

An Investigation of NGO-Government Partnerships
for Prevention and Treatment of HIV/AIDS and Malaria
in the Maritime Region of Togo

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ACADEMIC ABSTRACT

In recent decades, governments and non-governmental organizations (NGOs), both national and international, have employed various approaches to improve socio-economic conditions in Africa. Influenced by neo-liberalism, public-private partnerships (PPPs) are now widely used to deliver social programs and services integral to those efforts. This study examines a sample of such collaborations addressing HIV/AIDS and malaria in Togo's Maritime Region. The analysis focuses on relationship dynamics—governance structure, communication, trust levels, and decision making—to gauge partnership effectiveness in delivering health services, as perceived by selected government and NGO representatives. I interviewed leaders from government agencies and NGOs, national and international—all experienced in such collaborations. They described partnership dynamics, issues impeding partnership success and how those concerns might be addressed. This is the first investigation of public-private health-related partnerships in any Togolese region. The analysis contributes empirically to the broader literature concerning the employment by developing nations of cross-sector collaboration for health service delivery. In Togo, national and international NGOs must be granted legal identity, formal governmental acknowledgement under a national regulatory statute, in a process fraught with obstacles. The study concludes that the Togolese government should systematically develop a framework for guiding its partnerships with NGOs, including ways to build mutual trust among those participating in them. Such action would foster mutual engagement in policy decisions, while also honoring the government's rightful stance as final arbiter. Neither of these steps can occur without more open, effective communication among all involved. The study offers recommendations for helping all parties address reported concerns about communication and trust. In characterizing the dynamics of these partnerships, the study enriches our understanding of the challenges confronting the government, NGOs and civil society in Togo.

GENERAL AUDIENCE ABSTRACT

This study examines a sample of public-private collaborations addressing HIV/AIDS and malaria in Togo's Maritime Region. The analysis focuses on relationship dynamics—governance structure, communication, trust levels, and decision making—to gauge partnership effectiveness in delivering health services, as perceived by selected government and NGO representatives. I interviewed leaders from government agencies and NGOs, national and international—all experienced in such collaborations. They described partnership dynamics, issues impeding partnership success and how those concerns might be addressed. This is the first investigation of public-private health-related partnerships in any Togolese region. The analysis contributes empirically to the broader literature concerning the employment by developing nations of cross-sector collaboration for health service delivery. The study concludes that the Togolese government should systematically develop a framework for guiding its partnerships with NGOs, including ways to build mutual trust among those participating in them. Such action would foster mutual engagement in policy decisions, while also honoring the government's rightful stance as final arbiter.

DEDICATION

I dedicate this work to my two dear mothers in the United States of America: Hope Hughes Pressman in Eugene, Oregon, and Deanna Birdzell in Bountiful, Utah, and to my parents in Togo, the late Zinabou Helene Claire Aleyao Botcho and Zato Jules Aleyao.

I dedicate it to Anesthesie Adom, to Wassira Ouro Doni, to Cecile Simisi, and to my daughter, Peace Meheza Aleyao, for your sacrifices and prayers and for supporting me in other ways as I have carried out this study.

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Finally, I dedicate this work to all people in Africa and around the globe who are struggling to meet even their basic needs (clean water, sanitation, food, health, safety, education, self-sufficiency/entrepreneurship) and to all governments, non-governmental organizations and individuals whose efforts/funding enable struggling people to meet those needs.

Profound gratitude and abundant blessings to all of you!

~Maurice Bini Aleyao

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ACRONYMS

- ADBI: The Asian Development Bank Institute
- AIDS: Acquired Immune Deficiency Syndrome
- AJES: Association des Jeunes pour un Environnement Sain (Youth Association for a Clean Environment)
- AMREF: African Medical and Research Foundation
- ATBEF: Agence Togolaise de Bien Etre Familial (Togolese Family Wellbeing Agency)
- ASMENE: Association pour la Santé de la Mère et de l'Enfant (Children and Womens' Health Association)
- AVPS: Association des Volontaires pour la Promotion de la Santé (Volunteers Association for Health Promotion)
- CIA: United States Central Intelligence Agency
- CNLS/STD: The National Council Against AIDS and Sexually Transmitted Infection
- CLC – SIDA: Comité de Lutte contre le SIDA (Committee for the Fight Against AIDS)
- CEG: Collège d' Enseignement Général (College for General Education)
- CEED: Center for Entrepreneurship, Education and Development
- CHU: Centre Hospitalier Universitaire (University Hospital Center)
- CHR: Centre Hospitalier Régional (CHR) (Regional Hospital Center)
- CMS : Centre Médico Social (Medical and Social Center)
- DGSP : Direction Générale de la Santé Publique (General Directorate of Public Health)
- DRC: Democratic Republic of Congo
- EVT: Espoir Vie Togo (Hope in Life, Togo)
- ENFS: Ecole Nationale de Formation Sociale (National School of Social Welfare Education)
- GO-NGO: Government-Non-governmental Organization

- GCCST: Christian Group Against AIDS in Togo
- GTZ: German Technical Cooperation Agency
- HIV: Human Immunodeficiency Virus
- INGO: International Nongovernmental Organization
- IRB: (Virginia Tech) Institutional Review Board
- IMF: International Monetary Fund
- NGO: Nongovernmental Organization
- Ph.D.: Doctor of Philosophy
- PG & G: Planning, Governance, and Globalization
- PPP: Public-Private Partnership(s)
- REPONGD: Réseau des ONG pour le Développement (Network for Professional NGOs)
- SE INTL.: Social Entrepreneurs International
- OECD: Organization for Economic Co-operation and Development
- UONGTO: Union des ONG du Togo (Union of Togolese NGOs)
- UNFPA: United Nations Population Fund
- UNAIDS: United Nations Program on HIV/AIDS
- UNICEF: United Nations Children's Fund
- UK: United Kingdom
- USAID: United States Agency for International Development
- WB: World Bank
- WASH: West Africa Water Sanitation and Hygiene
- WHO: World Health Organization

CHAPTER ONE

INTRODUCTION AND ORGANIZATION OF THE STUDY

Health care provision has long been a primary responsibility of many countries in the world and Togo is no exception. However, in many cases, developing-nation governments have not been able to provide adequate medical care for their populations, as a result of insufficient resources and the wide-ranging health problems of their citizenries (Buse and Waxman, 2001). This has led organizations outside these countries to seek to assist with or, in some cases, to assume part of their health-related responsibilities. Moreover, there is growing recognition among governments and private organizations; local, national and international, that relevant stakeholders must be involved if effective medical services are to be made available to the poor in developing nations (Korten 1991; World Bank 1998; WHO 2001a).

This study investigates the dynamics of partnerships between the government of Togo and health-focused national and international non-governmental organizations (NGOs) operating in the Maritime Region of that nation in 2011. No investigation prior to this one had yet been carried out in Togo concerning NGO-government collaborations to deliver health services for the prevention and treatment of HIV/AIDS and malaria. My hope in undertaking this analysis was that understanding the dynamics of these partnerships more fully would help the parties involved, especially Togo's government, strengthen them and ultimately improve the effectiveness of their efforts. The regulatory statute and process by which NGOs are granted formal governmental acknowledgement includes no comprehensive guidelines for collaborative interaction of government-NGO partnerships, with one exception: the Togolese regime does require individual memoranda of understanding to help guide its ties with international NGOs.

I sought to analyze the factors influencing the character of partnerships between health-focused NGOs of both types and the Togolese government in their shared desire to address malaria and HIV/AIDS. Specifically, I investigated a sample of NGO and government health-sector leaders' perceptions of:

- The national government's decision-making process as its leaders worked with NGOs to implement strategies aimed at preventing and treating malaria and HIV/AIDS in Togo.
- The degree of self-reported trust among government and NGO leaders engaged in these health-related partnerships in Togo.
- The means by which regime and engaged NGO leaders communicated strategies addressing HIV/AIDS and malaria and agreed on roles for establishing fruitful operating ties in their efforts to address those diseases.

Several analysts have examined what they have termed either bottom-up or top-down relationships between governments and NGOs. In bottom-up relationships, NGO decision-making processes are seen as independent or quasi-autonomous in relation to their governmental counterparts in partnership arrangements. In collaborations characterized by top-down ties, meanwhile, government leaders seek to hold NGOs accountable by vigorously overseeing available funding and allocated resources. Despite strong top-down-control efforts by government officials, NGOs may, and often do, seek to influence the frameworks or policies within which they work and/or seek to exercise discretion during program implementation (Kim, 2011).

Kim has contended that the strength of partnerships between governments and NGOs is strongly shaped by the type of regime in place and the maturity and capacity of the country's

civil-society entities (2011, p. 2). The government in a particular nation is likely to shape, if not control, NGO access to the broader public and, in any case, will play a vital role in how other civil-society actors relate to it. Kim has also argued that NGOs tend to develop stronger partnerships with governments in democratic countries because such regimes are elected by a cross-section of a nation's population (2011, p. 2). This fact makes them more tolerant of dissent and competing perspectives than is typically the case with authoritarian rule. Clark has observed that this distinction is hardly ironclad, however, because, "elected governments may sometimes perceive NGOs as competitors or as a threat to their sovereignty, particularly if they have access to substantial donor funding" (1990, p. 47).

Background

NGOs have emerged in recent decades to become high-profile actors in international development, both as service providers to vulnerable individuals and communities and as policy advocates (Routledge, 2007). For several decades now, western nations and their aid agencies, under the influence of neo-liberalism, have strongly encouraged public-private or cross-sector partnerships as a preferred strategy for poverty alleviation and for tackling other development issues in Sub-Saharan Africa and beyond. In theory, such collaborations can allow non-profit organizations and government institutions alike to capitalize on their respective strengths, while taking advantage of opportunities for securing more effective program design and implementation. Most scholars and development practitioners, however, contend that such relationships should not imply "subservience" on the part of one partner. Instead, the relationships should entail genuine cooperation between organizations based on mutual respect and acceptance of the independence of the participating entities and their respective visions and approaches (Magagulaeta, 1997). To prove effective, government-NGO partnerships require the

development of close ties between the engaged parties, as well as the coordination of roles and functions throughout the entire development process from policy choice to service delivery (Khorten, 1988; UNFPA, 1995). To attain this possibility demands that all entities involved accept that their shared efforts will secure capacities greater than those the individual participants possess alone.

According to the Organization for Economic Co-Operation and Development (OECD, 2006) and Kallis (2000), partnerships between governments and NGOs, both national and international, require information and resource sharing, which implicitly requires trust and communication between them. As elsewhere, resources are limited in developing nations and no NGO or government has all the skills, technology or personnel that it would like. Non-governmental organizations and public institutions each have weaknesses, but also strengths, and the latter constitute a range of resources and capacities that each can offer the other. Several scholars have underscored the importance of this potentially mutually beneficial arrangement. For example, Swanstrom et al. (2000) have argued that non-profit and non-governmental organizations are drawn to partnerships with governments because they complement each other. Public agencies are able to provide resources and NGOs are often nicely situated to implement government projects and programs, since many operate at the grassroots level. Clark has emphasized that

a key determinant in the development contribution of non-governmental organizations is the relationship between NGOs and government. Civil society organizations may operate parallel activities; may play oppositional roles; or may represent weaker members of the society by organizing them to become more influential in decision-making and resource allocation (1995, p. 19).

Many scholars and elected leaders have argued that developing-nation governments cannot alone fund or implement the comprehensive services necessary to tackle all of their development

needs. According to Eggers and Macmillan (2013), for example, developing states need partners with which to work to overcome the social and economic problems they seek to address.

With its difficult economic and health challenges, this is certainly true of Togo, which confronts especially daunting development obstacles. The former French colony is among the globe's least developed countries. The 2013 Human Development Index (HDI), for example, ranked Togo 159th of 187 nations in the world. According to the HDI, nearly 75% of the nation's population lives in poverty. The urban-rural division in Togo is also especially pronounced, with non-city residents bearing disproportionate poverty. But the statistics are just as disheartening for urban areas, including Lomé, the capital, which alone contains 40% of Togo's population of 7,552,318 individuals (IDH-2011). Wherever they reside, only 54% of the nation's citizens enjoy clean drinking water and just 34% have daily access to sanitary facilities. Overall, Togo has eight doctors per 100,000 inhabitants and its physician density falls as low as 0.05 health care providers per 100,000 residents, depending on one's geographic location in the nation. In contrast, in 2012 the United Kingdom had 28 doctors per 100,000 individuals, without the wide locational disparity evident in Togo. Overall, the country's residents have limited access to physicians and medical care wherever they reside, but the issue is especially acute for Togolese living in rural areas.

The nation's child mortality rate is 8% for newborns and 7.6% for children under 5 years (CIA World Fact Book, Togo country report, 2014, p. 3). The same source indicates that the child mortality rate for newborns in Burkina Faso, Benin and the USA is, respectively, 10%, 8% and 0.7 %. Meanwhile, the mortality rate for children under 5 years for Burkina Faso, Benin and the USA is, respectively, 12.1 %, 12.4% and 0.8%. The 2014 CIA World Fact Book has estimated the number of individuals with HIV/AIDS in Togo at approximately 235,244 or 3.2%

of the country's total population in that year. The average life expectancy of men and women in Togo is 64.06 years, as compared to other African countries, such as Morocco (76.71), Algeria (76.59), Mauritius (75.40) and Ghana (66.18) as well as developed countries, such as Japan (84.74) and the United Kingdom (80.54) (CIA World Fact Book, 2014). Life expectancy for females in the country, at 66.71 years, is higher than that for males, which is 61.49 years (CIA World Fact Book, Togo Country Report, 2014, p. 3.)

HIV/AIDs and malaria constitute major health problems in Togo. In 2012, for example, about 65,000 women aged 15 years and older were diagnosed with HIV/AIDS and 17,000 children aged 15 or younger suffered from HIV/AIDS. The United Nations has estimated that 7,200 Togolese adults and children died of AIDS in 2012 (CIA World Fact Book, 2015, p. 4). These statistics suggest that HIV/AIDS continues to affect Togo in a significant way. The relatively high incidence of this disease and subsequent deaths of many afflicted continue to reduce the nation's labor force and hamper its potential productivity. Notably, the rate of HIV/AIDS in Togo is at least twice as high as that reported by its nearest West African neighbors including, Benin (1.2%), Burkina Faso (1.1%), Ghana (1.5%), Guinea (1.4%), and Sierra Leone (1.6%).

According to the World Health Organization (WHO), the number of new malaria cases reported in Togo in 2012 was 697,374, and that figure for 2013 rose to 882,430. Meanwhile, the country ranked 27th in the world in that same year for its residents' rate of death from the disease, at 40.5 per 100,000 (WHO, 2013, p. 6). That figure was actually better than that of some other Sub-Saharan African countries, including Sierra Leone (132.5), Guinea Bissau (108.9), Burkina Faso (103.4) and Nigeria (79.3) in that year. However, the malaria death rate in Togo was worse

than several other Sub-Saharan African countries, including Ghana (31.8), Mauritania (26.0), and Namibia (32.4) (WHO, 2013). By any measure, HIV/AIDS and malaria are major health problems in Togo. Because of international-organization pressure, the nation's government has recently sought more aggressively to join with national and international NGOs in partnerships to address each of these challenges more effectively

In Togo, the relationship between the government and NGOs has often been fraught with challenges in the past, especially during the many years that the nation was ruled by a dictatorship. The civil society-authoritarian regime relationship has been analyzed well by Farrington and Lewis (1993, p. 37) in investigations in Vietnam and Afghanistan. These nations, like Togo, have only recently emerged from decades of dictatorial rule and these scholars' findings fit neatly within other analytic work that has suggested broadly that, "NGOs established or formed under conditions of repression often find working with and developing a trusting relationship with the state difficult" (Ake, 1997, p. 21).

Even in countries in which democracy is more deeply institutionalized than in Togo today, relations between NGOs and the government are not always uncomplicated or straightforward. Martin (2002) has suggested that Togo's experience should be evaluated accordingly. NGO-government partnerships in developing nations in the past have often been marred by factors such as interpersonal jealousy among government leaders, public-sector corruption, inadequate communication, distrust among government officers and poor policy and programmatic decision-making by regime officials (Martin, 2002). Similar dynamics have historically prompted Togo's public leaders to limit the sphere within which non-governmental organizations have been allowed to work (Diagne, 2005). A shift from a long-lived dictatorial and oppressive government in Togo to a more tolerant, more consistently open and democratic

regime has been occurring in recent years, but slowly. Indeed, this transition may take decades to institutionalize fully and to come to dominate government officials' norms and decision processes and practices.

In addition to government-specific limitations and jealousies, the leader of a federation of NGOs called Réseau des ONGs Professionnelles pour le Développement du Togo (REPONGD) or Network of Professional NGOs for Development in Togo, has argued that nongovernmental organizations in the country have challenges of their own in developing and sustaining the professional capacities of their staffs (Ulleberg, 2009). According to Ulleberg (2009), Togo's NGO leaders often compete actively with one another, do not want to share information and resources amongst themselves and are even less inclined to do so with the government. The latter inclination likely arose from their collective experience under the long rule of President Gnassingbé Eyadéma, who first gained power in 1967. That president dissolved political parties and suspended all associations except religious ones and sought actively to ensure that those allowed to operate complied with his government's desires. For about 40 years thereafter, any form of NGO-government collaboration was difficult to undertake and still more challenging to maintain. This history of a suspicious authoritarian regime anxious to ensure its continued power suggests that much work has been required (and will be necessary) to establish trust and develop effective partnerships between NGOs and Togo's post-authoritarian government. Notably, Gnassingbé Eyadéma's regime first promulgated, on March 27, 1992, and March 20, 1997, respectively, the two major laws that today specify the conditions and character of cooperation between NGOs and the nation. Neither has been amended.

These statutes remain the legal foundation for NGO-regime relations in Togo. Despite this difficult history, the current national government, first popularly elected in 2010, has taken

steps to create an environment conducive to more active, effective cooperation with nongovernmental organizations. Many of the candidates who ran for office in the country's first-ever free-and-fair presidential elections in 2005 and 2010, and in its 2007 and 2013 parliamentary contests articulated a desire to build a democratic regime more accepting of autonomous civil society institutions (that are not seen as in opposition as a result) and inter-sectoral collaboration.

Rationale for the Inquiry

As noted above, the academic literature concerning partnerships for development suggests that Togolese government-NGO cooperation has the potential to provide health related services more effectively than either sector's actors could do alone. Such collaborations offer opportunities for the exchange of ideas as well as potential for confidence building among the various participating parties. Cross-sector partnerships also have the possible advantages of pooling resources, sharing responsibilities among their participants and developing common principles and strategies for addressing the health-related problems of the nation's residents.

However, the empirical literature specifically examining government-NGO partnerships addressing health concerns in developing countries is relatively thin. Under the nation's current Health and Population Sector Program, Togo's government and the country's health NGOs have formally agreed to collaborate to deliver an Essential Services Package (MOHFW 1998; World Bank, 1991; 1998). That initiative addresses three areas: Education, Food Security and Health. The health sector includes disease prevention and treatment efforts, including prevention and treatment of malaria and HIV/AIDS. Both sets of actors (the regime and Togo's national and international NGOs) have agreed to adhere to the guiding principles outlined in the World Bank's Program Implementation Plan for the Health and Population Sector Program, which was

designed in 2002, to strengthen mutually supportive and complementary relationships among government actors, NGOs and for-profit firms (Perry 1999; Begum 2000). Most of the Sub-Saharan-African countries benefited from this program, which was funded by European countries, the US, the World Bank and other multilateral organizations, including the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO).

Overall, this study sought to develop a deeper understanding of the character of the relationships between government and NGO actors in Togo engaged in health-care delivery and disease prevention to address HIV/AIDS and malaria. It offers several recommendations that may enable Togo's national government and non-governmental organizations to develop new methods of communication and fresh forms of cooperation to improve health-program effectiveness for those suffering from malaria and HIV/AIDS. In addition, this inquiry aims to help Togolese government officials and NGO leaders and staff members understand more fully the character of their many ties by charting how each group perceives those connections and their implications for improved shared cooperation and coordination in service provision.

Finally, this study augments existing works on government-NGO collaborations in the health services delivery in developing nations. The research makes an empirical contribution by providing insight into the dynamics of government-NGO(s) health collaboration in Togo, where no such study has been undertaken before. This analysis provides evidence to policymakers to inform possible policy changes to improve government-NGO health partnerships throughout the country.

Specific Study Objectives

Based on the stated problem and review of relevant literature, this study addressed the following specific objectives:

1. Aimed to identify the principal characteristics of existing partnerships between the Togolese government and that nation's NGOs aimed at preventing and treating HIV/AIDS and malaria.
2. Examined the decision-making roles of representatives of a sample of health NGOs partnering with the Togolese government to address AIDS and malaria.
3. Investigated engaged actor perceptions of the character and degree of trust in a sample of Togo's functioning NGO-government health partnerships.
4. Analyzed non-governmental organization and Togolese government leaders' perceptions of the volume and quality of their communications in a sample of partnerships addressing malaria and AIDS.
5. Investigated the coordination challenges that confront NGO and government officials involved in partnerships directed at the prevention and treatment of HIV/AIDS and malaria in Togo.
6. Documented the challenges facing government-NGO collaborations for treating and preventing HIV/AIDS and malaria and offers suggestions for discussion and improvement going forward.

Research Questions

1. What are the impacts of key mediating characteristics (trust, decision-making styles, forms and frequency of communication and organization structure/roles and

responsibilities) for partnerships between the Togolese government and NGOs engaged in addressing HIV/AIDS-and-malaria-related challenges, as reported by those engaged in them? I was particularly interested in:

1.1. What decision-making processes were employed by those involved in Togo's government-NGO health partnerships?

1.2 What role(s) do(es) trust play in the functioning of Togo's NGO-government health partnerships?

1.3. What are the forms, frequency and quality of communications between NGOs and the Togolese government in addressing malaria and HIV/AIDS?

1.4. What, as the engaged stakeholders view them, are the principal strategic and operating challenges that have arisen during implementation of Togo's government-NGO partnerships designed to prevent and treat HIV/AIDS and malaria?

Terms and Definitions

This section provides definitions of key terms and concepts employed in this study.

Non-governmental organization (NGO)

The term non-governmental organization is broad and ambiguous in its definition. It covers a range of organizations within civil society, from political action groups to sports clubs. The concept includes small and large entities operating at the regional, national and international scales. I employ a definition offered by Mburu (1989): an NGO is any organization that is self-governing and independent from government authority, explicitly not created for profit and that has meaningful voluntary content.

Government

Beer has defined government as a body that has the authority to make and the power to enforce laws within a civil, corporate, religious, academic or other organization or group. In its broadest sense, 'to govern' means to administer or supervise, whether over a state, a set group of people, or a collection of assets (1973, p. 12). For Beer, government included institutions both central (national) and sub-national (prefectures and municipalities).

Partnership

Paoletto (2000) has argued that a public-private partnership for development is a collaboration among organizations, in which each shares risks and benefits in pursuit of common goals.

Organization of the Study

This dissertation is organized into five chapters. This chapter (Chapter One) has briefly reviewed the reasons for, and approach to, the inquiry described here. Chapter Two reviews relevant literature and describes how this analysis has arisen from prior scholarship and what it contributes to existing knowledge and understanding of the issues it treats. Chapter Three presents the study's research design and methodology. Chapter Four offers an analysis of the interviews conducted for this effort. Chapter Five sketches the study's key findings, conclusions and recommendations for changes in Togolese policy concerning cross-sector partnerships. It also suggests areas for future inquiry.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This chapter reviews scholarly literature concerning government-NGO partnerships in developing nations as well as the character and status of national and international efforts to address malaria and HIV/AIDS in sub-Saharan Africa. In doing so, it addresses the role of neo-liberalism and the NGO sector in Togo as well as theories of government-non-governmental partnership that arise in part from that governance philosophy.

Neo-liberal Ideology and the Role of NGOs in Development Cooperation

Non-governmental organizations play a range of important roles in Sub-Saharan Africa. They have filled the gaps in many of the region's governments' social and economic projects in health, education, agriculture and environmental protection, even helping build public concern for human rights issues in some area countries. But African governments have responded unevenly and inconsistently to the presence of these entities. Sanyal (1994, p.17), for example, has argued that in Zambia, Mali and South Africa the relationships between NGOs and national governments have been characterized by trust and are strong and complementary in character. The opposite has occurred in Rwanda under the Kagame regime (2000–to date), in Kenya during the Moi regime (1978-2002), in Togo during the Gnassingbé government (1967-2005), and in Ghana during the Rawlings era (1981-2001). These nations' NGO-government relationships were fraught with struggles over power and control and lack of civil-society-organization autonomy (Ake, 1997, p. 21).

Despite those conflicts, NGOs have played and continue to play important roles in development projects (health, education, environment, etc.), and in responding to emergency situations in SSA. This is true not only in Africa, but also worldwide in developed as well as developing countries. In Sub-Saharan African nations in particular, non-governmental organizations provide assistance to targeted groups, or in extreme situations and in some service areas, substitute for governments. NGOs, both national and international, have played major roles in service delivery and the alleviation of suffering in the aftermath of wars too, as witnessed in countries such as Chad, Liberia, the Democratic Republic of Congo (DRC), Angola, Sierra Leone and Namibia.

In keeping with this past experience, Bebbinhton and Hulme (2008) have argued that NGOs have two distinctive roles, as service providers and as advocates for the poor. They have suggested that the service provider-advocate divide suggests a distinction between the pursuit of “Big-D” and “Little-d” development. “Big-D” development proponents view “Development” as a project-based and intentional activity, in which tangible program outputs do not result in foundational changes that challenge a society’s institutional arrangements. In contrast, “Little-d” development advocates regard development as an ongoing process, emphasizing radical, systemic alternatives that seek different ways of organizing a relevant country’s economy, social relationships and politics. In keeping with this view of development, Njoku has suggested that “many donors view NGOs as an important part of Africa's democratization process, acting as watchdogs and advocates for human rights and good governance” (2006, p. 7).

Local NGOs have been involved with human rights issues, particularly in seeking to secure the status of women in many African countries, including Togo and the DRC:

NGOs play the role of shaping social relationships by enhancing political participation, transforming public conscience and mobilizing people at the grassroots level. They are able to overcome the monopoly of political parties by influencing national politics and improving the quality of public life in different ways. In the context of Africa, the idea of strengthening this structure would be one step towards the process of solving socio-political problems. Apart from overcoming totalitarianism, organizations can transform social structures by making people go beyond the crisis-oriented approach that dominates socioeconomic and political organization (Tarimo, 2001, p. 3).

Makoba has argued that proponents see NGOs as catalysts for societal change because they are responsive to the needs and problems of their clients, usually the poor, women and children. Because of their orientation to and responsiveness to marginalized groups in society, NGOs have often also been heralded as "important vehicles for empowerment, democratization and economic development" (Makoba, 2002, p. 4). Makoba has further suggested that many NGOs are, "driven by strong values and interests, geared towards empowering communities that have been traditionally disempowered" (2002, p. 4). Finally, this scholar has also contended that perhaps the greatest potential NGOs have is to generate self-help solutions to problems of poverty and powerlessness in society (2002, p. 5).

These positive views notwithstanding, different scholars have offered varying views concerning the roles that NGOs have played and ought to exercise in developing nations, particularly in Africa. Mercieca, for example, has argued quite positively that,

... in countries where we have plenty of non-governmental organizations, we tend to discover fewer problems and less human suffering, very fortunately, from the very outset, the United Nations has realized this tangible evidence and thus it proceeded to establish good rapport with several NGOs (2000, p.2).

Beyond what has been stated, these civil society organizations play roles that go far beyond political activism and advocacy. According to Ofori-Appiah (2008, p.13), many NGOs are important service delivery agents, especially in developing countries. Some of the biggest

international NGOs, “such as CARE International, Medicines Sans Frontiere, are primarily humanitarian aid providers” (Ofosu-Appiah, 2008, p.13).

In contrast, Shivji has labeled NGOs as colonialist in all but name and argued that they represent themselves and not the people they supposedly serve (Shivji, 2004, p. 57). Amutabi has examined the Rockefeller Foundation’s (RF) tripartite paradoxical roles as an agent of colonialism, globalization and development/underdevelopment in Africa and argued that RF projects have resulted too often in a marginalization of country values and customs: “Using globalization, postmodern and postcolonial theories I deconstruct long-held assumptions about NGO inviolability, and open ground for understanding their strengths and weaknesses” (2006, p. 27).

Meanwhile, Fahamu has suggested that

... as structural adjustment programs were implemented across Africa in the 1980s and 1990s, many analysts criticized international financial institutions and development agencies, which began giving money to NGOs for programs to minimize the more glaring inequalities perpetuated by their policies. As a result, NGOs have flourished, and may have played an unwitting role in consolidating the neoliberal hegemony in Africa (2007, p. 84).

Similarly, Shivji has contended that “NGOs cannot possibly be fighting in the interest of the people if they are not in a position to expose and oppose imperial domination, NGOs should not pretend to talk on behalf of the people” (2004, p.57). Pinckney, has emphasized that “NGOs are donor oriented and accountable to them, not the people they serve,” and that “They cannot do everything and be everywhere” (2009, pp.63, 65). Finally, he also has observed, “While the success of NGOs has been reasonable, their presence raises questions about the nature of contemporary democracy (2009, p.44).

Pursuing the same line of argument, Shivji has suggested,

NGOs are neither a third sector, nor independent of the state. Rather, they are intimately imbricated in the neoliberal offensive, which follows on the heels of the crisis of the national project. Unless there is awareness on the part of NGOs of this fundamental moment in the struggle between imperialism and nationalism, they end up playing the role of ideological and organizational foot soldier of imperialism, however this is described (2004, p. 29).

He concludes that NGOs are very much a part of the neoliberal view of democracy. Indeed, the “anti-state stance of the so-called donor community was the real push behind the upsurge in NGO activity” (Shivji, 2004, p. 30).

There are three basic tenets of neoliberalism and these, according to McGregor (2001), include: (a) the need for a free market, (b) individualism and (c) the pursuit of narrow self-interest instead of the common interest. Thus, neoliberalism seeks to encourage the maximum participation of the private sector in the provision of public services and infrastructure (Harvey, 2005; Whitfield, 2006; Allen, 2007), including the provision of health services such as HIV/AIDS-and-malaria-prevention efforts and treatments.

These contentions regarding the appropriate roles of non-governmental organizations and differing views concerning what they do can create confusion among not only average citizens, but also policy-makers and elected leaders. Uncertainty surrounding these claims and counter-claims and the conflicts arising from them can obstruct the growth of collaborative initiatives between governments and NGOs. Shivji has suggested that, “to understand NGOs better, one must start by asking what they are, what they are not and what their limitations may be” (2004, p. 690). Such questions are fundamental and should be raised concerning any potential collaboration between NGOs and developing-nation governments.

2. 1 Important Factors Shaping Developing-Nation-Government-NGO Relationships

2.1.1 *Factors Affecting Government-NGO Relations in SSA: The Internal Dynamics*

Government and NGOs operate within different structures and employ contrasting approaches to conduct their operations and are therefore likely to come into conflict periodically. Masoni (1985, pp. 29-38) has argued that in practice, non-governmental organizations usually try to coexist peacefully with public institutions. As noted above, in Sub-Saharan Africa, government-NGO relations have perhaps quite naturally varied by place and time. The amount of operational space available to civil-society entities has depended on the inclinations of particular regimes. It is useful to analyze the incentives NGOs and governments confront as they approach the question of collaboration.

On the government side, the attitude toward NGOs and civil society organizations more generally depends in good measure on the character of a nation's ruling political regime. As Bratton (1986) has observed, states with civilian constitutions that provide for freedom of association are more likely to tolerate NGO activity than are military or martial-law regimes. Multi-party systems built on a base of voluntary-interest association, few as they are in Africa, are likely to be more hospitable to NGOs than governments led by officials who have or are seeking to consolidate power in authoritarian regimes or single-party states. In addition, as Bratton has also contended,

The administrative capacity of the state plays a role in determining the extent to which NGOs are free to operate from state political and other restrictions. For example, while political leaders may want to regulate the NGO sector, they may find it difficult to do so. Because NGO activities are small in scale and geographically scattered, weak governments will find it too costly to track their activities closely (1986, p.14).

Government-NGO relations in Sub-Saharan-African countries often evidence periodic crises in which political officials take offense at some real or purported non-governmental-organization activities and resolve publicly to crack down on them. However, they are not uniformly able to follow through with “corrective” measures due to insufficient popular support and/or necessary fiscal and administrative capacities. For NGOs, a key factor that influences the nature of their relationship with governments is the scope of their activities. When an NGO is small, governments can choose to overlook it as unimportant while a larger reach makes that orientation much less likely. The geographic location of a non-governmental-organization’s operations in a country, the character and extent of resources it controls and their origins are among other factors that influence public sector-NGO relationships.

As a practical matter, while some governments in SSA have established laws and regulations to define and enforce control over NGOs, civil-society entities have simultaneously and tirelessly sought to maximize their autonomy (Bratton, 1986). These dynamics characterize NGO-government collaborations across the region. Institutions on each side of this dance employ different strategies to pursue their roles. The following are examples of practices that the region’s governments, including Togo, have employed to oversee NGOs.

2.1.2 *Monitoring*

Governments in SSA have sought to manage the number of their nations’ civil organizations by imposing registration requirements. As mentioned above, in Togo, national and international NGOs must be granted legal identity, governmental acknowledgement under a national regulatory statute. Public officials have discretion to decide whether to allow an NGO’s formalization. The Ministries of the Interior and of Planning as well as various line ministries are in charge of the process, which can be fraught with obstacles, not the least of which can be

corruption. Government officials in Togo approve such compacts only after the Ministry of the Interior has issued a document of good conduct for the relevant NGO and the appropriate line ministry has also offered its approval.

Despite this official assertion of power and authority, Togo, like most governments in SSA, lacks reliable data, personnel and related administrative capacity to undertake even rudimentary monitoring of NGOs, such as tracking the foreign funding they receive, despite the fact that such information is fundamental to national development planning. Edwards et al. (1999) have argued that efforts to track non-governmental-organization support constitutes a way to force a “partnership” between such organizations and the government, and to obtain support and dictate where civil society organization activities should take place to ensure they prove politically advantageous to the ruling elite. The government may also use monitoring data to identify the civil-society entities with which it will negotiate partnerships, paying particular attention to “healthier” (more politically palatable and pliable) organizations. Indeed, in the past, such oversight efforts as have occurred in Togo have often involved corruption, including violent threats and politically motivated false accusations. In addition, the various line ministries in Togo have frequently fought over legal recognition of who should do what for/against NGOs, resulting in confused monitoring efforts (Ricker, 1995). This jurisdictional bickering and confusion, however, often de facto, allows space for many national NGOs to operate with little, if any, oversight from government officials. This is true across all development sectors in the country. In sum, the Togolese government’s historic role in NGO registration and oversight is quite mixed. National officials have indeed often sought to control civil society entities and to profit illegally from them, but they have also just as often failed to do so effectively or not sought to do so at all. This situation has left Togo’s

NGO leaders in a perpetual state of unease and concern regarding when the next proverbial shoe will drop and concerned about what guise it might take.

2.1.3 *Coordination*

Governments in SSA in recent years have generally been committed to administrative decentralization, at least in principle. In Togo, however, in practice, according to Riker, “The chain of government-NGO coordination is highly centralized” (1995, p. 97). As noted above, the Togolese Ministry of Planning is responsible for the coordination of government-NGO relationships for the approximately 326 NGOs operating in the country. However, as noted for its role overall, despite its formal remit and authority, insufficient resources and data often prevent the Ministry from attaining its assigned coordination mission in practice.

2.1.4 *Dissolution*

The strategy described here as “dissolution” includes a range of government interventions that impede the functioning of civil-society organizations, including NGOs. Regimes may employ a variety of legal measures to limit non-governmental organizations’ freedom of action. African political leaders have not hesitated to restrict specific NGO activities where these have been viewed as contrary to national interests, as understood by the regime in power. Sometimes, for example, non-governmental organizations have been threatened with an extreme version of these tactics, complete shutdown, when they undertake capacity building programs aimed at achieving increased public transparency and accountability.

Despite the uncertainties of their regulatory environment, Togo’s NGOs routinely seek to secure as much operating autonomy as possible. Many, for example, have sought to maintain a low profile to garner a measure of independence and reduce potential government interference

and control (Bratton, 2002, p.17). Non-governmental organizations have also used other tactics, such as selective collaboration and policy advocacy, in efforts to maintain operating latitude (Bratton, 2002). In Togo, some NGOs have avoided working with the government altogether because of a general view of its ministry and regional office staffs as incompetent and/or corrupt (Bratton, 2002). Most indigenous community-based NGOs addressing Togo's HIV/AIDs and malaria challenges receive substantial financial support from external donors. This fact shapes their standing and status vis-à-vis the national government and typically allows them some measure of freedom from its leaders' engagement and oversight. In contrast, international NGOs operating in Togo actively seek to comply with government rules and regulations because of diplomatic protocols and the fact that they may operate in the nation only with the government's permission (Bratton, 2002).

To summarize, tracking Togo's government's attempts to monitor NGOs and other civil-society groups, as those organizations strive to maintain operating discretion and pursue their goals, provides a useful lens through which to investigate each party's motivations and objectives. Although regime officials and non-governmental organizations may have been uncomfortable bedfellows historically in Togo, they appear destined to co-habit the country now. This is especially true since Faure Gnassingbé was elected president in 2005. That event represents something of a watershed in Togolese government-NGO relations, as it resulted in steps toward a more cordial and less confrontational relationship between the sectors in the nation. Wisely, most of Togo's non-governmental entities have not endeavored to supplant official development efforts. For their part, and recognizing the work of international NGOs such as "AIDE et Action" and "Plan International," Togo's national government officials have publicly praised the contributions of some of the civil-society institutions working in the nation.

2.2 History of the NGO Sector in Togo

The NGOs active in Togo today have their roots in charity-and-welfare-oriented activities first initiated by churches during the nation's colonial era (1894-1960). The number and range of activities of civil-society organizations in Togo grew rapidly during the 1980s and 1990s under the influence of Western-aid-agencies' neo-liberal claims. As Tchaboure (1991) has argued, before 1975, Togo's civil society contained only faith-based organizations. From 1975-1985, the total number of "official" registered non-sectarian national and international non-governmental organizations never exceeded 20. Today, as noted above, 326 non-religious NGOs are formally registered in Togo. There are also three registered consortia of NGOs: The Union des Organization Non-Governmental du Togo (UONGTO) (Union of Togolese NGOs), Federation des ONGs du Togo (FONGTO) (Federation of Togolese NGOs) and Reseau des ONG Professionelles pour le Developement au Togo (REPONGD) (Network of Professional NGOs for Development in Togo).

Non-governmental entities in Togo are defined as civil-society organizations that form independently of the state, but register under specific public laws to gain official recognition. They pursue public-good-related purposes. Togo's NGOs are currently addressing HIV/AIDS and malaria prevention as well as microcredit/financing and economic development, among other concerns. As is true elsewhere, Togo's civil-society organizations are national or international in character and secular as well as faith-based in their origins. NGOs are not homogenous actors. They differ in their activities, structure, organization, resources, leadership and guiding aspirations.

2.2.1 *Institutionalization of NGOs in Togo*

Togo's NGO statute (1990) guarantees citizens the right to create private voluntary associations in the country. The current government-NGO cooperation law in Togo took effect on May 27, 1990 (Clark, 1991). Sections 2 and 20 of the statute give the state power to repeal the charters of civil-society associations for "lack of adequate performance" and for various other reasons. The Parliament passed an additional statute authorizing government-NGO partnership "Understanding Documents" on May 20, 1997. Although these laws grant rights to citizens and NGOs, neither ensures autonomy for non-governmental organizations or unfettered freedom to undertake such activities as they might deem appropriate. Government decisions may shape the scope of possible NGO action at any time. As was the case with the prior military regime, current law does not protect non-government-organizations from possible inappropriate regime intervention.

Regarding that lack of protection, a 1992 government-NGO cooperation statute required that non-governmental organizations officially recognized by the government be tied to the regime by a "program agreement" valid for five years and renewable on approval of their performance. The law does not outline the criteria on which NGOs will be evaluated to determine whether they will be authorized to continue their activities. As a result, the governments can, in principle and in practice, make such decisions arbitrarily (Tchaboure, 1991).

2.2.2 *Practical Measures/Registration*

As noted above, before being granted official recognition, non-governmental organizations in Togo, whether national or international, must complete a long registration process overseen by the Ministry of the Interior for national NGOs and by the Ministry of Foreign Affairs for international NGOs. Once the designated office has granted its approval,

non-governmental entities must file another involved application, called an “Accord Program,” with the Ministry of Planning. It is a legally binding document between the NGO and the Togolese government. Accord Programs do provide privileges, including some tax advantages for participating non-governmental organizations. While for national NGOs the full registration process can take 3 to 5 years, for international NGOs, if they arrive in country fully funded, the process often takes less than 3 months, the time it takes to guarantee the signature. Also via a lengthy process, both types of NGO must renew their Accord Program, usually every five years. However, if an international NGO is funded for only four years, for example, it must renew in the fourth year. The final agreement letter for all NGOs is typically less than three pages long and details neither responsibilities nor procedures for the posited relationship. Once rostered, NGOs formally report to the government line minister engaged in their sphere of work. For example, a health service NGO reports to the Ministry of Health. Yet NGOs may go years without a visit by a regime official or feedback of any kind from their supervising ministry (Togo’s NGO Charter, 1990, cited in Tchaboure, 1991; Denkabe, 1993).

2.2.3 The Institutional and Legal Challenges Confronting Togolese NGOs

Apart from a lack of political will among government leaders to cooperate with them in the past, NGOs in Togo have also confronted other difficult legal and institutional concerns. Overall, Tchaboure (1991) has argued that many NGO leaders in Togo have suggested that the nation’s policy is highly restrictive in its impact on their operations, detracting from their efforts to promote development. As suggested above, most laws and rules governing NGOs date to the dictatorship period and have not changed. As a result, many are formally quite limiting. I explored this question with those interviewed for this research and their perceptions appear in Chapter 4.

2.2.4 *Changing Government Views of NGOs in Togo*

As described above, one may identify a range of contextual dynamics in the relationship between the Government of Togo and the country's NGOs depending on the time period one analyzes. Under President Gnassingbé Eyadéma, civil-society actors had very little public space in which to operate and suffered under a generally repressive political regime. During the era of General Eyadéma and his Rassemblement du Peuple Togolais (RPT) party, the only non-governmental groups allowed to exist in Togo, apart from the reigning party, were religious in character. The government viewed NGOs as a political threat to the regime, which, when it began, had only a tenuous hold on power. Eyadéma government officials harassed or briefly jailed several civil-society leaders in the early days of the regime. During the dictator's rule many of the nation's brightest young development activists, including critics of the government's harsh structural adjustment program in the late 1980s and early 1990s (a product of International Monetary Fund pressure and support) were compelled to flee the country to pursue their careers.

Denkabe (1993) has contended that initial government hostility toward NGOs gradually assumed a more generous attitude as Togo's economic adjustment program proceeded and its social costs became apparent. Moreover, NGOs during this period sought actively to avoid explicitly political terrain or overtly antagonistic activities. Denkabe (1993) has neatly described the Eyadéma government's attitude during these years, which prevailed as long as civil-society organizations and groups stayed within their prescribed area of action:

While NGO activities are regarded favorably by the government, the role of NGOs is largely seen as social welfare provision and taking over responsibility for community development as government reduces the public sector. NGOs are expected to develop their initiatives in accordance with the priorities of regional and district administration (Clark 1991, p. 17).

The Eyadéma government valued the resources that non-governmental institutions received as a means of helping close the service delivery gaps it confronted, but at the same time the regime sought to define their role narrowly to the provision of social welfare services. The prevailing perspective during the late Eyadéma era was that “NGOs exist to fill the gaps of the government’s development efforts” (Miltin et al., 2007, p. 37).

With the new Faure Gnassingbé regime in 2005, the Togolese government has been more willing to work with international NGOs particularly, as these typically have stronger resource bases and are more established in terms of personnel, expertise and logistical capacity than the government. Indeed, as with many countries in SSA, Togo’s various departments, e.g., health, education and agriculture, often depend heavily on projects provided by foreign NGOs.

There is no scholarly literature concerning non-governmental organization-government agency relations or their legal status in Togo during Gnassingbé’s years in office (as of the time of this study). Journalists have obtained such data as has become available concerning these issues through conversations and interviews. These media accounts suggest that one of the most significant changes occurring during Gnassingbé’s tenure in Togo is that citizens feel freer to associate, express their views and organize themselves for self-help efforts (Freedom House, 2011).

2.2.5 NGO Interactions with the State

As mentioned above, one of the fundamental reasons non-governmental organizations have received so much attention in recent years in Togo is that they are perceived to be able to do things that the national government cannot or will not undertake. But that perception is just that, a perspective that may or may not hold in the nation’s context. It is important to recognize

that relations between NGOs and governments vary dramatically from region to region and country to country. For example, civil-society institutions in India derive much support and encouragement from their government and tend to work in close collaboration with it. Non-governmental organizations throughout Africa also acknowledge the frequent need to work closely with their governments or at least to avoid antagonizing authorities (Uwhejevwe-Togbolo, 2005, p. 13).

In the Third World more generally, difficult economic situations have frequently forced otherwise reluctant political leaders to yield to pressure from international multilateral agencies to cooperate with NGOs. In these cases, governments have acted as conduits for external funds, but, in some instances, nonetheless have sought to maintain control over the civil-society entities involved, precisely because of their access to financial support. While this is doubtless a negative situation, some development theorists have nonetheless argued that NGOs can influence national policy in their countries through their international donors. Foreign governments and their aid agencies and international organizations may serve as a kind of “buffer” between governments and non-governmental organizations that can soften social and political tensions and promote more coherent national development strategies (Edwards et al., 1998, p. 27).

Empirically, the literature on government-NGO relationships has addressed the significance of the specific strengths and weaknesses of the two parties; that is, it has examined governments and NGOs, the services they provide and the different approaches to their work each employs (Gilson et al., 1994, p. 4). Surprisingly, however, the literature I reviewed was silent on an issue that would appear to be important in any non-governmental organization-government partnership: the respective organizational or operating cultures of the partners.

While I was engaged in this research, I realized from the few analyses I found that the academic literature also offers little on the external factors that influence the internal and working arrangements of the organizations involved in NGO-government partnerships. It appears axiomatic to argue that for collaborations to work, their parties must take into consideration the internal and external relationships of the entities so engaged. The way in which an NGO handles its responsibilities and people can easily jeopardize or boost its relations with a government or with other community institutions with which it partners. The same thing applies in the context of external factors linked with a government organization (at least a democratic one). This may involve how their principals deal with people outside their institutions as well as with local officials and representatives of other organizations of all sorts. These internal and external factors and the organizational cultures they shape could negatively (or positively) affect the relationship that is established when a partnership is first sought and thereafter institutionalized between an NGO and a government.

2.3 NGOs' Views of Government-NGO Relations Today

I spoke with two respondents who participated in the study, one from a national NGO and one from an international NGO, and triangulated their views with some secondary data to gain a sense of how government-NGO health partnerships are faring today (2016) relative to the time of my original interviews. Their assessment of partnership dynamics is virtually the same as my interviewees shared. The international NGO staff member with whom I spoke stated,

I do not see any change in regard to the character of my organization's partnership with the government. ... I mean we as international NGOs, have not seen large changes in how we are working with the government, but we hear from our national NGOs colleagues [that they were] always fighting with the government. (INTL 4, June 24, 2016)

The national NGO respondent I telephoned for the same purpose with the same question reported,

Even though things seem to be improving, our problem of trust is still there. I want to see President Faure's administration take action before I'll believe that he's open to NGOs, but this has not come yet and it seems we will have to wait. He makes political speeches, but takes no action. (NTL9, June 24, 2016)

According to Dirk (2016, p. 3), the current president's conduct shows more transparency and commitment to dialogue than was the case during his father's regime. The question is whether his efforts are sincere and will prove long-lived, given that he is still surrounded by many figures from the old dictatorial regime. As Dirk has also observed,

The present government seems to be much more open to civil society participation than any government before. The inefficient use of civil society organizations' capacities is sometimes more due to the weakness of the NGOs' administration and membership structure than to the government's reluctance to engage with them. Enhanced dialogue between NGOs and government is slowly becoming a reality. Both sides must work hard to overcome the distrust in the present situation that has been nourished by the poor state of relations in the past decades. (Dirk, 2016, p. 5)

Even though there is still much work to do and a long way to go, the current president has shown some flexibility and openness regarding NGOs. Drafting policies to establish an effective partnership framework with NGOs will need more time, not only to refine policies and procedures, but also to persuade well-meaning, but long-suffering, NGO staffers that the changes are genuine. Additionally, the government needs committed, competent specialists in NGO governance and partnership development. The animosity, fear and mistrust on both sides of the government-civil society institution relationship has been profound and it will take time to heal those wounds.

2.4 Typical Factors Undermining Relations Between NGOs and Governments

Notwithstanding scholarly recognition of the potential importance of partnerships between governments and NGOs, a diverse array of factors may undermine the possibility they represent, including institutional, legal, funding, internal challenges and capacity problems. If the government and NGOs work together to address and resolve the sources of these concerns, they may develop strong collaborations. To take such steps, however, each must recognize the need to work with and support the other to achieve their ultimate goals. In this study those shared aspirations, at least nominally, were the effective treatment of those with HIV/AIDS and malaria in Togo in the short-term, and the eradication of those diseases nationally in the long-term.

Previous studies (Brown, 1988; Bratton, 1990; Fowler, 1992; Salamon and Anheier, 1991) have identified several factors that shape the character of NGO-government relationships:

- A highly political/policy atmosphere. According to Fowler (1992), almost all NGOs fall in the camp of the opposition from the point-of-view of regime officials. As a result, government leaders may view them as possible threats to their power and authority and therefore treat them with skepticism or even overt hostility.
- Non-governmental organizations' preference for autonomy may breed a reluctance to negotiate with governments as well as poor coordination with other civil-society entities. According to Bratton (1990), some NGOs prefer to remain detached from governments to avoid drawing attention and possible outside control of their activities.
- Pressure on successful NGOs by key donors to accept more funds, risking a reduction in their performance unless their capacity is increased commensurately. Bratton (1990) has suggested, for example, that, donor pressure deflected the Voluntary Agencies Development Assistance Organization of Kenya from its original institutional

development function to act instead as a funding intermediary. This occurred at the expense of both its founding agenda and its relationship with other NGOs.

Hiromitsu (2000) has argued that other obstacles found in government-NGO partnerships include strained relations between the parties, the neoliberalism of many civil-society entities and various internal challenges confronting partnering agencies. Concerning the issue of stressed relationships between the government and NGOs, Rahman (2004, p. 5) has contended (as noted above) that NGO-government relationships are complex and vary from one country to another. Rahman has added that in several cases, nongovernmental-organizations may shape later government action by pioneering program models/proposing changes and reforms to already existing government policies. Also in some instances, civil society organizations offer criticisms of proposed public policies and can go to the extent of organizing or leading demonstrations to highlight their concerns (Rahman, 2004, p. 5).

Rahman (2004, p. 27) has further suggested that certain factors are critical to government-NGO collaborations. These concerns include the character and capacities of the regime and the form and location of particular NGO projects. He has argued that the most effective collaborations occur when a government is confident and capable, when it pursues popular policies and when the engaged NGOs possess necessary capacities to collaborate competently. On the other hand, ineffective partnerships are more likely when governments are weak and defensive and operate on a limited power base, but nonetheless seek to cooperate with non-governmental entities to promote community mobilization (Rahman, 2004, p. 2).

Sato and William have likewise outlined several sources of potential tension within NGO-government partnerships that parallel those of other scholars:

1. Misunderstanding of each other's objectives
2. Restrictive government actions
3. Lack of trust
4. Poor understanding of relative strengths and weaknesses of capacities on both sides
5. Failure of government to identify the types of NGOs that might become reliable working partners
6. Lack of accountability on the part of NGOs to their clients, or to the public at large, concerning how resources are used
7. Poor communication among NGOs and between NGOs and governments
8. Mismatched working methods of governments and NGOs
9. Sharp contrasts between the top-down control orientation of many governments and the more participatory approaches of many NGOs (Sato and William, 1993 cited in Rahman, 2004, p. 6).

On the issue of challenges in government-NGOs collaborations, Raman (2004) has argued that civil-society entities typically do not wish to provide services on the basis of class, language or religion unless their missions are specifically sectarian in character or focused on a particular social group or tribe. Finally, concerning the internal organizational tasks specific to each partner, Rahman (2004) has argued that each collaborator (NGOs and governments) confronts an inherent difficulty that hinders its effective capacity to partner. NGOs often possess inadequate technical capacity to handle complex problems. They also often evidence poor decision-making processes and capabilities and ignorance of factors of national importance as well as insufficient financial resources, which may lead to donor dependence. Frequent developing-nation government challenges include political instability,

undue and inefficient bureaucratic processes and capacities and deficient policy design (Rahman, 2004, p. 21).

2.5 Government

In its broadest sense, according to Beer, “to govern means to administer or supervise whether over a state, a set group of people or a collection of assets” (1973, p. 17). The long-time Harvard University political scientist also argued that “government” represents both central (ministries) and local public entities (districts and municipalities) (1973, p.19). Public executive agencies have the responsibility to ensure that services required by law are delivered; that is, they accept primary responsibility for the implementation of government programs. Since public policies directly affect the third sector and the consumers of those organizations’ services, regimes should recognize their role(s) as possible partners and actors who could influence the application of and respect for those policies.

Authors have classified governments in many ways. Classically, theorists distinguished regimes by whether power within them was held by one person, a few autocrats or a majority. Governments may also be classified as parliamentary or presidential, depending on the relationship between the executive and legislature within them. They may also be characterized according to how they distribute power at different levels. That is, they may be unitary, with the central government controlling local affairs, or federated or confederated, granting a degree of autonomy to regional (state) and/or local governments. The extreme case of governmental control of virtually every aspect of people’s lives is totalitarianism.

The government of Togo is presidential in character. That is, the nation operates under a political system in which the executive branch exists separately from a parliament to which it is

mutually accountable by a constitution. According to Lofchie, Togo's system of government has several strengths:

- Strong government officer representation in all sectors throughout the country
- Long-term presence of officers in the field
- Long-term commitment and emphasis on sustainability
- Robust political leader understanding of the broader social, cultural or economic context (1977, p. 23-25).

Lofchie has also identified several weaknesses associated with Togolese governance:

- Limited financial and management expertise
- Limited institutional capacity
- Limited means of transportation and communication
- Poorly trained government officers (1977, p. 23-35).

2.6 Partnership

As noted above, different authors have defined partnership in diverse ways. According to Lewis (1997), for example, the term tends to mean different things to distinct development actors. The result, in this view, is frequently a wide gap between theory and practice. Lister has defined partnership as “a working relationship that is characterized by a shared sense of purpose, mutual respect and the willingness to negotiate” (2000, p. 228). Omondi et al. have described partnerships as “a joint activity or working together where two or more organizations share resources and responsibilities to address a common purpose” (1993, p.17). This definition implies that the participating parties accept that their respective roles are equally important in the pursuit of their shared vision and goals. Meanwhile, the World Health Organization has

described the term as a “means” to bring together a set of actors for the common goal of improving the health of a population based on mutually agreed roles and principles (WHO, 1999 pp. 13-19). Comparing the WHO and Omondi et al. definitions allows one to note that the health-organization view recognizes the significance of partner-shared roles and premises, a characteristic lacking in the Omondi formulation.

The two definitions share the view that institutions engage in partnerships to attain common goals. Gill (2003, p. 11) has characterized collaborations as ventures between organizations that pool resources in pursuit of common objectives. Paoletto has offered a broad definition of partnerships as “collaborative activities among interested groups, based on mutual recognition of respective strengths and weaknesses, working towards commonly agreed objectives developed through effective and timely communication” (2000, p. 42). This description is broad and incorporates many issues that the WHO and Omondi et al.’s characterizations do not. Meanwhile, the World Economic Forum (2005, pp. 25-35) has emphasized the voluntary character of partnership by defining these relationships as forms of agreement that entail reciprocal obligations and mutual accountability, voluntary or contractual ties, sharing of investment and reputational risks and joint responsibility for program or project design and execution. Axelson et al. (2003, p. 23) have defined NGO-government partnerships as a method of involving non-governmental institutions in public service delivery. For its part, the Asian Development Bank Institute (ADBI, 2001) has described NGO-government partnerships for health-related services as a useful way to engage a wide range of stakeholders in shared pursuit of a complex set of development objectives linked to population wellness.

However, while these definitions are useful, no consensus among researchers concerning how to understand the term has yet emerged. One reason for this situation is a certain

indeterminacy that results from the different ways in which these relationships evolve in practice.

In consequence, De Wit has argued generally that,

... the creation of partnerships may be understood as a way of making efficient use of limited resources by way of combining skills and experience, increasing institutional sustainability by enhancing social responsibility, improving beneficiary participation and promoting equity amongst actors involved (2001, p. 3).

De Wit (2001) has also suggested that partnerships are often advocated as a potentially effective means for attaining sustainable development, social welfare and participatory development goals. Pallavi (2005) has contended that collaborations prompt organizations to build relevant capacities, offer access to an enlarged pool of resources and enhance the legitimacy of the actors involved.

There is, however, no single known path to develop effective cross-sector partnerships. Instead, different analysts have offered varying counsel based on their examination of diverse efforts. Nonetheless, despite the lack of consensus among scholars, the World Bank and other major international organizations have often required developing nations to adopt public-private partnerships on the view that such collaborations are a key mechanism for provision of basic services to the poor, including health care (World Development Report, 2004).

This literature suggests that the following elements are critical to government-NGO partnership success (understood as effective and equitable achievement of delimited goals):

- Relative equality of the participants
- Vigorous and open communication between the partners
- Mutual commitment to shared aims
- Effective communication among NGOs and between NGOs and governments
- Governments and NGO actors who understand each other's working methods

- Reciprocal trust between the actors
- Nuanced understanding of relative organizational strengths and weaknesses of capacities by both partners as these relate to their respective roles
- Effective accountability to key stakeholders by each actor involved in the partnership.

The various definitions analysts have offered of government-NGO collaborations suggest that successful partnerships must be more than simple principal-agent reporting relationships between a “boss” and “subaltern” or the view that the public leader exercises authority and the civil society actor simply implements the demands made of it. Overall, the arguments I have described indicate that a useful working view for public-private partnerships for development is a collaboration among organizations, in which each shares risks and benefits in pursuit of common goals.

NGOs partner with governments for a number of reasons. Penrose (2000, p. 246) has described those animating claims as ideological and pragmatic. For Penrose (2000), ideological rationales are related to the merging of developmental objectives and anticipated roles based on the abstract notion of comparative advantage for the government and NGO involved. Non-governmental entities may also support partnerships for very practical reasons—for instance, when the collaborations provide them access to resources, accord them legitimacy or increased recognition and promote greater accountability and transparency. According to Edwards and Hulme (2002), these conditions may represent means by which NGOs enhance the stability and/or standing of their overall operations.

Rahman (2004) has argued that NGOs often seek to assist the most socially disadvantaged groups. According to this analyst, the local focus of these organizations often

permits them to target such groups for services much more effectively than governments typically can. Nonetheless, these organizations are always open to the criticism that their reach is insufficient when compared to social needs. According to Rahman, one potential answer to this concern is to develop partnerships with government units to expand the range and volume of services rendered. He has suggested that government-NGO collaborations can be structured in one of three ways, depending on the extent of the partnership desired:

- Establishment of infrastructure and handing that foundation over to NGOs
- Provision of public revolving funds/seed money to NGOs for disbursement for services
- Government guarantee of NGO debt (2004, pp. 4).

2.6.1 *Organizational Structure, Roles, and Responsibilities of Partners*

Governments and NGOs have different organizational structures. In Togo, the government is traditional and hierarchical in its structure, whereas local NGOs are generally more bottom-up and participative in their organization and strategy. Therefore, in order to engage these two different types of organizations in collaboration, those involved in the relationship must be willing to compromise and clarify their orientations to authority as well as their goals. It follows that each partner's explanation of roles and responsibilities should be foremost while drawing up a collaboration agreement. Keep Media has suggested that if partners do not spell out their individual rights and responsibilities in a written document, they will be ill-equipped to settle conflicts when they arise and minor misunderstandings may erupt into major disputes (2005, p. 5).

Ideally, a partnership agreement between NGOs and governments allows the parties to structure the relationship between them in a way that suits the challenges they aim to address

collaboratively: “The role of each partner in a successful inter-sectoral collaboration should be clearly defined and the role assignments should reflect each partner’s skills, resources and overall ability to help the partnership achieve its goals” (Hamlin, 1996, p.27).

2.6.2 *Decision-Making Process of Partners*

This research sought to determine whether Togolese government-NGO- partnership decision-making processes examined were more or less hierarchical, or were instead more collaborative and group-focused. Harris (2009, p. 4) has argued that making a decision implies consideration of alternative choices. Paramount to effective decision-making in this view is identifying as many options as possible and ranking them to choose the one that has the highest probability of success or effectiveness when weighed against selected goals, desires, lifestyle, values, etc. This is where the principal challenge lies when it comes to NGOs or government making a decision on an issue in their partnership projects. For example, the participants must determine who has authority (or how they shall share it) to make a choice concerning how to address a particular issue or problem or to design the processes by which employees of each entity can make such decisions or undertake such actions.

2.6.3 *Communication*

The OECD/CEED has suggested that “communication is the grease which allows organizations to operate smoothly” (2006, p. 47). Communication occurs both internally and externally with participating organizations, and both forms play essential roles in how collaborations function. Partners should maintain constant contact to discuss their aims and visions, but also must remember to involve their target audiences and intended beneficiaries of their ongoing operations or activities. If such messages are to help individuals understand their roles, it is important that communication be clear and concise. However, according to Martin

(2002) and as also highlighted above in more general terms, communications between NGOs and governments in African countries, encounter several typical challenges, including developing sufficient trust to collaborate at all.

2.6.4 *Trust*

As in a personal life or relationship, in Togo's NGO-government partnerships for implementing HIV/AIDS and malaria projects, trust was key among the issues raised by interviewees. In that spirit, Harrison has suggested that, "Trust is the level of positive expectation we have of another person when in a situation of risk" (Harrison, 2012, p. 2). Along the same lines, Pillsburg has argued that "trust is often identified as an essential ingredient for successful partnership" (Pillsburg, 2010, p. 1).

In fact, relationships between governments and NGOs in Sub-Saharan Africa are often weak, if not antagonistic, because of a lack of trust. Nevertheless, as White has noted, "Trust is the glue which holds partnerships together" (2001, p. 25). Being open and honest and holding to promises and agreements builds trust. Pullen (2007) has observed that trust in partnerships crosses many boundaries, including interpersonal, institutional and cultural ones. In such conditions, individual relationships are at persistent risk of falling prey to misunderstandings. Their success therefore requires clear expressions of interest and aspiration. For the purposes of this study, I asked partners to evaluate one another's views of the responsibilities in their collaborations and whether those conducted to trust between relevant partnership actors.

Tendon (1987) has suggested a healthy collaborative relationship is only conceivable when both parties share common objectives. For example, if a government's commitment to improving service provision is weak, NGOs working with that regime will find dialogue and

partnership with its representatives frustrating or even counter-productive. This suggests a need for “a genuine partnership between NGOs and the government to work on a problem facing the country or a region, based on mutual respect, acceptance of autonomy, independence, and pluralism of NGO opinions and positions” (Clark, 1991, p. 17).

However, as Tendon (1987) has observed, such relationships are rare, even when these conditions are met. He has also noted that mutual distrust and jealousy appear to be deeply rooted in government-NGO relationships in Togo. Historically, as I argued above, the Togolese government has feared that non-governmental organizations would erode its political power or even threaten national security. Although controversial, many NGOs in Togo are seeking closer collaboration with the current government. The concerns attending this step for the civil-society entities involved arise from long-term distrust of the regime as well as fears concerning the potential for corruption and decreased financial independence.

2.6.5 The Difficult Path of NGO-Government Partnerships in Togo

Alone, neither Togo’s NGOs nor government can ensure effective social services in the areas of education, energy and health. They need each other, and they need agreements that safeguard reciprocal obligations and mutual accountability, whether voluntary or contractual (World Economic Forum, 2005, pp. 25-37). Translating their relationships into effective working alliances requires both parties to understand clearly their roles, responsibilities, and commitment. Tandon has argued that, when the government has a positive social agenda (or even when individual ministries do) and when NGOs are effective, there is the potential for a strong, collaborative relationship between actors in these sectors, a “genuine partnership between NGOs and the government to work on a problem facing the country or a region, based on mutual respect, acceptance of autonomy, independence, and pluralism of NGO opinions and positions” (1991, p. 27).

Above, I depicted (accurately) the former government of President Gnassingbé Eyadéma as a dictatorial regime with massive human rights violations, including harsh restrictions on free speech. Such bred a climate of political opposition and suspicion, and even paranoia, in which NGOs were perceived to be at odds with government (de Janvry et al., *Market . . .*, 1989, p.5), rather than viewed as potential cooperating partners. All things considered, government-NGO partnerships in Togo have tended not to succeed in the past at the levels desired because of mistrust, improper governance, unilateral decision-making and poor communication. Both sides have played roles in creating and maintaining this difficult situation, and both sides must find ways and means to overcome their past difficulties if they are to build effective service delivery partnerships in the future.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The choice of a research design and methods is guided by an inquiry's purpose, research questions and objectives; the extent of existing knowledge; the amount of time available in which to undertake it and other resources available to complete it. Methodology is one of the most important elements of any investigation. The term refers to the various steps adopted by an analyst to study an issue or a problem with a certain object in view. According to Blaxter et al., "All research involves the collection and analysis of data, whether through reading, observation, measurement, asking questions or a combination of these or other strategies" (Blaxter et al., 2002, p. 23).

This chapter describes the research design and methods employed in this study. It provides details regarding the population, sample and sampling techniques and instruments and methods of information collection used in the inquiry. It also discusses the data analysis process as well as relevant ethical considerations.

3.2 Research Design

Burns and Grove have defined a research design as "a blueprint for conducting a study with maximum control over factors that may interfere with the validity of the findings" (1999, p.15). For his part, Parahoo has described a research design as "a plan that describes how, when and where data are to be collected and analyzed" (1997, p. 142). Polit et al. have argued that a research design is "the researcher's overall plan for answering the research question or testing the research hypothesis" (2001, p. 167). This study focused on identifying and examining the

factors that health NGO leaders and government leaders in Togo perceived as influencing the dynamics of their partnerships, as they have sought to work jointly to prevent and treat malaria and HIV/AIDS in that nation.

I employed a cross-sectional research design for this inquiry. In a cross-sectional study, according to Olsen and George (2004), either the complete population or a subset is selected, and from the selected subset, data are obtained to assist in addressing the questions of interest. It is referred to as cross-sectional since the information about the selected sample represents what is occurring concerning the domains of interest at a particular point in time. I collected information from a specific group of individuals at a point in time and did not seek to chronicle changes in partner perceptions across time. I did, however, seek to contextualize the information I gathered in light of what was occurring in Togolese politics and the nation's economy at the time of my analysis. I also sought to place my analysis in historical context.

3.3 Study Population

Parahoo (1997) has defined a study population as, “the total number of units from which data can be collected,” such as individuals, artifacts, events or organizations. Burns and Grove have described a population as all of the elements that meet the criteria for inclusion in a study. These same authors have defined eligibility criteria as “a list of characteristics that are required for membership in the target population” (2003, p. 234).

The basic idea of sampling is that the unit selected represents the overarching population. This means that by choosing some element(s), one can draw conclusions about a group under examination. Cooper and Schindler have suggested that “the sample frame is a representation of the element of a target population that consists of all elements of that population” (2006, p. 56).

The sample frame for this study consisted of one representative per NGO from 14 national and international NGOs in Togo involved in the treatment and prevention of HIV/AIDS and malaria as well as one representative from each of 14 government units: ministries, regional directorates, and nation-wide government institutions (The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program [NACP/STD], The National Council Against AIDS and Sexually Transmitted Infectious Diseases [CNLS/STD], and The National Program Against Malaria [NPM]) officially responsible for addressing HIV/AIDS and malaria in Togo).

3.4 Types and Sources of Data

I used both primary and secondary sources of data. The primary information for this inquiry consisted of semi-structured interviews with officials from INGOs and NGOs and government units engaged in partnerships to address malaria and HIV/AIDS in Togo. The secondary data included census reports and organizational records, such as the minutes of partnership meetings, when those were available. I also reviewed relevant government agency and NGO reports addressing partnership structures, challenges, successes and failures.

Semi-structured interviews are used often in policy research. In semi-structured interviewing, the researcher uses a guide with questions and topics to be covered, but is granted some discretion concerning the order in which questions are asked and with follow-up queries. Questions are standardized across interviews and the interviewer uses probes to ensure adequate coverage of topics. Semi-structured interviews are often used to delve deeply into a subject and garner thorough responses concerning it.

3.5 The Need for a Sample

Given limiting factors such as time, expense and the availability of interviewees, it is generally not possible to interview all involved in activities of specific research interest. In such situations, the analyst must sample from the universe of possible interviewees. Gay and Airasian (2003) have defined sampling as the process of selecting units, such as people, organizations or phenomena from a population of interest so that, by studying the sample, the researcher can fairly derive analytical propositions from the results.

3.5.1 *Sampling Method*

This study employed quota and purposive sampling techniques (Patton, 1990, p. 9). I selected top managers/leaders from each government organization and NGO involved in partnerships in my selected domains. For government informants, I chose officials from the Ministries of the Interior and Planning, the National Council against AIDS and Sexually Transmitted Infection Diseases (CNLS/STD) and from the National HIV/AIDS and Sexually Transmitted Infectious Diseases staff in Togo's office of the President. I selected NGO informants who were incumbents in key health-sector positions (director, advisor, project manager, deputy director), who had knowledge of and experience working in government-NGO partnerships to address HIV/AIDS and malaria, with at least one year of involvement in one or more public-private cooperative ventures in health-service delivery in Togo.

When I undertook this inquiry, 94 NGOs in Togo were involved in prevention and treatment of HIV/AIDS and/or malaria. Of that number, 70 were operating in the Maritime region (near Lomé, the nation's capital and largest population center), where I did my study. However, only 20 of the 70 were involved in partnerships with the government. Of those involved in relevant collaborations, I selected 14 top ranking officials from 14 NGOs engaged in

those collaborations for interviews. Using the three criteria noted above, I chose for interview those officials most directly involved in partnerships for health service delivery. That is, the NGOs involved in the study met the following criteria: They had been registered in Togo and had been working with HIV/AIDS or malaria prevention and treatment programs for longer than one year, had a paid staff and volunteer board of directors, had set an annual budget and had published an annual report on its HIV/AIDS or malaria project(s). Additionally, the NGO had been collaborating with one or more government ministries in the implementation of HIV/AIDS and malaria prevention and treatment programs. The group I interviewed comprised 10 national NGO officials (71.6%) and 4 international NGO representatives (28.4%). I interviewed officials from the following national NGOs:

1. Christian Group against AIDS in Togo (GCCST)
2. Espoir Vie Togo (EVT)
3. Sante Vie et Bien Etre (SAVIBIET)
4. ONG la Colombe
5. Jourdain Vie et Sante
6. Comité de Lutte contre le Sida (CLC – Sida)
7. Association des volontaires pour la Promotion de la Sante (AVPS)
8. Save African Women and Children
9. Association pour la sante de la Mère et de l'Enfant (ASMENE)
10. Association des Jeunes pour un Environnement sain (AJES)

I interviewed officials from the following international NGOs:

1. Population Service International (PSI)
2. Plan International

3. Aide et Action International
4. GTZ (Deutsche für Internationale)

Table 3.1 shows the roles of individuals I interviewed from each NGO.

Table 3.1: Sampled NGOs and Interviewees

SAMPLED NATIONAL & INTERNATIONAL NGOs	POSITION OF INTERVIEWEES
NATIONAL NGOs (10) : 71.6%	
Christian Group against AIDS in Togo (GCCST)	Advisor
Espoir Vie Togo (EVT)	Project Manager
Sante Vie et Bien Etre (SAVIBIET)	Advisor
ONG la Colombe	Project Manager
Jourdain Vie et Sante	Advisor
Comité de Lutte contre le Sida (CLC – Sida)	Director
Association des volontaires pour la Promotion de la Sante (AVPS)	Advisor
Save African Women and Children	Director
Association pour la sante de la Mère et de l'Enfant (ASMENE)	Project Manager
Association des Jeunes pour un Environnement sain (AJES)	Project Manager
INTERNATIONAL NGOs (4) : 28.4%	
Population Service International (PSI)	Project Manager

Plan International	Deputy Director
Aide et Action International	Project Manager
GTZ (Deutsche für Internationale)	Director

I selected a total of 14 interviewees from various government institutions:

10 from the Ministry of Health (5 from central level and 5 from district/regional levels).

Offices of the 5 from central level:

- Central Ministry of health
- General Directorate
- National HIV/AIDS and Sexually Transmitted Infectious Diseases Program(NACP/STD)
- National Council against AIDS and Sexually Transmitted Infectious Diseases (CNLS/STD)
- National Program against Malaria (NPM)

Offices of the 5 from district/regional levels:

- Centre Universitaire de Lomé (CHU) (University Health center of Lomé)
- Centre Hospitalier Régional (CHR) de Lomé Tokoin (Regional Health Center of Lomé-Tokoin)
- Centre Hospitalier Régional de Tsévié (CHR) (Regional Health Center of Tsévié)
- Togolese Family Wellbeing Agency (ATBEF)
- Centre Medico Social (CMS) d'Agoe (Medical and Social Center of Agoe)

Offices of the 4 other government interviewees:

- Ministry of the Interior (NGOs legal section)
- Ministry of Planning
- College d'Enseignement Général (CEG) (College of General Education, Ministry of Education)
- Ecole Nationale de Formation Sociale (ENFS) (National School of Social Welfare Education)

Each of these informants had served for more than a year as leaders in government-NGO partnerships to address HIV/AIDS and malaria and/or had held a key governmental position in the health sector as director, advisor, project manager or deputy director.

Table 3.2 shows the 14 selected NGOs and their partnering government institutions in Togo.

Table 3.2: Selected NGOs and Their Various Partnering Government Institutions

Non-Governmental Organization	Partnering Government Institution
Christian Group against AIDS in Togo (GCCST)	Ministry of Planning Ministry of Health The National Council against AIDS and Sexually Transmitted Infectious Diseases (CNLS/STD) Ecole Nationale de Formation Sociale (ENFS) National School for Social Studies
Espoir vie Togo (EVT)	The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program (NACP/STD) Ministry of Health Direction Générale de la Santé Publique (DGSP) (General Directorate of Public Health) Ministry of Planning Centre Hospitalier Regional (CHR) Regional Hospital Center of Tsevie
Sante Vie et Bien Etre (SAVIBIET)	Ministry of the Interior Ministry of Planning Togolese Association for Family Wellbeing/Association Togoliase pour le Bien Etre Social (ATBEF): The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program
ONG la Colombe	Centre Medico Social (CMS) (Medical and Social Center of Agoe) Ministry of Planning College d' Enseignement Général (CEG) (College of General Education)

	<p>Ministry of Education Centre Hospitalier Universitaire Campus Lomé, Togo</p>
<p>Jourdain Vie et Santé</p>	<p>Ministry of the Interior Ministry of Planning Centre Hospitalier Regional (CHR) de Lome Tokoin (Regional Hospital Center of Lome Tokoin) The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program</p>
<p>Comite de Lutte contre le Sida (CLC-Sida)</p>	<p>The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program Ministry of Interior Ministry of Planning</p>
<p>Association des Volontaries pour la Promotion de la Sante (AVPS)</p>	<p>Ministry of Planning College d Enseignement Général (CEG) (College of General Education) Ministry of Education The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program</p>
<p>Save African Woman and Children</p>	<p>Ministry of Planning Ecole Nationale de Formation Sociale (ENFS) (National School of Social Welfare Education) The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program</p>
<p>Association pour la santé de la Mere et de l'Enfant (ASMENE)</p>	<p>Cabinet of Ministry of Health The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program Cabinet of General Director of Health</p>

<p>Association des Jeunes pour un Environnement sain (AJES)</p>	<p>Ecole Nationale de Formation Sociale (ENFS) (National School of Social Welfare Education)</p> <p>The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program (NACP/STD)</p>
<p>Population Service International (PSI)</p>	<p>Centre Hospitalier Universitaire Campus, Lomé, Togo</p> <p>College d'Enseignement Général (CEG) (College of General Education /Ministry of Education)</p> <p>The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program (NACP/STD)</p>
<p>Plan International</p>	<p>The National Program against Malaria (NPM)</p> <p>Centre Hospitalier Regional (CHR) de Lomé Tokoin (Regional Hospital Center of Lomé Tokoin)</p> <p>The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program</p>
<p>Aide et Action</p>	<p>The National Program against Malaria (NPM)</p> <p>Centre Hospitalier Regional (CHR) de Tsevie) Regional Hospital Center of Tsevie</p> <p>The National HIV/AIDS and Sexually Transmitted Infectious Diseases Program</p> <p>Ministry of Planning</p>
<p>GTZ</p>	<p>The National Program against Malaria (NPM)</p> <p>Ministry of Planning</p> <p>Centre Hospitalier Universitaire (CHU) (University Hospital Center of Lomé)</p> <p>The National HIV/AIDS and Sexually</p>

	Transmitted Infectious Diseases Program at the Minister of Health
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3.6 Interviews and Consent Process

3.6.1 IRB Approval and Protection of Participants

The Virginia Tech Institutional Review Board (IRB) approved this research on March 11, 2011 and I undertook the interviews a few months later in Togo during that same year. Before departing for Togo, I sent letters to the officials I had selected for interview. That correspondence informed all potential study participants of the voluntary character of their involvement in this inquiry. I also used that correspondence to share the study’s consent form initially with potential interviewees and to remind them of their right to refuse to participate or to withdraw from the research for any reason at a later time if they did elect to become involved. Additionally, I informed those I contacted that they could request to make comments off the record at any time during their interview. Study participants granted me written permission to record our interview conversations. I employed pseudonyms for those I interviewed to protect their confidentiality and to promote candid responses. I felt comfortable including the names of participating NGOs and government agencies knowing that, under Gnassingbé’s current regime, individuals from public institutions and NGOs would not be harassed or come to harm should anyone make an effort to determine those with whom I spoke in each. Nonetheless, I withheld the names and all identifying information of those I interviewed except for a general sense of their position type in the organizations they represented.

3.6.2 *Interview Process*

Many scholars have argued that interviews constitute valuable instruments for research, as they may allow analysts to identify the underlying causes of human behavior and tap into otherwise unobservable attitudes that may not be reached by other forms of data collection. According to Fraenkel and Wallen (2003), for example, interviews are an exceptionally vital form of communication and constitute a primary means of successful information exchange between individuals. As noted above, I used a question schedule that treated specific concerns to obtain basic data on the interviewees, but I also used follow-up probes with each interviewee. That is, I asked both planned and unplanned questions of all 28 individuals with whom I spoke. The queries I employed appear in Appendices. The planned queries allowed me to obtain basic demographic and professional-experience information for each study participant. I offered questions in English or French as necessary, as I am fluent in both languages and individuals responded in the language with which they were most comfortable. I met with interviewees in locations and at times convenient for each. Interview lengths varied from 30 to 60 minutes and averaged approximately 45 minutes. I ensured that each respondent understood the consent form and provided their written permission prior to beginning each interview. I recorded all interviews and personally transcribed each in English, translating from French to English as necessary, as soon as feasible following interviews, so that conversations would be fresh in my mind. I took notes during interviews and wrote memos and field notes following each conversation, to record my perceptions and the details of each and of the context in which it occurred. I used all of this material to help me recall interview dynamics and nuance, and, later, I referred to those documents as I analyzed responses. Also, I shared the final interview transcripts with my informants for the purpose of validating their accuracy. None of the interviewees requested

changes in their transcribed interviews. I also asked a bi-lingual colleague who did not take part in the study to check the accuracy of my transcriptions from the French. My colleague's involvement did not compromise the confidentiality of the process, as I did not share the identities of the sampled interviewees with that individual, but only provided recordings and transcripts with pseudonyms. After going through the protocol with the interviewees and discussing their consent, and before the interviews began, I gave them time to express any concerns and to indicate whether they wished to proceed. I also mentioned their freedom to stop me at any time, to ask questions or to end the interview.

I began all interviews by stating the purposes of the study and assuring participants of my commitment to the confidentiality of their identities and responses. I also encouraged interviewees to be candid so that the inquiry's findings could be maximally useful. Each interview began with questions concerning the respondent's affiliated organization's mission, structure, age, and size, as well as the interviewee's role(s) and experience participating in AIDS-and-Malaria- related cross-sector partnerships. Once interviewees appeared comfortable, I began to ask questions concerning their perceptions of the character of the partnerships with which they were engaged and the challenges their units had confronted as they participated in them.

To ensure that my questions were clear and readily understood, I piloted my data-collection instrument with 5 knowledgeable individuals who were not part of the study. Pretesting gave me a sense of how long interviews would last and what sorts of issues might arise concerning specific questions and which issues I might attempt to probe more deeply. I did modify three questions to improve their clarity based on this exercise.

I do not pretend that I have been objective in this inquiry, as I believe strongly that malaria and HIV/AIDS can be and must be eradicated in Togo and elsewhere in Africa. That said, I have sought to be as objective as possible in recording and analyzing my interviewees' responses.

3.7 Researcher's Qualifications

I am a socio-economist and recent director of the Winrock International/USAID-West Africa Water Sanitation and Hygiene (USAID WA-WASH) Program in Ghana. I am also the founder and president of a U.S.-based international non-governmental organization called Social Entrepreneurs International (SE Intl). The organization operates in five countries in addition to the United States: Togo, the Democratic Republic of Congo, Madagascar, Ghana and Burkina Faso. SE Intl is working to promote social entrepreneurship at all levels in various development sectors (agriculture, animal husbandry, education, health, Multiple Use Water Services (MUS) and Water, Sanitation and Hygiene (WASH)). SE Intl aims to strengthen the capacity of NGOs, small and medium civil society institutions, including micro-finance entities and village savings and loan associations to become catalysts of positive change. Finally, the NGO embraces innovation and professionalism and cultural, educational and professional exchanges among development partners in Africa and the United States. SE Intl has focused on building the capacity of local NGOs and small and medium enterprises and strengthening partnerships among relevant governments and private stakeholders in the nations in which it operates. To date, SE Intl has provided technical support to more than 50 national NGOs and technical and financial support to more than 400 families.

I graduated from the University of Oregon with a bachelor's degree in International Studies and French and later obtained a master's degree in International Sustainable

Development from Brandeis University. I also attained advanced certification in several development related technologies (solar systems, improved cooking stoves, Biogas) from the National Center for Appropriate Technology in Togo. Altogether, I have nearly 20 years of experience in project applications of many renewable energy technologies, including solar, biomass and micro-hydro power. I have worked extensively throughout Africa to help improve the socio-economic status of women and youth through hands-on training to help them establish small businesses (entrepreneurship development). I have also taught small-business and financial-management skills to thousands of women and youth and artisans in Ghana, Togo and the DRC, to name a few nations, to help them establish or strengthen their small businesses, whether agriculture, water or environment related. I have also designed programs to encourage development in deprived communities in rural areas through capacity building and leadership development with local civil-society actors and private small-and medium-sized enterprise representatives. Finally, I have worked with officials in government institutions in multiple nations to help draft environmental protection policies and to support women and abused children in cocoa and cotton-producing areas.

3.8 Data Analysis and Presentation

Data analysis is concerned with examining, categorizing and tabulating sources of evidence to address the initial proposition(s) of a study. Eisenhardt (1989) has argued that the difficulty inherent in the coding and testing stage of the research process may be attributed in part to the limited attention traditionally given to discussion of analysis. Creswell (2009) has defined data analysis as the process of bringing order, structure and meaning to information collected from the field. I transcribed the interviews and my field notes continually throughout the interview process. I periodically reviewed all of the data collected as well as my notes, so as

to reflect on the themes and key issues emerging in the interviews. Specifically, I engaged in serial axial coding exploring the relationship of key ideas in my interviews and notes, making connections between them, moving from inductive to deductive analysis. I aggregated the central findings into the thematic areas I present and analyze in Chapter 4.

3.9 Limitations of the Study

It is important to acknowledge the limitations of this research. This study considered only the responses of a sample of registered NGO representatives and government officials actively engaged in partnerships to provide HIV/AIDS and malaria prevention and treatment services in the Maritime Region of Togo. As outlined above, I did not interact with the leaders of all 20 NGOs involved in HIV-Aids and malaria partnerships with the Togolese government. Rather, I selected 14 of that total, or 70% of the group. I do believe those officials and organizations selected were able to shed light on the issues the government institutions and NGOs operating in this domain were encountering at the time of my interviews. In addition, I was able to interview only key leaders of the NGOs and government units directly involved in the activities of the relevant cross-sector partnerships. This fact undoubtedly limited, to some degree, the information I could obtain concerning collaborative dynamics and challenges, although organizational leaders do tend to be well informed about significant initiatives of their institutions, which the cross-sector partnerships I analyzed surely represented in these cases.

3.10 Construct Validity, Internal/External Validity, Reliability, and Ethical Considerations

3.10.1 Role of the Researcher

The first challenge in the inquiry was accounting for my personal biases. I am an international development specialist and an activist in civic engagement in Sub-Saharan Africa. I have more than 10 years of experience as a project and program director and national and

international organization board member, including for some individual NGOs and two Togolese federations of NGOs, REPONGD and Union des ONG du Togo (Union of Togolese NGOs), UONGTO. I have also served in the government of Togo as Director of the National Appropriate Technologies Center. Therefore, it was difficult not to inject my personal views arising from these experiences into this study. That said, I concluded some years ago that I needed additional education to help NGOs and other development agencies provide the best possible services in their communities. Further education has enabled me to enhance the skills and capacities I had developed in my work and to apply them in this study. While I have sought to be as reflexive as possible as I have considered my data, I acknowledge that my personal background and professional history may have influenced my findings (Giddens and Pierson, 1998). I have sought to be as dispassionate in my analysis as possible.

3.10.2 *Construct Validity*

According to Creswell, to establish qualitative validity, “the researcher checks for the accuracy of the findings by employing certain procedures” (2009, p. 190). The process Creswell has suggested for increasing the likelihood of study validity includes: triangulation of different data sources, member checking, use of thick descriptions, i.e., portrayals that describe not only the behavior reported, but also its context, clarifying the bias(es) that the researcher brings to the study, presenting discrepant information, peer debriefing, and use of external auditors (2009, p. 191). To ensure construct validity, I employed multiple sources of evidence. These included personal interviews with selected NGO and government officials, review of relevant academic literature and organizational documents and analyses of pertinent government and NGO web sites. I also shared a copy of the finished transcript of our interview with each study participant to ensure that it accurately depicted his or her comments. None of the individuals I interviewed requested any corrections to their interview transcripts.

3.10.3 *Reliability*

Reliability is concerned with the question of the extent to which one's findings may be replicated by other researchers parsing one's data. That is, if the inquiry were undertaken again, reliability seeks to ensure that the findings be the same. Reliability in the "hard" sciences revolves around repeated measures of phenomena. Typically, investigators seek to disassociate themselves from the matter being investigated by using objective measures.

In the social sciences, this notion of reliability is problematic. That is, studying people and human behavior is not the same as investigating cell composition, for example. Human behavior is never static. As Cronbach has argued, "An actuarial table describing human affairs changes from science into history before it can be set into type" (1975, p. 123). Further, the scientific notion of reliability assumes that repeated measures of a phenomenon (with the same results) establishes the truth of those outcomes. However, measurements and observations of human behavior can be wrong or mislead repeatedly.

Accordingly, for social scientists, reliability is a means to assess the quality of the measurement procedure employed to gather data. That is, for findings of a social-science study to be valid, the procedure(s) it employs must be sound. For this inquiry, I addressed this requirement by developing a research protocol for review by both my dissertation committee and the Virginia Tech IRB, which consisted of a full description of methods of data collection and analysis. Finally, I have sought to document the process involved in this research comprehensively, in order to make it possible for future analysts to be able to assess the foci of this study, its data analysis processes and the accuracy and reasonableness of its findings.

3.10.4 *Ethical Considerations*

Ethical inquiry relates to the moral principles that an investigator should strive to consider and uphold during all stages of a research effort. I sought to follow the three key principles of the Belmont Report, namely beneficence, respect for human dignity and justice in the fieldwork I undertook for this study (Polit et al., 2001).

CHAPTER FOUR

RESULTS ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents and analyzes the results of this study. I first provide a capsule sketch of the demographics and background characteristics of the interviewees.

4.2 Background Characteristics of Respondents

I asked each interviewee questions concerning their background and demographic characteristics including their age, gender, highest level of education and their positions in the government institutions or NGOs where they worked. The analysis of this background information is presented below.

4.2.1 *Gender Distribution of Respondents*

I asked each interviewee from the NGOs and government institutions I contacted to indicate their gender identification. The results appear in Table 4.1.

Table 4.1

Distribution of Male and Female Interviewees

GENDER	FREQUENCY	PERCENT
Male	18	64.3
Female	10	35.7
TOTAL	28	100.0

The interviewees included both males and females, although a clear majority were males. Of the 28 respondents sampled from the NGOs and public agencies, 18 (64.3%) were males and the remaining 10 (35.7%) females.

The higher proportion of males participating can be explained by the fact that in Togo, as in many sub-Saharan African countries, men have traditionally had greater access to education than women and, therefore, tend to obtain higher positions in the course of their careers than do their female counterparts. Although the survey involved more men than women as a result of this social reality, it did involve responses from professionals of both genders in rough proportion to their involvement in the Togolese workforce in the health sector.

4.2.2 *Age Distribution of Respondents*

I also solicited respondents' ages during interviews as a rough indicator of their level of likely experience and awareness of the history and background of NGO-government health partnerships in Togo. Table 4.2 summarizes the results for this question.

Table 4.2
Age Distribution of Respondents

AGE GROUP (YEARS)	FREQUENCY	PERCENT
30-39	5	17.9
40-49	19	67.9
50 and above	4	14.2
TOTAL	28	100.0

For ease of analysis and interpretation, I have reported the age distribution in three categories: 30-39 years, 40-49 years, and 50 and above years. The majority of the respondents sampled were more than 40 years old and a clear majority (67.9 %) were 40 to 49 years of age, while 14.2 % were 50 or older. Meanwhile, only 17.9 % of those interviewed were younger than 40, and none were younger than 30. The chief implication of this age distribution is that most respondents were mature, professionally experienced and had significant experience and knowledge in the workforce. This finding suggests, as one would expect, that middle-aged people disproportionately occupy the top-level posts of NGOs and government institutions in Togo's health sector.

4.2.3 *Highest Level of Education of Respondents*

I asked each interviewee to share his or her highest level of educational achievement. This data provides at least a general sense of the skills and knowledge of those interviewed. I defined educational attainment as the highest level of formal education that a person had obtained or was actively pursuing. The results appear in Table 4.3.

Table 4.3
Respondents' Highest Level of Education

LEVEL OF EDUCATION	FREQUENCY	PERCENTAGE
Diploma	0	0.0
First Degree/Bachelor	23	82.1
Post-graduate	5	17.9
TOTAL	28	100.0

Generally, I found that the level of education among those sampled was high relative to Togo’s general population. Table 4.3 shows that all study participants had university degrees, with more than four-fifths (82.1%) having completed a first degree as their highest level of education. However, only 17.9% of the interviewees had earned a post-graduate degree. No respondents had completed a Diploma program. The relative education level of this study’s respondents was likely high because top management positions in both public and private non-governmental institutions typically require substantial formal education.

4.2.4 Interviewee Positions

I also asked each interviewee about his or her organizational role in the NGO or government institution for which they worked. These results are summarized in Table 4.4.

Table 4.4
Positions Occupied by Respondents

POSITION	FREQUENCY	PERCENTAGE
Director	7	25
Health Worker	1	3.6
Advisor	11	39.3
Doctor	3	10.7
Project Manager	6	21.4
TOTAL	28	100.0

Top officials and those directly involved in partnership activities constituted the sample for the study. The interviewees included directors, project managers, doctors and health workers,

as well as advisors who usually, in the context of Togo, are experienced, senior, technical people who help program directors chart strategic direction and make decisions.

Of the 28 individuals I interviewed, 11 (39.3%) were advisors, 7 were directors, 6 were project managers, 3 were doctors and 1 was a health worker. This sorting suggests that the sample of professionals with whom I spoke included a diversity of individuals in leadership roles in relevant public and non-governmental entities. Each could and did offer perceptions from their organizational perspectives of the partnership elements in which I was interested.

4.3 Character of Partnerships between the Togolese Government and NGOs

This study sought to explore the character and dynamics of health partnerships between the Togolese government and non-governmental organizations addressing HIV/AIDS and malaria. In order to achieve this goal, I asked my interviewees to address the following questions:

1. Is the character of partnership that your organization is involved in formal or informal in character?
2. When did the partnership between your institution and the government regarding prevention and/or treatment of HIV/AIDS or malaria begin?
3. Are there rules or laws that govern your partnership(s)?
4. What roles and responsibilities does each partner play in collaborations aimed at HIV/AIDS and malaria prevention and treatment?

My informants' responses to these questions are analyzed in the sections below.

4.3.1 *Characteristics of Togolese Government-NGO Partnerships to Prevent and Treat HIV/AIDS and Malaria*

Partnerships between the government and NGOs to offer health services, including assistance with HIV/AIDS, malaria, tuberculosis, maternal and child health, family planning, immunizations and nutrition are not new in Togo. As I observed above, when they function effectively, these collaborations between non-governmental entities and the regime allow their participants to share resources, including funds, human resources and equipment to address the health needs of targeted groups.

Concerning the first question, I asked those I interviewed whether their cross-sector health partnerships were formal or informal in character. All national NGO interviewees suggested that their ties with the Togolese government were informal. As one respondent from a national NGO observed,

Our partnership with the government is not formal, but we have been working closely in combating malaria and HIV/AIDS in this part of the country. The way we work, for example, is the government providing or controlling funds, materials and in return we do implementation in the field. In theory we are partners, but practically, the basic principles of partnership are not there (NTL4, August 2, 2011).

Another interviewee from another national NGO offered a similar comment:

The collaboration or partnership between the government and our NGO has no legal standard: It is an informal partnership (NTL7, August 2, 2011).

A national NGO leader offered this response concerning whether the partnership between his/her NGO and the Togolese government was formal or informal,

... Our NGO entered into partnership with the government in 2002, but that partnership is not a formal one (NTL2, August 2, 2011).

The government's relationship with international NGOs operating in the country was, however, quite different from that for national entities. Interviews with international NGO representatives revealed that partnerships between the Togolese government and those institutions working to combat AIDS and malaria were quite formal. As one interviewee observed,

Our partnership with the government of Togo started in 1992 by drafting a memorandum of understanding, the first step in our partnership. The goal of our partnership is to improve the enabling environment through improving infrastructure, improving curricula and primary health education, which includes prevention of malaria and prevention of sexually transmitted diseases such as HIV/AIDS (INTL3, August 8, 2011).

Another respondent from another international NGO suggested similarly,

... Our organization signed a formal partnership agreement with the government of Togo in 2002, but we started working in the field before establishing that partnership with the government (INTL4, August 8, 2011).

Only 1 of the 14 government leaders I interviewed explicitly indicated whether their organization's relationship with a relevant health NGO was formal or informal. Yet, all of the government representatives with whom I spoke indicated that they had entered into a collaborative partnership with one or more NGOs to prevent and treat HIV/AIDS and malaria in Togo.

One government leader described the character and evolution of his agency's partnerships this way:

... Our partnership with NGOs started in 2000 after we [had] been awarded funds by the World Bank to improve the health sector and to fight HIV/AIDS. Since then, together with the local NGOs working in the health sector, we have focused our efforts in launching campaigns against HIV/AIDS and assisting people infected by the disease by counseling and providing food (GOV7, August 5, 2011).

Another government organization leader argued,

... our institution entered into partnership with 5 local NGOs in the maritime region in 2007 to work together on the prevention and treatment of HIV/AIDS in the region ... but that collaboration was informal (GOV11, August 5, 2011).

The general finding from the national NGO leaders I interviewed was that their organizations' partnerships with the Togolese government were informal. Meanwhile, INGO interviewees reported that their collaborations with government agencies were quite formal. Several factors may account for this finding. First, as suggested above and noted by 10 of 14 government respondents, the Government of Togo does not fully trust domestic NGOs, since they are often regarded as linked to the political opposition or supported by a political competitor, and therefore may champion the cause of competitors instead of the government. Consequently, political leaders often do not want to commit resources to their operations. This finding echoes Ake's earlier finding that, "in Togo during the Gnassingbé Eyadéma regime, NGO-government relationships have been freighted with struggles over power and control and lack of (NGO) autonomy" (1997, p. 21).

Apparently, longstanding mistrust has not yet been fully overcome between the government and Togolese civil-society actors, even under a much more moderate and democratic regime. Secondly, the interviewees explained that international NGOs working in Togo have more resources than their national counterparts, and that fact has encouraged the government to develop more formal partnerships with them. Also, international NGO respondents noted that their organizations typically demand formal partnerships with governments before they enter into agreements and begin to deliver services. The national NGOs are, however, denied that standing by ministries or departments to which they have the obligation to report when they request

formal partnership agreements. This implies that international NGOs have a clearer government mandate to perform their activities than local NGOs may claim. Coupled with their greater access to resources, the international non-governmental organizations tend, therefore, also to be more productive in service delivery than the local NGOs. Although there are more national NGOs than international NGOs delivering HIV/AIDS and malaria services in Togo, their efforts are limited due to their constrained resources and informal partnerships with the government. This leaves quite unclear their latitude to make implementation decisions affecting services.

The second question I asked interviewees concerned how long their organizations, whether governmental or non-governmental, had been engaged in cross-sector partnerships to address HIV/AIDS and malaria. Responses generally revealed that NGOs and government institutions had acted together for considerable periods, not less than five years for each of the collaborations in which respondents indicated they had taken part. One informant from a national NGO highlighted this factor by observing,

... [we] have long experience working in the maritime region with the government on the prevention and treatment of HIV/AIDS and Malaria projects, and that collaboration with the government started in 2007 (NTL3, August 5, 2011).

Another interviewee from a national NGO also stated that his organization's partnership with government had been long-lived:

Our collaboration with some government institutions in combating/prevention and treatment of malaria and HIV/AIDS) started in 2002 (NTL9, August 2, 2011).

International NGO interviewees reported that partnerships with the Togolese government began even earlier than those with domestic NGOs. As one international NGO executive noted,

Our partnership with the government of Togo started in 1992 by drafting a memo of understanding, the first step in our partnership. A program agreement with the

Togolese government and our NGO was signed in 1988 as part of primary health provision in 5 health district and national offices (INTL3, August 5, 2011).

One reason why partnerships between the Togolese government and international NGOs have endured may be because donor countries and agencies as well as international bodies have long encouraged them. James Wolfensohn (1999), for example, the ninth President of the World Bank Group, 1995-2005, stressed the importance of collaborations between governments, local governments, donors, the private sector and civil society organizations. Collaborations may also persist even when unevenly supported, too, because they provide NGOs access to funds, equipment and other resources. Another reason for partnerships may be that international NGOs have not traditionally been viewed as potential political threats to government officials, compared to national NGOs. Moodley has argued similarly that,

INGOs also played a technical-support role to civil society and to African Union structures like NEPAD and the African Union. This ability to connect organizations across the globe, to share intelligence and mobilize and to advocate jointly is all part of the NGO ‘value added’ (2014, p. 2).

Furthermore, USAID has suggested that,

Governments see that NGOs’ role in strengthening civil society will help citizens take greater responsibility for improving their lives and create modern institutions—media, unions, professional associations—which can reduce the burden of the state in providing services and promote economic development (USAID/AFR/SD/ 2013 p. 2).

4.3.2 *Laws and Rules Governing Partnerships Between Government and NGOs*

Scholars have long suggested that partnerships between governments and NGOs to offer health services, such as HIV/AIDS and malaria assistance, are likely to be more effective when there are clear laws and rules governing those collaborations. These provisions protect the partners in their activities, while also broadly defining the expected roles and responsibilities of each. I, therefore, asked my government and NGO interviewees whether laws and rules govern

their partnerships. Of the 14 local and international non-governmental-organization interviewees, a little more than half (8) asserted that laws structured their partnerships with the government, while the remainder (6) argued that no statutes applied to their collaborations. Concerning the latter perception, one national NGO official suggested,

[T]here is no established law and rule intended for governing our partnership with the government (NTL1, August 8, 2011).

In contrast, international NGO representatives observed that there are laws governing their organizations' ties with the government. For instance, when asked about the existence of guiding laws and rules, a representative from an international NGO in the Maritime Region responded,

Yes, there are laws that govern our partnership with the government, but those rules to the best of my knowledge are not formal (INTL 4, August 12, 2011).

Most government officials I interviewed, however, confirmed that laws do govern Togolese state partnerships with NGOs. A total of 10 of 14 of public leaders with whom I spoke suggested that there are statutes concerning collaborations, while the remaining 4 indicated they were unaware of any relevant laws. One government interviewee observed,

There are laws that govern the partnership between our institution and the NGOs, and those are the ones that guide each one in doing business in this partnership and the ones related to strengthening the partnership (GOV6, August 10, 2011).

Another representative from another government office suggested, similarly,

Yes, there are rules that govern our partnership and ways of doing business in our partnership (GOV2, August 11, 2011).

4.3.3 *Roles and Responsibilities of Partners Fighting HIV/AIDS and Malaria*

I asked each interviewee about the roles and responsibilities of each partner in the government-NGO health partnership(s) in which they participated. I also asked respondents how

those are assigned to their partners. In general, those I interviewed suggested that all partner roles and responsibilities are determined based on their background, experience, skills and resources. Ideally, this strategy reduces errors and waste, leading to higher levels of efficiency and effectiveness in service delivery. This finding is similar to Hamlin's contention that "the role of each partner in a successful inter-sectoral collaboration [should be] clearly defined based on each partner's skills, resources and overall ability to help the partnership achieve [its] goals" (1996, p. 27).

I also asked interviewees to describe the government's role in their partnerships. The most common response was that the government's responsibility was to ensure effective implementation of the laws and rules that govern cross-sector collaboration. Public officials also provide material and financial support to collaborating NGOs. As one interviewee from a government institution noted,

Our role and responsibilities as government [officials] is to provide direction and provide materials and financial support to the national NGOs so that they can effectively provide services to effectively prevent and treat the HIV/AIDS and malaria that are worrying the country (GOV1, August 5, 2011).

Another informant from a ministry stated,

Our role as government in the partnership with the NGOs, both local and international, is to coordinate and provide follow-ups, whereas the roles of the NGOs are concerned with provision of services to prevent and treat HIV/AIDS and malaria (GOV7, August 18, 2011).

In addition to its legislative and regulative roles, the Togolese government has taken the role and responsibility of providing funds (for national entities) and other materials and logistics (for both international NGOs and domestic ones) to implement projects and programs to deliver services. While providing funds typically gives the government an authoritative hand, that position is tempered by its reliance on the NGOs to deliver needed services, the reality that much

support flows from other nations and international agencies and the constraints that fact generally imposes. In such cases, the government simply accepts and passes along those conditions to the NGOs with which it is partnering.

The government also has reason to cooperate with international demands because doing so increases the odds of continuing to obtain assistance in the future. Receiving funds from the government may also similarly foster dependence among domestic NGOs and weaken their relative standing in partnerships. The outcome of these relationships seems to depend in considerable measure on good will and positive intentions among all concerned, but the dangers of such not occurring, consciously or not among the partners, appear to be real.

NGOs are responsible for program implementation in the partnerships in which they are involved. Specifically, these organizations conduct public campaigns and education programs, distribute mosquito nets and contraceptives (condoms) and offer education and training opportunities. The interviews revealed that many of the NGO's staff members have years of experience when it comes to working with people in their localities, so it makes practical sense to assign them responsibility for such efforts. As a general proposition, NGO staff and leaders know the norms and problems of the local populations they serve and citizens trust them.

4.4 Decision-Making Process in Government-NGO Partnerships

This research also sought to examine the process of decision-making in government-NGO health-related partnerships in Togo. I asked interviewees from both government institutions and NGOs to address the following questions:

1. What are the roles of each partner in decision-making concerning the reach and character of services provided?

2. What type of decision-making approach—i.e., how you come to decisions—do you see occurring in the partnership? Is it always the same or does it vary with circumstances? If it changes, can you share why that is so and how those shifts are determined?

I outline and analyze interviewee responses to these questions in successive sections below.

4.4.1 *Roles of Partners in Decision Making*

When I asked interviewees to describe the roles of various actors in partnership decision-making, almost all (26 of 28) responded that both NGOs and government representatives are involved in making collaboration-related choices in one way or another. Past scholarship has suggested that it is vital to involve partners in a partnership's decision-making to ensure its success (Harris, 2009. p. 4). Many of my interviewees argued that such engagement ensures that disparate concerns, ideas, plans, strategies and problems are brought to light for consideration before final decisions are made. Interviewees also suggested that partners' involvement in decision-making may nurture increased trust among collaboration's partners, which heightens the potential for effective service delivery.

I also sought to learn about the specific roles the NGO interviewees played in collaborative decision processes. Those with whom I spoke argued overall that their responsibilities had largely to do with choices concerning final project and program implementation. More precisely, all of the international NGO interviewees (4 individuals) particularly responded that they had roles in decision-making concerning activity-funding allocations as well as hiring of staff and technical-services provision. One international NGO interviewee confirmed this role in program decision-making:

The roles of NGOs in the decision-making process are towards service provision and also provision of funds. As for the government institutions, they make the decisions regarding the coordination of the partnership (INTL3, August 18, 2011).

Nine (9) of the 10 national NGO interviewees also indicated that they played roles in operating-scale decisions and, in that sense, exercised a modicum of programmatic discretion, but these choices were always subject to later review by government officials.

All 14 of the government officials I interviewed said that their roles in partnership decision-making were concerned mostly with inter-organizational management and coordination issues, provision of needed infrastructure, making strategic decisions, setting program implementation objectives, writing grants, looking for (and monitoring) funds and otherwise overseeing collaborative activities. They all suggested that the national NGOs with which they partnered were largely involved with choices concerning final project and program implementation, and only the international NGOs had roles in decision-making concerning which activities would be offered and how and why.

4.4.2 Approaches to Decision Making by Government-NGO Partnerships

I also asked interviewees a question about the decision-making approach the collaborators in Togo's health government-NGO partnerships employ. I inquired, too, whether that form had remained stable in their experience with one or more collaborations or had shifted with changing circumstances.

As a group, more than half of those I interviewed (10 national NGO interviewees, 2 international NGO representatives, and 3 government officials) suggested that there was no single decision-making approach used in the HIV-AIDS cross-sector partnerships with which they were engaged. The non-governmental organization representatives noted that collaborative-choice processes change with the issue being addressed and that NGOs often do not control the

targets of those processes. For example, one NGO interviewee noted that government officials could require their organization to implement specific activities in this or that village without letting them know how that community was selected for the action or service (NTL6, 2011). Another non-governmental organization official argued that government representatives often selected anti-malarial strategies (for example, electing to distribute mosquito nets) without discussing other alternatives with their NGO partners (NTL 9, 2011). Almost all (9 of 10) of the national NGO representatives echoed this sentiment. In these instances, the government adopted a top-down approach in its relationship with its supposed NGO “partners.” According to a majority of NGO interviewees, however, technical and tactics scale decisions were more participatory in character (NTL2, 2011). Almost all (12 of 14) the NGO interviewees, both national and international, shared observations agreeing with this view concerning their roles in operating level decision making.

It is not uncommon in partnerships of any kind for individuals and groups to act as they are accustomed to acting. In Togo, as elsewhere, government agencies are used to applying and enforcing certain policies and practices. When partnering with national or international NGOs, government representatives may well assume their role to be actively managing the work of the NGO in their jurisdiction. Especially given such an assumption, it should come as no surprise that government representatives often exercise their power to make decisions unilaterally amidst so-called collaboration. Non-governmental organization representatives, anticipating partnering in all planning may easily become nonplussed to experience much less mutuality than previously imagined. Ideally, with further experience working together and frequent open, mutual discussions of the nature, purpose and usefulness of collaboration, these partnerships can evolve into forms in which both actors consistently play mutually respected roles. In such a

circumstance, the means of decision-making become fluid, incorporating the best ideas of both partners. According to more than half of my interviewees (15 of 28), such fluidity—a participatory attitude—is emerging in some cases, but to date, most often around isolated specific issues, rather than as an overall way of thinking about cross-sector partnerships.

Two examples of interviewee comments concerning these characteristics of the partnerships I examined follow:

The approaches used in the decision-making process keep changing due to the problems we have to face or decisions we must make. But in general it is more or less the participatory approach, although the government sometimes makes decisions without consulting other stakeholders or partners. Such situations are, in fact, worrying, but we are trying to cope with them (INTL2, August 5, 2011).

A government official supported this argument by stating,

Approaches are not constant because of the problems and circumstances we are in, but, most of the time, we lead in the decision to be made and that decision-making is more or less participatory, though at times it becomes unilateral (GOV3, August 5, 2011).

4.5 Trust and NGO-Government Health Partnerships in Togo

The third objective of this research was to investigate the level of trust reported by partners as well as its role in the functioning of Togo’s cross-sector anti-HIV-AIDS-and-malaria partnerships. To address this study aim, I asked interviewees the following questions related to trust:

1. How would you evaluate the level of trust among partners in the collaborating organizations or institutions in the partnership? Can you provide one or two specific examples to illustrate how you came to your view?

2. How do NGO employees or government officials perceive their partnership and working together in this project?

I next present interviewee responses to these queries.

4.5.1 *Respondent Perceptions of Trust among Partners*

I asked interviewees to evaluate the level of trust in the partnerships in which they had participated. The interviews revealed mixed perceptions among those with whom I spoke on the question of trust, although a large majority evaluated the trust level between government and NGO representatives as low. Of the 28 individuals with whom I spoke, 24 evaluated the level of trust in the partnership in which they participated as low. Specifically, all 14 representatives from the NGOs (10 national and 4 international) and 10 of 14 government interviewees evaluated the level of trust in their partnership(s) as low. Meanwhile, 4 of the 14 government informants evaluated the level of trust in their partners as high.

I also asked interviewees to explain the reason(s) for their characterization of trust in the partnership(s) in which they had served. The 24 informants who evaluated the level of trust as low all suggested that the government mostly controlled key decisions in the partnership(s) in which they had or were engaged, and as a result, they did not believe their organizations were appropriately involved and trusted in their collaboration. This scenario makes it difficult for NGO representatives especially, to develop high levels of trust in their regime counterparts or the partnerships involving them. Another reason these NGO interviewees cited for their lack of trust is that government officials routinely exhibit what they perceive to be a high level of selectivity in sharing information. This means that not all the partners share information equally among themselves. These individuals argued that government representatives often are not ready to

share information with their Togolese NGO counterparts because they are seen as the political opposition or as manipulated by those partisans.

On the reasons for the low level of trust, one informant from a national NGO observed,

The trust among partners is low. Decision-making is less participatory in character, and does not help to develop confidence among us (NTL8, August 5, 2011).

Also, one government official I interviewed suggested,

The trust level is low. This is true because the partnership system established does not allow people to trust each other but, rather, creates fear, and does not allow partners to communicate to each other the ways we are supposed to and the ways and the manner in which we want, and especially NGOs want, to share information (GOV4, August 5, 2011).

Another informant from a local NGO also supported this contention:

The challenges that face the NGO-government partnerships are many and mainly include the problem of trust in ensuring the coordination and lack of communication among partners (NTL3, August 21, 2011).

As noted, representatives of the local NGOs cited this perception of low levels of trust in these health partnerships. The same perception held for international NGO representatives and government agency officials as well. This finding supports Ulleberg's argument that

... even with the end of a long period of repressive rule in 2005, mistrust between Togo's past governments and the nations' NGOs was reinforced by political uncertainty concerning whether the new administration would in fact ensure basic human rights for its people. The NGOs that have sought to provide services have generally sought to collaborate with the government where appropriate or required, but their efforts have not been coordinated (Ulleberg, 2009, p. 13).

I asked 4 interviewees, all government agents who had rated the level of trust in their collaborations as high, to provide reasons for their perception. Three (3) of the 4 explained that increased openness and more effective communication between the partnership principals had

resulted in higher levels of trust in the partnerships in which they were involved. As one government leader stated,

The level of trust is good. This is true based on how communication is shared and that puts people in a confident mood. There is also the fact that when we are in field meetings with NGO employees, they share their information with us and take time with us, as well, to socialize. This represents to me some signs of openness, trust, and confidence (GOV4, August 5, 2011).

Another government partnership official argued,

The trust level is optimal, and the information is widely disseminated. I believe that effective information sharing has accounted for the high level of trust between the various partners (GOV7, August 5, 2011).

Overall, however, the interviews suggested that public officials in Togo do not trust their NGO counterparts in partnership service delivery. Likewise, NGO leaders I interviewed especially did not trust government institution representatives to ensure effective coordination and management of resources, particularly funds. When I asked NGO representatives why they did not trust their government partners, all 10 respondents from national NGOs said that their counterparts do not perform their duties well. They stressed that government officials do not address key responsibilities, such as monitoring, writing grants, coordination and making strategic decisions, effectively. These interviewees emphasized that there are several chronic difficulties related to the regime's capacities, including poor monitoring and coordination and an inability to make funds available in a timely way. They also stressed corruption among government leaders as a factor for their lack of trust as well as a general dearth of transparency in government-institution activities.

Other reasons for the low level of trust offered by 10 national NGO interviewees included poor communications among various partners and difficulty in accessing information. These

challenges are similar to those for public-private partnerships in other developing nations, including Zimbabwe, Democratic Republic of Congo and Sudan, as previously reported by White (2001) and Pullen (2007). It appears that influential political constituencies also harbor strong doubts about government-private sector collaborations. Sometimes the lack of trust of NGOs or others in the private sector by some political leaders or government institution officials stems from the particular intentions of the non-government players. A prominent belief among government leaders is that NGOs will try to make a profit whilst avoiding their responsibilities to provide health services, as noted by Buse and Walt (2001) and SPAID (2007) in their studies in other nations. Also, government leaders sometimes fear that partnering NGOs will take away their responsibilities, authority or control of resources. Ideological differences, as well as lack of institutional openness, also account for a share of the considerable mistrust. This is supported by Gomez-Jauregui (2004), who argued that, in most government-NGO collaborations, a lack of institutional openness breeds mistrust. All 14 NGO (domestic and international interviewees) and 11 government interviewees, almost 90% of my informants, corroborated that these issues remain important for Togo to address.

4.6 Communication Between Principals in Government-NGO Health Partnerships

Communication is essential in partnerships, since it shapes their effectiveness in implementing their activities and attaining their goals. As I observed above, Efficient and effective communication among a collaborative's principals promotes trust, information sharing and commitment. These attributes, in turn, lead to more effective performance of duties by various partners. The fourth objective of this inquiry was, therefore, to examine stakeholder perceptions of the volume and relative quality of communications occurring in the health

partnerships I studied. To address this objective, I asked INGO and NGO interviewees the following questions relating to the frequency and quality of government communications:

- Is the information readily shared among partners? if so please provide examples.
- Indicate the primary obstacles you saw to open information exchange.
- Specify whether there are communication policies established for the partnership, and if so, indicate whether most employees are aware of them and able to interact on the basis of their tenets?

4.6.1 *Information Sharing Among Partners*

I asked interviewees whether information is readily shared amongst various partners in the collaborations in which they had, or were, participating. Although those I interviewed offered mixed responses, their observations highlighted several noteworthy problems with information sharing in the partnerships in which they were engaged. The number of interviewees reporting that information is not readily shared among partners was slightly higher than those who responded that information is commonly shared. Of the 28 individuals I interviewed, 15 responded that information is not readily shared among partners; the other 13 responded that information is commonly communicated between government institutions and NGOs. Fully 85.7% (12 of 14) of the interviewees from NGOs and a smaller percentage, 21.4% (3 of 14) from the government, suggested that information is not readily shared. Those who responded that information is shared readily principally represented government institutions and, to a much lesser extent, international NGOs. Overall, of the 15 informants who revealed that information is not readily disclosed, 10 represented national NGOs, 2 worked for international NGOs and 3 hailed from government institutions. In contrast, 11 of the 13 informants who responded that

information is readily communicated were from government institutions, while the remaining 2 were from international NGOs.

I also asked interviewees who had stated that information is readily disclosed amongst partners a follow-up question about how that information was shared. Their responses suggested that relevant information and knowledge was communicated through several media, including telephone calls, emails, faxes, posted letters, meetings, memoranda and progress reports. As one government representative noted,

Yes, the information is shared readily among partners through email, meetings and workshops (GOV6, August 12, 2011).

Another public agency interviewee cited the use of telephone and progress reports in addition to email, face-to-face meetings, and workshops in the partnership in which they worked:

Yes, the information is readily shared across organizations in the partnership through memos, emails, meetings, progress reports and phone calls (GOV4, August 12, 2011).

I asked those who indicated that information was not readily shared to provide reasons for their responses. Interviewees representing all of the 10 national NGOs suggested that this unwillingness arose from the low level of trust /poor coordination/low levels of commitment to their partnerships. NGO representatives with whom I spoke also contended that some government officials deliberately refuse to share information with them:

The same government officials don't want to share what they do more openly. They can take this stance because our partnership is informal. For me, this inclination to shelter themselves from accountability arises from a fear of transparency and a lack of trust (NTL 9, August 10, 2011).

As another local NGO interviewee observed,

No information is shared readily across organizations in the partnership. This is so because of a lack of rules or agreements that govern communications, as well as lack of will among the partners, especially the government, to make it happen (NTL10, August 10, 2011).

In general, these responses reveal that there was a problem of communication and information dissemination in the government-NGO HIV/AIDS and malaria treatment and prevention partnerships in Togo examined here. This situation likely impeded the effectiveness of their activities, although I did not explore that concern specifically. Moreover, this concern is not evenly distributed. The responses suggest that government officials appear to share more information and more often with international NGO staffers than with national NGO representatives. This selectivity in information sharing between local NGOs and international non-governmental organizations appears to have several sources. I asked national NGO representatives why this occurred and all of the 10 national NGO interviewees argued that government officials viewed their organizations as opponents, even likely to join a partisan opposition, whether there was any realistic possibility of such occurring or not. Not surprisingly, the government officials' apparent discrimination in information dissemination affects the level of trust and commitment that these NGO representatives exhibit in partnering with the regime. These factors surely shape the overall effectiveness of these entities efforts to prevent and treat HIV/AIDS and malaria in Togo.

4.6.2 Availability of Communication Policies in the Partnerships

I asked all interviewees whether communication systems policies existed for their partnerships and whether most participating employees were aware of those and able to invoke their tenets as they interacted. Of my interviewees, 2 from international NGOs and 8 from national NGOs stated that, for their collaboratives, there are no formal communications policies or systems. Also, most of the respondents from government agencies suggested that there were

no communication policies for the health partnerships in which they participated. Nearly 90% of my interviewees (25 of 28: 14 NGO and 11 government representatives) said that this dearth leads to unnecessary problems in the flow of information between government and NGO representatives.

The interviews revealed that the problem of communication and access to information is mainly a challenge for national NGOs and not for international NGOs. As one respondent from a national NGO commented,

Yes, I could say that there is a problem of communication and information sharing in our partnership with the government to fight HIV/AIDS in the country, and this problem serves as a major challenge in the partnership (NGO13, August 21, 2011).

Another interviewee from an international NGO also remarked on the issue of communication and access to information:

Well, challenges we face are due to the lack of good communication systems, laws, policies that could govern the partnership. There are also problem with the effective dissemination of information, which affects the activities of the partnership (INTL12, August 18, 2011).

Three government interviewees also commented on the problem of communication and access to information. This individual's comment is illustrative of their statements:

Challenges noticed in our partnership is mainly lack of communication and difficulty in accessing information, trust, and the fact that our partnership existence does not have any legal recognition (GOV4, August 20, 2011).

4.7 Challenges Facing Government-NGO Health Partnerships for Addressing HIV/AIDS and Malaria

A fifth objective of this study was to chart the challenges that exist in health oriented partnerships between NGOs and the government of Togo to address HIV/AIDS and malaria in

the country. I therefore asked interviewees questions about the overarching challenges that now confront their partnerships and that could impair their effectiveness if unaddressed.

Of the interviewees, 8 of 10 national NGO representatives, 2 of 4 international NGO staffers, and 2 of 4 government officials highlighted several challenges that now confront regime-NGO health partnerships in Togo:

1. Lack of effective communication and difficulty in accessing appropriate information for decision-making
2. Lack of trust or presence of active mistrust among partners
3. The informal character of many partnerships and lack of commitment by collaborators
4. Inadequate funding and resources
5. Problems with decision-making structures in the partnerships
6. Lack of clear, shared vision.

4.7.1 The Informal Nature of Partnerships and Lack of Commitment

One key issue interviewees highlighted concerned the frequently informal nature of some of the partnerships, even when agreements underpin them, and a lack of commitment by government principals, particularly, to them. According to these individuals, this difficulty ultimately inheres in the fact that many partnerships have no clearly defined roles and responsibilities. This makes their work difficult, as their activities may be overlapping while government agency officials nonetheless seek actively to shape their activities. Also, when partnerships are unstructured, communication and information sharing becomes a problem, which ultimately reduces trust and commitment to deliver services to achieve shared objectives. It additionally means low levels of trust and confidence, which affect the dissemination of

information and decision-making. This finding supports SPAID's (2007) similar conclusion concerning partnership dynamics in in South Africa.

4.7.2 *Inadequate Funding and Resources*

All of this study's interviewees stated that funding and other resources to help carry out their activities are inadequate. Informants from both sides explained that most of the NGOs, particularly the local non-governmental organizations, do not have sufficient funds to support their efforts, including adequate sums for service delivery and to obtain technical assistance when needed. This finding parallels earlier similar findings by Bratton (1990) and Edwards and Hulme (1991), who argued that a majority of local NGOs that they examined did not have enough resources to carry out their activities at optimal levels. Some of the informants from the national NGOs in this study also stressed the difficulty of obtaining funds and other resources from foreign or international agencies. Furthermore, due to their relative dependence on foreign donors, Togolese government officials often doubt these NGOs' independence. For their part, 7 of 10 domestic NGO interviewees argued that Togo's government is not making sufficient funds and other resources available for delivery of health services. In addition, these respondents contended that, in situations where funds and resources were provided, they were not made available in a timely way.

Four of the 10 national NGO officials I interviewed contended that they continually work with inadequate resources, suggesting that these individuals and their staffs may persistently face demoralization. This finding also suggests that, due to scarcity of funds, necessary staff training will either be delayed or ineffective. When salaries and allowances are delayed or provided at less than contracted amounts, staff members can become demoralized and less committed. Inadequate or delayed funding also results in shortages of supplies and equipment used for

service delivery. These challenges mostly affected the domestic NGOs in this study, since they were disproportionately responsible for project and program implementation at the community or grassroots level.

CHAPTER FIVE

KEY FINDINGS AND CONCLUSIONS

5.1. Introduction

This final chapter is divided into four sections. The first part provides a summary of key findings. The second portion outlines my conclusions. The third section offers various recommendations to improve the policies that govern cross-sector partnerships in Togo. The fourth part suggests areas for future research.

5.2 Summary of Findings

This study has investigated how the Togolese government and health-oriented NGOs are collaborating to prevent and treat HIV/AIDS and malaria in Togo. I conducted interviews with 28 professionals from both government and NGOs that are engaged in partnerships in Togo to address these diseases. Those interviewed were well-educated and experienced professionals who occupied top positions in selected NGOs or government agencies. The group included program directors, advisors, project managers, health workers and doctors. I used a semi-structured interview instrument to elicit their responses. A summary of my key findings appears below.

5.2.1 *Character of Partnerships between the Togolese Government and NGOs*

The first objective of this study was to identify and examine the principal characteristics of partnerships between the Togolese government and NGOs to prevent and treat HIV/AIDS and malaria in that country. I asked interviewees four questions concerning the character of the cross-sector collaborations in which they were engaged, including whether those partnerships were

formal or informal; how long they had existed; the reach and character of the laws and rules that governed them and the roles and responsibilities of each partner.

A key finding concerning the health partnerships investigated is that, while those between international NGOs and Togo's government were quite well-structured, those between local/national NGOs and the regime were mostly informal and unstructured. Another primary conclusion is that the government and national and international NGOs have collaborated to address HIV/AIDS and malaria for a fairly long time. None of the non-governmental health organizations examined had partnered with government institutions for less than 5 years and one had done so for as long as 19 years. The collaborations I investigated between international NGOs and Togolese agencies were generally older than those involving local/national non-governmental organizations. Interviewees reported that most of the partnerships between public agencies and the Togolese NGOs with which they were involved were informal and unstructured. Regime responsibilities in these collaborations included facilities and program funding in addition to implementation and oversight of the laws governing all NGOs. Typically, government partners coordinated partnership programs while collaborating non-governmental organizations implemented projects and delivered services, including public education campaigns. Some NGO organization personnel also trained care providers and provided pass-through funding for delimited activities.

5.2.2 Decision-Making Processes and Roles in Government-NGO Partnerships in Togo

One principal finding of this research is that all partners were involved to some extent in the decision-making processes concerning the reach and character of service provision. However, a few local NGO interviewees argued they were not typically engaged in partnership choices. The collaborating leaders investigated did not describe just one decision-making

approach across the board. Rather, some representatives indicated their partnerships employed participatory decision strategies, while others reported top-down approaches, although a clear majority indicated a preference for mutuality.

5.2.3 Trust in NGO-Government Health Partnerships in Togo

This study also explored the levels of trust among the various partners in the cross-sectoral collaborations it examined. One key finding concerning this question was that trust among partners was low. Interviewees suggested this was so because government officials often did not share needed information with their NGO collaborators, particularly with local ones. Those I interviewed also suggested that low trust among participants was frequent in these partnerships, due to poor communication and the unstructured (and therefore somewhat unpredictable) character of the relationships within them, especially those between national NGOs and government agencies. Interviewees also suggested that low levels of trust also resulted, on occasion, from a lack of public actor transparency and/or perceived corruption.

Another significant conclusion regarding this study's third objective is that most of the NGO representatives interviewed were uncomfortable collaborating with public officials. Interviewees suggested several reasons for their perception, including political interference in their operations, poor official government communication of aims and decisions, lack of transparency in agency choice-making and corruption. In contrast, however, the public officials interviewed expressed comparatively high comfort partnering with NGOs. The majority of government representatives interviewed stressed the importance of non-governmental organizations in the effective alleviation of HIV-AIDS and malaria.

5.2.4 *Communication in Government-NGO Health Partnerships in Togo*

The fourth objective of this inquiry was to examine the level and quality of communications in the partnerships investigated. I found problems in both communications and information dissemination. The majority of my NGO interviewees argued that government officials do not readily share significant information. Interestingly, international NGO officials reported that regime representatives were routinely willing to share needed information with them in a timely way. One reason given by several NGO respondents for this discrepancy is that the government views some local NGOs as working for or under the influence of an opposition group. Interviewees reported several other reasons for problems in communication and information dissemination, including low levels of inter-participant trust and commitment in many of the partnerships and poor public coordination of the major share of the collaborations. Interviewees suggested that partnership-related information, when it is exchanged, is shared through a variety of media, including telephone calls, emails, faxes, posted letters, meetings, memoranda and formal progress reports.

5.2.5 *Challenges Facing Government-NGOs Health Partnerships in Togo*

This study's fifth objective was to determine and investigate the challenges facing Togolese AIDS-and-malaria-treatment cross-sector partnerships. These concerns, as revealed by interviewees, included insufficient volume and quality of communication among collaborating participants, difficulty in accessing information, lack of trust or active mistrust between partners, the unstructured character and informality of many of the partnerships, a dearth of government commitment to collaborative success, inadequate funding and other resources, lack of clear vision and poor coordination.

Local/national NGO interviewees reported that government officials' adoption of top-down decision styles has created particular difficulties for them, while international NGO collaborators reported fewer such difficulties. Still, interviewees from both types of non-governmental organizations reported low levels of trust and poor coordination with their government counterparts. One important contributor to this outcome, according to NGO interviewees, was the frequent inability of partnering government institutions to perform their primary role: coordination of collaboration-related activities. Interviewees also suggested that partnering public agencies are too often not transparent in their decisions and actions, especially regarding finances. A majority of those with whom I spoke from both local/national and international NGOs reported that government officials never shared the reports they submitted to donors concerning partnership activities and programs. That ongoing reality had diminished NGOs' trust in their government partners.

5.3 Conclusion

This inquiry has examined how government institutions and health NGOs, both local/national and international, in Togo are partnering to prevent and treat HIV/AIDS and malaria. Governments of most African countries have not, alone, been able to manage these major health concerns effectively. This reality, coupled with the ascendance of neo-liberal ideas among institutions and funders worldwide, has encouraged government-NGO partnerships to combat these diseases.

Despite such efforts in Togo, much remains to be accomplished if these ailments are to be brought under control in the nation. With such challenges in mind, it is important to note that these partnerships have not always occurred voluntarily. Rather, Togo's government has undertaken them in response to international pressures from funders. This fact has resulted in

sometimes obvious and sometimes hidden struggles among the actors involved, for power and control of these initiatives. NGO interviewees reported that government officials have often undercut their programmatic efforts in order to maintain control, fearing non-governmental ascendance. This situation has been exacerbated in Togo by a frequent lack of transparency in decision-making among the public officials involved in partnerships and persistently poor communication on their part with their supposed non-governmental partners.

Perhaps for these reasons, non-governmental organization respondents reported a low level of trust among actors in their partnerships, resulting in operating challenges and decreased programmatic effectiveness. Domestic NGO interviewees also argued that the informal/unstructured character of their partnerships in this domain and the apparently deliberate choice by government actors to share information fitfully and episodically have created suspicions and bad blood between partnership participants. Civil society organization interviewees suggested that this pattern of unpredictability in sharing information was a main reason for the development of mistrust in their partnerships.

Both NGO and government interviewees also reported substantial problems in communication and information sharing with their partners in efforts to fight HIV/AIDS and malaria in Togo. Most of those with whom I spoke were forthcoming in expressing the need for partnership policies that would improve and ensure back-and-forth communication and open and frequent dissemination of relevant program information.

Understanding the current dynamics of government-NGO partnerships for providing services nationally and regionally to identify what is working and not working, can inform key players from government, NGOs, academia, private donors and other stakeholders and enable

them to sit down together to fashion more effective policies and practices effectively. Especially in countries or regions where there are limited resources and the government alone cannot provide needed healthcare for its citizenry, surely, at least potentially, there is incentive not only for the creation of regime-NGO partnerships to provide health services, but also for their partners to cooperate to make their collaborations as effective as possible for all parties. I offer several recommendations below designed to enable Togo's national government and NGOs to develop new methods of communication and fresh forms of cooperation to improve program effectiveness.

This study has contributed to the general body of knowledge regarding the incentives, factors and dynamics that partners globally will need to manage self-consciously to establish and sustain healthy, productive collaboration in delivering effective services. This inquiry has also illustrated the possibility of obtaining useful information from interviewees on "both sides" of partnerships, even in collaborations operating with considerable strain, if the investigator's purposes and methods are made transparent to all parties and if he or she treats all parties with respect and patience.

The issue of government-NGOs partnering to provide health services has been investigated in many areas of the developed world. However, research on government-NGO partnerships to provide health services in developing countries, specifically in Sub-Saharan African countries, is scant, and no study of the topic prior to this one had yet been undertaken in Togo. This analysis provided empirical evidence relevant to policymakers regarding the dynamics of trust, communication, structure and mutuality in decision-making in the cross-sector partnerships it examined. The findings go directly to the heart of one substantial current obstacle to improved health outcomes in Togo: partnership dynamics. For health services to improve,

cross-sector collaborations must become more effective. NGO representatives must learn to trust, communicate and cooperate with government health agency officials, and those individuals must do likewise with their civil society counterparts. Policies affecting these partnerships should be discussed and drafted together and disseminated with complete transparency to all affected parties. Policies and practice need to include periodic mutual evaluation of collaborations' dynamics and their implications for the effectiveness of service delivery and recipients' health outcomes. That is, identifying factors that might lead to more harmonious government-NGO partnerships could lead directly to improvements in health care service delivery for Togo's malaria and HIV afflicted populations.

5.4 Policy Recommendations

The following recommendations for possible changes in public policies arose directly from observations offered by both government agency and NGO officials interviewed for this study.

5.4.1 Formalization of All Government-NGOs Partnerships for Health Service Delivery

One key challenge facing government-NGOs health partnerships in Togo is the informal or unstructured character of many of those collaborations, particularly with local NGOs. This lack of clear expectations and processes reduces the effectiveness of partnership efforts by not providing those engaged needed guidance regarding their roles and responsibilities. Formalizing all government-NGO health partnerships in Togo would enhance their effectiveness by ensuring that roles and responsibilities are assigned unambiguously and appropriately to prevent overlap and interference in day-to-day performance. Thoughtful structuring would also help to enhance partners' shared commitment to work and to one another, improve the level of trust among participants and foster more effective communication and sharing of information.

Ideally, if government agency leaders in Togo could learn to view NGOs as permanent partners in service delivery, rather than merely visitors, the path toward success would be a bit more straightforward. If government officials could provide a clear draft set of responsibilities for its health agencies and for potential NGO partners and schedule a conference (or series of meetings, if necessary) to discuss those roles and responsibilities, with openness to negotiate reasonable revisions, partnership goals and roles could be clarified considerably. By such a process, the Ministry of Health in Togo, Health Directorate and various regional, district and local health units that are partnering with NGOs in health service delivery could see to it that all of their collaboration agreements are formal, and at the same time, friendlier, because framed and carried out with mutual respect. The central government should oversee the drafting and passage of pertinent laws and/or rules regarding such collaborations, to ensure appropriate formality/structure, mutuality and cordiality among all parties. More, all formal partnerships should be backed by valid contracts supporting the agreements.

5.4.2 Promotion of Effective Communication and Dissemination of Information

Another key challenge to government-NGO partnerships delivering health services in Togo is a lack of effective communication and information dissemination for local NGOs especially. Timely sharing of information and ideas between partners is essential for effective service delivery as it boosts trust and commitment to perform well and achieve objectives.

Consequently, I recommend that a more open system of communication be developed and implemented, as a matter of policy and practice, for all government-NGO health partnerships operating in Togo. It should make clear that frequent communication between partnering agencies is the rule, that certain channels of communication are to be employed, that thoughtfulness, civility and mutual respect will make them work more effectively and that

virtually any issue pertinent to effective delivery of health services or to partner effectiveness is a viable and necessary subject for mutual discussion, whether related to an unexplained slowdown in delivery of essential supplies, an NGO representative that is late in reporting, progress assessments against particular objectives or an unexpected breakthrough in the treatment of people in specific villages. It should also be mandatory for partners to submit periodic reports to one another, outlining progress toward particular objectives, key successes, challenges/failures, needs, requests for assistance or better communication, new information regarding funding or whatever. These reports could be quarterly, bi-annual, and/or annual in character, as mutually agreed. Even though communication and information sharing between government health agencies and international NGOs is purported to be better than between those public agencies and local/national NGOs, formalized policies and practices for improved communication, information sharing and evaluative reporting should apply equally to all public-private partnerships.

5.4.3 Stakeholder Engagement in Cross-Sector Partnership Decision Making and Activities

Interviewees in this inquiry also reported that local NGOs and other stakeholders, including vulnerable communities and the intended beneficiaries of partnership projects and activities, are often not currently included in the decision-making and planning processes related to them. This situation breeds ignorance, mistrust, lack of commitment, failure to participate with enthusiasm and consequently, an inability to achieve essential objectives and it should be remedied as soon as possible. All NGOs, local and international, as well as other major stakeholders, should be involved from the beginning in anti-AIDS and malaria program decision-making and planning. The Ministry of Health and the health directorate in Togo should ensure that all government institutions involved in partnerships include their collaborators and other

stakeholders, such as intended beneficiaries and local people, in all stages of decision-making to deliver health services. Also, all partnering NGOs should be seen as permanent, formal partners with government institutions. It should be mandatory for NGOs and government departments, when working together or separately on agreements, to include representatives from other pertinent stakeholder “groups,” such as private donors and affected patients. Such collaboration would enhance citizen trust, self- respect, mutual respect and commitment to program success.

5.4.4 Making Adequate Funds Available for Partnership Activities

Interviewees argued that inadequate funding constituted a key challenge facing government-NGO partnerships to prevent and treat HIV/AIDS and malaria in Togo. Most of the non-governmental organizations, especially local ones, and government agencies lack adequate funds to fulfill their missions, including provision of infrastructure, training and compensation of staff and other workers, acquisition of materials and delivery of services. Also, both NGO and government institution representatives reported that they find it difficult to obtain funds and other resources from foreign or international donor agencies and governments.

I recommend that the government of Togo, via its Parliament and Treasury, establish a fund to be used exclusively for government-NGO partnerships battling HIV/AIDS and malaria. As suggested by respondents, I also recommend developing a long-term financial protocol for government-NGO partnerships, to eliminate all fears of irregular funding. The Togolese government should also streamline financial processing in order to reduce funding delays for health services. To curtail influence peddling, corruption and misappropriation of funds, I recommend that control of the special partnerships fund be the responsibility of a separate body not directly connected to relevant government or NGO officials. I also suggest that the NGOs look for strong alternative sources of financing from local, national and international sources,

including bi-lateral and multilateral donor organizations, such as the World Health Organization and the World Bank. The partnerships should launch campaigns to attract international donors, ensuring that their projects are compelling. Such funds, when obtained, should be properly managed, accounted for and audited in order to avoid corruption and misappropriation and to boost donor confidence in the partnerships' health services.

5.4.5 Coordination of Partnership Activities

Government health agencies have responsibility to coordinate health-care partnerships. Failure to do so breeds disjointedness/malaise in decision-making, communication, information dissemination, commitment to work and delivery of services. What is needed are clear, thoughtfully derived frameworks for collaboration. Currently, government institutions partnering with NGOs lack the capacity to manage the process of involving NGOs in effective health-service delivery. In their efforts to deliver health services to ensure the prevention and treatment of HIV/AIDS and malaria, NGOs must have professional government supervision and communication.

For government coordination of NGOs to be effective in yielding mutually expected results, I recommend three basic actions:

- Create a governance structure that is transparent, fluid and effective in facilitating the work of partners, instead of putting up or allowing barriers. Those in authority should use their influence to support health-care partnerships doing their work. Although government agencies should take responsibility for overall leadership, I recommend they recognize the necessity of appointing skilled, knowledgeable, experienced professionals to coordinate NGO undertakings, rather than appointing bureaucratic staff, however well meaning, who

may lack necessary qualifications. As discussed above, all government-NGO partnerships should be formally structured, with all parties having a say in establishing their foundation decision and reporting processes. With clear guidelines and mutual commitment not only to follow that guidance, but also to report and to follow-up on needed adjustments, the delivery of health services by these cross-sector partnerships could be made much more effective.

- Establish trust among all partners through ongoing development of policy and improvement of practices in everything they do. Treat one another as equals. Agree to exchange information and communicate openly. Collaborate when developing policy and making decisions. Agree not to act unilaterally. Practice and embrace mutual transparency. Be inclusive, ensuring that every stakeholder is involved in important decisions. Both partners should strive to be maximally transparent in everything they are doing. Each should develop a positive attitude toward the other partner and think of that collaborator as a permanent part of their organizational life, with all working for the good of the people. To get the job done, each individual and agency must be willing to seek help and accept assistance from the other. Create a code of professional conduct for these partnerships and demand that those engaged live by it to help minimize suspicions. Treat one another with respect, honesty and openness, choosing camaraderie and dialogue instead of working in isolation. The beneficiaries of health services must be included too, so they can understand how the partnerships work, where the funding comes from and what services might be expected of communities after the partners depart.
- Create an effective system of communication among collaborators, such being the metaphoric axle grease that enables the wheel to turn without squeaking. I recommend strategies be mutually crafted to foster and sustain two-way communication:

- a) Plan to share partnership information internally with everyone in the combined realm of the government agency and its NGO partner. Craft an effective system for internal communication, whereby information flows freely between the collaborators within each partnership, informing everyone about undertakings, successes, obstacles, setbacks and needs. The more people are aware of accurate information, the less likely they are to accept misinformation, to spread unfounded rumors or to stir up tensions and lose trust and commitment.
- b) The collaborating parties should also ensure effective communication with those outside the immediate government-NGO partnership: beneficiaries of health services, key business people, area officials and donors. Done properly, external communication is a way to market the partnership and make visible its vital mission.

In short, one effective way to make coordination of any partnership work better is to enlist both partner groups and other pertinent players in designing, implementing and refining a framework for decision-making and coordination, tailored to the specific end goal(s) and for the operatives in the field who are going to pursue and achieve it. Such frames need to be considered efforts in progress, for they must be malleable. Players must evaluate continuously, report to one another, suggest changes needed, discuss them and act accordingly in the future.

5.4.6 Building Mutual Trust Amongst Partners

Interviewees reported low levels of trust among collaborating organizations to be a critical challenge facing government-NGO partnerships in Togo. National NGO interviewees suggested several factors that account for that mistrust, including government selectiveness in information sharing and a lack of public-agency transparency and accountability. These

undermine the effectiveness of efforts by the partnerships to deliver health services. A high level of trust amongst the various partners must be sustained, for it enables effective communication as well as dissemination of information, commitment, involvement of other stakeholders, transparency, accountability and achievement of end goals.

I, therefore, recommend that the various partners undertake good-faith efforts to secure the trust of their counterparts and learn to share information and cooperate in all pertinent dimensions of the work. Government agencies responsible for coordinating NGO programs are especially well-positioned to foster trust by bringing various players to the table to consider problems together and to develop joint solutions to shared concerns. Difficulties can arise from multiple sources, outside and inside the partnerships. When addressing challenges, participants should keep in mind that a problem may be multi-layered and may involve two or three related issues to address it. Each participant must be willing to listen with an open mind and heart and to avoid being defensive when he or she is seen to be part of a concern being discussed. Open negotiation is key. No individual or group should be allowed to dominate. The point is to reach consensus concerning how to address the problem and move forward together with mutual respect, trust and civility.

5.5 Limitations and Recommendations for Further Studies

It is important to acknowledge that this research had a number of limitations, especially time constraints. Given the serious problems affecting government-NGO partnerships in the Maritime Region of Togo, with more time I could have increased the number of regional government and NGO interviewees and thus explored key issues in greater depth. Those I interviewed came from 14 NGOs and 14 government agencies. I used purposive sampling to select the NGO and government representatives I interviewed. Such led to exclusion of a number

of regional areas in Togo and health partnerships operating within them. Also, due to insufficient time and resources, I was not able to include all potentially relevant staff from the government agencies and NGOs I engaged for my interview group, further limiting the range of perspectives on partnership dynamics I could canvas.

Having interviewed only high-ranking government and non-governmental organization representatives, I recommend that future studies of government-NGO health partnerships employ not only a larger sample of such entities, but also a wider range of interviewees within each participating organization. I also recommend that future studies of Togolese government-NGO health partnerships include other regions of the nation besides the important, but not necessarily completely representative, Maritime Region. As well, future analysts may want to obtain the perspectives of other relevant stakeholders, such as external funders of various sorts, by interviewing representatives from each.

This study did not select specific health partnerships for analysis. I recommend that future research concentrate on specific cases of government-NGO health partnerships and study them in detail to chart their inter-organizational dynamics as well as the challenges facing them. The present study also did not examine the perceptions of the people (local community members and beneficiaries) of partnership activities. I suggest that future inquiry concerning government-non-governmental organization collaborations and their service delivery include local citizens in order to obtain their viewpoints on partnership activities and effectiveness. It is important that the perspectives of the local populace, the ultimate beneficiaries of partnerships' efforts, be included in future analyses.

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APPENDIX A
INTERVIEW QUESTIONS
(ENGLISH)

Interview Questions

Topic	Questions
Historical Development	<ul style="list-style-type: none"> • Tell me about the background of the partnership between your institution and the government (or NGO) regarding prevention and/or treatment of HIV/AIDS or malaria. • When did your NGO/government institution become involved in a collaborative partnership with a government agency or NGO?
Mission	<ul style="list-style-type: none"> • What are the goals of the partnership between your institution and the government agency/NGO?
Governance and Organization Structure	<ul style="list-style-type: none"> • What law or laws govern your partnership? • What are the roles and responsibilities of each partnership member, as you see them, as a part of the partnership overall? • Does the government have rules and regulations that structure the partnership? If so, could you outline those for me? • If not, are partnership members involved in drafting the rights and responsibilities governing their relationship? If so, who actually does this work for the collaborators?
Decision-making Process	<ul style="list-style-type: none"> • What are the roles of each partner organization in decision-making concerning the reach and character of services/programs provided? • Are stakeholder views taken into consideration on issues related to the partnership? If not, why do you think that is so? If so, could you describe for me how this occurs? • What type of decision-making approach do you see occurring in the partnership? Is it always the same, or does it vary with circumstances? If it changes, why do you think that happens?
Communication and Trust	<ul style="list-style-type: none"> • How would you describe communications among the partners? • Is information shared readily across organizations in the partnership? If so, can you provide examples of how this occurs? If not, can you help me understand what you see as the obstacles to such communication? • Are there communication-systems policies established for the partnership? If so, have those been broadly shared in your view? That is, are most employees aware of them and able to interact on the basis of their tenets? • How would you evaluate the level of trust among partners in the collaborating organizations in the partnership? Can you provide one or two specific examples to illustrate how you came to your view? • How do NGO employees (or government officials) feel about their

	partnership and working together in this project?
Partnership	<ul style="list-style-type: none"> • How is coordination achieved in the partnership? • What, in your view, have been the challenges and lessons learned about ensuring coordination in the partnership between the government and non-governmental organizations? • How, in your view, can government-NGO partnerships be made to work more effectively and efficiently?
	•
External Factors	<ul style="list-style-type: none"> • What external factors (political, economic, and social) do you see shaping your work in the partnership in which your organization participates? • What are your perceptions of the significance of each of those factors? • How do you think your NGO or government counterpart views them?
Other	<ul style="list-style-type: none"> • What policy changes, if any, could strengthen your partnership?

Closing	<p>Is there anything more you would like to add? Do you have any questions for me?</p> <p>Thank you for your time.</p>
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APPENDIX B
INTERVIEW QUESTIONS
(FRENCH)

Interview Questions
Questions d'entrevue

Thème	Questions
Historique	<p>Parlez-moi de l'historique du partenariat entre votre institution et le gouvernement (ou ONG) pour la prévention et / ou le traitement du VIH / sida ou le paludisme.</p> <ul style="list-style-type: none"> • Quand est ce que votre ONG/ institution gouvernementale/ s'est engagée dans un partenariat de collaboration avec cette agence gouvernementale /cette ONG?
Mission	<ul style="list-style-type: none"> •Quels sont les objectifs du partenariat entre votre institution et votre institution gouvernementale/ ONG?
Gouvernance et Structure organisationnelle	<p>Existe il des lois qui régissent votre partenariat ?</p> <ul style="list-style-type: none"> • Quels sont les rôles et les responsabilités de chaque partenaire membre dans le cadre du partenariat général ? • Est-ce que le gouvernement a des règles et règlements qui gouvernent la

	<p>structure du partenariat ? Si oui, pourriez-vous les décrire pour moi?</p> <ul style="list-style-type: none"> • Si non, est ce que les partenaires membres sont impliqués dans la rédaction des droits et les responsabilités qui régissent leurs relations? Qui fait ce travail entre ces collaborateurs?
<p>Processus de prise de décision</p>	<p>Quels sont les rôles de chaque organisation partenaire dans la prise de décisions concernant la portée et le caractère de services / programmes offerts?</p> <ul style="list-style-type: none"> • Est-ce les opinions des intervenants sont prises en considération sur les questions liées au partenariat ? Si non, pourquoi pensez-vous que c'est ainsi ? <p>Si oui, pourriez-vous me décrire la façon dont cela se fait ?</p> <ul style="list-style-type: none"> • Quel type d'approche est utilisée dans la prise de décision relative à leur partenariat ? Est- elle toujours la même ou elle change selon les circonstances? Si elle change, à quoi pensez-vous est du à ce changement ?
<p>Communication et confiance</p>	<p>Comment décririez-vous le système de communication qui existe entre les partenaires?</p> <ul style="list-style-type: none"> • Est-ce l'information est partagée facilement à travers les organisations membres du partenariat ? Si oui, pouvez-vous donner des exemples de la façon dont cela se fait ? Si non, pouvez-vous m'aider à comprendre les causes des obstacles rencontrées dans cette communication?

	<ul style="list-style-type: none"> • Ya-t-il des systèmes de lois mis en place pour les communications dans le cadre du partenariat? Si oui, ont-ils été largement diffusés à votre avis? Si tel est le cas, la plupart des employés sont-ils au courant de ces lois et capables d’agir sur la base de ces principes? • Comment évaluez-vous le niveau de confiance entre les organisations qui forment le partenariat? Pouvez-vous donner un ou deux exemples précis pour illustrer comment vous êtes arrivé à cet avis? • Comment les employés des ONG (ou des représentants du gouvernement) pensent-ils travailler en partenariat dans ce projet?
Partenariat	<ul style="list-style-type: none"> • Comment la coordination est faite dans le partenariat? • Quels ont été à votre avis les défis et les leçons apprises dans ce partenariat entre le gouvernement et / ou des organisations non gouvernementales ? • Comment, à votre avis, le partenariat entre le gouvernement et les ONG peut être établi pour travailler plus efficacement?
Les facteurs	<ul style="list-style-type: none"> • Quels sont les facteurs externes (politiques, économiques, sociaux) dont vous pensez pourraient affecter votre travail à cause de votre participation dans le partenariat ? • Quelles sont vos perceptions de

externes	l'importance de chacun de ces facteurs ? Que pensez-vous de l'avis de votre ONG ou de celui du côté du gouvernement ?
Autres	<ul style="list-style-type: none"> Quels sont les changements politiques, si il y en a pourraient renforcer votre partenariat

Clôture	<p>Avez-vous des avis que vous voudriez ajoutées ? avez-vous des questions pour moi ?</p> <p>Merci pour votre disponibilité</p>
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APPENDIX C

INTERVIEW PROTOCOLS

Date:

Time of Interview:

Place:

Interviewee:

Position of Interviewee within the Partnership:

Project Description: The partnerships between the government of Togo and NGOs in the prevention and treatment of VIH/AIDS and malaria in the Maritime Region Togo.

INTERVIEW GUIDE

The following is the interview guide I will use with government and NGO officials to learn their thoughts about the factors shaping the partnership between the government of Togo and NGOs in the prevention and treatment of VIH/AIDS and malaria in Togo. This interview guide contains an introduction (including informed consent), a set of questions, and closing comments.

<p>Introduction key components:</p> <ul style="list-style-type: none">• Thank you• My name• Purpose• Confidentiality• Duration• How interview will be conducted• Opportunity for questions• Signature of consent	<p>Title of Project: NGO-Government Partnership for the Prevention and Treatment of HIV/AIDS and Malaria in Togo</p> <p>Investigator: Binioube Aleyao</p> <p>I am a Ph.D. student at Virginia Tech in the Planning, Globalization, and Governance (PG&G) program, and I am conducting research that will be used in my dissertation. The research is focused on NGO-government partnerships for the prevention and treatment of HIV/AIDS and Malaria in Togo.</p> <p>I would like to interview you in person and it will take about 45 minutes. If you have any additional questions concerning this research or your participation in it, please feel free to contact me and/or my dissertation advisor, Max Stephenson (contact particulars appear below) at any time.</p> <p>There are minimal risks for you involved in participating in this interview. The findings of the research may benefit the</p>
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government of Togo and its law makers. This study may also assist health NGOs as they consider steps aimed at improving their relationships with the Togolese government.

I would like to record our discussion, so that I can have an accurate record of the information you provide me. I will transcribe our interview recording and will keep the transcript confidential and securely in my possession.

You are free to withdraw from this study at any time without penalty. You may also elect not to answer a particular question or to request that I stop recording at any point and we will so proceed. I am not able to compensate you for participating in this study. Please keep in mind your participation is voluntary.

Do you have any questions about this research? Do you agree to participate?

I voluntarily agree to participate in this study. I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

Date

Should you have any additional questions concerning this research or its conduct or your rights as a part of it, you may contact:

Binioube Aleyao 9335150 cell 2504182
Hme; aleyb06@vt.edu

Investigator

	<p>Ph.D. candidate Planning, Governance and Globalization Virginia Tech Blacksburg, Virginia 24061</p> <p><u>Max Stephenson, Jr., Ph.D.</u> 540-231-7340/ mstephen@exchange.vt.edu Director, Virginia Tech Institute for Policy and Governance Coordinator (MURP), Peace Corps Masters International Program Virginia Tech School of Public and International Affairs Blacksburg, VA 24061</p> <p><u>David M. Moore</u> 540-231-4991/moored@vt.edu Chair, Virginia Tech Institutional Review Telephone/e- mail Board for the Protection of Human Subjects Office of Research Compliance 2000 Kraft Drive, Suite 2000 (0497) Blacksburg, VA 24060</p>

The types of questions that will be asked in these interviews include the following:

Topic	Questions
Historical Development	<ul style="list-style-type: none"> • Tell me about the background of partnership between your institution and the government-NGO in relation to the HIV/AIDS or malaria. • When did your NGO/government institution become involved in a partnership?
Mission	<ul style="list-style-type: none"> • What are the goals of the partnership between your institution and the government/NGO?
Governance and Organization structure	<ul style="list-style-type: none"> • What are the processes/policies/laws affecting individual organization participants and the partnership? • What are the roles and responsibilities of each partnership member as you see them, as a part of the partnership overall? • What are the rules and regulations related to the partnership on the government's part? • Is all the partnership members involved in drafting the rights and responsibilities governing their relationship?
Decision-making Process	<ul style="list-style-type: none"> • What are the roles of each partner in decision-making concerning the reach and character of services provided? • Are all stakeholder views taken into consideration on issues related to the partnership? Please describe your own view on that.

	<ul style="list-style-type: none"> • What type of decision-making approach do you see occurring in the partnership? Is it always the same or does it vary with circumstances? If it changes, why do you think that happens? • Describe the way decisions are made in this partnership when it comes to combating HIV/AIDS or malaria.
Communication and Trust	<ul style="list-style-type: none"> • How would you describe communications among the partners? • Are the government services/NGOs reluctant to communicate and share information? • Are there communication systems policies established in the partnership? • How would you evaluate the level of trust in the partnership? Can you provide one or two specific examples to illustrate how you came to your view? • How do the NGOs and government officials feel about their partnership and working together in this project? • Do the NGOs feel open or free in working with government officials?
Partnership	<ul style="list-style-type: none"> • What is your impression of the quality of the relationship between nongovernmental organizations and government officials? • How is coordination achieved in the partnership? • What have been the challenges and lessons learned as far as the partnership between the government and the nongovernmental organizations in your view? • How, in your view, can partnerships be made to work more effectively and efficiently between government services and health nongovernmental organizations?
Institutional and legal frameworks	<ul style="list-style-type: none"> • What is your understanding of governing law and rules of NGOs in Togo and how effective are those laws?
External factors	<ul style="list-style-type: none"> • What external factors do you see shaping your work in the partnerships? • What are your perceptions of those factors? How do you think you're NGO or government counterpart views them? • What are the best ways of minimizing or preventing those factors from interfering in the partnership?
Other	<ul style="list-style-type: none"> • What policy changes if any could strengthen your partnership?

Key Closing Components <ul style="list-style-type: none"> • Additional comments • Next steps • Thank you 	<ul style="list-style-type: none"> • I will ask if there is anything more the interviewee would like to add. • I will be analyzing the information you and others have provided me and will be happy to share with you the results of my analysis when complete, to ensure the factual
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	accuracy of my work. Would you be interested in assisting in this way? <ul style="list-style-type: none">• Thank you for your time.
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APPENDIX D
INFORMED CONSENT FOR PARTICIPANTS
(ENGLISH)

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants
in Research Projects Involving Human Subjects

Title of Project: Nongovernmental Organization (NGO)-Government Partnerships for the Prevention and Treatment of HIV/AIDS and Malaria in Togo

Investigator: Binioube Aleyao

My name is Binioube Aleyao and I am a Ph. D student at Virginia Tech in the Planning Governance and Globalization (PG&G) program. I am conducting research that will be used to complete my doctoral dissertation. My research focus is NGO-Government Partnerships for the Prevention and Treatment of HIV/AIDS and Malaria in Togo

I would like to interview you in person for my research. I anticipate our interview will require approximately 45 minutes. There are no risks associated with your participation. This research may benefit the government of Togo and its partner NGOs as it should shed light on the dynamics of their collaboration in this important health domain. Doing so may help government policymakers pinpoint areas of strength as well as difficulties in health NGO-public sector relationships and thereby point to possible ways indirectly to improve HIV/malaria prevention and treatment services.

I would like to make a recording of our discussion, so that I can have an accurate record of the information that you provide. I will transcribe that recording and will keep the transcripts containing your responses and the tapes on which your comments appear confidential and secure in separate locked filing cabinets in my possession. I will erase the tape two years following completion of my dissertation. I will not identify you by name in my research, but will instead assign you a pseudonym and will endeavor to make every effort to protect the confidentiality of

your responses. The master list of names and assigned pseudonyms will be kept separately from the transcripts in a locked file cabinet.

You are free to withdraw from this study at any time without penalty. You are also free not to answer specific questions as you decide as our interview proceeds. I will honor any request you may make to provide comments or observations without the tape recorder operating. Your participation in this study is voluntary. If you have any questions concerning this research or your participation in it, please feel free to contact me and/or my dissertation advisor, Professor Max Stephenson (his contact particulars appear below), at any time. You may also contact the Chair of our University's Institutional Review Board, Dr. David Moore, as outlined below.

Do you have any questions about this research? Do you agree to participate by being interviewed as outlined?

I voluntarily agree to participate in this study. I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent to participate as outlined:

Subject Signature

Date

Should I have any questions about this research or its conduct, and research subjects' rights, I may contact:

Binioube Aleyao

Cell: 933-5150

Home: 250-4182

Email: aleyb06@vt.edu

Investigator

Ph.D. candidate

PGG

Virginia Tech, Blacksburg, VA 24061

*

Max Stephenson, Jr., PhD

Office: 540-231-7340

Email: mstephen@exchange.vt.edu

Director, Virginia Tech Institute for Policy and Governance

Coordinator (MURP), Peace Corps Masters International Program

Virginia Tech School of Public and International Affairs, Blacksburg, VA 24061

*

David M. Moore

Office: 540-231-4991

Email: moored@vt.edu

Chair, Virginia Tech Institutional Review Board for the Protection of Human Subjects Office

of Research Compliance

2000 Kraft Drive, Suite 2000 (0497), Blacksburg, VA 24060

APPENDIX E
INFORMED CONSENT FOR PARTICIPANTS
(FRENCH)

Formulaire de Consentement éclairé

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Formulaire de Consentement éclairé
Dans les projets de recherche impliquant des sujets humains

Titre du projet: Partenariat entre les Organisations Non Gouvernementales (ONG) et le gouvernement Togolais dans le cadre de la prévention et le traitement du VIH / SIDA et le paludisme au Togo

Enquêteur: Aleyao Binioube

Je réponds au nom de Binioube Aleyao, doctorant / Ph.D en Planification, Gouvernance et Mondialisation (PG & G), département des Affaires Publiques et Internationales, Ecole de l'Architecture et de l'Urbanisme à l'Université Polytechnique et Université de l'Etat de Virginie (Virginia Tech). Je voudrais faire cette recherche dans le cadre de mes études doctorales. Le thème de ma recherche est: Partenariat entre les Organisations Non Gouvernementales (ONG) et le gouvernement Togolais dans le cadre de la prévention et le traitement du VIH / SIDA et le paludisme au Togo.

Je voudrais vous interviewer dans le cadre de ma recherche énoncée plus haut. Cette entrevue prendra environ 45 minutes, et vous ne vous exposez à aucun risque pour votre participation dans cette recherche. Par contre, cette recherche pourrait être bénéfique pour le gouvernement togolais et les ONG partenaires. Cette étude pourrait faire la lumière sur la dynamique de la collaboration

entre les ONGs qui travaillent dans le domaine de la santé et plus particulièrement dans la prévention et le traitement du VIH/Sida et le paludisme et le gouvernement togolais. Cette étude pourrait également aider les hommes qui forment les lois au Togo et permettre aussi d'identifier les forces ainsi que les difficultés qui minent les relations entre les ONGs et le gouvernement dans le secteur de la santé et particulièrement dans leurs programmes de la prévention et traitement VIH/ Sida et du paludisme au Togo Si elle faite et des résultats obtenus de cette étude pourraient suggérer les voies et les moyens par lesquels ces relations pourraient être améliorées et au-delà les prestations de services de ces organisations.

Avant de commencer mon interview, je voudrais vous annoncer que durant celle-ci, je vais faire un enregistrement magnéto-scope de notre discussion afin que je puisse avoir un compte rendu exact des informations que vous fournirez. Ensuite, je vais transcrire cet enregistrement, préserver les informations transcrites contenant vos réponses et les cassettes sur lesquelles se trouvent vos commentaires dans un cabinet ou une place sécurisée sous ma direction. Je procéderai au nettoyage de la bande enregistrée après deux années qui suivront la date de finition de ma thèse. Je vous rassure que je ne vais pas vous identifier par votre nom durant ma recherche, par contre je vous donnerai plutôt un pseudonyme et m'efforcera de faire tout pour protéger la confidentialité de vos réponses. La fiche principale des noms et pseudonymes attribués sera conservée séparément de la transcription et placée dans un classeur verrouillé.

Avant de commencer, je précise que vous êtes libre de vous retirer de cette entrevue/questionnement à tout moment sans pénalité. Vous êtes également libre de ne pas répondre aux questions spécifiques durant le déroulement de notre entrevue. Je promets respecter scrupuleusement votre avis dans cette entrevue et sans mettre en marche le magnétophone si telle est votre décision. Il faut ajouter que votre participation à cette étude est volontaire. Si vous avez

des questions concernant cette recherche ou votre participation, s'il vous plaît n'hésitez pas à me contacter et/ou contacter mon directeur de thèse, le professeur Max Stephenson (ses coordonnées de contact se trouvent en bas de cette page), Vous pourriez également contacter également à tout moment que tu voudras, le président du conseil de l'Université de la Revue Institutionnelle Dr David Moore, dont les contacts aussi sont indiqués sous dessous.

Avez-vous des questions à propos de cette recherche ? Acceptez-vous de participer dans cette recherche?

En déposant ma signature en bas de cette page, je certifie par le présent memo de consentement que j'ai lu et reçu des réponses aux questions que j'ai eu à poser. Sur ce j'accepte poser ma signature sur ce document pour témoigner que j'accepte volontairement de participer à cette étude

Signature

Date

J'ai compris aussi que, si j'ai des questions pertinentes à ce sujet de recherche ou des questions relatives sur les comportements à tenir, et sur d'autres questions relatives à cette recherche, je peux contacter les personnes ci-dessous désignées:

Binioubé Aleyao

Téléphone portable : 540-650-2060

Email : aleyb06@vt.edu

Enquêteur

Doctorant du 3em Cycle

Planification, Globalisation et Bonne Gouvernance

PGG

Virginia Tech, Blacksburg, VA 24061

*

Max Stephenson, Jr., PhD

Office : 540-231-7340

Email: mstephen@exchange.vt.edu

Directeur de la thèse

Directeur de l'Institut Virginia Tech pour la Politique et la gouvernance

Coordonnateur (MURP) programme de DEA Corps de la paix internationale

Virginia Tech Département des Affaires Publiques et Internationales, Blacksburg, VA 24061

David M. Moore

Office: 540-231-4991

Email: moored@vt.edu

Président du Comité de l'Institut de Revue pour la protection des sujets humains

Bureau des recherches sur l'observation

Virginia Tech, 2000, promenade Kraft, Suite 2000 (0497), Blacksburg, VA 24060

APPENDIX F
RECRUITMENT LETTER TO PARTICIPANTS
(ENGLISH)

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
Recruitment Email to be sent to Department Heads

Title of Project:

Nongovernmental Organization (NGO)-Government Partnerships for the Prevention and Treatment of HIV/AIDS and Malaria in Togo

Investigator(s) Binioube Aleyao, Doctoral Candidate; Max Stephenson Jr., Faculty Advisor

Dear Dr. _____,

I am a doctoral candidate in the Planning, Governance and Globalization program at Virginia Tech, working on my dissertation to analyze factors that influence the character and dynamics of cooperation between health NGOs and government agencies of Togo as they seek to work collaboratively to prevent and treat malaria and HIV/AIDS in that nation. My research will examine the relationship of partnership organizational structure, decision-making processes, trust, and communication to the perceived efficacy of service delivery

I am contacting you to inquire whether you could provide a list of two to five staff, technicians or board members whom you know to be engaged in NGO-government cooperation in combating (prevention and/or treatment) of malaria and/or HIV/AIDS in the Maritime Region of Togo.

Specifically, this study addresses the collaborative structures of NGOs and the government of Togo for health (HIV/AIDS/malaria) service delivery, the decision-making processes functioning as part of Togo's government-NGO health partnerships, the role that trust

plays in the functioning of Togo's NGO-government health partnerships, the level and quality of communications between NGOs and the government in malaria and Aids reduction efforts, and, finally, how the above factors shape inter-sectoral partnership building and growth.

First and foremost, the results of this study will be submitted as part of the requirements for a doctoral degree. The researcher also intends to present the findings at academic conferences and to publish them in relevant academic journals.

Your assistance in this study is greatly appreciated so that I might contact appropriate NGO members or government health-service staff working in the field of HIV/AIDS and/ or malaria in Togo. Overall, for this study, I hope to speak with approximately 28 representatives (14 from NGOs and 14 from government health services). Interviews will take about 60 minutes.

I look forward to hearing from you regarding this study. If you should have any questions, please do not hesitate to contact me or my faculty advisor, Dr. Max Stephenson. Our contact information is listed below.

Chair, Virginia Tech

Faculty Advisor:

Investigator:

Institutional Review Board

for the Protection of Human

Subjects:

David M. Moore

Max O. Stephenson, Jr.

Binioube Aleyao

Office of Research Compliance

Virginia Tech Professor

Doctoral candidate

540-231-4991

540-231-7340

540-650-2080

moored@vt.edu

mstephen@vt.edu

Aleyb06@vt.edu

IMPORTANT:

If you should have any questions about the protection of human research participants regarding this study, you may contact Dr. David Moore, Chair, Virginia Tech Institutional Review Board for the Protection of Human Subjects; telephone: (540) 231-4991; email: moored@vt.edu; address: Research Compliance Office, 1880 Pratt Drive, Suite 2006 (0497), Blacksburg, VA 24061.

Thank you in advance for your time and consideration.

Sincerely,

Thank you for your time and consideration.

Sincerely,

Aleyao Binioube
President & CEO, Social Entrepreneurs International (SE Intl)
Doctoral candidate, Virginia Tech, School of Public & International Affairs
701 Appalachian Dr., Suite 6, Virginia Tech, Blacksburg, VA 24061
Email: aleyb06@vt.edu
Phone: (540) 650-2080

Attachments:

- a) Informed Consent Form & Interview Protocol in English
- b) Informed Consent Form & Interview Protocol in French
- c) Support document of my ability to translate English Document into French and Vice-Versa
- d) Protocol (data-collection protocol - English version)
- e) Protocol (data-collection protocol - French version)
- f) Sample recruitment letter
- g) Online protocol form filed as sample to be submitted online after the OK from my supervisor
- h) Research questionnaire guide
- i) Certificate - VT ORC Training

APPENDIX G
RECRUITMENT LETTER TO PARTICIPANTS
(FRENCH)

Institut Polytechnique et Université d'Etat de Virginie

Titre du projet:

Partenariat entre les Organisations non-gouvernementales (ONG) et le gouvernement pour la prévention et le traitement du VIH / SIDA et le paludisme au Togo

Chercheur(s) Binioube Aleyao, Doctorant; Jr. Stephenson Max, conseiller pédagogique

Cher/e/

Je suis un candidat Doctorant à l'Université de Virginie Tech dans le programme de la planification, la gouvernance et la mondialisation à Virginia Tech travaillant sur ma thèse pour 'analyser les facteurs qui influencent le caractère et la dynamique de la coopération entre les ONG et les agences gouvernementales de santé au Togo qui cherchent à travailler en collaboration pour prévenir et traiter le paludisme et le VIH / SIDA. Ma recherche porte sur la relation de la structure organisationnelle du partenariat, le processus de la prise de décision, la confiance, et de la communication dans le but des prestations effectives des services.

Plus précisément, cette étude aborde les principales caractéristiques des structures de collaboration que les ONG et le Gouvernement du Togo ont mis au point pour la santé (VIH / SIDA et le paludisme) dans la prestation de services, les processus décisionnels utilisés dans ces partenariats, le rôle que joue la confiance, le niveau et la qualité des communications entre les responsables des ONG et du gouvernement dans ces relations et enfin, comment ces facteurs influent sur le développement du partenariat intersectoriel, sa croissance en général liés à la santé

Je vous contact pour savoir si vous pouvez me fournir les noms et les coordonnées de deux à cinq membres de votre personnel (gestionnaires de programmes ou cadres) ou (pour les ONG) les membres du conseil d'administration que vous connaissez engagés dans la supervision ou qui joue un rôle dans l'efficacité des relations de coopération entre les ONG et le gouvernement dans la prestation des services pour combattre ou prévenir le paludisme et / ou le VIH / SIDA dans la région maritime du Togo.

Cette étude est faite principalement pour répondre aux exigences de la préparation de mon diplôme de doctorat. J'ai aussi également l'intention d'utiliser les résultats de cette étude au cours des conférences universitaires et aussi les publier dans des revues universitaires.

Votre appui dans cette étude est vivement apprécié. En général, je souhaite m'entretenir avec environ 28 ONG et le personnel gouvernemental (14 personnes issues des ONG et 14 autres issues des services gouvernementaux plus précisément des services de santé responsable dans les partenariats inter-organisationnels) Les entrevues vont durer 'environ 60 minutes.

J'ai hâte de vous rencontrer et vous écouter au sujet de cette étude.

Si vous avez des questions, s'il vous plaît n'hésitez pas de contacter mon conseiller pédagogique, le Dr Max Stephenson, ou moi. Nos coordonnées sont indiquées ci-dessous.

David M. Moore	Conseiller pédagogique:	Enquêteur:
Président, Revue Institutionnelle pour la protection des sujets humains, Virginie Tech	Dr. Max O. Stephenson, Jr. Virginia Tech Professeur	Binioube Aleyao Doctorant
540-231-4991	540-231-7340 mstephen@vt.edu	540-650-2080 Aleyb06@vt.edu
amarre@vt.edu.		

IMPORTANT:

Si vous avez une question sur cette étude concernant la recherche sur la protection des participants humains de la recherche au sujet de cette étude, vous pouvez contacter M. David Moore, président du bureau institutionnel de Revue pour la protection des sujets humains, téléphone 540- 231-4991 ou par courriel électronique amarre@vt.edu. Adresse physique du bureau 1880 Pratt Drive, suite 2006 (0497) Blacksburg, VA 24061.

Merci pour votre temps et considération.

Cordialement,

Binioube, Aleyao

Doctorant, Virginia Tech École des affaires publiques et internationales

APPENDIX H

INITIAL IRB LETTER OF APPROVAL



VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM

DATE: March 11, 2011

TO: Max O. Stephenson, Binioube Aleyao

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires October 26, 2013)

PROTOCOL TITLE: Nongovernmental Organization (NGO)-Government Partnerships for the Prevention and Treatment of HIV/AIDS and Malaria in Togo

IRB NUMBER: 11-237

Effective March 11, 2011, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the new protocol for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at <http://www.irb.vt.edu/pages/responsibilities.htm> (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: **Expedited, under 45 CFR 46.110 category(ies) 6, 7**

Protocol Approval Date: **3/11/2011**

Protocol Expiration Date: **3/10/2012**

Continuing Review Due Date*: **2/25/2012**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

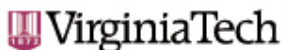
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APPENDIX I

AMENDED IRB LETTER OF APPROVAL



Office of Research Compliance
Institutional Review Board
North End Center, Suite 4120, Virginia Tech
300 Turner Street NW
Blacksburg, Virginia 24061
540/231-4606 Fax 540/231-0959
email irb@vt.edu
website <http://www.irb.vt.edu>

MEMORANDUM

DATE: March 3, 2015
TO: Max O Stephenson Jr, Binioube Aleyao
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires April 25, 2018)
PROTOCOL TITLE: Nongovernmental Organization (NGO)-Government Partnerships for the Prevention and Treatment of HIV/AIDS and Malaria in Togo
IRB NUMBER: 11-237

Effective March 3, 2015, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the Continuing Review request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: Expedited, under 45 CFR 46.110 category(ies) 6,7
Protocol Approval Date: March 28, 2015
Protocol Expiration Date: March 27, 2016
Continuing Review Due Date*: March 13, 2016

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

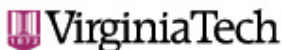
The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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APPENDIX J

FINAL IRB LETTER OF APPROVAL



Office of Research Compliance
Institutional Review Board
North End Center, Suite 4120, Virginia Tech
300 Turner Street NW
Blacksburg, Virginia 24061
540/231-4606 Fax 540/231-0959
email irb@vt.edu
website <http://www.irb.vt.edu>

MEMORANDUM

DATE: March 3, 2016
TO: Max O Stephenson Jr, Binioube Aleyao
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires January 29, 2021)
PROTOCOL TITLE: Nongovernmental Organization (NGO)-Government Partnerships for the Prevention and Treatment of HIV/AIDS and Malaria in Togo
IRB NUMBER: 11-237

Effective March 3, 2016, the Virginia Tech Institution Review Board (IRB) Chair, David M Moore, approved the Continuing Review request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
Protocol Approval Date: **March 28, 2016**
Protocol Expiration Date: **March 27, 2017**
Continuing Review Due Date*: **March 13, 2017**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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