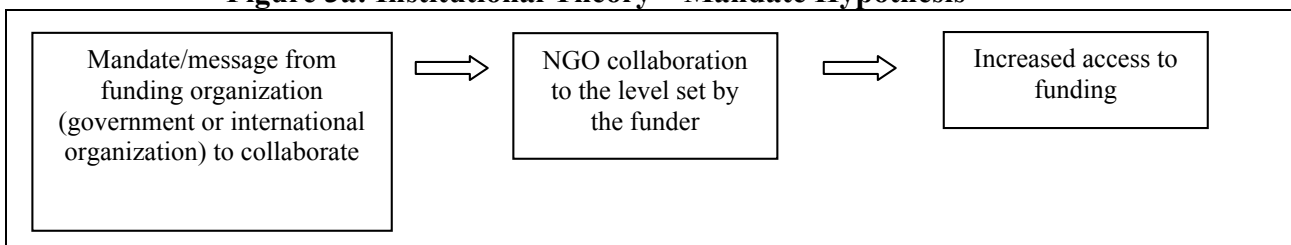
Scholarship on institutional mandates in the NGO sector generally demonstrated that funder mandates to collaborate lead to collaboration. Sowa (2008, 1018) argued that

if funders establish an explicit mandate or a normative standard that HIV/AIDS NGOs

must collaborate, the NGOs will collaborate to the level set by the funders:

> Nonprofit organizations with highly visible and influential funders (public and private) are more likely to experience institutional pressures. The greater the institutional pressure from funders (public and private) to collaborate, the more likely it is that nonprofit organizations will collaborate to achieve or enhance institutional legitimacy.

Similarly, Rapp and Whitfield (1999) argued that emphasis by funders on

community partnerships and efficiency pushes NGOs to collaborate. Thus, institutional

theory stated that organizations collaborate when directly mandated or indirectly

encouraged to do so. By working together, NGOs can prove their legitimacy to funders,

which may increase their ability to secure funding. In sum, institutional theory led to the

following proposition:

Figure 3a: Institutional Theory—Mandate Hypothesis

Mandate/message from funding organization (government or international organization) to collaborate	⟹	NGO collaboration to the level set by the funder	⟹	Increased access to funding

Hypothesis 3a: Funding institutions' mandates to collaborate will lead to levels of collaboration among HIV/AIDS NGOs that reflect the strength of the mandates.

Institutional theory also included an isomorphic component, in which

organizations in the same environment adopt increasingly similar objectives, structures,

programs, and forms (Dimaggio and Anheier 1990; Reitan 1998). As such, it has been

argued that organizations mimic the behavior of the organizations upon which they

depend for funding (Dimaggio and Anheir 1990, 87). Proscio (2006) argued that the

interaction among funders is marked by lack of collaboration, a trait that is reflected in

the NGO field**:**

> "The first thing every funder wants…is for every organization with a policy
> agenda in that field to come to a single table, hammer out a single advocacy plan,
> coordinate all our communications and activity with one another, and never do
> anything that might look like duplication. That's not always the best way to
> approach the public policy arena, which is inherently messy and sometimes
> thrives on redundancy. But the main thing wrong with it is, it's extremely hard to
> pull off. And the proof of that is: How often do funders ever do such a thing? Yes,
> it happens. But it's pretty rare. It's just not human nature" (29).

Therefore, the isomorphic component of institutional theory argued that the

organization of the NGO sector reflects the organization of the funding field. Because the

funding field worldwide and in South Africa is usually uncoordinated, institutional theory

supported the following proposition:

Figure 3b: Institutional Theory—Isomorphism Hypothesis
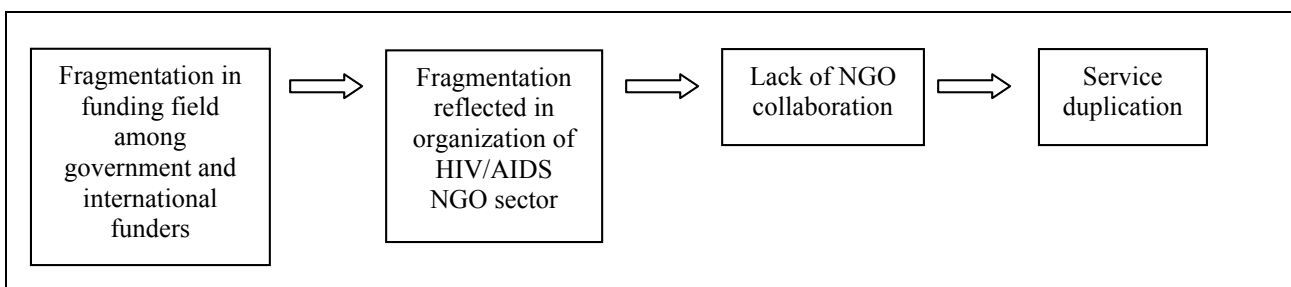
> *Hypothesis 3b:* When donor interactions are characterized by lack of
> collaboration, NGOs in the HIV/AIDS sector will mirror this fragmentation and
> service duplication will occur.

In sum, institutional theory grounds two propositions, one of which explains

enhanced collaboration and one that explains limited collaboration. Institutional theory

argues that organizations collaborate in response to a mandate from funders, which may

allow organizations to establish their legitimacy in the eyes of funding organizations and

subsequently secure financial resources. According to institutional theory, NGOs may

also reflect the organization of the funding field. In the South African context, these hypotheses were evaluated by examining: a) if collaboration mandates were in place and if so, the effects of these directives. For example, these mandates could take the form of funders encouraging or requiring organizations to sub-contract or partner in order to receive funding; b) If the funding field was uncoordinated and if so, the effect of this fragmentation on NGO interactions.

In conclusion, the validity of these hypotheses was examined in the South African context using the definitions, concepts, and variables, as well as the qualitative methodology described below. In order to make sure important factors that might drive NGO behavior did not confound the theories, I controlled for a number of factors:

a. *Location*: The sample included organizations in two provinces: Gauteng and Western Cape. Throughout South Africa, provinces differ in health care capacity and infrastructure (Deane 2005). For example, the Western Cape was among the first provinces to take steps toward the rollout of ARVs (Deane 2005). The adult HIV/AIDS prevalence rate also varies by province, ranging from 6% in the Western Cape to 15% in Gauteng 2008 (Provincial HIV and AIDS Statistics for 2008). However, Gauteng and the Western Cape are similar in that they include two of the largest cities in South Africa—Johannesburg and Cape Town respectively—and are the location of many HIV/AIDS organizations.

b. *Size of organization*: Foster and Meinhard (2002) argued that size was related to level of collaboration. However, the strength of this factor

was limited by the intervening variable of perception of environmental changes (Guo and Acar 2005). Additionally, Sowa (2010) finds that in the context of resource dependence, size does not impact level of collaboration.

c. *Age of organization*: Guo and Acar (1995) found that older organizations were more likely to collaborate. In general, the impact of this variable has not been widely studied, but it is possible that patterns of behavior are different between new and long-standing organizations.

CHAPTER THREE
DEFINITIONS AND CONCEPTS

a. *Unit of analysis:* The unit of analysis was collaboration by individual NGOs. This focus did not preclude the possibility that NGOs engaged in collaboration on an individual level may also function within broader NGO networks and/or may concurrently coordinate with multiple organizations on different projects and programs. However, focusing on networks of NGOS may have masked the many different types of collaborative interactions in which NGOs engage (Dutting and Sogge 2010, 354). Additionally, much of the literature that addressed networks of multiple, interlinked NGOs takes a transnational perspective (Keck and Sikkink 1998), while literature that focused on a specific country or sub-national unit tended to address interactions among individual NGOs (Rapp and Whitfield 1999; Sowa 2009). Therefore, the unit of analysis was an individual NGO that engages in collaborative interactions.

b. *Non-governmental organizations (NGOs):* Major donors and NGOs themselves have struggled to concretely define this term. In the mid-1990s, the European Commission pushed for clearer definitions of NGOs, in order to build cooperation between NGOs and aid agencies. NGOs, however, feared that a strict definition would limit the organizations that could qualify for aid (Ahmed 2006; Randel 1999). As a result, the NGO-European Liaison Committee developed an NGO charter that delineates main features of an NGO without providing a strict definition (Ahmed 2006). The World Bank has also wavered as to the definition, arguing "the diversity of NGOs strains

any simple definition or classification" (Smillie 1999, 279). Other definitions simply focus on the residual nature, or "non" aspect of NGOs (Pinkney 2009).

Because so much debate exists as to the exact nature of NGOs, this paper utilized a relatively broad definition of the term. NGOs are non-profit, private entities with a legal character (Clarke 1998). They are not part of the public sector, as their only statutory obligation tends to be following the relevant legal system (Pinkney 2009). While NGOs can focus on a range of issues that improve public welfare (Clarke 1998), this study focused on NGOs that are dedicated to various aspects of HIV/AIDS prevention and care. Specifically, the research addressed domestic NGOs based in South Africa.

c. *Collaboration:* Although collaboration is a widely used term in the public health sector, no set, broadly accepted definition exists (Rosenberg et al. 2010). However, much of the literature presents a range of interactions that fall within collaboration. Therefore, this research built upon the collaboration spectrums developed by Bailey and Koney (2000) and Rosenberg et al. (2010) in their studies of interactions among health organizations.

At a low level of collaboration, organizations remain fully autonomous, but share information and a common purpose, and support each other's activities. At a medium level of collaboration, organizations demonstrate the same characteristics of those at the low level, but also align activities. At a high level of collaboration, organizations retain the same characteristics as those in the medium level, but also relinquish some autonomy in order to form a common team.

Figure 4: Levels of Collaboration

Type of Interaction	Low Collaboration	Medium Collaboration	High Collaboration
Description	• Autonomous • Shared information • Common purpose	• Autonomous • Shared information • Common purpose • Aligned efforts	• Relinquish autonomy: common team • Shared information • Common purpose • Aligned efforts

This model can be applied to examples of organizations' collaborative, day-to-day activities. At the low level of collaboration, organizations may meet with the intention of sharing information. At the medium level, they may share non-financial resources, such as transportation or office space, and/or provide training (also called capacity building). At the highest level of collaboration, organizations may apply for funding together as partners or sub-grantees and/or form a shared team.

Figure 5: Operational Collaboration Spectrum

Low	Meeting: Sharing information
Medium	• Share resources • Provide training/capacity building
High	• Apply for joint funding • Shared team
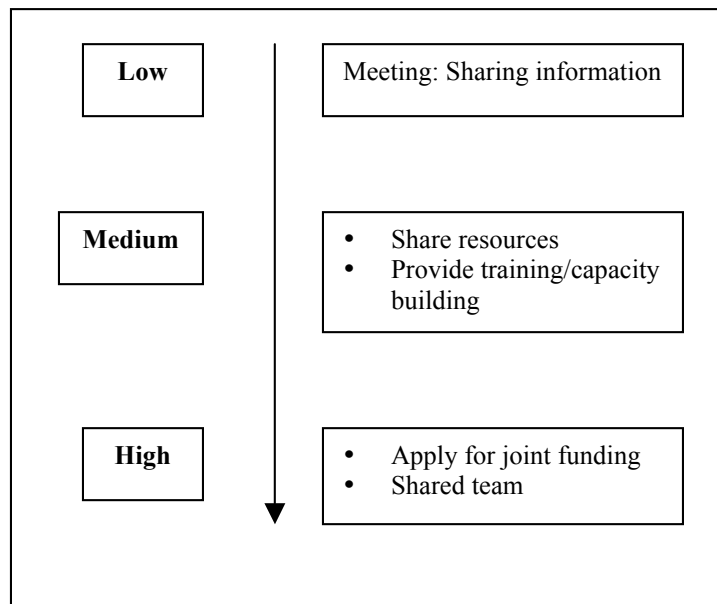
CHAPTER FOUR
RESEARCH DESIGN AND METHODOLOGY

To better understand the factors that influence the level of collaboration among HIV/AIDS NGOs in South Africa, this study utilized a case study approach based on interviews and document analysis. This methodology is utilized in much of the scholarship on collaboration and "has highlighted the theoretical and practical importance of the topic, identified areas for research, and raised critical questions for theoretical debate and further investigation" (Gray and Wood 1991, 5).

a. *Selection of Study Participants:* The complex nature of the NGO collaboration environment and dearth of data on collaborative interactions created sampling issues. Because the nature of the phenomenon makes random selection extremely difficult, purposeful sampling is utilized in this research design (Sowa 2009). Participating organizations were selected through a multi-step process. A variety of databases were utilized to identify HIV/AIDS NGOs in Gauteng and Western Cape provinces, home to two of the country's three capitals. Gauteng was chosen because the province includes Pretoria, the country's administrative capital and de facto national capital. Gauteng also includes Johannesburg, the third largest city in the country and its economic hub. The Western Cape was identified because it includes Cape Town, South Africa's legislative capital and largest city. Both provinces are the location of many HIV/AIDS NGOs and include influential South African cities.

The most recent catalog of health NGOs operating in South Africa was conducted in 2002 (Swilling and Russell 2002) and did not differentiate HIV-focused organizations from other health NGOs. Therefore, a variety of

existing, albeit limited databases, were used to identify the research sample. The databases included a) the most recent Prodder Directory of NGOs in South Africa, compiled in 2008 by the Southern African NGO Network; b) the most recent list of all NGOs that partnered with the US President's Emergency Fund for AIDS Relief, the largest donor to the sector, which captured a large number of the legitimate HIV/AIDS NGOs; c) a US Agency for International Development partners list similar to that of PEPFAR; and d) a list of HIV/AIDS NGOs affiliated with the University of Witwatersrand International Human Rights Exchange Program, which runs an NGO internship program in Johannesburg. From a compilation of these lists, approximately 150 NGOs were contacted through email or by telephone. Thirteen organizations granted in-country interviews. Five more organizations, as well as five experts, granted interviews in the following months.

Within the NGOs, individuals were selected who have both external connections to other organizations and internal responsibilities in their own organizations and are therefore considered knowledgeable about their organization's collaborative interactions and can recommend other relevant individuals and organizations (Tsasis 2009). Therefore, the director or other relevant point person was identified through job descriptions on each organization's websites and/or by explaining the research topic and requesting to speak to the most appropriate staff member. Snowball sampling, in which the researcher asked the interviewee for referrals to other potential

participants, was also utilized (Yanacopolous 2007). Through snowballing, organizations in Gauteng as well as in the Western Cape, were recommended. In this manner, thirteen interviews were conducted in South Africa with representatives of HIV/AIDS NGOs. Five more interviews were conducted with organization representatives over Skype and five experts were interviewed in person or on the phone, while the researcher was based in the US.

b. *Interviews:* The interviews were forty-five minutes to two hours in length. They were semi-structured to include questions that addressed the causal variables, which allowed the subject to guide the interview within the scope of the topic (Tsasis 2009). The interviewer emphasized exploration of unanticipated topics, clarification of answers, and addition of questions when necessary to further probe participants (Johnson and Reynolds 2008; Tsasis 2009). The interviewer asked for specific examples of collaboration and competition, then asked the participant to trace back and detail the role of political, civil society, and institutional actors, among others. The expert interviewees were asked which factors they believe impact collaboration. Through this method, the factors impacting level of collaboration were identified.

c. *Document Analysis*: Originally, I intended to use document analysis to provide additional validity for the interviews as well as additional information on collaboration. I requested that NGOs provide organizational documents, annual reports, financial statements, and other relevant documents that would

have provided information on organizations' objectives, funding sources,

tenders and grants, affiliates, partners, and projects. However, only two

organizations were willing to provide this type of documentation, and the

others declined due to confidentiality and logistic issues.

d. *Data Organization and Analysis:* All field notes, transcripts of tape-recorded

interviews, and document notes were typed and compiled. The data was then

checked for errors and omissions. Patterns and differences in concepts,

themes, and definitions used by participants were examined through content

analysis (Johnson and Reynolds 2008, Tsasis 2009). The results were then

analyzed in visual and written form.

CHAPTER FOUR
RESULTS

This section utilizes eighteen interviews with NGO representatives and five interviews with experts to explore each theoretically based hypothesis test. Organizations are grouped according to their primary mission within the HIV/AIDS field, as stated in the interview or on their websites (see Table 1). The results demonstrate that the hypotheses are interlinked, but that service and advocacy-related resource dependence and institutional pressure exert the strongest impact. As such, this section also explores the influence of multiple factors on NGO interaction (see Figures 6 and 7). Because this study is based on a relatively small number of interviews, results are described qualitatively.

Table 1: NGOs interviewed by number and type

NGO #	Type within HIV/AIDS Sector
2	Training and technical assistance
7	Training and technical assistance
3	Legal Assistance
15	Legal assistance
4	Orphans and Vulnerable Children (OVC)
5	Orphans and Vulnerable Children (OVC)
6	Orphans and Vulnerable Children (OVC)
9	Mass media and behavior change
10	Mass media and behavior change
12	Theater and behavior change
13	Theater and behavior change
14	Theater and behavior change
11	Research
18	Research (Research is primary goal, but also engage in service provision, advocacy, and technical support)
8	Research, education, community mobilization
16	Counseling
17	Care for people living with AIDS
1	Palliative care

Figure 6: Combined effects of resource dependence theory (hypothesis 1b) and institutional theory (hypothesis 3a) on NGO collaboration
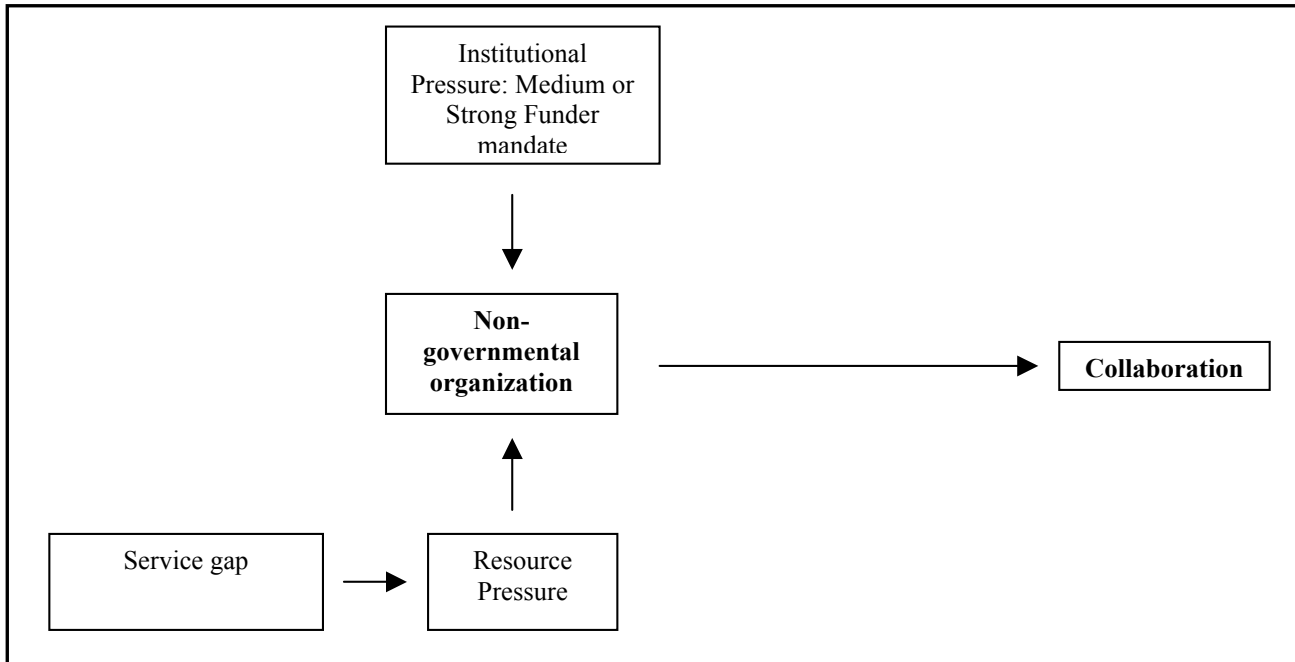
```
            ┌─────────────────┐
            │  Institutional  │
            │ Pressure: Medium│
            │ or Strong Funder│
            │     mandate     │
            └────────┬────────┘
                     │
                     ▼
            ┌─────────────────┐                      ┌──────────────┐
            │      Non-       │ ──────────────────►  │ Collaboration│
            │  governmental   │                      └──────────────┘
            │  organization   │
            └────────▲────────┘
                     │
┌──────────────┐    ┌─────────────────┐
│  Service gap │ ─► │    Resource     │
│              │    │    Pressure     │
└──────────────┘    └─────────────────┘
```

Figure 7: Isomorphic impact of funding field on HIV/AIDS NGO field

```
┌──────────────────────┐
│ • Increasing number  │
│   of funding         │
│   organizations      │
│ • Disparate          │
│   accountability     │
│   mechanisms and     │
│   targets            │
└──────────┬───────────┘
           │
           ▼
┌──────────────┐   ┌──────────────┐   ┌──────────────┐   ┌──────────────┐
│Fragmentation │─► │ Reflected in │─► │   Lack of    │─► │   Service    │
│in funding    │   │ HIV/AIDS NGO │   │ collaboration│   │ duplication  │
│field         │   │    field     │   │ among NGOS   │   │              │
└──────────────┘   └──────────────┘   └──────────────┘   └──────────────┘
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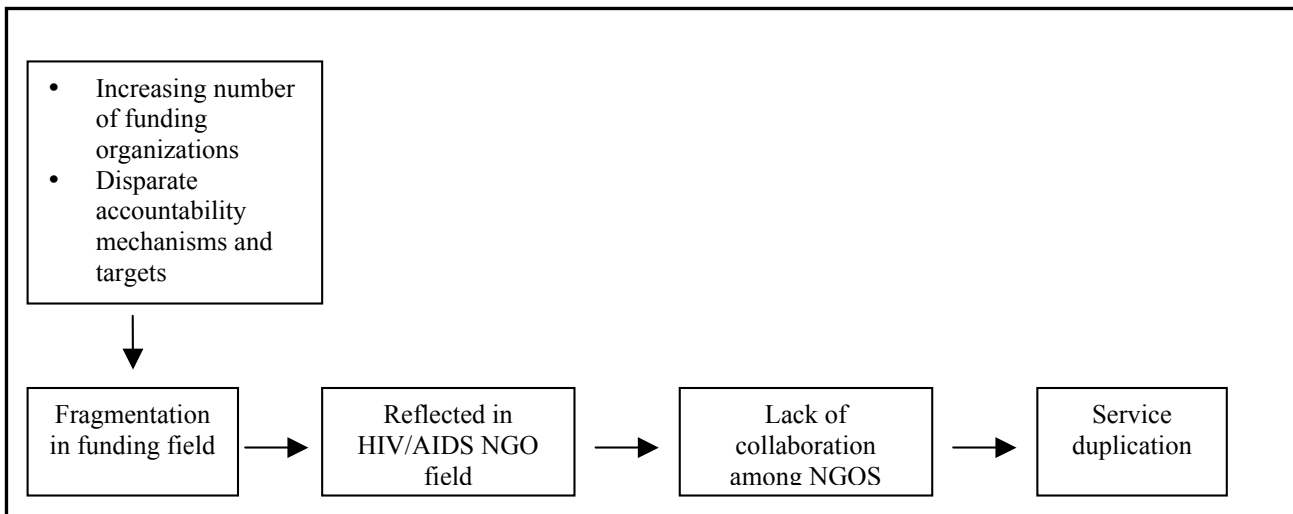
RESOURCE DEPENDENCE THEORY

Results for hypothesis 1a

Resource dependence theory stated that when the resource environment is

competitive, organizations will collaborate to secure access to resources they cannot

obtain individually and are motivated to do so to increase organizational stability or

survival. Based on interviewee responses, the need to enhance stability and survival

was not a strong motivating factor for an organization's decision to collaborate. Five

organizations with low collaboration, one organization with medium collaboration,

and one organization with high collaboration specifically said that collaboration was

not motivated by a need to appeal to funders and therefore increase stability. One

organization with low collaboration, one with medium collaboration, and one with

high collaboration did not mention this as a motivating factor. Only one interviewee

cited this idea as driving the organization's high level of collaboration, and stated:

> Resources are far and few in between. So I think that [NGOs] are beginning to realize that actually, you know, the model of clinging onto your…your little bit of funding is not really going to work in…in the larger scale…scheme of things. I think it is about sharing resources of what you have…. People are really waking up to the fact that we need to network and we need to partner and we need to share resources (Interview with organization representative, South Africa, August 16, 2010).

The experts were divided on whether collaboration was driven by this factor, with

two supporting the hypothesis and three arguing that it did not hold true. In support of the

hypothesis, one expert interviewee said:

> As an alternative to going out of existence or becoming a meaningless organization, then they elect to help each other and cooperate together (Interview with expert A, over Skype, January 4, 2010).

However, organizations may not have felt they must choose between

disintegration or collaboration. Rather, they may have believed they were more

financially stable on their own. When discussing how to acquire resources to enhance

organizational stability, an organization interviewee stated:

> You're all competing for funding. Why would you want to work with somebody that is also vying for the same funding? Makes no sense…. we're not looking to

partner with people on a money level (Interview with organization representative, over Skype, December 31, 2010).

In summary, organizational collaboration is not primarily driven by the need to promote stability. Only one of the eighteen organizations and two of the five experts interviewed cited the need to increase stability and survival as a motivating factor for collaboration. Rather, organizations may feel they can promote their financial stability more effectively by working alone. However, results demonstrate that collaboration within a competitive resource context may be driven by factors other than organizational stability, especially advocacy and service provision.

Results for hypothesis 1b

Over half the organization interviewees cited the need to enhance advocacy and/or service provision within a competitive resource environment as a cause of collaboration. Eleven organizations cited this as a motivating factor: seven of the eight organizations that ranked high in collaboration and four of the six ranked medium collaboration. Three of the experts also cited this as a driving factor. An organization interviewee explained the need to collaborate to provide services when resources were limited:

> There's a growing awareness that no one organization can do it all. I mean even in the field of HIV there's no one organization that can really reach all the people that can provide all the services. They actually need each other….I think on the community level as well, people are seeing there's only so many people I can [reach] and if you're really concerned about the community you have to look at other services to refer people to or for people to access in order to—for the relief of or to be a comfort or service to people (Interview with organization representative, over Skype, January 6, 2011).

However, advocacy and service provision were not driving factors for all organizations. None of the low level of collaboration organizations mentioned these; they

also did not cite collaboration as a means to improve organizational stability. Therefore,

their motivation to individually pursue organizational survival may have limited or

completely overridden any attempts to collaboratively provide services. An expert

interviewee detailed how competition for financial resources, driven by the need to

enhance organizational stability, can lead to competition over service provision:

> What has happened is that there is a job to be done, people are suffering and there's an NGO that wants to help alleviate suffering and they're going to find these people who need help and they are going to try and help them. Hopefully, they are honest and they are good and they are hard working, as most are and they end up helping the people, but they are doing it their own way and people work very, very hard not only to do the work they need to do to help people, but to raise the money to pay their staff or pay themselves and it's really hard to get money to do good work. So the NGOs compete with each other to get the funds to get the populations to work with, to get credit, because they need to show their donors that they are doing good things and to get the ability from the government to work on certain problems in certain areas, so they compete with each other (Interview with expert B, Atlanta, November 12, 2010).

In contrast, almost all of the organizations with medium and high levels of

collaboration cited service provision as a motivating factor for collaboration. Of these,

only one also cited organizational survival as a consideration in collaboration. In these

cases, service provision may have been a more significant concern than organizational

survival, thus leading to higher levels of collaboration. In sum, organizations primarily do

not collaborate to establish organizational stability and survival but do work together to

access funding for services.

POLITICAL THEORY

Political theory argued that the HIV NGO sector would be more cohesive in

periods of unpopular policy, as they worked together to achieve policy change. However,

the data demonstrated that changes in the political environment did not factor into

organizations' decisions to collaborate. None of the organization interviewees said that

the popularity of government policy impacted their organization's interactions with other NGOS.

However, a minority of the organization interviewees said government policy impacted the level of collaboration in the field in general. These respondents primarily stated that a need always exists for NGOs to unify for policy change, "even if you have a government that tries as hard as it can to do everything right" (Interview with organization representative, Johannesburg, August 16, 2010). Similarly, another interviewee stated: "I think it's the job of NGOs to also debate and remain critical of what is the best for their client" (Interview with organization representative, over Skype, January 1, 2011). This trend may not be representative of more politicized NGOS, as none of the organizations were political lobbying organizations by definition. However, all of the organizations engaged in some type of advocacy work on behalf of their respective clientele and operated in the South African HIV policy environment.

In contrast to the opinions expressed by the organization interviewees, four of the experts said the political context impacted collaboration in the HIV/AIDS NGO field (one expert interviewee did not mention the topic). For example, an expert interviewee cited differences in the cohesiveness of the HIV/AIDS NGO sector under the AIDS denialism of the Mbeki administration versus the Zuma administration:

> The NGOs themselves are not as strong as they were during the denial period, because I guess they say they achieved what they wanted to achieve in the sense that the government is now taking leadership insofar as HIV is concerned, and [NGOs] are sort of not as energetic as they were…. [when] the government was in denial. [Under Mbeki], everybody has to stand up and say, no, we do not agree with what is going on…But once the government is actually doing things the problem is we go soft. You know, instead of continuing to help to make sure that things do not ever go back…you win the struggle and then you sit back, you say you have won (Interview with expert C, Atlanta, November 11, 2010).

In sum, the political environment did not exert a strong influence on any of the organizations' decisions to collaborate. However, a minority of the organization interviewees and a majority of the expert interviewees stated that the policy environment impacted the HIV/AIDS NGO field as a whole. The sample demonstrated that the other factors studied drove organizational collaboration more than the popularity of government policy.

INSTITUTIONAL THEORY

Results for hypothesis 3a

In short, institutional theory led to two propositions, the first of which stated that NGOs would collaborate to the level set by the funding organization's mandate. The data demonstrated that the level of inter-organizational collaboration was linked to the strength of the mandate. There was no direct impact with weak mandates, but medium strength and strong mandates were associated with corresponding levels of collaboration. Mandate strength was divided into the three following categories:

- Weak mandate: No to low pressure to collaborate from funder; funding not tied to collaboration; at most, funder may arrange joint meetings among NGOs.
- Medium mandate: More pressure from funder; funder chooses or influences which organizations will work together; funding may or may not be tied to collaboration.
- Strong mandate: High pressure from funder; funder specifies which partner organizations to work with and provides funding to do so.

Ten organizations operated under a weak mandate and were almost evenly divided across the three levels of collaboration. Of these, three each fell into the low and medium level of collaboration categories and four demonstrated a high level of collaboration. These results demonstrated that a weak mandate may not have a direct impact on the level of collaboration and may be less significant than other factors. Of

these ten organizations, six also cited the need to provide services and secure related funding as a factor driving collaboration. The results thus suggested that this cohort was driven more by service provision than organizational survival or a weak mandate to collaborate at various levels.

Three organizations operated under a medium strength mandate. One functioned at a low level of collaboration and two at a medium level. These results demonstrated that a medium strength mandate may have a more direct impact on the level of collaboration, as a majority of the organizations operating under the medium strength mandate operated with a medium level of collaboration. In this situation, organizations felt some pressure to collaborate, but were also motivated to compete. One interviewee with a medium collaboration organization described a project in which the donor specified, to a large extent, which NGOs were involved:

> What I found from [the funder] is that they have taught me a collaborative working relationship with NGOs. But the last meeting we had I found they introduced the competitiveness when the person from [the funder said]: I can find another NGO who can do this work for cheaper. And I remember saying back to her: A) this is a project we developed so you will not get the same quality or understanding of the project and B) that is horrific….There is a collaboration that they encourage but they do encourage competitiveness because they want cheaper prices (Interview with organization representative, over Skype, January 4, 2011).

Of the three organizations with a medium mandate, two also cited service provision as a driving factor, and none cited organizational survival. These results demonstrated that inter-organization collaboration was not solely motivated by the presence of the mandate, but was also impacted by a need to fill gaps in service and advocacy.

Three organization interviewees reported that their respective organizations responded to strong funder mandates. All of these organizations exhibited a high level of

collaboration, which suggested that a strong mandate has a more direct impact on level of collaboration than either a weak or medium strength mandate. In an example of a strong mandate, one organization interviewee explained that the NGO was awarded a grant through a competitive tendering process for a collaborative project; the other NGOs passed through a similar grant procedure. The funder thus enacted a strong mandate by specifying which and how many organizations were to collaborate and making funding contingent on collaboration (Interview with organization representative, over Skype, January 7, 2011). Two organizations in this cohort also stated that service provision motivated their collaboration. As such, strong mandates combined with service-driven collaboration led to high levels of collaboration.

In sum, the data suggested that a mandate may increase collaboration among NGOs, especially when the mandate is strong. Under weak mandates, the NGOs were distributed across the levels of collaboration, which suggested that weak mandates may not have much, if any, direct impact on level of collaboration. Of the organizations operating under medium and high mandates, almost all collaborated to the level set by the funder, with one exception under the medium mandate. These results suggested that mandates directly impact the strength of NGO collaboration, if the funder exerts medium to strong pressure to collaborate. However, donor mandates were not the only factor that motivated NGO collaboration. A majority of the organizations at all mandate strengths also cited the need to collaboratively secure funding for service provision. As such, organizations collaborated under top-down pressure from funding organizations and bottom-up pressure from gaps in service within a competitive funding environment.

Results for hypothesis 3b

      Institutional theory also addressed the isomorphic process through which NGOs may reflect the behavior of funding organizations. Fragmentation in the funder field was related to an increasing number of funding organizations, each with their own targets and accountability mechanisms. The results of this study demonstrated that lack of coordination in the donor field limited collaboration among NGOs. According to a majority of those interviewed—including almost half of the organizations and all of the experts—this lack of coordination among funders led to fragmentation among HIV/AIDS NGOS and service duplication. The uncoordinated funding environment created patchwork service provisions by NGOs, in which certain issue areas, such as treatment or prevention, demonstrated overlap between multiple service providers, while others displayed lack of programming and attention. One expert interviewee explained the increasing fragmentation in the donor sector, due to the increasing number of funders and results-driven mechanisms:

> One of the things that is really changing quickly in the field of global health is just the larger landscape that is out there. And I think there are a couple of things that have been happening. One is that the number of organizations working in global health has multiplied astronomically… it has changed so much now—there are big organizations out there like PEPFAR…They are not multi-lateral organizations chartered by the UN, but new partnerships that have sprung up and there are so many of them…. They don't get together and they don't coordinate and impose an unbelievable burden on the countries. So the landscape for global health is really changed and it's really different and the burden that this imposes on the countries is extraordinary…. Most donors want results for their Board, so they might need to reach fifteen thousand people with condoms and if you can show me how you reach these fifteen thousand people, I will give you more funding for next year. So this is part of that fragmentation….Multiplication of organizations and fragmentation of the effort, they all go out and they try to do it on their own (Interview with expert B, Atlanta, November 12, 2010).

Another expert explained how this lack of coordination among funding organizations may lead to a similar lack of collaboration among NGOs and subsequent service duplication:

> A family that is in need may have five different community health workers, community development workers knocking at the door from all different NGOs. And they are like, wait a minute. Cannot these people just organize themselves so that only one person comes in to give me the ARVs and for me to not spend the whole day going to open a door for somebody else? That is when lack of coordination becomes really a serious problem of duplication of services…

> So [the NGOs] must justify to their donor now as to why they are going to the same house in fact asking partially the same questions or providing partially the same service that is provided by somebody else who just left. And by the added value of your coming is so small that [it] did not make any difference. So if they collaborated, they would not have given that part of the service, so they have given a different service. The problem is that the donors themselves are not collaborating and are not coordinated. If the donors coordinated their activities, that would not happen (Interview with expert C, Atlanta, November 11,2010).

In sum, the increasing number of donor organizations, each with disparate goals, created fragmentation in the funding field. This lack of coordination was reflected in limited collaboration in the NGO field. Therefore, the South African HIV/AIDS NGO field was characterized by uneven service provision, in which some locations and issue areas exhibited service duplication, while others did not receive enough services.

CONTROLS

I examined whether certain organizational characteristics—size, location, and age—influenced the independent and dependent variables. These characteristics were found to have little, if any, impact on the causal variables and level of collaboration. A caveat, however, was that the sample size was relatively small. So these factors could more significantly impact the level of collaboration and causal mechanisms than demonstrated by this sample. Originally, I wanted to address whether race or gender

impacted the independent and dependent variables, but found that the interviewees did

not want to discuss whether or not these controversial topics impacted their work.

Therefore, size, location, and age were examined; all three were found not to have a

discernible impact on the phenomenon studied.

      a. *Location:* Location did not have a direct impact on causal variables or level of

         collaboration. Of the eighteen organizations in the sample, six were based in

         the Western Cape and twelve were based in Gauteng, as depicted in Table 2.

         The Western Cape cohort included four organizations at the high level of

         collaboration and two at the medium level. The Gauteng cohort consisted of

         four low level of collaboration organizations, five medium, and three high. A

         majority of the interviewees did not view location as a significant factor in

         their collaborative interactions, as only five organizations said differences

         between provinces impacted either their work or the field in general. When

         they did mention location as a factor, they did not focus on differences

         between Gauteng and Western Cape. For example, one interviewee stated:

         "it's not really fair to compare Gauteng with any of the other provinces, other

         than the Western Cape" (Interview with organization representative, over

         Skype, January 6, 2011). Additionally, many HIV/AIDS NGOs are based in

         these two provinces, so results of this study may be generalized to a

         significant portion of the HIV/AIDS NGO sector. Because the organizations

         are dispersed throughout the levels of collaboration and causal variable

         categories, it appears that location does not have a clear, direct impact on

         organizations' interactions.

Table 2: NGOs by location and level of collaboration

Organization (number)	Level of collaboration	Location
8	Medium	Western Cape
1	High	Western Cape
2	High	Western Cape
13	High	Western Cape
14	High	Western Cape
15	High	Western Cape
4	Low	Gauteng
6	Low	Gauteng
17	Low	Gauteng
18	Low	Gauteng
3	Medium	Gauteng
5	Medium	Gauteng
9	Medium	Gauteng
12	Medium	Gauteng
16	Medium	Gauteng
7	High	Gauteng
10	High	Gauteng
11	High	Gauteng

b. Size: There was not a clear pattern linking organization size, level of collaboration, and causal variables. Table 3 shows that of the 18 organizations, 12 had 1-25 staff members, none had 26-50 staff members, 4 had 51-75 staff, none had 76-100 staff, 1 had over 101, and data is missing for one organization. Of those in the smallest group, two were low level of collaboration, five were medium, and five were high. Of the 51-75 staff cohort, one organization was low, one medium, and two high. The organization in the largest group was low level of collaboration. None of the organizations mentioned that size had an impact on their interactions with other NGOS and the organizations were distributed throughout the causal variables. In sum, size does not have a clearly discernible impact on either the independent or dependent variables.

Table 3: NGOs by size and level of collaboration

NGO (#)	Level of collaboration	Staff (full and part time):
Staff: *1-25*		
4	Low	2-3
6	Low	10
3	Medium	23
5	Medium	20
8	Medium	4
12	Medium	10
16	Medium	22
2	High	17
10	High	17
11	High	24
13	High	12
14	High	5
Staff: *51-75*		
17	Low	55
9	Medium	70
1	High	64
15	High	60-70
Staff: *over 101*		
18	Low	550

c. Age: There was not a clear impact of organizational age on either level of collaboration or causal variables. As shown in Table 4, two organizations were founded before 1990—one in 1987 and one in 1969—at the medium level and at the high level of collaboration, respectively. Two began in the 1991 to 1995 period, at the low and medium levels of collaboration, respectively. Four were founded between 1996 and 2000, including one at the low level of collaboration, one at the medium level, and two at the high level. Six were founded between 2001 and 2005, including one at the low level of collaboration, two at the medium level, and three at the high level. Three were established between 2006 and 2010, with one at the medium level and two at the high level of collaboration. Data was

missing for the age of one organization. None of the organizations cited age as a factor in their collaborations. Age does not discernibly influence either the causal or dependent variables. In sum, none of the potential controls considered influenced either the causal variables or level of collaboration to a significant degree.

Table 4: NGOs by year founded and level of collaboration

NGO (#)	Level of collaboration	Founded
Before 1990		
16	**Medium**	1969
15	**High**	1987
1991-1995		
18	**Low**	1994
9	**Medium**	1992
1996-2000		
6	**Low**	2000
5	**Medium**	2000
7	**High**	1999
11	**High**	1999
2001-2005		
17	**Low**	2002
8	**Medium**	2003
12	**Medium**	2002
10	**High**	2004
13	**High**	2004
14	**High**	2001
2006-2010		
3	**Medium**	2007
1	**High**	2007
2	**High**	2007

CHAPTER FIVE
POLICY IMPLICATIONS

Based on what I learned in the research, a number of recommendations intended

to increase collaboration are described in this section. These policy recommendations

represent an ideal political and socioeconomic environment. I recognize that NGOs and

funding organizations often operate under complex and challenging constraints, but

present these recommendations as a guide for achieving the highest level of collaboration

possible. To do so, I particularly focus on how donors can leverage their influence

through both financial and non-financial means to facilitate collaboration among NGOs

(Rosenberg et al 2010) and how NGOs themselves can help lead collaboration.

Figure 8: Policy recommendations
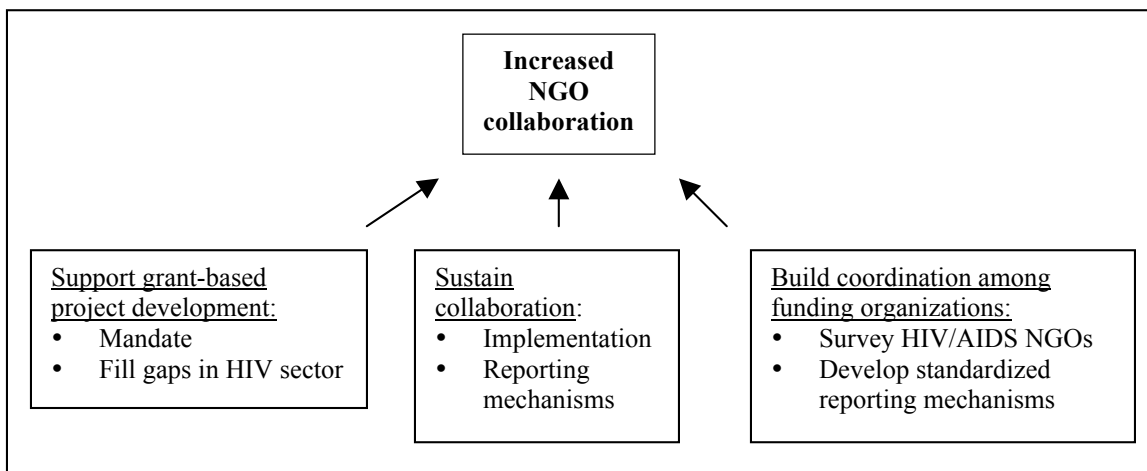
To facilitate collaboration among NGOs, funding organizations should emphasize

both a top-down and bottom-up framework for collaboration. This dual-sided approach to

collaboration aligns with the ongoing processes described in Figure 6, and would

therefore build upon existing mechanisms that currently drive collaboration within the

NGO sector. I recommend that funders promote these goals through two mechanisms: a)

grant-based project development and b) sustainable implementation and reporting

practices.

Further, to minimize isomorphic fragmentation and maximize collaboration,

enhanced donor coordination is recommended. To implement this coordination, I

recommend that donors: a) undertake an in-depth survey or census of NGO operations

and build upon this knowledge to minimize service duplication and fill service gaps and

b) streamline reporting processes, both within their individual funding structures and as a

group. In summary, I present tools to more effectively support collaboration throughout

the entire grant process—from donor interactions, to competitive grant processes and

reporting mechanisms.

UTILIZE THE GRANT PROCESS TO PROMOTE COLLABORATION

Grant-based project development

This stage integrates the top-down and bottom-up approaches to collaboration

through combining donor mandates with organizations' drive to provide services. We

found that a) organizations often collaborate to fill service gaps and access funding by

doing so, and b) medium to strong donor mandates were relatively effective in promoting

collaboration. However, we also heard that organizations often chafe against donor-

imposed collaboration:

> The effect of….donors insisting that we should work together is
> counterproductive. It is counterproductive because it does not allow for natural
> relationship building, which is essential for success with programs (Interview
> with expert C, Atlanta, November 11, 2010).

Therefore, the framework is structured to minimize this unintended backlash and promote a more organic, bottom-up form of collaboration by supporting NGOs themselves in developing programming and establishing sustainable collaborative efforts. Specifically, we recommend that the funder design the competitive grant process so that to receive funding, organizations have to demonstrate: a) the existence of a gap in service and b) how they will work with other organizations to address this service need. A strong mandate is in place, as funding is contingent upon sustained collaboration, but its negative effects are mitigated by the essential role NGOs play in developing collaborative projects. Once the grant is awarded, it is essential to ensure the project is sustainable. As such, accountability mechanisms and programming should be established during the implementation phase.

Support sustainable implementation and reporting practices

To facilitate lasting collaboration and enact meaningful projects, grants should be awarded for multi-year periods. For this type of project to succeed, donors must be willing to fully commit to sustainable collaborations and credibly communicate this dedication to NGOs through the provision of time and multi-year funding. An expert interviewee recommended:

> If you give grants that are just one year at a time, that's not going to encourage collaboration among people, because to form a successful coalition takes time. Just like to form a successful marriage takes time. So you have to not only say, I'm going to give you some money to do it, but you have to give them time to do it (Interview with expert B, Atlanta, November 12, 2010).

Ideally, the donor country's political situation will support extended grant periods. This support is extremely important because "uncertainty—not knowing if a project will be sustained—discourages individuals from putting in the hard work required to develop

real collaboration." (Rosenberg et al 2010, 163) In reality, policy is fluid, and donor organizations, as well as NGOs, must be aware that grant structures will not continue indefinitely in the same form. However, donor organizations can structure grant contracts for multiple years, thereby ensuring some level of funding stability for the NGOs.

As the multi-year project progresses, collaboration becomes an intrinsic aspect of NGO accountability. Therefore, the focus must expand from the initial goal of establishing collaborative programming to a more holistic framework that also includes facilitating ongoing collaboration in the reporting phase. Reporting mechanisms are key to measuring the success and addressing the challenges of projects, but collaboration in this stage can be a stumbling block.

In sum, to promote sustainability and accountability without limiting collaboration, it is essential that donors a) support multi-year grants, b) bring NGOs into the process of developing evaluations, c) apply one set of reporting standards to all partner organizations, and d) ensure that reports are developed and shared between NGOs.

DONOR COORDINATION

Survey the NGO field

The most recent document that catalogued the NGOs operating in the South African HIV sector was written in 2002 (Swilling and Russell). Since then, no widely available census or survey of the HIV NGOs operating in the country has been conducted. Therefore, donors and NGOs themselves do not have a clear idea of which organizations are operating where and what their missions are. Donors also lack a clear understanding of which gaps in service NGOs want to address and what reporting

mechanisms are most useful for NGOs. This dearth of information contributes to the patchwork service provision—gaps in some areas and duplication in others—that characterizes HIV programming in South Africa.

Ideally, all relevant donors would equitably divide the cost of a large-scale study. Pragmatically, this situation is unlikely to occur; it is more likely that one of the major players (possibly PEPFAR or another major donor to the country's HIV programs) will be driven to support its own programs through this type of effort and will therefore fund a disproportionate cost of the study. Regardless of the funding mechanism, this information is invaluable, as it would allow donors to minimize service duplication and more effectively develop and implement standardized reporting mechanisms.

Develop standardized reporting mechanisms:

We found that disparate reporting mechanisms implemented by multiple funders can unnecessarily limit collaboration by placing an undue burden on in-country organizations, representatives of which often spend approximately 50% of their time writing reports for major funders (Rosenberg et al 2010, 164). However, effective reporting mechanisms can help promote accountability and transparency. To minimize the negative impact of reporting mechanisms, I recommend that donors use the survey described above to determine what type of accountability mechanisms NGOs prefer. In addition to utilizing the information from the survey, I suggest that donors confer both with each other and with NGOs to develop a relatively standardized reporting method for HIV NGOs. To facilitate this process, donors can set up regular in-country meetings with donor organization and NGO representatives to first establish this reporting system and then support sustainable implementation. Potential challenges to establishing

coordination among donors include disparate goals, reporting and grant-making structures, as well as domestic political conditions that may draw attention away from collaboration. In sum, I support the recommendations of Rosenberg et al (2010, 164), who suggested:

> To lessen the pressure, donors might reduce the number of reports they require and work together to develop standard protocols, approaches to surveillance and evaluation, and approaches to other common grant requirements.

CHAPTER SIX
CONCLUDING COMMENTS

Addressed individually, the prevalent theories on inter-organizational interaction do not address the complexity of NGO collaboration. This study contributed to the existing literature by developing a model that builds upon multiple, existing theories and captures the interplay of factors that lead to collaboration among NGOs. Specifically, this research utilized resource dependence and institutional theory to establish that NGO collaboration is driven by pressure from funding organizations and from constituent need within a competitive resource environment. Political theory did not exert a strong influence on NGO interaction. Based on these findings, I developed a series of funder and NGO-driven policy recommendations meant to promote sustainable collaboration among HIV/AIDS NGOs.

These suggestions are perhaps the most significant contribution, in that they can be directly applied to the policy decisions of funding organizations and NGOs. In guiding these choices, these recommendations could enhance the efficacy of the HIV/AIDS NGO sector in South Africa and perhaps in other countries around the world. These suggestions could be even more effective if incorporated with future research, especially the following avenues for future study:

Cross-sector collaboration in NGO value chains

The research demonstrated that NGOs are more likely to engage in collaborative activities with other HIV organizations that have different foci than their own. Cross-sector linkages included joint projects and referrals. The organizations that engaged in cross-sector collaboration cited the lower level of competition between groups with

different missions as a motivating factor. One organization interviewee described

competitive interactions between organizations that had a similar mission:

> People don't want to give away their methods....people get jealous in this country when they see that you're succeeding in something they are doing...They don't want to help you....It's a very, very immature way of being I think, especially when you're working on social issues. People should share everything as much as they can because you know, they're in their area but there's a whole country here to heal (Interview with organization representative, over Skype, February 1, 2011).

In future research, this phenomenon could be placed within the context of value

chains, "the full range of activities which are required to bring a product or service from

conception"(Kaplinsky and Morris 2001). A value chain perspective on cross-sector

NGO collaboration could be particularly valuable because cross-sector efforts may be an

effective method to provide multifaceted HIV services. However, little, if any scholarship

exists on the topic. The literature examined NGOs as external actors that monitor value

chains through such actions as pushing for labor standards (Kaplinsky 2001), but did not

address how NGOs themselves function within value chains.

The business community has somewhat begun to address the topic. The

businesses VillageReach and AIDmatrix provide insight as to how NGOs can use IT

services to more efficiently provide medicines and health care through supply chain

mechanisms. This approach focuses on how one lead organization can use technology to

provide medical products through a supply chain approach, but ignores how NGOs can

actually work together as actors internal to a value chain. Therefore, we are left with the

question: How can NGOs work together within a value chain to more effectively provide

complementary HIV services?

The organization representatives interviewed began to answer this question. Ten of the eighteen organization interviewees specifically stated that their organizations engaged in cross-sector collaboration, one stated that this type of coordination was essential in the field and in general, and the remaining seven did not mention the topic. Three of the five experts stated that the trend was important in the field, and two did not mention the topic. One expert interviewee explained why cross-sector collaboration is effective:

> Organizations dealing with current aspects of the HIV/AIDS problem, some dealing with orphans, and some dealing with the medical aspects – if they can coordinate together, they would be able to more effectively do their jobs and to be able to handle the crisis more effectively…. If you have the exact same mission of another organization, then you have to question whether you need it. …You are 100% competing for resources and the clients, etc. – I mean the people you are serving, etc. But being a complimentary mission, then you are not directly competing and you are able to accomplish more with less (Interview with expert A, over Skype, January 4, 2011).

Based on preliminary results from this research, there is a need for further study of why and how NGOs engage in cross-sector value chains. In this manner, NGOs could specialize in specific skill sets and collectively increase the breadth and depth of service and advocacy provision. This is not simply an academic concern, but one that could impact the health of people living with and/or impacted by HIV/AIDS. If this complementary service approach is found to be effective, the issue will become significant for funding organizations that could promote this type of collaboration through leveraging grant mechanisms.

Funding for core versus project costs

It is possible that collaboration differs among organizations that have funding for core needs—such as rent and salaries—and primarily seek funding for projects and those

that need funding for core and project costs. Four of the organization interviewees

mentioned that securing core funding is a major concern for them. Of these, two were at

the medium level of collaboration and two at the low level. An organization interviewee

described how differences in funding can impact collaboration:

> In the end, if you don't have money to work, you have to work with whoever you can to get some of the projects running. So, we don't often have the luxury of just saying, and I think we're better off than most NGOs. Most NGOs just don't have the luxury to say no…We do receive some money from the institution to run our unit. And although it's not often enough to really do all of the things that we should do, at least we have a small source of income. Some other NGOs will literally have to close the doors, if they don't get another funder…If you're poor, you can't be picky. [Interview with organization representative, over Skype, January 11, 2011]

In sum, our understanding of NGO collaboration could be deepened with a study

of which organizations receive core and project funding, and how these types of financial

support impact their level of collaboration.

Larger N studies in South Africa and internationally

To further verify these results, it would be helpful to conduct a similar study

within South Africa and include more NGOs in the sample. Our research was limited by

time and budget constraints, but a larger scale study could be utilized to gather more data

and further test the results of this project. If this future research substantiates our results,

a pilot study based on our policy recommendations could then be conducted.

Additionally, exploratory research and subsequent policy implementation could be

developed in other countries with high HIV/AIDS prevalence rates and strong HIV/AID

NGO sectors. In summary, more research—in South Africa and abroad—could be an

effective tool in limiting the spread of HIV/AIDS.

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