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A FLUID TWO-WAY STREET: SOUTH AFRICAN HIV/AIDS NGOs AND THEIR ENVIRONMENT

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Abstract

Recognizing that Non-Governmental Organizations (NGOs) do not exist in isolation, this article seeks to analyze NGOs in South Africa who have the mission of addressing HIV/AIDS and how they impact, and are in turn affected, by the surrounding environment. Specific examples of this exchange are provided, along with an example of NGOs who are not best responding to the needs of the community. HIV/AIDS in South Africa is a prevailing public health issue. The rate of HIV/AIDS is very high, especially for women, and this is compounded by gender-based violence and stigma. As the HIV/AIDS crisis erupted in the 1990s, South Africans were focusing on the transition from Apartheid, which officially ended in April 1994; this political context impacted the work of NGOs addressing HIV/AIDS. Open Systems Theory and Social Development Theory provide a contextual framework for this analysis. This article concludes that HIV/AIDS NGOs operating in South Africa affect the local community, and then this surrounding environment in turn impacts the work of NGOs, resulting in a continuous two-way exchange.

Keywords: HIV/AIDS, South Africa, Open Systems Theory, Environment, Non-Governmental Organization

INTRODUCTION

Non-Governmental Organizations (NGOs) are situated in communities, often with the specific goal of serving marginalized populations. In order to effectively respond to and interact with the community, NGOs must engage in an ongoing exchange with their surrounding environments. This article analyzes NGOs in South Africa with the mission of addressing HIV/AIDS and how they impact, and are in turn affected, by the surrounding environment. HIV/AIDS in South Africa is a prevailing public health issue, with almost 20 percent of South African adults living with HIV (UNICEF). The rate of HIV/AIDS is especially high for women, and this is compounded by cultural norms, gender-based violence and the stigma associated with HIV/AIDS (Muula, 2008, p. 423; Adams, Hansen, Fox, Taylor, Jansen van Rensburg, Mohlahlane, & Sikkema, 2011). As the HIV/AIDS crisis erupted in the 1990s, South Africans were focusing on the transition from Apartheid, which officially ended in April 1994. As a result, there was a lack of response to the crisis from the national government and the international community (HIVSA). The NGOs that emerged in the 1990s focused on development, attempting to put HIV/AIDS on the public's agenda. This article explores the on-going exchange between South African NGOs focused on HIV/AIDS and their surrounding environment. Open Systems Theory and Social Development Theory provide the theoretical framework for this analysis.

Eleven NGOs whose mission focuses on addressing HIV/AIDS in South Africa were analyzed, specifically examining the year they were founded and whether their work could be classified as operating from a development or welfare approach (Dernberger, 2012). It is evident that NGOs do not exist in isolation; they interact with the larger political context and surrounding environment. South African NGOs reflected their environment by focusing on development as they emerged in the 1990s. However, as the South African Government and international community began responding to the crisis in the early 2000s, NGOs began operating from a welfare perspective by meeting basic needs. The Philani Center and Young Africa Live provide two specific examples of NGOs who have an ongoing exchange with the surrounding environment as each is influenced by the other. An example illustrating the messy, and at times disconnected, exchange between NGOs and the environment is provided through the prevalence and location of NGOs serving young people with HIV/AIDS in Cape Town. Truly embodying a two-way

street, NGOs are in a continuous and on-going relationship with the surrounding community as NGOs impact the environment and then the community further influences NGOs.

LITERATURE REVIEW

Context: HIV/AIDS, Gender, Violence, and Stigma

HIV/AIDS is a dominant public health issue in South Africa. South Africa is one of the only countries in which “maternal and child mortality has increased since the 1990s, and AIDS is the largest cause of maternal mortality. It accounts for an estimated 42.5 percent of maternal deaths, according to the World Health Organization, and for 35 percent of deaths in children under 5” (United States Agency for International Development, 2011, p. 1). Approximately 17 percent of South African adults are infected with HIV, and about 5.6 million people are living with HIV in South Africa (UNICEF). When estimating the population of South Africa, the Central Intelligence Agency (CIA) World Factbook notes, “... estimates for this country explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality, higher death rates, lower population growth rates, and changes in the distribution of population by age and sex than would otherwise be expected” (CIA, 2012).

The prevalence of HIV “is highest among women 25 to 29 years of age: One in every three women is HIV positive. HIV prevalence among males is highest within the 30 to 34 age group, where approximately one quarter of all men were HIV positive in 2008” (United States Agency for International Development, 2011, p. 1). Young South African women are at an increased risk for HIV. Muula (2008) states, “HIV prevalence among young women aged 15 years to 24 years in South Africa is estimated at between 15 to 25 percent” (Muula, 2008, p. 423). The risk for young women is further exacerbated by poverty. Shisana, Rice, Zungu, and Zuma (2010) found that “Poor women are less likely to be knowledgeable about HIV/AIDS and are also more likely than comparatively affluent women to have engaged in risky sexual practices with a recent sexual partner” (p. 40). Furthermore, “Young women are more likely to be HIV infected and to live in poverty, especially heads of households” (Shisana et. al, 2010, p. 40). There are many dynamics contributing to the transmission and prevalence of HIV/AIDS.

HIV/AIDS in South Africa is primarily transmitted through heterosexual sex, followed by mother-to-child transmission (United States Agency for International Development, 2011, p. 1). A recent United States Agency for International Development (USAID) report further comments, “Other drivers of the epidemic in South Africa include migration, low perceptions of risk, multiple concurrent sexual partnerships, intergenerational sex, low condom use, excessive use of alcohol, and low rates of male circumcision” (United States Agency for International Development, 2011, p. 1). Similar to other countries in sub-Saharan Africa, “prevalence remains disproportionately high for females compared to males” (United States Agency for International Development, 2011, p. 1). Muula (2008) notes a number of factors contributing to high rates of HIV among young women, including, “poverty, violence against women, cultural limitations that promote intergenerational sex, non-condom use and preference for “dry sex,” political factors and challenges that possibly prevented an aggressive response against HIV, recreational drug use, and biological factors such as high prevalence of sexually transmitted infections (STI)” (p. 423). Sexual norms and traditional gender roles are an integral component of increasing women’s risk for HIV as intergenerational sex is “... often motivated by subsistence needs and material wants, [and] places young women in a position of low power, where they are unable to negotiate condom use” (United States Agency for International Development, 2011, pp. 1-2). The impact of HIV/AIDS in South Africa is compounded by high rates of violence against women and the stigma associated with HIV/AIDS.

Violence against women is a significant issue in South Africa, and the prevalence of HIV exacerbates the vulnerability of abused women. Adams et al. (2011) notes, “HIV is the most prevalent STI a woman may contract as the result of gender based violence in South Africa” (p. 1015). There are many complex factors that may influence whether an abused woman is willing and or able to get tested and seek services, including the presence of children, whether they went to the police for help, and their relationship with their partner (Adams et al., 2011, pp. 1018 – 1020). The complexity of living with HIV is further compounded by the stigma associated with it.

Similar to many countries, a person living with HIV in South Africa faces stigma and discrimination. Campbell, Nair, Maimane & Nicholson (2007) quote a young South African man as saying, “*If you have AIDS you*

die twice because the first thing that kills you is being lonely when everyone discriminates against you, even your family members. The second one is the actual death (Campbell et al., 2007, p. 404). This highlights the extreme isolation that many people living with HIV face. Campbell et al. (2007) outline six primary reasons for this stigma: availability of information, competing beliefs, lack of power to translate information into action, lack of social space to talk about HIV/AIDS, link between HIV, sex and sexual morality, lack of HIV/AIDS management services, and poverty (pp. 408 – 413). Culturally, talking about sex, let alone HIV/AIDS, is not socially appropriate. Many people, especially in rural areas, do not have access to accurate information. Even if they do have information, women are not always in a position to implement newfound knowledge, such as negotiating with a male partner for condom use. The impact of poverty means that even a person living with HIV often has higher priorities regarding food, water, and shelter before they can focus on their illness. The stigma of HIV and complex gender dynamics has further contributed to this public health epidemic.

Government and Aid Approaches to HIV/AIDS in South Africa: A Brief History

The first case of AIDS was documented in South Africa in 1982, and “although initially HIV infections seemed mainly to be occurring amongst gay men, by 1985 it was clear that other sectors of society were also affected” (HIVSA). Although the first documented case occurred in 1982, the international development community did not give HIV/AIDS in South Africa much attention until the early 2000’s. Easterly (2006) asserts, “The defense that the West didn’t know is not credible. As long ago as 1986, AIDS in Africa was attracting international attention” (p. 244). While it may have gotten some press coverage, there was little action during this time by the development community. By 1990, a national antenatal survey had been conducted and revealed that between 74,000 and 120,000 people in South Africa were living with HIV and 0.8 percent of pregnant women were HIV-positive (HIVSA). In 1991, the number of transmissions between heterosexual partners equaled the number transmitted between male partners and since then, “heterosexually acquired infections have dominated the epidemic” (HIVSA). A step towards progress was made when the National AIDS Convention of South Africa (NACOSA) formed in 1992 and Nelson Mandela addressed the group (HIVSA). NACOSA’s goal was to begin developing a national strategy to deal with the HIV/AIDS crisis.

As the epidemic worsened throughout the 1990s, “Deputy President Thabo Mbeki, acknowledged the seriousness of the epidemic, and the South African Ministry of Health announced that some 850,000 people - 2.1% of the total population - were believed to be HIV-positive” (HIVSA). Again, while the crisis worsened, there was not much of a response from the development community. Easterly (2006) points out, “Although insiders knew that a horrific AIDS crisis was brewing in Africa in the late 1980s and early 1990s, this attracted little attention from Western media or politicians... Only *after* a truly massive number of people were infected with HIV did AIDS gain the sufficient level of visibility for action” (p. 244). Mbeki started the Partnership Against AIDS in 1998, “admitting that 1,500 HIV infections were occurring every day” (HIVSA).

It is necessary to understand the HIV/AIDS epidemic in South Africa in the context of the significant political changes that were occurring at the same time. HIVSA notes, “The most rapid increase in South Africa’s HIV prevalence took place between 1993 and 2000, during which time the country was distracted by major political changes. While the attention of the South African people and the world’s media was focused on the country’s transition from apartheid, HIV was rapidly becoming more widespread” (HIVSA).

Many of the South African government’s responses to the HIV/AIDS crisis were created post-2000, when much of the transition from apartheid had calmed down. In 2000, the South Africa Department of Health “outlined a five-year plan to combat AIDS, HIV and STIs. A National AIDS Council was set up to oversee these developments” (HIVSA). The Government responded with a multi-sectoral response, including a “national strategic framework involving 16 key sectors and a wide range of partners [and] a 15 percent allocation of all Government expenditures to HIV/AIDS programs” (United States Agency for International Development, 2011, p. 2). However, controversy arose when “the new South African President Thabo Mbeki made a speech that avoided reference to HIV and

instead focused on the problem of poverty, fueling suspicions that he saw poverty, rather than HIV, as the main cause of AIDS. President Mbeki consulted a number of ‘dissident’ scientists who rejected the link between HIV and AIDS” (HIVSA). Mindry (2008) analyzes, “This alternate framing of the disease provided the rationale for the South African government’s reluctance to provide treatments and services to people with HIV and AIDS” (pp. 81-82).

The international community also began getting involved in the early 2000’s. Launched in 2003, the United States President’s Emergency Plan for AIDS Relief (PEPFAR) is an initiative “to support partner nations around the world in responding to HIV/AIDS” (United States Agency for International Development, 2011, p. 3). This fifteen-billion-dollar program “placed a restriction that no more than 20 percent of the funds be spent on prevention, while 55 percent was allocated for treatment” (Easterly, 2006, p. 254). Additionally, Congress required that the organizations receiving these funds “publicly oppose prostitution,” which presented a challenge for many organizations trying to outreach to marginalized communities (Easterly, 2006, p. 254).

In addition to international governments, the development community began getting increasingly involved after 2000. Austin and Mbewu (2009) note that one effective response to the “horrific human and societal consequences of poverty and AIDS” in South Africa is for “government to partner with nongovernmental organizations (NGOs) so that interventions can address the crisis...” (p. 149). Easterly (2006) noted that HIV/AIDS provided an easier problem to “fix” compared to other development issues; “The healers are working on an issue where the needs and wants of the poor are more obvious – they don’t want to die – and so feedback is less critical. The outcomes are more observable, as deaths tend to get noticed by others” (p. 241). Additionally, the development efforts provided “... narrow, monitorable objectives that coincide with the poor’s needs and with political support in the rich countries for an uncontroversial objective like saving lives” (Easterly, 2006, p. 241). Focusing on HIV/AIDS in Africa became a popular cause that celebrities and other donors could enthusiastically support.

The early 2000s also ushered in many South African NGOs that aimed to address HIV/AIDS. As these NGOs came forward to advocate for people living with HIV/AIDS, the lack of South African government response resulted in the “alignment of medical experts with AIDS activists as both sought to ensure the establishment of treatment and services. As a consequence, the struggle has been framed in large part as a discourse on rights, through which activists have used the Constitutional Court to challenge the legitimacy of the national government’s actions” (Mindry, 2008, pp. 82-83).

In terms of an official South African government response, a further outcry happened in 2006 when Jacob Zuma, the Deputy-President at the time, went on trial for allegedly raping an HIV-positive woman and stated he had “showered after sex in the belief that this would reduce his chances of becoming infected with HIV” (HIVSA). By the end of 2006, “the government announced a draft framework to tackle AIDS and pledged to improve antiretroviral drug access. Civil society groups claimed that this marked a turning point in the government’s response” (HIVSA). The national response to HIV has included a free condom distribution campaign and has promoted HIV counseling and testing as the primary prevention strategy; this offers “an entry point to HIV care and treatment for those who test positive” (United States Agency for International Development, 2011, p. 3). National spending on HIV/AIDS “increased by 21 percent from 2008 to 2009. Public spending on HIV/AIDS is primarily financed through the national health budget, and public expenditures have grown from \$1.3 billion in 2008 to an estimated \$1.5 billion in 2009” (United States Agency for International Development, 2011, p. 2-3).

USAID allocated \$315.9 million to South Africa in 2010 for “essential HIV/AIDS programs and services” (United States Agency for International Development, 2011, p. 3). In December 2011, the South African Government signed a Partnership Framework with the U.S. Government. This five-year joint strategic plan is designed “to combat HIV/AIDS through service delivery, policy reform, and coordinated financial commitments” (United States Agency for International Development, 2011, p. 4). This framework also includes the “active participation of other key partners from civil society, the private sector, bilateral and multilateral partners, and other international organizations” (United States Agency for International Development, 2011, p. 4). Although it took a

significant amount of time for an official national response from the South African government and the international community, there now is significant funding and plans in place to address the HIV/AIDS crisis.

Theoretical Perspectives: Open Systems Theory & Social Development Theory

Open Systems Theory

The analysis of how South African NGOs addressing HIV/AIDS have an on-going relationship with the external environment is based on the sociological framework of Open Systems Theory. The concept of organizations operating as part of an interacting open system originated with Sociologist Walter Buckley in 1967. Buckley (1967) states, "That a system is *open* means, not simply that it engages in interchanges with the environment, but that this interchange is *an essential factor* underlying the system's viability, its reproductive ability or continuity, and its ability to change" [original emphasis] (p. 50). This is also true of NGOs operating in South Africa; these organizations would not exist without the community, and they continue to thrive because of their interaction with the surrounding environment. Additionally, Buckley notes that when systems are open, the "typical response" to "environmental intrusions in elaboration or change of their structure to a higher or more complex level" (p. 50). The Philani Centre, discussed in detail below, illustrates this concept of change. Furthermore, as systems become increasingly open, they "are capable of mapping or responding selectively to a greater range and detail of the endless variety of the environment" (Buckley, 1967, p. 51). Ultimately, organizations operating in an open system become stronger when they appropriately anticipate and react to factors in the adjoining environment and the surrounding community simultaneously strengthens through the work being done by the NGO.

Within public administration, Open Systems Theory serves as the foundation for the "collaborate" quadrant of the Competing Values Framework (Quinn, Faerman, Thompson, McGrath, & St. Clair, 2011, p. 9). The Competing Values Framework serves as a model for organizational effectiveness that reflects the complex dynamics and various models that need to be incorporated within the management of organizations (Quinn et. al, 2011, p. 13). This complexity is reflected in the two axes; the "vertical axis ranges from flexibility at the top to control at the bottom... and the horizontal axis ranges from an internal organizational focus at the left to an external focus at the right" These axis create four quadrants, or "action imperatives" that serve as models: collaborate (human relations model), create (open systems model), compete (rational goal model), and control (internal process model) (Quinn et. al, 2011, p. 13). These models provide theoretical frameworks for leaders to utilize as various management situations arise. While a balance of all quadrants is needed within an organization, this article specifically examines the interplay between NGOs and the surrounding environment through the open systems or "collaborate" quadrant.

Social Development Theory

Before delving into analysis of the relationship between HIV/AIDS NGOs and their surrounding environment, it's necessary to recognize the theoretical framework being used in South Africa at this time. The African National Congress' Reconstruction and Development Program included a White Paper for Social Welfare containing "principles, guidelines, recommendations, proposed policies, and programs for developmental social welfare in South Africa" (Bak, 2004, p. 82). This proposal was inspired by James Midgley's "concept of developmental social welfare as a part of social development" (Bak, 2004, p. 82). Social development,

has the ultimate goal of alleviating poverty by transforming society and redistributing resources to achieve a more equitable distribution between urban and rural contexts. It is a comprehensive concept incorporating political, economic and cultural changes as part of deliberate action to transform society. It aims at the removal of imbalances and at meeting the basic needs of people, especially the poorest groups in society. In order to achieve these goals, economic development is essential, which means an increase in production leading to a high growth rate and a substantial increase in opportunities for employment. However, social development is not exclusively concerned with planning for economic growth, and while it also implies a substantial investment in social services, it is not exclusively concerned with planning for social services (Gray, 1998, p. 32).

Similarly, Bak (2004) “defines social development as ‘a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development’... The basic idea in the social development perspective is to link the promotion of human welfare to economic development, thereby redefining the concept of development so that it becomes socially relevant” (p. 82). This concept provides important context for understanding the work of South African NGOs during the 1990s and into the 2000’s.

Welfare Framework

Prior to apartheid ending and the emergence of Social Development Theory, social services in South Africa operated on a traditional welfare model with an emphasis on providing direct service and meeting basic needs of individuals. Brown & Neku (2005) further explain that the historical South African “social welfare system had been both residual and selective, that is, it provided emergency assistance for specific segments of the population which was designed to maintain the preferential treatment of white people” (p. 305). NGOs and Community Based Organizations (CBOs) are viewed as on-the-ground front-line staff and are “seen as the champions of ‘bottom up’ or ‘pro-people’ development” (Kamat, 2003, p. 65). The nature of this work requires these organizations “to interact with local communities on a daily basis, building relationships of cooperation and trust to understand local needs and tailor projects that respond to those needs” (Kamat, 2003, p. 66); this framework can lead NGOs to focus on short-term quantitative outputs (Edwards & Hulme, 1996, p. 962). Within this welfare framework, marginalized individuals often did not receive resources and no change happened at the systemic level.

Development Framework

Moving away from the traditional welfare model, a cornerstone of Social Development Theory comprises encouraging social service organizations to operate from a development framework, including a focus on advocacy, capacity building, and addressing systematic issues. Bryer & Magrath (1999) state, “if NGO advocacy is going to have a real influence on decisions made at a global level about the global economy... and make a real difference to the lives of people in poor communities at the same time, then advocacy is most effective when it does two things well. It has to demonstrate the links between micro and macro, between conditions and causes” (p. 171). This highlights the focus of development on root causes and larger systemic issues. Bryer & Magrath (1999) further note, “Capacity building is almost always an essential part of current advocacy” (p. 173). Advocacy includes not only investing in lobbying, “but in media and communications, campaigning, and information technology” (Bryer & Magrath, 1999, p. 176). Advocacy as a function of development is a complex, often slow-moving, process. Furthermore, developmental social welfare “has a strong emphasis on human potential, equity and justice as a clear departure from apartheid’s racially divided programs supplemented with charity” (Bak, 2004, p. 83). Patel, Schmid, & Hochfeld (2012) note, social development “places great emphasis on citizen participation in service development and in service delivery in order to break with past paternalism in social welfare provision” (p. 215).

Finally, Bak (2004) defines empowerment as “an intentional, dynamic, ongoing process centered in the local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources” (p. 87). The definition of empowerment as articulated by Bak directly speaks to this on-going connection between the work that NGOs and CBOs were attempting to do and the surrounding community. The improvement of individual’s lives is only going to happen through the community as a whole shifting who controls the resources, which is a result of the work being done by NGOs on behalf of these individuals.

DISCUSSION

A Two-Way Street - NGOs and the Surrounding Environment

Context Matters: Transition from Welfare to Social Development

An analysis of NGOs and the surrounding environment must take place within the historical context of the transition from a traditional welfare model to social development. Bak (2004) found there remains “ambiguity over whether all social welfare services should be understood as developmental or not” (p. 83). Practitioners and activists working in the field at NGOs are directly impacted by these larger environmental and political changes. Mindy (2008) adds to this discourse, observing that civil society organizations were “not simply supporting or challenging neoliberal agendas but rather are navigating a much more complex political field shaped in part by neoliberal ideologies but also by legacies of struggle and civic disobedience and of historically constituted conceptions of self-defined through community (rather than in opposition to community)” (p. 85). As South Africa transitioned out of Apartheid, the nation was reeling with the complex process of affording rights to entire groups of people who had been completely disenfranchised. Patel, Schmid, & Hochfeld (2012) state, “The problems and challenges of managing change in welfare [non-profit organizations] mirror simultaneous wider societal changes. The welfare system is required to address both old and new challenges and must respond to a rapidly changing national, global, and regional context” (p. 227). It is clear that NGOs do not exist in a vacuum; they are products of the larger environmental and political context.

HIV/AIDS NGOs as Products - and Creators - of the Environment

An analysis of the website and promotional material of the eleven NGOs based in South Africa whose primary organizational mission is HIV/AIDS work in South Africa was conducted in March 2012 (Dernberger, 2012). The scope of this research did not include organizations with broader missions in which one aspect of their work was combating HIV/AIDS, i.e. organizations were not included who had missions consisting of general public health or gender justice. Organizations with a regional focus, such as sub-Saharan Africa, were also not included in this analysis. When reviewing the eleven NGOs, specific items of interest comprised the year the organizations were founded and whether they fit into a development or welfare framework. A brief description of each NGO, the year they were founded, and their classification on the spectrum of a development or welfare framework are summarized in Table 1.

The results of this analysis showcase the interconnectedness of NGOs and the political context of a given country. NGOs doing HIV/AIDS work in South Africa did not come into being in a vacuum, but were shaped by the national political landscape. Only two of the NGOs included in this analysis originated before the transition from Apartheid; the majority emerged after 1994 when the country’s attention could be diverted from the political process of ending Apartheid. The NGOs created in the 1990s had to start with a development approach because HIV/AIDS was not on the Government’s agenda. It was necessary to begin with councils and campaigns to get the issue recognized as a problem before NGOs could focus on meeting individual needs. Because of the work that the development NGOs did to shape the environment to get HIV/AIDS recognized as a serious public health concern, NGOs that operate from a welfare direct-service framework emerged after 2000. This highlights how NGOs are both products and direct influencers of the surrounding environment.

HIV/AIDS NGOs: Examples of the Two-Way Street

Previous research established how NGOs are influenced by their surrounding environment, but many articles and case studies have not focused on the on-going interaction between NGOs and their environment. Bak (2004) explicitly analyzes the transition from charity to solidarity within an environmental and historical context, noting that this surrounding context is “disregarded” in many other articles on social work in South Africa (p. 84).

Austin & Mbewu (2009) note, “NGOs are often the first line of defense in addressing poverty and aids....They can model ways to integrate social and economic development, serving as tools for building effective social policy” (p. 150).

Table 1. Classification of South African HIV/AIDS NGO’s

Name of Organization	Description	Year Founded	Development vs. Welfare Classification
AIDS Foundation of South Africa (AFSA)	Large umbrella organization that acts as an intermediary between donors and other HIV/AIDS community-based organizations	1988	Development
AIDS Consortium	Network organization that provides capacity building to affiliates	1992	Development
AIDS Legal Network (ALN)	Responds to ethical and legal challenges related to HIV/AIDS	1994	Development
Children in Distress Network (CINDI)	Multi-sectoral network of over 300 civil society and government agencies addressing children affected by HIV and AIDS	1996	Development
South African National AIDS Council (SANAC)	First high-level political body established to oversee the national response on HIV and AIDS	1997	Development
Treatment Action Campaign (TAC)	Advocates for increased access to treatment, care and support services for people living with HIV and campaigns to reduce new HIV infections	1998	Development
Nurturing Orphans of AIDS for Humanity (Noah)	Building the capacity of communities to care for their orphaned and vulnerable children	2000	Welfare
Mothers2Mothers	Eradicate mother-to-child transmission of HIV	2001	Welfare
Centre for the AIDS Programme [sic] of Research in South Africa (CAPRISA)	Conducts research that contributes to understanding HIV pathogenesis, prevention and epidemiology	2002	Development
HIVSA	Provides therapeutic care to those individuals infected with and affected by HIV/AIDS	2002	Welfare
HIV-911	Database containing details on over 12,000 health and social welfare support services across South Africa; can be accessed in hard	2007	Welfare

	copy, online, via a helpline, and through a text SMS service		
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This illustrates the way in which the surrounding contextual environment influenced the NGO response to HIV/AIDS in South Africa and that NGOs in turn impacted the surrounding environment. The Philani Centre and Young Africa Live provide specific examples of this. Finally, an example of the complicated exchange, and at times, disconnects, between NGOs and the environment is also provided through an analysis of HIV/AIDS organizations serving young people in Cape Town.

The Philani Centre

Philani, a program in Khayelitsha, an informal township in the Western Cape, provides an example of the way in which an NGO creates change in a local community, which then further influences that particular NGO. The Philani Centre recognized that in addition to HIV/AIDS, the leading causes of death for South African children under the age of 5 were attributable to poverty, “including inadequate sanitation, inadequate housing, and lack of access to safe drinking water” (Austin & Mbewu, 2009, p. 149). The Philani Center created a program to address “malnutrition, low birth rates, poor cognitive development, and poverty among children in South Africa” (Austin & Mbewu, 2009, p. 149). The program started as an “intensive nutrition program [providing] daily food to children to combat malnutrition” (Austin & Mbewu, 2009, p. 153) Philani “trained mothers from the community to work as nutrition advisors,” who also connected the family to other needed resources (Austin & Mbewu, 2009, p. 153).

While this program went well, Philani recognized that a large cause of the problem was mothers’ inability to buy food due to poverty. In a response to this environmental factor, Philani then created a “weaving program for mothers” which resulted in the economic empowerment of these women, including education and financial literacy (Austin & Mbewu, 2009, p. 154). The community then further impacted the NGO by identifying the need for an early childhood development program for the children of the mothers involved in the weaving program. Through this program, “children obtain physical and cognitive stimulation... and are being prepared for primary school” (Austin & Mbewu, 2009, p. 155). This presents an excellent example of the way in which an NGO, the Philani Centre, continuously interacted with the surrounding community. The Philani Centre created a program that impacted the community, which then resulted in the community identifying new needs as a result of this change, and the cycle continued, empowering the community in the process. As the community continued to drive the work of the NGO, mothers from the community led the community outreach and the majority of the current 29 paid staff members are mothers who were at one time part of the program (Austin & Mbewu, 2009).

Young Africa Live

Successful NGOs are responsive to the environment by anticipating and reacting to external changes. A recent environmental change throughout the continent of Africa is the dramatic increase in mobile phone use. Seven in ten Africans now own a mobile phone across the continent; with nearly 93% of South Africans reporting they own a mobile phone (AllAfrica, 2013). This study also notes that “access to the Internet is growing much more slowly... since 2008, access at least monthly has increased only 4 points, from 11% to 15%” (AllAfrica, 2013). This is significant as mobile phones provide Internet access for many individuals who would otherwise not be able to obtain it. Recent media articles highlight the way in which mobile phones are revolutionizing Africa, from access to the Internet to educational games to organizing against the Government (Ogunlesi & Busari, 2012; Mason, 2013).

As a response to this environmental factor of increased access to mobile phone use, the Praekelt Foundation, based in Johannesburg, South Africa, has created YoungAfricaLive. This website can only be accessed via mobile phones, providing a platform for young South Africans to obtain information about HIV/AIDS, including the capability to “download videos, read articles, and take part in polls on YoungAfricaLive without charge” (Bryson, 2013, p.62). The site also has the capability to deliver SMS and chat messages, “including reminders to take AIDS medication and

reminders to expectant mothers to come in for checkups to reduce the rate of mother-to-child HIV transmission” (Bryson, 2013, p. 62). While this service is too new to have a measured impact, it may become an example of an organization, which after being created as a result of an environmental factor, will in turn influence the external environment by providing important access to resources and information.

An Environmental Disconnect: Geographical Location Compared to Need

NGOs are based in the community, and ideally, should be meeting the needs of the community as the surrounding environment and individual NGOs interact with one another. The physical location of an NGO is significant because “donors and policy makers need to ascertain the claim by NGOs that they reach the neediest” (Kareithi & Flisher, 2009, p. 11). Furthermore, analyzing the location of NGOs provides “crucial information on areas of over – or under-coverage, reflecting over – or under-concentration and delivery” of services (Kareithi & Flisher, 2009, p. 11). NGO location is also significant in “[facilitating] identification of potential partners in order to foster strategic partnerships and relationships” (Kareithi & Flisher, 2009, p. 12). Recognizing that “the sharpest increase in HIV infection is among young people aged 15 to 24 years,” Kareithi & Flisher (2009) analyzed the location of NGOs providing HIV/AIDS services to young people in Cape Town (pp. 14-15).

Kareithi & Flisher (2009) found that “there has been a steady increase in the number of NGOs providing HIV and AIDS services to young people,” indicating that the NGO sector is appropriately responding to the environmental factor of this population contracting HIV at a high rate (p. 19). However, Kareithi & Flisher (2009) also found “discrepancies in both the intensity of preferred geographical location of NGO offices and areas of service provision, compared to the intensity of HIV prevalence” (pp. 23-24). While logically it would make sense that the townships and neighborhoods with higher HIV prevalence would have more HIV-related NGO offices, this was not the case. This highlights that the relationships between NGOs and their surrounding environment is not always a simple one-time exchange; it is often an ongoing and messy process.

CONCLUSION

South Africa has a high prevalence of HIV/AIDS, especially for women. This is exacerbated by gender-based violence. A person living with HIV/AIDS is further marginalized by the stigma associated with it. Although the first AIDS case in South Africa occurred in 1982, the end of Apartheid held the public’s attention, and thus there was little national or international response to the crisis until the early 2000s. NGOs that emerged to address HIV/AIDS were products of the political environment. This can be understood within the context of Open Systems Theory and Social Development Theory as NGOs operating from a development framework emerged prior to organizations operating from a direct-service welfare approach. This paper focused on the continuous open exchange between NGOs and their surrounding environment, finding the Philani Centre and Young Africa Lives as specific examples of NGOs who are influencing, and have been influenced by, the surrounding environment. The location and prevalence of NGOs serving young people in Cape Town illustrates the complex dynamics of this ongoing exchange as the NGO sector is not necessarily best meeting the needs of the community. The relationship between NGOs and their surrounding environment is truly a two-way street as each influences the other in a fluid, on-going process.

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