

D2 | A NEW 'BUSINESS MODEL' FOR NGOS?

Introduction

In the last two decades, there has been an upsurge in the number of organizations in the 'third sector'¹ and a tremendous growth in their mandates. Financed by government, voluntary and private sources, civil society organizations are now involved in a range of sectors, such as health, education, development programmes (including relief and rehabilitation), peace, human rights and environmental issues (Bagci 2007), and serve multiple functions to influence policy processes; from agenda-setting to implementation and evaluation (Pollard and Court 2005).

The term 'civil society' is not new. It has been in use and intensely contested for centuries. Nineteenth-century scholars (such as Alexis de Tocqueville) viewed civil society as a pluralist space in which ideas and beliefs were shaped by virtue of associations. Such 'associational life' was seen as inculcating a sense of civic and political participation as well as providing a counterweight to the state in guaranteeing individual liberties.

Among the different concepts that try to theoretically capture civil society, that of Antonio Gramsci seems to be the most promising (Gramsci 1982). Gramsci did not conceptualize civil society as completely separate from the political sphere of the state. On the contrary: the political sphere (the administration, the regulatory and legal apparatus of states) is closely linked with civil society (the political parties, the media, trade unions, grassroots organizations, the corporate sector, the NGOs). According to Gramsci's concept of civil society the 'World Social Forum' is as much part of civil society as is the industry-driven 'International Forum on Economy'.

In fact, civil society is not about particular actors, but more about a space. It is the space of societies where opinion-making happens, where political decisions are prepared, where – as Gramsci put it – the struggle for cultural hegemony occurs.

Thus, descriptions of civil society as a 'sphere separate from both the state and market' (as the WHO defines civil society), indicating the non-state and non-profit characteristics, or occupying a space between the public and the private, are at best misleading. In the complex contemporary global architecture, traditional boundaries between what constitutes 'public' and what is 'private' are being eroded. The dichotomy is blurred in particular by the contemporary growth of private foundations registered by corporations (corporate-owned NGOs). Scholars have also noted a growing trend of

agencification that implies the ‘carving out of independent agencies from the state, either through corporatisation or the formation of societies at the state levels’ (Prakash and Singh 2007: 4). These agencies operate as legally and financially independent structures with greater operational flexibility in terms of recruitment, funding, payment systems and outsourcing services. This trend has resulted in ‘diffusion of power and authority’ (Baru and Nundy 2008: 66), by effecting relationships between the state and non-state actors, thereby posing a challenge to accountability (Kapilashrami 2010).

It has also been argued that the term ‘civil society’ enables a dishonest creation of an idealized space where a large collection of individuals and organizations are assumed to pool their interests to secure optimal outcomes (Amoore and Langley 2004). This notion of civil society underplays differences and power relations between CSOs, conferring unfounded legitimacy on policy decisions and the actions of international agencies, thereby widening the ‘democratic deficit’ within international systems (Kapilashrami and O’Brien 2012).

CSOs include a very wide range of institutions, networks and social and political (and identity-based) movements. These include social and political movements, faith-based institutions, community groups/community-based initiatives, professional associations, consumer groups, trade unions, media organizations, scientific and research institutes, policy think tanks and non-governmental organizations (NGOs).

NGOs, the most recognizable component of civil society, are emerging as a strong force in the global political economy of the world: 3,900 organizations have consultative status in UN ECOSOC, and representation in the governing body of UNAIDS and the Security Council, among others. NGOs have come to be recognized as important actors in the landscape of international development, from leading international campaigns against trade liberalization, aid reforms and tackling poverty (such as ‘Make Poverty History’) to humanitarian and reconstruction efforts in post-conflict and disaster-hit nations. Their growth in numbers, scope and influence reinforces the observation that the ‘global associational revolution’ brought about by the rise of NGOs may prove to be as significant to the early twenty-first century as the rise of the nation-state was to the nineteenth century (Salamon 1994: 1). Traditional actors such as the World Bank and other bilateral agencies (such as USAID) are now joined by a myriad of institutions such as those referred to as Global Health Initiatives (GHIs) to channel aid to LMICs through NGOs to achieve development goals. An estimate suggests that in 2004 NGOs were recipients of one third of total overseas development assistance, approximately US\$23 billion (Riddell 2007: 53). Their increasing share within the aid market is accompanied by a growing legitimacy that has enabled their movement beyond support services into the realm of provision and financing (Kapilashrami 2010).

Conceptual and definitional ambiguity

The growth of NGOs over the past two decades has given them an increasingly important role and the recognition of a distinctive sector within civil society. However, the term is often used interchangeably (and almost consciously) with the term 'civil society'. One of the problems in defining this term is its local meaning. Every government has its own indigenous organizational structures, thus defining structures outside those poses new challenges for this concept. Many sociologists define NGOs as organizations with four defining characteristics which enable them to be distinguished from other organizations in civil society. They are: voluntary, formal, not-for-profit, self-governing (Edwards and Hulme 1992; Lewis and Kanji 2009). Combining these operational-structural elements, a useful definition regards NGOs as 'self-governing, private, not-for-profit organisations that are geared to improving the quality of life for disadvantaged people' (Vakil 1997: 2060). While all NGOs are non-profit-oriented, and institutionalized, they may differ considerably in their objectives, affiliation, methods of action and internal structure (Frantz 1987), each aspect having a bearing on the others. For instance, some NGOs direct their action towards clearly defined problems in society, while others act with much broader mandates, addressing wider upstream determinants. Some act with a charitable intent, while others shape their efforts in a more political fashion, working with other groups in pursuit of a common goal. Frantz (*ibid.*) also suggests a distinction between NGOs which act to minimize the perverse effects of economic liberalization and those which redirect these same processes.

Numbers and scope

Definitional ambiguity in the term and varied data sources make precision on numbers difficult. According to one estimate, the number of NGOs operating internationally (INGOs) has grown from 1,083 in 1914 (Anheier et al. 2001) to over 50,000 in the early twenty-first century (Union of International Associations n.d.). In 1992 about seven hundred NGOs were granted consultative status with the UN Economic and Social Council; today the number has increased to 3,900 organizations.² In 2009 the number of NGOs in India was estimated at around 3.3 million, many times the number of primary schools and primary health centres.³

The policy and political influence enjoyed by these INGOs merits a better understanding of their organization and factors underpinning their growth. The rapid increase in their numbers and reach is attributed to several factors, foremost being the change in the aid architecture, which has witnessed the ascendancy of private foundations and philanthropies like the Bill and Melinda Gates Foundation (BMGF). Other reasons include the rise of democracy, cheaper information technology, economic and political globalization, decreasing public confidence in governments and corporations, and growing normative

Box D2.1 Save the Children – perils of ‘corporatization’

Save the Children UK is one of the largest INGOs operating today in the humanitarian and development world.

Save the Children UK has come under criticism, however, for its relationship with large corporations (its income from large corporations has increased more than fivefold, from £3.9 million in 2009 to £22.5 million in 2013⁴), such as British Gas, GSK and Unilever, and also for its lack of independence in criticizing the UK government.

In a *Panorama* report aired in the UK in 2013, a former staff member of Save the Children UK (SCUK) argued that the INGO operated self-censorship on various occasions, including on a campaign against fuel poverty in the UK. This self-censorship, later denied by SCUK’s CEO, was aimed at not jeopardizing funding from EDF (a UK-based energy corporation). Yet emails obtained by the *Independent* show that:

[A] manager in charge of winning new partnerships wrote: ‘I am really conscious that this will need to be handled carefully so as not to jeopardise what could end up being a long-term partnership.’ A few days later a second email stated that the charity’s head of advocacy was ‘of the feeling we should not risk the EDF partnership’.⁵

The INGO’s association with GSK⁶ (worth £15 million over five years⁷) also causes concerns as GSK’s reputation is far from untainted: a bribery scandal in China in 2013, a criminal fraud in the USA in 2012, the 2008 Paroxetine scandal, the resistance to allowing other companies to produce its drugs at a cheaper price, the lack of transparency of the pharmaceutical giant in terms of its pricing policies or its attempts to foster monopoly, for example, all contribute to giving GSK a bad reputation. Considering these repeated allegations against the pharmaceutical giant and the general lack of transparency surrounding pharmaceutical companies’ activities, any financial association with them should indeed cause concern.

A further example of this corporatization of SCUK is its association with Unilever. Unilever states that, through this association,⁸ it will increase consumer outreach and cause-related marketing⁹ and plans to double the size of its business.¹⁰ Yet the SCUK ‘consumers’ are supposedly children who should be accessing SCUK’s services freely rather than through any form of market exchange.

Various SCUK staff members, who prefer to remain anonymous (which in itself is a sign of an issue within the NGO), were told to stop criticizing the international development arm of the UK government as SCUK was

now a partner rather than a critic of DfID. This desire for collaboration may serve a higher goal, but it certainly jeopardizes the independence and neutrality of SCUK. This feeling of unease with the direction taken by SCUK in terms of policy messaging is also reflected in the very low staff morale unearthed by the 2013 staff survey. This survey shows that the policy department of SCUK is extremely unhappy about the values of the organization. Yet no one dares talk about it.

support for INGOs as legitimate actors. The rise of private foundations as global actors has enabled some NGOs to function as large multinational enterprises (McCoy et al. 2009) (see also Box D2.1). For example, the Seattle-based, BMGF-funded Programme for Appropriate Technology in Health (PATH) had assets in excess of \$130 million in 2006. An even wider range exists in numbers and operations of national NGOs, which have proliferated in low- and middle-income countries (LMICs) in the last two decades.

NGOs are increasingly viewed as the solution for achieving universal coverage in countries with deficient public systems. Recent examples of NGO involvement in service delivery and management contracts include running urban or rural primary health centres in Cambodia, Bolivia, Bangladesh and India, or offering treatment, counselling and care services in disease-specific programmes. This shift to greater engagement of the third sector and the undermining of the role of the state is underpinned by multiple and often contrasting discursive shifts in ideas and policy.

The ascendancy of the discourse on new public management (NPM) and the neoliberal emphasis on free markets, privatization and a reduced state emerged in response to the claim of ineffective and inefficient public bureaucracies (Anheier 2009). Pushed by World Bank and other aggressive proponents of the structural adjustment programmes, such reform policies emphasized greater involvement of the private sector, both for- and not-for-profit, on several grounds, not least the economic imperative for government reforms. More recently, the principles of NPM are reinforced by the rise of the public-private partnership paradigm and demands and prescriptions of global health actors for participatory governance, thereby opening decision-making spaces for NGOs and transforming their role as partners or even as competitors. This is a significant departure from (and extension of) their role of complementing state provision by addressing particular demands of equity.

Within this new managerialism, NGO involvement is often seen as a panacea for democratic deficiencies that characterize governance and development programmes. This argument rests on the participatory and civic engagement (or community-building) function of civil society considered as a prerequisite for the success of development programmes (and the economic objectives

these serve) and necessary for enforcing contracts and development of both markets and democratic institutions (*ibid.*).

Further, non-profit entities are viewed as instruments for improving citizenship and social accountability. With rights, empowerment and equality core to the vision of most NGOs, they are often viewed as ensuring wider and more democratic representation of people's voices (Anderson and Rieff 2004; Scholte 2001). The rationale for this discursive shift in ideas of governance rests on the widely held but largely unexamined notion of the comparative advantage that NGOs have in reaching the poorest more effectively, compassionately and efficiently than public services (Pfeiffer 2003).

Regardless of whether NGOs remain centre-stage (or peripheral) to aid reforms, the contemporary aid delivery mechanisms (which continue to be neo-liberal in their approach) have deepened the *contracting* culture and enhanced the role of NGOs in service delivery along with private sector actors. This has happened against a growing consensus on and policy salience of universal access and improvements in services (through stronger and responsive health systems). Further, the ongoing economic crisis has strengthened the rationale for finding more efficient ways of meeting the health crisis. Arguably, non-state agencies, in particular the NGO sector, are viewed as a viable option. Consequently, strengthening primary care and improving health financing is being delegated to a growing number of non-profit and for-profit entities coming together through contracting measures and partnerships in delivery and health financing (through social health insurance schemes).

Implications for governance and health systems

NGOs have been subjected to fierce criticism on several grounds. Among these, a major critique concerns the institutionalization and 'taming' of critical voices and radical grassroots action. NGOs are seen as drawing social movements and activism into the safe professionalized and often depoliticized world of development practice (Lewis and Kanji 2009).

This affects spaces for debate and generation of ideas and theory that backs action, and warrants specialization (from demands of efficiency), which sometimes facilitates their transformation into service providers or single-issue lobbyists of international institutions (Kaldor 2003). Such apolitical conceptions of NGOs are reinforced in their interface with global health institutions, raising questions around internal democracy (or lack of participation and transparency in decision-making) within their organization.

A recent analysis of governing boards of top 100 INGOs reveals the disjunction between the world NGOs seek to create and the world their governance structures reproduce (Tom 2013). Seventy-two per cent had their headquarters in the North (predominantly in North America and Europe), and boards were predominantly of European origin with degrees from Northern universities. Another staggering finding of the survey was that over 55 per cent of NGO



Image D2.1 Many NGOs are part of the establishment today (Indranil Mukhopadhyay)

boards had some professional affiliation with either the banking sector or the arms and tobacco industries. Such leadership is clearly inconsistent with the promotion of justice and social development goals that the NGOs endorse.

Two vignettes of NGO-led 'interventions'

At the country level, these relationships of power and inequality are enacted in myriad ways that profoundly shape health systems and policies. This is further explored through two case vignettes examining NGO involvement in primary healthcare and HIV programmes.

The case of INGOs and foreign agencies and primary healthcare Describing such a scenario through an ethnography of INGOs in Mozambique, Pfeiffer (2003) demonstrates how foreign aid channelled through NGOs intensifies local social inequality and creates a culture of competition with high social costs to primary healthcare. Project-specific funding emphasized demonstration of short-term results, i.e. improvements in health outputs, such as under-five mortality or nutrition indicators, over short project periods. Further, the professional pace and skill sets of expatriates were in stark contrast with highly demotivated (and low-paid) staff in provincial health facilities.

However, existing health systems (and programmes) are key to the operations of foreign agencies, which seek to either graft their projects on to the health system or create parallel structures and fund local NGOs. In the case of the former, ministries were confronted by the challenge of managing foreign agency

competition and their overlapping interests in supporting specific components of the programme. Coordination mechanisms/meetings emerged as sites of turf conflicts (and ‘behind-the-scenes deal-making’) to seek patronage of ministry officials for respective projects by offering them a range of financial incentives. Such incentives and personal favours for high-level officials became quintessential for favourable evaluations of their projects and continuity of donor funding received by INGOs. Additionally, participation in NGO-sponsored seminars, evaluations, surveys and training programmes resulted in the emptying out of health directorate offices and the departure of qualified personnel for donor consultancies, thereby affecting routine health systems’ work. In terms of health outcomes, Pfeiffer highlights several systemic dysfunctions resulting from disjointed aid projects, including reduced mobile vaccination brigades, absenteeism from regular duties, under-the-table payments for free services, and loss of skilled personnel. All these undermined the effectiveness of the national health system (ibid.).

The case of NGO networks and HIV management in India In an ethnography of the AIDS industry undertaken in India, Kapilashrami points to a similar proliferation of INGOs and development agencies (such as UNOPS and HIV Alliance among others) whose movement into countries can be traced to the inflow of GHI funding (Kapilashrami and McPake 2013). A prominent part of this industry is national networks of affected communities which emerged, expanded and diversified in the wake of GHI demands for inclusion of voices in AIDS policy and governance. The Global Fund, for instance, opened up possibilities of engaging with ‘beneficiaries’ as ‘activist experts’, and in this process gave a boost to the presence of institutions representing them and their activities. This was evidenced in the case of the Indian network of people with HIV, whose outreach expanded from national to sub-national (state and district) level: 102 networks were established in the districts of ‘high-prevalence’ states within the first two years of the Global Fund’s operations in India. This quantum leap in reaching out to people with HIV implied improved access to care and support services, and potential opportunities for reporting grievances with respect to unavailability of drugs, quality of treatment and other rights violations. However, these district networks also emerged as convenient sites for much of the development work around HIV and AIDS, and as organizations running multiple projects (access to care and treatment; prevention of parent-to-child transmission; drop-in centres) with multiple funding sources and significant overlaps in their activities. The following excerpt from Kapilashrami and O’Brien (2012) describes this transition phase, which saw the emergence of professionalized and activity-oriented agencies.

Formally registered as societies, each district level network (DLN) has a separate governance and organisational structure which comprises of a board

and project staff varying with the number of projects implemented. The infrastructure usually comprises of four or five rooms, each run as a dedicated unit, distinguished by the Funder's name mounted on a nameplate at the entrance of each room, for the respective funding agency whose project is being implemented. ... Typically, most DLNs I visited had on an average five to six projects being implemented. These included Global Fund, HIVOS, Elton John Foundation, Gates Foundation, US Centre for Disease Control, Danish International Development Agency (DANIDA), Canadian International Development Agency (CIDA), GlaxoSmithKline Positive Action, Family Health International (FHI), Concern Worldwide, UNDP etc. ... A few projects were designed specifically to build capacities and orient staff to donor mechanisms, for example, strengthening the network's involvement with the CCM [Country Coordinating Mechanism] and other national processes. Moreover, a clear overlap could be seen across projects, wherein service oriented activities such as support meetings, pre- and post-test counseling, and referrals, were supported by more than one funding agency. A consequence of managing these multiple demands of different funding agencies was that a single intervention was recorded and reported under different projects.

Both case vignettes highlight programme-wide and system-wide effects as a consequence of competition and resulting opportunist behaviours among staff. These effects in the latter case included poor quality of counselling and care services, competition in achieving and demonstrating targets arising from sustainability concerns of projects and institutions, and friction between GHI-funded project staff and the demotivated public health facility staff. However, both vignettes reveal that fragmentation of primary healthcare systems and services is not simply an outcome of problems of aid coordination and management but also of the structural transformation at national and local levels brought about by NGOs' interface with aid and its tenuous relationship with the state. This transformation is characterized by a shift from critical to increasingly technical, apolitical and professional discourses to fit formalized models and frameworks of mainstream development agencies, and the changing nature of 'expertise' that values technical skills and qualifications over activism and community engagement experience.

Risk of co-option

Advocates of greater autonomy and an enhanced role for third-sector organizations argue that involvement in national-level decision-making forums (such as programme management units, task forces and CCMs) can alter power dynamics and make governments more accountable to their citizens. Literature points to a contrary effect. At the service level, there is evidence of co-option, and departure from NGOs' traditional watchdog role to that of an implementing agency (and a 'partner') of the state. The risk of such

co-optation rises as some NGOs are increasingly drawn ‘into service delivery functions and market relations’ and ‘an increasing number became part of a growing corporate social responsibility industry of service providers’ (Utting 2005: 376). In the case of Global Fund in India, this was evident from the corporate sector involvement in civil society consortia that were developed to deliver HIV care as part of the Global Fund grants. With the growing engagement of NGOs in business-type activities ‘a whole commercial market develops around shaping, assessing, and consulting on the desired dimensions of social responsibility’ (Shamir 2004: 678). Thus NGOs’ dependency on aid tends to redirect accountability away from their grassroots constituencies, towards corporations and funders – both state and foreign agencies.

The above system-wide and governance effects run counter to the premise on which NGO/civil society participation is sought, i.e. democratic legitimacy, people-centred and appropriate care, rebuilding and strengthening communities, and reinforcing the public interest role of states. Within an overwhelming focus on targets and deliverables in-built in service delivery projects, their capacity to affect structural change to benefit the poor and disenfranchised they claim to represent through these projects (or advocacy efforts) is severely undermined. Such fragmented efforts not only weaken state capacities but also reduce the viability of downwardly accountable community-led groups, and the creation of an organic civil society free from corporate and donor influence and interests.

In lieu of a conclusion

As our discussions have shown, NGOs have been remarkably flexible in adapting to changing global power relations. It is, hence, virtually impossible to summarize the potential role that NGOs are likely to play in the future. However, it would be useful to end by indicating some of the ‘red lines’ that are beginning to be defined quite sharply in relation to the activities of NGOs.

That ‘pragmatism’ guides many NGOs today should not come as a surprise. It is part of the current hegemonic discourse that abhors utopian thinking by demanding realism. Many NGOs perceive ‘business-oriented’ management practices as a proof of ‘professionalism’. Most donors require that NGOs plan their activities so that they are ‘measurable, realistic and time-bound’ (Doran 1981). Such standards may be useful for the production of commodities but in the social and political arena they distort the possible role of NGOs in social change.

The impact of managerial economics is visible in the depoliticization of NGOs. ‘Business talk’ has seamlessly entered the lexicon of NGOs. With increasing frequency NGOs speak of ‘stakeholders’, ‘controlling mechanisms’, ‘impact analysis’ and ‘investments’.

As NGOs become increasingly beholden to donor funding, they are being overtaken by the agenda set by donors. Unfortunately, instead of supporting

people to mobilize against unjust power relations at different levels, donor-driven cooperation focuses on the provision of techniques, management know-how and motivational support to help cope with adversities.

Notes

1 The term 'third sector' has been used interchangeably with voluntary sector to refer to the sphere of social activity undertaken by the non-profit and non-governmental sector. This classification refers to civil society as both a group of organizations and a social space in between government (public sector) and market (private sector).

2 See NGO Branch, Department of Economic and Social Affairs, 2013, csonet.org/?menu=100.

3 See 'India: more NGOs, than schools and health centres', OneWorld.net, 7 July 2010.

4 See www.independent.co.uk/news/uk/home-news/the-price-of-charity-save-the-children-exposed-after-seeking-approval-of-energy-firms-8994225.html.

5 See www.independent.co.uk/news/uk/home-news/the-price-of-charity-save-the-children-exposed-after-seeking-approval-of-energy-firms-8994225.html.

6 See www.savethechildren.org/site/c.8rKLIXMGlpI4E/b.8685351/k.Co27/GSK.htm.

7 See www.theguardian.com/business/2013/may/09/save-the-children-teams-up-glaxosmithkline.

8 Unilever Foundation is also associated with Oxfam, UNICEF, WFP and PSI.

9 See www.savethechildren.net/about-us/our-corporate-partners/unilever-foundation-and-save-children.

10 See www.unilever.co.uk/aboutus/foundation/aboutunileverfoundation/.

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