



International Health Care NGOs

An Annotated Bibliography

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Dear Matthew:

As per our conversation last week, the following list of resources has been compiled to assist your research on international/non-governmental health care organizations. In accordance with your specifications, several databases were consulted across the fields of health, medicine, business and management to isolate articles pertaining to the sustainability and management practices associated with such organizations. Among these articles are both specific case studies as well as general commentaries on the implementation of non-profit healthcare initiatives across national boundaries.

Additionally, a bibliography has been compiled, identifying books and other monographs that have been cataloged under Library of Congress subject headings relevant to your topic. The first list contains bibliographic information, as well as corresponding call numbers, for books available at your home institution, Marquette University's Raynor Memorial Libraries. A second list contains information for books not available at Marquette, but which can be requested at no cost to you through your library's Interlibrary Loan Department.

Unfortunately, there seems to be a dearth of scholarly literature pertaining specifically to smaller, grass-roots organizations. It may be best to use the models and case studies of larger organizations and institutions to draw conclusions and apply them to your own original research and experience.

Respectfully submitted,

Tom McMahan
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Articles

Aldashev, G., & Verdier, T. (2010). Goodwill bazaar: NGO competition and giving to development. *Journal of Development Economics*, 91(1), 48.

This paper builds a model of competition through fundraising between horizontally differentiated NGOs. NGOs allocate their time resource between working on the project and fundraising, which attracts private donations. If the market size is fixed, the fundraising levels increase with the number of NGOs and the free-entry equilibrium number of NGOs can be larger or smaller than the socially optimal number, depending on the efficiency of the fundraising technology. If the market size is endogenous and NGOs cooperate in attracting new donors, fundraising levels decrease with the number of NGOs and the free-entry equilibrium number of NGOs is smaller than the one that maximizes the welfare of donors and beneficiaries. If NGOs can divert funds for private use, multiple equilibria (with high diversion and no diversion of funds) appear.

Bloom, E., Bhusan, I., Clingingsmith, D., Hong, R. et al. (2006). *Contracting for Health: Evidence from Cambodia*. Washington, D.C.: The Brookings Institution.

Analyzes the results from Cambodia's experiment in contracting government health services to NGOs in five districts that were randomly made eligible for contracting. Target outcomes improved by about 0.5 standard deviations; non-targeted outcomes were small; availability of 24-hour services increased, as did supervisory visits; provider absence was reduced; and there was some evidence of improved health outcomes.

Brandl, J., & Güttel, W. (2007). Organizational antecedents of pay-for-performance systems in nonprofit organizations. *Voluntas: International Journal of Voluntary & Nonprofit Organizations*, 18(2), 176-199.

The applicability of pay-for-performance systems (PfP-systems) in nonprofit organizations (NPOs) is discussed controversially both in literature and in practice. Existing theoretical models emphasize the importance of the employee's motivation and output control for the effectiveness of PfP-systems. However, empirical evidence on which factors influence PfP-system's introduction in NPOs is still lacking. Based on an exploratory study of nine Austrian NPOs, this paper develops hypotheses on what organizational factors distinguish NPOs that rely on PfP-systems for managing employees' performance differences from those that use alternative approaches (e.g., job enrichment, NPO-spirit). Findings suggest that decisions on the application of PfP-systems are influenced by five determinants: perceived degree of competitiveness regarding funding and service provision; degree of strategic freedom; clarity of strategic objectives; existence of management instruments; and organizational culture.

Bristow, K. (2008). Challenging the official approach to health care through reflective practice: a case study of a community health NGO in Bolivia. *Reflective Practice*, 9(1), 53-67.

The community health non-governmental organisation (NGO), COD GO Bolivia aims to foster two forms of critical reflective practice in its staff and trainees - critical practical reflectivity (perspective transformation) and critical political reflectivity (conscientisation). Reflective practice is seen as an integral aspect of the organisation's aim to counter a narrow biomedical view of health with what is termed 'integrated health'. This paper will analyse COD GO's ability to achieve its aims through using Yip's four levels of reflective practice (0 = absence of reflectivity, 1 = basic practical reflectivity, 2 = reflectivity in action, and 3 = critical practical reflectivity - perception transformation) and four categories of interlocking factors: philosophical/ideological, politico-economic, sociocultural and practical/pragmatic. A tool based on the four categories of factors is also discussed as a means of making explicit and mitigating against some of the potential difficulties surrounding COD GO's approach.

Buckley, C. (2006). Challenges to integrating sexual health issues into reproductive health programs in Uzbekistan. *Studies in Family Planning*, 37(3), 155-168.

This study examines the direction and result of efforts of nongovernmental organizations (NGOs) in the area of reproductive and sexual health in Uzbekistan. It focuses specifically on the institutional, structural, epidemiological, and cultural forces responsible for the exclusion of sexual health issues from reproductive health campaigns in the most populous Central Asian country. In Uzbekistan, as in other countries of the region, significant international support was given to NGOs providing reproductive health services in the mid-to-late-1990s, well into the early period of the HIV/AIDS pandemic and after the 1994 mandate of the International Conference on Population and Development for the inclusion of sexual health as a key reproductive health component. Examining the exclusion of sexual health issues from reproductive health campaigns in Uzbekistan highlights problems relating to time lags in program and evaluative development and the difficulties NGOs experienced in balancing donor-state agendas with recipient-state priorities. Findings question standard assumptions regarding the advantageous structural aspects of NGOs, in terms of flexibility, responsive agenda generation, and state independence.

Crowe, J., & Hodge, G. (2006). Grey lit repositories: Tools for NGOs involved in public health activities in developing countries. *The Grey Journal*, 2(3), 133-139.

Information International Associates, Inc. (IIa), a woman-owned, small business specializing in information management, performs open source research for government and commercial clients. IIa's Open Source Research Division has researched over 70 studies of public health capabilities for developing countries and regions. The information needed to complete the studies covers a range of health system topics that include statistics for health personnel, health infrastructures, disaster preparedness, health financing, and other factors that impact public health care. In our experience, the search for global public health information can be both complex and frustrating. Although this information is considered "open source" in many countries, it may be difficult to obtain, especially if governmental web sites are not readily accessible or function only intermittently. In addition, the health information available from the sites may be out of date. Some less developed countries have experienced catastrophic events that impact access to public health information. Such events include political instability, natural disasters, civil strife, or other events that overwhelm the existing medical system, resulting in incomplete, inaccurate, or delayed information. Therefore, it is important to consult various resources for global public health information, including the grey literature published by nongovernmental organizations (NGOs) to verify in-country sources. Also, in countries such as Nigeria and Turkmenistan, the government manipulates the healthcare news and statistics, presenting a very different picture from the reality. Some of these countries do not welcome international (UN) and other NGOs, so it is difficult to verify information to get a clear picture of the real situation. NGOs are one of the primary sources of grey literature used for researching healthcare information for developing countries. This literature includes field notes and surveys, newsletters, annual reports, images, maps, etc. In this publication we describe the role of NGOs in global public health, discuss the problem with NGO grey literature, and describe a possible solution based on the repository concept.

De Cordier, B. (2009). Faith-based aid, globalisation and the humanitarian frontline: An analysis of Western-based Muslim aid organisations. *Disasters*, 33(4), 608-628.

This paper focuses on the emergence and modus operandi of Muslim faith-based aid organisations from the West, particularly those from the United Kingdom. Through case studies of Islamic Relief Worldwide and Muslim Hands, it examines the actual and potential added value generated by these humanitarian players in Muslim-majority contexts at times when aid actors from or associated with the West are being perceived by some as instrumental to the political agendas of Western powers, or are being confronted with the consequences thereof. The study analyses Muslim faith-based aid organisations' transnational networks, their implementing partnerships with local faith-based non-governmental organisations (NGOs), and their security position within and their access to insecure contexts, drawing on field examples and opinion from Central Asia, Iraq and Pakistan. It thereby argues that there is ground for an expansion of the role of Muslim aid actors, because of the existence of social and political realities in the field that cannot be always effectively tackled by the dominant international development approaches.

Dijkzeul, D. (2003). Healing governance? Four health NGOs in war-torn Eastern Congo. *Journal of International Affairs*, 57(1), 183.

Disasters visit Eastern Congo on a continual basis: war, volcanic eruptions, ethnic strife, epidemics, refugee inflows and perhaps worst of all, for most people, a lack of hope. Expatriates who initially work there with idealistic goals tend to leave the region seeing it as a place where life only gets worse. The region barely knows a government or governance system, unless one calls warlord politics and a war economy functioning governance systems. The war and absence of a well-functioning state have exacted a terrible toll on the health of the people living in Eastern Congo. Mortality and morbidity are extremely high, probably the highest in the world. The current health system in Eastern Congo is studied. Based on field research conducted during the summers of 2001 and 2002, the overall political situation and its relationship to the ailing health system is explained. Four non-governmental organizations are attempting to improve this system and bring down mortality and morbidity, which in turn has implications for strengthening governance in Eastern Congo.

Duke, A. & Long, C. (2007). Trade from the ground up: A case study of a grass roots NGO using agricultural programs to generate economic viability in developing countries. *Management Decision*, 45(8), 1320-1330.

Purpose - The purpose of this paper is two-fold. First, a case study is presented that examines a model of agricultural development created by Healing Hands International (HHI) as one answer to the United Nations' Food and Agriculture Organization call to reduce world hunger in half by 2015. Second, the study of HHI's agricultural model is used to identify some of the variables that might predict success in achieving sustainable agricultural systems in developing communities around the world. Specifically, training and establishing trust through social networks are explored as potential indicators in which HHI and other non-governmental organizations (NGOs) can better determine whether they are meeting the goal of making trade work for the poor. Design/methodology/approach- A case study of HHI's agricultural program is conducted as a means to identify success criteria for similar programs designed to establish economic viability in developing countries. Findings - HHI has received global attention for its success in establishing long-term economic viability in impoverished communities. Through the examination of their four-step approach to agricultural development, two variables were identified as potential indicators of success that may generalize to similar programs: training and establishing trust through social networks. Originality/value - There are currently over 40,000 NGOs operating to develop sustained economic viability for developing countries; however, a state of crisis continues to exist. As such, identifying predictors of success is essential for ensuring the successful implementation of similar programs and providing evidence that can result in greater financial support.

Engel, R.E. (2003). Reaching for stability: Strengthening civil society-donor partnerships in East Timor. *Journal of International Affairs*, 57(1), 169.

Opportunities exist for conflict prevention and for international agencies and organizations to assist in the development of a stable and prosperous East Timor over the long-term. Dialogues have begun in some areas and continue to be planned. Many active community groups in all of the districts work together to identify and address needs that indirectly increase communication and promote changing perceptions of others, including a more integrated view of community. Economic activities have begun to take into consideration the economy's interconnectedness with communication across boundaries, education, health, good practices in agriculture and cooperative approaches to marketing and service provision. These efforts will begin to counter tendencies toward aggression as civil society groups learn about each other, work together and take steps to rebuild the trust and socio-economic infrastructure of the country.

Erie, M., Livdahl, D., Khoo, J. & Li, H. (2009). Setting up international nonprofit organizations in China. *China Business Review*, 36(3), 34-37.

In light of China's encounter with the current global economic crisis, the types of services that international nonprofit organizations (INPOs) offer are now more vital than ever. INPOs contribute to the needs of the rapidly developing country in disaster prevention and relief, education, environmental protection, HIV/AIDS, labor and migration, rural development, and animal welfare but have also encountered many bureaucratic hurdles. As China develops, INPOs can help China foster greater public awareness on issues that are fundamental to a developing society, such as environmental protection. The PRC Ministry of Civil Affairs (MCA), one of the most conservative ministries in China in terms of approval procedures, regulates and approves the establishment of foreign and domestic nonprofits in China. The nonprofit may apply for formal registration with MCA only after the leading professional unit agrees to serve as its sponsor.

Fernandez, M.I., Kelly, J.A., Stevenson, L. et al. (2005). HIV prevention programs of nongovernmental organizations in Latin America and the Caribbean: The global AIDS intervention network project. *Revista Panamericana de Salud Publica*, 17(3), 154-162.

The objective of this paper is to describe HIV prevention programs conducted by nongovernmental organizations (NGO) that are meeting this challenge. One NGO undertaking HIV prevention programs was evaluated in each of the 23 countries participating in the Global AIDS Intervention Network (GAIN) Project throughout Latin America and the Caribbean. A two-stage selection process was used: (1) a search in databases and other information sources; (2) identification of NGOs that were best established and most actively engaged in HIV prevention activity. Executive directors were questioned about staffing, budget issues, populations served and barriers faced by these entities. The 23 NGOs conducted 58 direct-service programs and had been conducting HIV prevention activities for a mean of 8 years (SD = 4.45; range 1-18 years). Average annual program budget was US\$205,393 (range: US\$10,000 to US\$1,440,000). The NGOs reported a mean of 4.5 full-time employees (range 0-15, SD = 4.7). Many relied on volunteers (median = 10, mean = 51, range 0-700, SD = 150) to conduct HIV prevention activities. The NGOs provided prevention services for the general community (82.6%), children and adolescents (34.8%) and men who have sex with men (30.4%). Activities conducted by NGOs included train-the-trainer activities (43.5%) and face-to-face prevention activities (34.8%). Obstacles cited included lack of funding (60.9%) and HIV-related stigma and discrimination (56.5%). The strategies used by NGOs to overcome barriers to prevention are a testament to their ingenuity and commitment, and serve as examples for NGOs in other world regions.

Foley, C. (2008). Developing critical thinking in NGO field staff. *Development in Practice*, 18(6), 774-778.

The quality of NGO work is hugely dependent on the quality of critical thinking and analysis of poverty among all levels of staff. In particular, the quality of the work in the field - at partner and community levels - depends on an understanding of development processes and on strong facilitation skills, both of which rely on strong levels of critical thinking. While these are innately present in almost everyone, rote learning in education systems and patriarchal and top-down power structures often impede their development. This article suggests some practical means by which development agencies can develop strong analytical thinking and strong facilitation skills among their staff. While the article is mainly aimed at frontline staff, the implication is that such mechanisms are required at all levels if organisations are going to develop their own capacities.

Furman, R., Negi, N., Schatz, M., & Jones, S. (2008). Transnational social work: Using a wraparound model. *Global Networks*, 8(4), 496-503.

In this article, we explore the wraparound approach of service delivery as a model for transnational social work. The wraparound model, used primarily within community-based children's mental health services and child protection initiatives, has been effective when planning services for clients and their families with complicated needs, whose care has to be provided within a multiple provider context. Most social work is delivered nationally or internationally rather than trans-nationally. In the article we outline how the model could be structured to meet the particular needs of transmigrants, including the involvement of NGOs and INGOs, and identify key obstacles and limitations.

Genova, G.L. (2006). Crisis communication practices at an international relief agency. *Business Communication Quarterly*, 69(3), 329-337.

When a disaster strikes, the affected population relies upon the swift response and aid rendered by relief organizations such as the California-based Direct Relief International. Since 1948, Direct Relief's mission has been to provide essential material resources to locally run health programs in areas affected by natural disasters, wars, and famine. Most recently, Direct Relief helped victims of the Philippine mudslide, the Pakistani earthquake, the U.S. Hurricane Katrina, and the Southeast Asia tsunami. To operate successfully across such a vast territory, crossing national boundaries, and interfacing with a variety of organizations and social structures, agencies such as Direct Relief must develop an effective communication plan. Thus, the author wanted to learn more about the internal and external communication strategies developed by Direct Relief. In this interview, Jason Kravitz, Direct Relief's communications director describes the communication processes during these stressful times, their intercultural challenges, and how his agency handles stressors similar to those faced by a business handling its own crises. The difference is that Direct Relief has overcome many of the associated obstacles.

Gomez-Jauregui, J. (2008). Participation in reproductive health policies in the context of health system reform in Mexico. *IDS Bulletin*, 38(6), 81-87.

One of the core aims of Mexico's health sector reform in the two last administrations has been the extension of essential health services to the whole population, including sexual and reproductive healthcare. This article presents some relevant examples of reform where citizen participation contributed to improve the coverage of these services. In cases of support to victims of domestic violence and the inclusion of the method of emergency contraception into the basic set of public medications, the years-long advocacy work by non-governmental organisations (NGOs) was able to raise government interest in strategies of assistance not offered previously. Also, the strategy of NGOs' participation in the design and implementation of public policies has contributed to widening the effects of those policies. We can assume that the incorporation of civil society in decision making is not likely to be reverted. However, the opening of new spaces for collaboration will take place in the long run.

Guay, T., Doh, J.P. & Sinclair, G. (2004). Non-governmental Organizations, shareholder activism, and socially responsible investments: Ethical, strategic, and governance implications. *Journal of Business Ethics*, 52(1), 125-139.

In this article, we document the growing influence of non-governmental organizations (NGOs) in the realm of socially responsible investing (SRI). Drawing from ethical and economic perspectives on stakeholder management and agency theory, we develop a framework to understand how and when NGOs will be most influential in shaping the ethical and social responsibility orientations of business using the emergence of SRI as the primary influencing vehicle. We find that NGOs have opportunities to influence corporate conduct via direct, indirect, and interactive influences on the investment community, and that the overall influence of NGOs as major actors in socially responsible investment is growing, with attendant consequences for corporate strategy, governance, and social performance.

Hartwig, K.A., Humphries, D. & Matebeni, Z. (2008). Building capacity for AIDS NGOs in southern Africa: Evaluation of a pilot initiative. *Health Promotion International*, 23(3), 251-259.

In this paper, we present the evaluation results of an AIDS non-governmental organization (NGO) capacity building 20-month pilot initiative in five countries in southern Africa called the NGO Institute. A five-person international team conducted a 2 week evaluation of the pilot in 2004 to assess the strength of the model, designed and funded by Bristol-Myers Squibb Foundation. The NGO Institute functioned through a separate consortium in each country. Results of the pilot indicate variations in adaptation and implementation of the model in each of the five countries. Each consortium took considerable time to develop its own governance and management systems. There were examples of strengthened NGO capacity in each country although it was too soon to establish overall impact. The strengths and weaknesses of this NGO capacity building model are presented along with the implications for other funding agencies and NGOs.

Hasmath, R. & Hsu, J. (2008). NGOs in China: Issues of good governance and accountability. *The Asia Pacific Journal of Public Administration*, 30(1), 29-39.

Drawing on interviews conducted among leading local and international NGOs operating in China, this article examines how NGOs understand and implement good governance and accountability principles and practices. It also examines how Chinese constituents and the general public perceive local and international NGOs. The discussion provides a basis on which to assess ways of improving governance and accountability practices for NGOs operating in China.

James, R., Wright-Revollo, K., & Katundu, B. (2007). Assessing the organisational costs of HIV/AIDS on NGOs in Malawi: results from a pilot study. *Tropical Medicine & International Health*, 12(10), 1172-1179.

To assess the social and economic costs of HIV/AIDS infection on the organisational capacities of selected non-government organisations (NGOs) in Malawi. **METHODS:** Sixteen semi-structured interviews with senior staff of four NGOs to estimate the costs paid by the NGO and the loss of management and staff time over the last 12 months because of HIV/AIDS, plus questionnaires filled in by 48 NGO leaders. **RESULTS:** Labour costs were an estimated 12.5% higher because of HIV/AIDS, corresponding to a 3% increase in overall budget costs. There was also an estimated 12.4% loss of staff time to address HIV-related issues such as funerals, sickness and management time. **CONCLUSIONS:** The organisational costs of HIV/AIDS on NGOs in Malawi may be considerable and more serious than perceived by NGOs, who must develop a workplace response. It also has policy implications for donors, who may need to adjust their funding strategies.

Jayasinghe, S. (2007). Faith-based NGOs and healthcare in poor countries: A preliminary exploration of ethical issues. *Journal of Medical Ethics*, 33(11), 223-262.

An increasing number of non-governmental organisations (NGOs) provide humanitarian assistance, including healthcare, some faith-based NGOs combine proselytising work with humanitarian aid. This can result in ethical dilemmas that are rarely discussed in the literature. The article explores several ethical issues, using four generic activities of faith-based NGOs: 1) It is discriminatory to deny aid to a needy community because it provides less opportunity for proselytising work. Allocating aid to a community with fewer health needs but potential for proselytising work is unjust, since it neither maximises welfare (utilitarianism) nor assists the most needy (egalitarianism). (2) Faith-based-NGOs may state that proselytising work combined with humanitarian assistance improves spiritual wellbeing and overall benefit. However, proselytising work creates religious doubts, which could transiently decrease wellbeing. (3) Proselytising work is unlikely to be a perceived need of the population and, if carried out without consent, breaches the principle of autonomy. Such work also exploits the vulnerability of disaster victims. (4) Governments that decline the assistance of a faith-based NGO involved in proselytising work may deprive the needy of aid. Three strategies are proposed: (a) Increase knowledge to empower communities, individuals and governments; information on NGOs could be provided through an accessible register that discloses objectives, funding sources and intended spiritual activities, (b) Clearly demarcate between humanitarian aid from proselytising work, by setting explicit guidelines for humanitarian assistance, (c) Strengthen self-regulation by modifying the Code of Conduct of the Red Cross to state criteria for selecting communities for assistance and procedures for proselytising work.

Jenkins, K. (2009). "We have a lot of goodwill, but we still need to eat...": Valuing women's long term voluntarism in community development in Lima. *Voluntas: International Journal of Voluntary & Nonprofit Organizations*, 20(1), 15-34.

This paper focuses on recognizing the contribution made to development by grassroots women working on a voluntary basis in long term development projects. Using the example of healthcare, the paper problematizes the widespread move towards an increased reliance on voluntary and third sector provision. Drawing on literature around women's community activism, the research considers the extent to which women carrying out health promotion work in Peru have taken on this role as more than "just voluntary work," highlighting their long term commitment during more than a decade of health promotion activities. The paper develops debates around the professionalization of voluntary work, particularly considering the issue of economic remuneration for health promoters, and emphasizing the gendered nature of their voluntarism; concluding by questioning the sustainability of poor women's long term, and largely unpaid, involvement as the linchpins of community development projects.

Koch, D.K., Dreher, A., Nunnenkamp, P. & Thiele, R. (2009). Keeping a low profile: What determines the allocation of aid by non-governmental organizations? *World Development*, 37(5), 902-918.

We analyze the targeting of non-governmental organization (NGO) aid across countries in a multivariate regression framework, based on a dataset for 61 important international NGOs. While our results show that NGOs are more active in the neediest countries, we reject the hypothesis that NGOs complement official aid through engaging in difficult institutional environments. Rather, they replicate location choices of official "backdonors." Moreover, NGOs follow other NGOs so that aid gets clustered. Finally, NGOs select recipient countries with common traits related to religion or colonial history. Our findings suggest that NGOs keep a low profile rather than distinguishing themselves from other donors. It remains open to debate, however, whether these findings also apply to the wide variety of smaller NGOs (not covered by our sample).

Kuhn, B. (2008). Regulation, evaluation, and certification of NGOs in the P.R. China. *China Aktuell*, 37(4), 147-164.

This paper looks at the regulation & evaluation of non-governmental organizations (NGOs) in the People's Republic (P.R.) of China as a means to build trust with the public, the government & the corporate sector. It puts special emphasis on the analysis of NGO certification systems in different countries & regions, with reference to the principles & good practices laid out by the International Committee on Fundraising Organizations (ICFO). NGO self-regulation accompanied by third-party evaluation & monitoring is a trend increasingly embraced in both developed & developing countries. Taking into account the situation in mainland China, it seems that having the government taking the lead in steering & providing initial support to such a certification scheme is unavoidable. In the P.R. China, the likely scenario for the NGO sector is that state authorities will take the lead in designing NGO evaluation & certification systems. However, the relevant authorities seem inclined to engage in a process of consultation & draw on academic expertise & international experience.

Lewis, M., Eskeland, G. & Traa-Valerezo, X. (2004). Primary health care in practice: Is it effective? *Health Policy*, 70(3), 303-325.

Primary health care is accepted as the model for delivering basic health care to low income populations in developing countries. Using El Salvador as a case study, the paper draws on three data sets and a qualitative survey to assess health care access and utilization across public and private sector options (including NGOs). Multivariate analysis is used to estimate the quantitative determinants of health seeking behavior. Physical and financial access is generally good. Households do not value the community health workers, and prefer high cost private care, even the poorest families, because of the lower waiting times and higher probability of successful treatment. Similarly, higher level public facilities--health centers and hospitals--are preferred because they are less costly in terms of time as they offer "one stop shopping" and do not require multiple visits, and treatment success is higher than among health posts, health units or community health workers. These results combined with the small size of El Salvador suggest that alternative strategies to community health workers may be a more cost effective approach. While prevention is desirable, community health workers do not have the skills or services that the communities value, which makes them less effective in promoting prevention. Alternative modes of reaching the community could reduce costs and raise the effectiveness of public health spending.

Maurer, L. & Kelly, M. (2005). Lessons learned and global partnerships: Stories of sexual and reproductive health from Namibia. *American Journal of Sexuality Education, 1*(1), 39-50.

Through a Global Partnership Project, Planned Parenthood of the Southern Finger Lakes in Ithaca, New York and the Namibian Planned Parenthood Association (NAPPA) in Windhoek, Namibia have joined together to share best practices, technical assistance, support, and resources. The Global Partners share the common goal of increasing awareness, services, and resources to positively impact global sexual and reproductive health. This article details the global partnership, a state-of-the-state report on sexual and reproductive health issues in Namibia, the impact of U.S. policies on Namibia, and lessons learned about effective sexual health programming during the authors' exchange visit to Namibia.

Mirabella, R.M., Gemelli, G., Malcolm, M.J. & Berger, G. (2007). Nonprofit and philanthropic studies: International overview of the field in Africa, Canada, Latin America, Asia, the Pacific, and Europe. *Nonprofit and Voluntary Sector Quarterly, 36*(4), 110S-135S.

The growth of nonprofit organizations (NPOs) and nongovernmental organizations (NGOs) around the world has been accompanied by a concomitant growth in the number of education and training programs developed to provide management training to the leaders of these organizations. This article reports on the current configuration of international academic programs in nonprofit and philanthropic studies in Africa, Asia, the Pacific, Europe, and the Americas (apart from the United States), describing the various forms of education and training programs from country to country and continent to continent. The authors examine the similarities and differences in nonprofit management education programs in different parts of the world, seeking to explain why education programs have a range of forms in different parts of the world, according to different historical, institutional, and cultural contexts, thus furthering understanding of the asymmetries and complexities of existing NPO and NGO education and training programs.

Mladovsky, P. & Mossialos, E. (2008). A conceptual framework for community-based health insurance in low-income countries: Social capital and economic development. *World Development*, 36(4), 590-607.

The international policy model linking community-based health insurance (CBHI) and universal coverage for health care in low-income countries is implicitly determined by the development of mutual health insurance in 19th century Europe and Japan. The economic and health system frameworks employed in CBHI policy have not sufficiently taken into account contextual considerations. Social capital theories could contribute to understanding why generally CBHI does not achieve significant and sustainable levels of population coverage. A framework of social capital and economic development is used to organize and interpret existing evidence on CBHI. This suggests that solidarity, trust, extra-community networks, vertical civil society links, and state-society relations affect the success of CBHI. Aligning schemes to "social determinants" of CBHI could result in structures that differ from those proposed by current analytic frameworks.

Mowles, C. (2007). Policy arena promises of transformation: Just how different are international development NGOs. *Journal of International Development*, 19(3), 401-411.

This article argues that there is a growing convergence between development INGOs and private sector organisations in the way that values are taken up as an instrument of management. Rather than promoting the exploration of difference, managers encourage employees to set aside their concerns and have faith in the organisational mission. In this way they exercise control without appearing to do so, and avoid dealing with the day to day difficulty of undertaking the work. Instead managers feel obliged to promise transformation, because of the increased marketisation and professionalisation of development. The article offers an alternative understanding of values as a profoundly social phenomenon requiring reflection and negotiation through and with others.

Mugisha, F., Birungi, H. & Askew, I. (2005). Are reproductive health NGOs in Uganda able to engage in the health SWAp? *International Journal of Health Planning and Management*, 20(3), 227-238.

This paper explores the ability for reproductive health (RH) non-governmental organizations (NGO) in Uganda to survive in the context of SWAp and decentralization. The authors argue that, contrary to the perceptions that this context may increase NGOs financial vulnerability, a SWAp and a decentralized system may provide an opportunity that should be embraced by NGOs to enhance their sustainability and effectiveness by reducing their current dependency on donor funding. The paper discusses the systemic weaknesses of many NGOs that currently make them vulnerable, and observes that unless these weaknesses are addressed, such NGOs will lose their space in the SWAp and decentralization arena. The authors suggest that NGOs need to recognize the opportunities that participating in public-private partnerships through a SWAp can offer them for long-term and significant funding. They need also to develop their capacity to pro-actively participate in a SWAp and decentralized context by becoming more entrepreneurial in nature, through re-orienting their organizational philosophies and strategic planning and budgeting so as to be able to partner effectively with the public sector in accessing funds made available through health sector reform.

Newbrander, W., Yoder, R. & Devevoise, A.B. (2007). Rebuilding health systems in post-conflict countries: Estimating costs of basic services. *The International Journal of Health Planning and Management*, 22(4), 319-336.

After the fall of the Taliban in 2001, the Afghan transitional government and international donors found the health system near collapse. Afghanistan had some of the worst health indicators ever recorded. To begin activities that would quickly improve the health situation, the Ministry of Health (MOH) needed both a national package of health services and reliable data on the costs of providing those services. This study details the process of determining national health priorities, creating a basic package of services, and estimating per capita and unit costs for providing those services, with an emphasis on the costing exercise. Strategies for obtaining a rapid yet reasonably accurate estimate of health service costs nationwide are discussed. In 2002 this costing exercise indicated that the basic package of services could be provided for US\$4.55 per person. In 2006, the findings were validated: the four major donors who contracted with non-governmental organizations (NGOs) to provide basic health services for nearly 80% of the population found per capita costs ranging from \$4.30 to \$5.12. This study is relevant for other post-conflict countries that are re-establishing health services and seeking to develop cost-effective and equitable health systems.

Pfeiffer, J., Johnson, W., & Fort, M. (2008). Strengthening health systems in poor countries: A code of conduct for nongovernmental organizations. *American Journal of Public Health, 98*(12), 2134-2140.

The challenges facing efforts in Africa to increase access to antiretroviral HIV treatment underscore the urgent need to strengthen national health systems across the continent. However, donor aid to developing countries continues to be disproportionately channeled to international nongovernmental organizations (NGOs) rather than to ministries of health. The rapid proliferation of NGOs has provoked "brain drain" from the public sector by luring workers away with higher salaries, fragmentation of services, and increased management burdens for local authorities in many countries. Projects by NGOs sometimes can undermine the strengthening of public primary health care systems. We argue for a return to a public focus for donor aid, and for NGOs to adopt a code of conduct that establishes standards and best practices for NGO relationships with public sector health systems.

Pick, S., Givaudan, M. & Reich, M.R. (2008). NGO-government partnerships for scaling up: Sexuality education in Mexico. *Development in Practice, 18*(2), 164-175.

Governments in developing countries need effective programmes to advance public policies and improve social welfare. NGOs often have well-tested programmes and research outcomes that are relevant to such needs, yet the scaling up of pilot programmes to national level is difficult to achieve and frequently unsuccessful. This article presents a case of successful scaling up for an adolescent sexual-health and psychosocial-competencies programme in Mexico, through an NGO-government partnership involving IMIFAP, a Mexican NGO. The case illustrates how an NGO can create a successful partnership with government to scale up effective programmes, in ways that meet key needs of the target population while protecting the NGO's core values.

Ramos, S. (2004). O papel das ONGs na construcao de politicas de saude: A AIDS, a saude da mulher e a saude mental. *Ciencia & Saude Coletiva, 9*(4), 1067-1078.

This article evaluates a series of civil society initiatives concerning the design of Brazilian public health policies stemming from the analysis of three cases in which non-governmental organizations played a significant role in the three last decades: the Aids epidemic, women's health and the psychiatric reform. It studies the birth of NGOs in the context of civil society participation in the country, it identifies its distinctive characteristics in relation to other forms of association and it compares their specific paths in the case of Aids, women's health and the psychiatric movement. It points to common dilemmas in the field of NGOs at the end of the 1990's and the need for studies about the participation of civil society organizations in the development of social public policies, specially in the area of public policies concerning violence.

Routh, S. (2004). Cost efficiency in maternal and child health and family planning service delivery in Bangladesh: Implications for NGOs. *Health Policy and Planning*, 19(1), 11-21.

The main goal of the health reform programme recently initiated in Bangladesh is to reduce costs and improve cost efficiency of the service delivery systems, and thereby ensure the sustainable provision of essential health and family planning services. With significant dependency on external funding, attainment of this objective is more critical for non-governmental organization (NGO) programmes. The paper analyzes costs of the NGO service delivery systems for maternal and child health and family planning, and identifies areas for increasing efficiency, especially through reducing labour costs and increasing service outputs. The operations research on cost analyses was conducted within the health and family planning programmes of a leading NGO, using the ingredients approach. The findings demonstrated a significantly high proportion of personnel costs in field (outreach) service delivery systems, ranging between 70% and 85%. More than two-thirds of the working time of providers was spent on support activities, personal preoccupations and idle time. Simulations of various cost reduction options showed that considerable efficiency gains were possible through the combined effects of lowering personnel costs for field activities, increasing service outputs at the clinics, and ensuring more efficient use of providers' time. However, these factors, neither separately nor in combination, resulted in any substantive decrease for certain clinic services (e.g. antenatal care), implying the need to subsidize these services. The findings of the operations research indicated that cost analyses could be an effective decision-making tool for NGOs in developing cost-efficient service delivery strategies.

Sabri, B., Siddiqi, S., Ahmed, A.M., Kakar, F.K. & Perrot, J. (2007). Towards sustainable delivery of health services in Afghanistan: Options for the future. *Bulletin of the World Health Organization*, 85(9), 712-718.

Disruption caused by decades of war & civil strife in Afghanistan has led many international & national nongovernmental organizations (NGOs) to assume responsibility for the delivery of health services through contracts with donor agencies. Recently the Afghan Government has pursued the policy of contracting for a basic package of health services (BPHS) supported by funds from three major donors (the World Bank, the United States Agency for International Development (USAID) & the European Commission). With the gradual strengthening of the public health ministry, options for the future include pursuing the contracting option or increasing public provision of health services. Should contracting with NGOs be pursued, a clear strategy is required that includes developing accreditation instruments, better contracting mechanisms & a system for monitoring & evaluating the entire process. Should the government opt for an increasing role, problems to be solved include securing the transition to public provision, obtaining guarantees that appropriate financing will be provided & reconfiguration of the public health delivery system. Large-scale contracting with the private for-profit sector cannot be recommended at this stage, although this option could be explored via subcontracting by larger NGOs or smallscale trial contracts initiated by the public health ministry. Irrespective of the option chosen, an important challenge remaining is the recalcitrant problem of high out-of-pocket payments. Sustainable delivery of health services in Afghanistan can only be achieved with a clear national strategy in which all stakeholders have roles to play in the financing, regulation & delivery of services.

Seckinelgin, H. (2006). The multiple worlds of NGOs and HIV/AIDS: Rethinking NGOs and their agency. *Journal of International Development*, 18(5), 715-727.

In the last decade NGOs have been recognised as policy actors in general and in the HIV/AIDS field in particular within developing countries. While recognising the agency of these organisations by looking at multiple case studies, the literature has not focused on what is meant by this agency. Furthermore within the policy field the agency of NGOs is assumed and thus these organisations are incorporated as policy implementers in the HIV/AIDS field. This paper argues that there is a need to look at this assumption about agency and what it means for NGOs working in this field. The paper presents a brief theoretical discussion to understand agency within the larger socio-cultural institutionalisation processes and looks at the policy implications of this for NGOs involved in the HIV/AIDS field.

Sherraden, M., Lough, B., & McBride, A. (2008). Effects of international volunteering and service: individual and institutional predictors. *Voluntas: International Journal of Voluntary & Nonprofit Organizations*, 19(4), 395-421.

Despite unprecedented recent expansion of international volunteering and service (IVS), there has been relatively little research on impacts. This paper proposes a conceptual model for impact research based on existing research evidence published in English. The model suggests that outcomes for host communities, volunteers, and sending communities vary depending on individual and institutional attributes and capacity. How institutions structure and leverage individual capacity influences who participates and how they serve, and shapes the impact of volunteer action. The conceptual model provides directions for future research.

Smith, H., Harper, P., Potts, C., & Thyle, A.. (2009). Planning sustainable community health schemes in rural areas of developing countries. *European Journal of Operational Research*, 193(3), 768.

In this research, we consider the planning of community health schemes by non-governmental or faith-based organisations in rural areas of developing countries, from both top-down and ground level viewpoints. We conclude that both types of planning approach are valid and necessary for sustainability of such developments. With top-down planning in mind, we describe our hierarchical models especially designed for location of community health facilities, with objectives pertaining to both efficiency and equity of provision. As an additional case study, we present modelling of the location of a maximal number of self-sustainable primary healthcare workers in a rural region of India.

Tonnessen, A.V. (2007). Faith-based NGOs in international aid: Humanitarian agents or missionaries of faith? *Forum for Development Studies*, 34(2), 323-342.

What is a religious NGO? Is it a missionary of faith or an agent for non-discriminatory humanitarian development? This article argues in favour of a structural analysis where religion is used and understood as an analytical category. When discussing the role of religious NGOs in international aid, or religion in the same field or system, one must move beyond a focus on international organisations and how they define themselves and look at their partners and their cooperating structures in order to gain a more thorough understanding of the impact of religion.

Udo, C. H. (2008). Nongovernmental organizations and African governments: Seeking an effective international legal framework in a new era of health and developmental aid. *Boston College International and Comparative Law Review*, 31(2), 371-391.

International and domestic nongovernmental organizations (NGOs) have multiplied on the African continent as both public and private donors have shifted their funding away from ineffective governments. Many African nations, including Zimbabwe and Sudan, have responded by expelling international NGOs and enacting laws that severely limit their ability to function. In most cases, NGOs are without recourse because of their precarious position in international law. Some scholars have posited that NGOs should be granted legal personality to make them full or partial subjects in international law. This Note argues that such a solution would not promote the important goals NGOs advance in Africa. It would also ignore the important role that African governments must play in health and development issues. Instead, the international community should reinforce the existing international legal framework, allow NGOs to remain independent, and create mechanisms to foster communication between NGOs and host governments.

Ullah, Z.A.N., Newell, J.N., Ahmed, J.U., Hyder, M.K.A. & Islam, A. (2006). Government-NGO collaboration: The case of tuberculosis control in Bangladesh. *Health Policy and Planning*, 21(2), 143-155.

This study analyzes the basic concepts and key issues of existing collaboration between government and non-governmental organizations (NGOs) in health care, using as an example the implementation of the DOTS (formerly an abbreviation for directly observed treatment, short course) strategy for tuberculosis (TB) control in Bangladesh. It also examines efforts by the Government of Bangladesh to improve health services delivery, especially for the poor, through collaboration with NGOs. Data were collected in 2001 and 2002 as a part of the process of developing a public-private partnership model for TB care in Bangladesh. Analyses of existing collaboration models in TB control strongly suggest that the government and NGO sectors can be complementary in controlling TB. We found an increasing trend of government collaborating with NGOs in implementing TB control programmes. The study indicates that government-NGO collaboration is an effective way of improving access to and quality of TB and other health care services.

Unerman, J. & O'Dwyer, B. (2006). On James Bond and the importance of NGO accountability. *Accounting, Auditing & Accountability Journal*, 19(3), 305-318.

The purpose of this paper is to set out key issues in the academic study of non-governmental organisation (NGO) accountability, and to introduce papers appearing in this special issue on NGO accountability. This is a discussion paper exploring key issues theoretically. The paper finds that there are many aspects of NGO accountability which should be explored in greater depth in future studies. Several other issues have been examined in the papers in this special issue of *Accounting, Auditing & Accountability Journal*. There is a possibility that the issues explored in this paper, and the other papers in this special issue, will lead to a considerable growth in academic studies in this area. The paper is a contribution to the growing debate on NGO accountability. The paper also sets an agenda for research into NGO accountability.

Wasswa, H. (2009). Patients are turned away from HIV clinics after Uganda runs out of antiretroviral medicine. *BMJ: British Medical Journal*, 339(7717), 364.

Stocks of antiretroviral drugs in Uganda are getting worryingly low, as a result of a successful national testing policy that has led to increasing numbers of people requiring treatment. The health minister has blamed the global financial crisis, while others suggest that donors - including the Global Fund to Fight AIDS, Tuberculosis and Malaria - have not increased their support and are making unpredictable decisions.

Yamin, A.E. (2000). Protecting and promoting the right to health in Latin America: Selected experiences from the field. *Health & Human Rights*, 5(1), 116-148.

Describes challenges faced by nongovernmental organizations (NGOs) engaged in human rights health advocacy: scope, enforceability, consciousness-raising, and moving beyond legal methods and towards interdisciplinary collaboration with health professionals. Summaries in English, French, and Spanish.

Books/Monographs

Available through Marquette University Libraries

- Carroll, T. F. (1992). *Intermediary NGOs: The supporting link in grassroots development*. Kumarian Press library of management for development. West Hartford, Conn: Kumarian Press.
HC 130 .E44 C37 1992
- Dibie, R. A. (2008). *Non-governmental organizations (NGOs) and sustainable development in sub-Saharan Africa*. Lanham, MD.: Lexington Books.
HC 800.Z9 E55652 2008
- Fowler, A. (2000). *The virtuous spiral: A guide to sustainability for non-governmental organisations in international development*. London: Earthscan.
HD 62.6 .F69 2000
- Fox, J., & Brown, L. D. (1998). *The struggle for accountability: The World Bank, NGOs, and grassroots movements*. Cambridge, Mass: MIT Press
HD 75.6 .S77 1998
- Meyer, C. A. (1999). *The economics and politics of NGOs in Latin America*. Westport, Conn: Praeger.
HC125 .M495 1999
- Reilly, C. A. (1995). *New paths to democratic development in Latin America: The rise of NGO-municipal collaboration*. Boulder: Rienner.
HT127.5 .N49 1995

Available through Interlibrary Loan

- Almbaid, M. H. (2000). *Planning under uncertainty: The case of health NGOs in Palestine*. Thesis (Ph. D.)--Florida State University, 2000.
- Asher, J. P. (2004). *The right to health: A resource manual for NGOs*. Washington, DC: AAAS.
- Bortolotta, D. (2004). *Hope in Hell: Inside the World of Doctors Without Borders*. Richmond Hill, ON: Firefly Books.
- Green, A., & Matthias, A. (1997). *Non-governmental organizations and health in developing countries*. New York, N.Y.: St. Martin's Press.
- Heyse, L. (2006). *Choosing the Lesser Evil: Understanding Decision Making in Humanitarian Aid NGOs*. Burlington, VT: Ashgate.
- Inter-American Foundation. (1995). *A Guide to NGO directories: How to find over 20,000 nongovernmental organizations in Latin America and the Caribbean*. Arlington, Va.
- International Forum on Capacity Building, & ALOP (Association). (1990s). *Capacity-building and accelerated change in Latin American NGOs IFCB, Latin America consultation*. New Delhi: International Forum on Capacity Building.
- Johnston, E. G. (2006). *The realities of civil society theory and democracy in Latin America*. Thesis (M.A.)--Texas State University-San Marcos, 2006.
- Lighid, E. H. (2007). *The journey towards sustainability: NGO stories from the Philippines*. Ampang, Selangor: International Council on Management of Population Programmes.
- Molyneux, M., & Lazar, S. (2003). *Doing the rights thing: Rights-based development and Latin American NGOs*. London: ITDG Pub.
- O'Rourke, K. (2007). *Partnering at the local level: A Liberian NGO struggling for partnership funding*. Thesis (M.A. in Sustainable Development) -- School for International Training, 2007.
- Saner, R., & Michalun, M. V. (2009). *Negotiations between state actors and non-state actors: Case analyses from different parts of the world*. Dordrecht, Netherlands: Republic of Letters Publishing.
- Sarkar, A. K. (2005). *NGOS, the new lexicon of health care*. New Delhi: Concept Pub.