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# **Barriers and Challenges to Service Delivery and Funding: A Case Study of a Nonprofit Organization in the Western Cape, South Africa**

*Simone Martin-Howard – Long Island University, Brooklyn*

There is limited qualitative case research focusing on the underreported voices of black and coloured men and women employed at nonprofit organizations (NPOs) and living in underserved communities of South Africa. The purpose of this single case study, then, is to explore barriers and challenges to service delivery and funding at one specific NPO in South Africa's Western Cape Province (WCP). To do so, I rely on observations and in-depth semistructured interviews with 11 staff members. According to a majority of the staff, religion and race are the primary barriers that prevent the organization from achieving its goals and objectives. Moreover, they note that poverty and poor living conditions, child abandonment and neglect as a result of maternal alcohol abuse, and racial and cultural tensions are contextual challenges that inhibit organizational effectiveness. While these barriers and challenges are specific to this particular NPO, the contextual factors that staff identified are evident in other townships in the WCP. As such, the findings from this study add to the knowledge of NPOs in the WCP and provide insights into how to improve service delivery for low-income and underserved populations in the region.

**Keywords:** Nonprofit Service Delivery, South Africa, Underserved Populations

In the Western Cape Province (WCP) of South Africa, nonprofit organizations (NPOs) provide services for mothers and children who have historically been socioeconomically disadvantaged. These families often face a number of negative social conditions on a daily basis as a result of the country's complex history of apartheid. They, therefore, tend to depend on nonprofit service provision. As Vered, Tzafirir, and Laor (2018) have suggested regarding nonprofit services in general, "Nonprofit organizations (NPOs) deliver social services, going beyond government responsibilities" (p. 134).

The complexity of contextual factors explored in this study (poverty, child abandonment and neglect as a result of maternal alcohol abuse, and racial and cultural tensions) have impacted the effectiveness of NPOs seeking to improve social conditions in the WCP. In addition to these contextual factors, though, I find in this study that religion and race often serve as additional barriers for these NPOs. Although this is a single case study of only one NPO, it provides an in-depth look at the struggles that NPOs in this region face.

As stated by Iwu, Kapondoro, Twum-Darko, and Tengeh (2015):

According to the Western Cape Government...NPOs include non-governmental organizations (NGOs), community-based organizations (CBOs), organizations that are registered as Section 21 Companies under the Company Act 61 of 1973, trusts that are registered with the Master of the Supreme Court under the Trust Property Control Act 57 of 1988, and any other voluntary association that is not for profit. (p. 9565)

These organizations are known collectively as civil society organizations (CSOs). Contemporary South African CSOs include NGOs and CBOs; however, while the former are generally located in predominately “white, upper-middle class enclaves, that tend to be large and well-funded (\$30,000-\$100,000 USD monthly budget) and fully staffed (fifteen to thirty full-time staff members),” the latter “tend to be small with limited funding (\$500-\$2,000 USD monthly budget), poorly staffed (zero to three full-time staff members), and located in lower income communities that they serve” (Warshawsky, 2013, p. 597).

According to the Department of Social Development in South Africa (2012), the growth of CSOs in the country has been rapid with over 85,000 registered CSOs currently in existence. For the purposes of this study, the terms NPOs, NGOs, CBOs, and CSOs are used interchangeably and refer to any voluntary, private, nonprofit organization engaged in education, health, housing, or other developmental activity that raises money from voluntary, private sources, donor agencies, or governments and is managed autonomously at local, national, and/or international levels (Kajiita & Kang’ethe, 2017).

The purpose of this single case study is to explore nonprofit funding barriers and the contextual factors that impact nonprofit service delivery in the WCP. To explore these issues, I rely on observations and in-depth semistructured interviews, which can be found in Appendix A, to conduct a program evaluation with 11 staff members at Table Views, an NPO in the WCP of South Africa.<sup>1</sup> The study addresses the following research questions: 1) What are the barriers, if any, for clients in effectively using the resources and/or services of the organization?; 2) What are the barriers, if any, that prevent the organization from achieving its goals and objectives?

This study is not intended to be generalizable outside of the distinct sample of black and coloured NPO staff members who were interviewed. Instead, the study is intended to provide evidence that the voices of those who are underrepresented in the literature can provide important insights into understanding the challenges associated with nonprofit service delivery in under resourced communities.

## **Literature Review**

### *Race in South Africa*

“South African CSOs reflect the diversity of African, European, and Asian peoples who have inhabited the country over the centuries” (Warshawsky, 2015, p. 93). The South African population is diverse and consists of three major reported racial groups, namely South African blacks (80.2%), whites (8.4%) and coloureds (8.8%) (Liebenberg, L’Abbe, & Skull, 2015). Coloured, a term historically and currently fraught with conflict and contradiction, refers to a heterogeneous racial group primarily consisting of persons of mixed racial ancestry (Goldin,

1987). As stated by Isaacs (2014), the term coloured is not a derogatory identity in South Africa but a racial classification used by both apartheid National Party (NP)-led and post-apartheid African National Congress (ANC)-led governments. The term coloured is a “race” by legal definition; however, to some citizens it is viewed as more cultural than racial. The black African classification refers to the indigenous groups found in South Africa such as the Xhosa and the Zulu ethnic groups (Isaacs, 2014). The remaining 2.5% of the population of South Africa consists mainly of individuals classified as Asian and Indian (Statistics South Africa, 2014).

In South Africa, there is a social hierarchy that exists based on these classifications. As stated by Adhikari (2006), the term coloured does not refer to black people in general but instead alludes to a phenotypically diverse group of people descended largely from Cape slaves, the indigenous Khoisan population, and other people of African and Asian descent who had assimilated into Cape colonial society by the late nineteenth century. These individuals partly descend from European settlers. Coloured individuals have historically held intermediate social status in the South African racial hierarchy (Adhikari, 2006).

Although the CSO sector in South Africa is the largest in Africa (Salamon, Sokolowski, & List, 2004), these organizations are segregated (Warshawsky 2013, 2014). Indeed, race plays an important role in South African culture, specifically in the WCP. The WCP is the only province in the country where black Africans are not a majority. In this province resides the highest population of coloured individuals, at nearly 48% (Western Cape Community Survey, 2016).

#### *Poverty in South Africa*

Although the World Bank classifies South Africa as an upper-middle-income country, the country is marked by high levels of inequality (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). Many South African families live in isolated communities characterized by extreme poverty where access to resources and professional services is limited (Meth, 2013). According to a recent report by Statistics South Africa (2017), although poverty in the country declined between 2006 and 2011, poverty levels rose in 2015 and the poverty headcount increased to 55.5% from a low of 53.2% in 2011. This translates to over 30.4 million South Africans living in poverty in 2015 (Statistics South Africa, 2017).

In general, children (aged 17 years and younger), black Africans, women, people from rural areas, and those with little or no education are among the main groups to experience poverty in South Africa (Statistics South Africa, 2017). According to the World Bank (2018), nearly half of the population of the country is chronically poor at the upper-bound national poverty line of ZAR 992 per person per month (in 2015 dollars). These factors have had an impact on the health and quality of life for many black and coloured South Africans, especially women and children.

#### *Child Neglect and Maternal Alcohol Abuse in South Africa*

As a result of maternal instability and alcohol abuse, many children under the age of five in South Africa are neglected and live in hunger (Atmore, 2013). According to Black et al. (2008), South Africa is classified as one of 36 high-burden countries for child malnutrition and neglect. The country also has one of the riskiest drinking cultures in the world (World Health Organization, 2011). Indeed, alcohol consumption in the country has a long and complex social, cultural, and political history (Olivier, Curfs, & Viljoen, 2016).

During colonial times (from 1652 to 1948), settlers introduced the *dop* system whereby farm workers were paid for their labor with alcohol (London, Sanders, & te Water Naude, 1998;

London, 2000). When apartheid began in 1948, alcohol was used paternalistically to economically and socially control these workers (Olivier et al., 2016). Heavy drinking among men and women in South Africa today, including pregnant women, can be traced back to this *dop* system (Eaton et al., 2014). These problems are particularly prevalent in the WCP (Myers, Stein, Mtukushe, & Sorsdahl, 2012).

The country's history of alcohol consumption has had an impact on child health and social outcomes. A recent survey of low-income South Africans found that the lifetime prevalence rate for physical abuse of children was 55% and 36% for emotional abuse (Meinck, Cluver, Boyes, & Ndhlovu, 2015). Interestingly, the survey found that caregivers were the primary source of this abuse. Thus, one might conclude that these caregivers, typically mothers, abuse their children at high rates due to high levels of alcohol abuse and the ramifications of such abuse.

Systematic reviews have provided promising evidence that parenting programs may reduce the risk of child maltreatment while improving positive parenting, parental mental health, and early childhood development outcomes (Barlow, Johnston, Kendrick, Polnay, & Stewart-Brown, 2006; Chen & Chan, 2016; Furlong et al., 2013). According to the National Integrated Early Childhood Development Policy, these programs should provide daily care, development, and early learning support to children from birth until the year before they enter formal school (Baloyi & Makhubele, 2018).

#### *Racial and Cultural Tensions in Post-Apartheid South Africa*

Policies of apartheid in South Africa, which lasted from 1948 to 1994, have created institutional and structural discrimination and large disparities between racial groups in terms of socioeconomic status, employment, education, housing, and health services (Charasse-Pouele & Fournier, 2006). Indeed, darker-skin-toned South Africans are often overrepresented in lower socioeconomic categories in the country (May, 2000). The apartheid bureaucracy consistently collected demographic information, and every public agency in the country used this data to enforce differential treatment under the law as well as unequal distribution of education and welfare funds. These practices further legitimized the country's racial categories (Birn, 2009). Thus, the categories have historical significance, and their continued use in South Africa is important for monitoring improvements in health and socioeconomic conditions, identifying vulnerable individuals within the population, and planning effective prevention programs (Gossage et al., 2014).

While there has been a considerable inflow of white immigrants to South Africa since the early 2000s, black African immigration to South Africa was limited until the end of apartheid. Even then, there was minimal contact between South Africans and black foreigners (Tella, 2016). According to a recent South African Community Survey (2016), around 1.6 million (or 2.8%) of the country's 55.6 million inhabitants are foreign born. These foreign nationals include a mix of documented and undocumented migrants, along with refugees and asylum seekers (Landau & Segatti, 2009).

Over the past few decades, increasing numbers of semi- to highly skilled black Africans have migrated to South Africa, particularly from Zimbabwe, Nigeria, Congo, and Cameroon (Statistics South Africa, 2012). Zimbabweans are by far the largest immigrant group living in the country, amounting to around 1.5 million (Landau & Segatti, 2009). Zimbabwe shares a land border with South Africa and suffers from a collapsed economy, a severe lack of jobs, hyperinflation, and a number of human rights violations (Bloch, 2010).

According to Tella (2016), people from Botswana, Lesotho, and Swaziland are more welcome than those from countries such as Zimbabwe and Mozambique. Tembo (2017) states, “South Africa is a rainbow nation, a term coined by Archbishop Desmond Tutu and widely employed by President Nelson Mandela to celebrate the country’s differences, diversity, and the latent psychosocial issues” (p. 662). The term refers to the country’s post-apartheid stance on being a melting pot of different tribes and cultures.

Since the mid-1990s, however, a range of NPOs, human rights actors, and academics have observed ongoing patterns of discrimination induced violence. This violence specifically targets people on the basis of race and nationality (Breen & Nel, 2011). In certain provinces (e.g., Gauteng, Western Cape, Free State, Limpopo, and KwaZulu-Natal) xenophobic violence against foreign nationals has worsened over the years (Saleh, 2015); and, despite media publicity about recurrent and sporadic violence against foreigners, many government departments have made little effort to address the issue (Breen & Nel, 2011). As described by Bauder (2008), immigrants are often categorized in the homogenous group of foreigners; thus, they represent outsiders. This has led to negative attitudes toward them.

### *Nonprofit Organizations and Government Policies in South Africa*

In this context, NPOs provide an intervention that can improve the health and well-being of historically underserved South African women and children. While the South African government has played a major role in the delivery of services since the end of apartheid, gaps still exist in the allocation of services to underserved and at-risk populations. For poor South African communities, in particular, nongovernmental CBOs that provide free or low-cost services are often the first call when seeking assistance for health and other social problems (Pasche, Myers, & Louw, 2008). Although these organizations may receive international aid or government support, they fill gaps that international programs and government policies are unable to fulfill due to political or logistical limitations.

It is important to note that “as service organizations, NPOs play a significant role in society, particularly with regard to the economic, cultural and social development of a country” (Lynn, 2003, p. 91). Many NGOs in South Africa grew out of the struggles against apartheid, which involved not only struggles against injustices but also implicitly against the values of post-colonial society and Western influence (Jackson & Haines, 2007).

According to Tanga and Mundau (2014), “Progress in developing countries is highly characterized by immense donor funding of community-based projects by local organizations due to high levels of poverty which has led to the rise of NPOs as partners in development work” (p. 466). They further suggest, “This is all done in an endeavor to empower rural communities to confront the adverse effects of poverty and apartheid on their own” (Tanga & Mundau, 2014, p. 466).

Financing has a major influence on most NPOs, and very few of these organizations can be managed without any financial support (Conradie, 1999). The main sources of NPO funding in South Africa are the government (national, provincial, and local), the private sector, development agencies, foreign governments, and private companies (Conradie, 1999). Warshawsky (2015) has noted, “South African CSOs are funded by government (44%), fees (32%), and philanthropy (24%), with most of this funding flowing to organizations focused on social services (26%), development/housing (18%), and culture/recreation (18%)” (p. 95). Furthermore, Warshawsky (2015) adds that “most South African CSOs are small, as 80.5% have 10 or fewer employees” (p. 95).

The government of South Africa has, for some time, put in place socioeconomic policies and programs to alleviate poverty. These policies include affirmative action, feeding schemes for school children, free medication for pregnant women and children, and programs to promote education and skill acquisition (Serumaga-zake, Kotze, & Madsen, 2005). A specialized poverty alleviation program (PAP) was also designed to address rural poverty with a specific focus on assisting women, disabled individuals, and young people (Tsheola, 2012).

In attempts to reverse the ramifications of apartheid, the South African government has sought to legitimize NPOs by passing policies such as the 1996 Growth, Employment, and Redistribution (GEAR) Act, the Nonprofit Organizations Act of 1997, and the National Development Agency Act of 1998. The South African government also implemented the Black Economic Empowerment (BEE) program in 2003 (and amended in 2011) to fund NPOs focused on alleviating poverty among the country's most vulnerable populations.

The BEE program is one of the country's attempts to make amends for past practices that systematically excluded nonwhites from participating in mainstream economic activities. The BEE program strives for employment equity among all of the legal racial categories that are recognized in the country. The South African government considers the program to be one that will eventually close the inequality gap and foster economic growth. Some of the program's activities include providing access to financing opportunities to start new businesses and empowering impoverished rural communities through access to land and ownership. To many, BEE has provided enhanced opportunities for black individuals to improve their social position in South Africa (Ponte, Roberts, & van Sittert, 2007). BEE was later expanded and renamed the Broad Based Black Economic Empowerment (BBBEE) (Mersham & Skinner, 2016).

## **Research Setting**

### *The Western Cape Province (WCP) and Maraval Township<sup>2</sup>*

The WCP, the location of this study, is the southernmost province of South Africa's nine provinces and is divided into six municipalities. According to a recent Western Cape Community Survey (2016), the province is home to almost 6.3 million people. In South Africa, poverty varies from province to province due to large differences in economic structure (Serumaga-zake et al., 2005). The WCP is an urban district with diverse living conditions ranging from wealthy suburbs to underdeveloped informal urban and rural areas (Smit, Kassier, Nel, & Koen, 2017). After the new democratic government came into power in 1994 (post-apartheid), black South Africans migrated in large numbers, especially to areas where they had previously been denied the right to live and to areas from where had been forcibly removed during the apartheid period (Serumaga-zake et al., 2005).

After apartheid, a number of large informal settlements were established and the population in or near the cities grew dramatically (Serumaga-zake et al., 2005). In the WCP specifically, high levels of poverty continue to exist (Klasen & Woolard, 2009). The province's unemployment rate is estimated to be around 25% (Western Cape Government, 2015).

Maraval township is located within WCP's largest city, Cape Town (CPT). As of 2016, most of the population in the WCP (63.8% or approximately four million people) resided in CPT (Western Cape Provincial Profile, 2016). Maraval township is plagued by high rates of poverty, child neglect, and racial and cultural tensions. Established in the first few decades of the twentieth century, Maraval is one of the oldest informal settlements in the WCP. The township was created as a coloured township during apartheid.

### *Table Views Foundation*

In 2008, the soon-to-be founder of Table Views Foundation resigned from her position at another local foundation. At the time, several NPOs were operating in Maraval. Having learned of her resignation, the community of Maraval called on her to help foster development in their neighborhood. She was overwhelmed at first, largely because the area did not have a building or any equipment. However, after visiting Maraval, she felt an empty void as she looked at the neighborhood and its inhabitants. It was at this moment that she decided to create Table Views Foundation.

Initially, she worked out of her personal vehicle. She studied social cases (a practice she learned while becoming a social worker); further, she worked with youth in the township to take ownership of their community. While her vision and passion were mostly focused on youth, the needs of Maraval were greater than just this population, and she believed that the broader community (specifically women), could also benefit from Table Views' services. According to her:

There was nothing happening for kids whose parents were addicted to drugs and alcohol. The kids were just roaming the streets; and, there was nothing to stimulate the women because they were asking for support, yet nothing was being given to them.

### *Table Views' Total Staff Breakdown*

Table Views Foundation is staffed by a total of 18 paid and volunteer administrative and programmatic staff members. The staff is dedicated to improving the lives of Maraval's residents. Eleven of the eighteen staff members participated in this study. Table 1 provides an overview of all staff at Table Views.

All five administrative staff members were interviewed. Of the three Sewing and Beading Center staff, the manager/trainer was interviewed. Of the five organic gardening staff, one gardener was interviewed. The adherence counselor for health and nutrition, who was also interviewed, is the only staff member in the Counseling Center; in addition, of the four early childhood development (ECD) staff, the principal, one teacher, and a volunteer were interviewed.

Although they are dedicated to the organization, the employees are generally underpaid due to limited funding. They also tend to be untrained as community health workers. As a result, service delivery often depends on nonspecialist community workers who are either volunteers or low-paid paraprofessionals (Altman, 2009). The adherence counselor for health and nutrition is the only employee within Table Views that is professionally trained as a community health worker.

By serving as intermediaries between the community and the formal health system, community health workers are in a unique position to serve resource poor communities (Condo et al., 2014). According to Perry, Zulliger, and Rogers (2014):

During the past decade, there has been an explosion of evidence concerning CHWs and their potential for improving population health where a) health workforce resources are limited and access to basic services is low (mostly in low-income countries), and where b) large disparities in health outcomes exist between selected subpopulations and the population at large in spite of the presence of well-developed health systems (mostly in developed countries). (p. 400)

**Table 1.** Table Views' Total Staff Demographics (n=18)

Staff Roles	Total
Administrative Staff	n=5
<ul style="list-style-type: none"> <li>• Founder/Director</li> <li>• Project Manager</li> <li>• Administrator</li> <li>• Bookkeeper</li> <li>• Marketing and Events Manager</li> </ul>	
Programmatic Staff	
<i>Sewing and Beading Center Staff</i>	n=3
<ul style="list-style-type: none"> <li>• Manager/Trainer</li> <li>• Supervisor</li> <li>• Beading Facilitator</li> </ul>	
<i>Organic Garden/Feeding Scheme Staff</i>	n=5
<ul style="list-style-type: none"> <li>• Gardener 1</li> <li>• Gardener 2</li> <li>• Cook 1</li> <li>• Cook 2</li> <li>• Cook 3</li> </ul>	
Counseling Center Staff	n=1
<ul style="list-style-type: none"> <li>• Adherence Counselor for Health and Nutrition</li> </ul>	
Early Childhood Development and Aftercare Center (ECDAC)	n=4
<ul style="list-style-type: none"> <li>• ECD Principal</li> <li>• ECD Teacher</li> <li>• ECD Teacher</li> <li>• ECD Volunteer</li> </ul>	

*Demographics of Participating Table Views Staff*

Table 2 provides a background overview of the staff members who participated in this study. As previously mentioned, Maraval is a majority coloured community and Table Views is a majority coloured organization. Therefore, it should come as no surprise that less than 30% of the participating staff identified as black. Approximately 50% of the participating staff have been employed with the organization for less than five years. The other 50% have been at Table Views between five to 10 years. The educational backgrounds of the staff include less than a high school education, some high school education, and a high school diploma. The founder, however, is the only staff member with a college degree. None of the administrative or programmatic staff have received professional training in health education with two exceptions: the adherence counselor for health and nutrition and the founder who is a social worker.

*Table Views' Programs and Goals*

Table Views has an overall mission to accomplish social and economic improvement through various programs that educate, inform, and support the people of Maraval and its surrounding communities. Table Views offer six programs that encourage people in the community to take responsibility for their lives, their families, and the Maraval community. Table 3 provides an overview of each program's goals.



**Table 2.** Demographics of Participating Table Views' Staff (n=11)

Staff Characteristics and Roles	Total
Positions	
Administrators	n=6
Program Staff	n=5
Race	
Coloured	n=8
Black	n=3
Time at Organization	
<5 years	n=6
5-10 years	n=5
Educational Attainment	
Less than High School	n=2
Some High School	n=4
High School Diploma	n=4
College/University Degree	n=1

**Table 3.** Table Views' Programs and Goals

Program	Acronym	Goals
Organic Garden/ Feeding Scheme	FS	To ensure that all vulnerable and disadvantaged groups get the support, guidance, and mentoring that they need to fulfill their aspirations...by alleviating hunger in the community and encouraging a healthy lifestyle.
Sewing and Beading Center	SBP	To equip women in the community with needed self-esteem and professional skills and to enable them to support their children and be strong role models in the area.
Computer and Business Course Program	CBC	To reduce the unemployment rate and create new income opportunities.
Nutritional and Health Support Group	NHSG	To target and equip the women in the community with chronic problems (such as diabetes, HIV/AIDS, Tuberculosis, high blood pressure, and high cholesterol) with the skills needed to manage their individual diseases.
Early Childhood Development and Aftercare Center	ECDAC	To develop and implement learning programs that target neglected and abused children in the area whose parents are (or have been) addicted to drugs and/or alcohol.
Parenting Workshops	PW	To develop and implement learning programs that target parents addicted to drugs and/or alcohol whose children participate in the ECDAC.

### Funding

In resource-strained communities such as the WCP, the government is not always able to provide funding for NPOs. Donors are, thus, often more relied upon for organizational success. At Table Views, funding is generated in three ways: by proposals that three administrative staff members draft (the founder, marketing/events manager, and project manager) and send out to potential

international and local donors, by small events that the founder hosts at the organization for international volunteers, and through networking with other local NPOs.

Details from the most recent general proposal (that took place from March 2016 to March 2017) revealed that the basic operational costs for the organization (i.e., staff salaries, participant stipends, outreach, printing and stationary, staff development, transport costs, workshop materials, electricity and gas, and other expenses) was approximately R2,100,000 (USD \$165,000) per year. Numerous international organizations and volunteers, mainly from Denmark and Germany, invested in the organization during this time. These entities and individuals provided the bulk of grants (70%) for Table Views' programs.

The Sewing and Beading Center is the only cash flow positive program for the organization. The Early Childhood Development and Aftercare Center (ECDAC) receives funds from a trust in South Africa and international donors. Donors also provide noncash support such as laptops. Table Views has attempted to diversify funding sources by applying for financial support from local entities and other South African NPOs. At the time of this study, the executive director (who is also the founder) was in the process of reapplying for additional funds for the ECDAC because the current funding would soon expire. Operational costs are covered by general funds, but these funds do not cover the entire year, which is supplemented by international organizations that provide funds toward Table Views' development programs.

During the semistructured interviews, multiple employees acknowledged that funding is something that is not openly discussed in the organization. Those who implement the programs, even at the administrative level, may know little to nothing about where funding comes from or where it goes. When specifically asked about funding, one staff member nervously laughed and whispered, "I am not sure because we are not allowed to ask about the funding." Another programmatic staff member when asked about funding stated, "We don't know that information...I do not know who is funding it." Similarly, several other staff members indicated that they "honestly didn't know" much about the organization's funding and that administrative staff have only stated that "there is no funding." Thus, while reports (such as the general proposal) are transparent to funding agencies, this information may not be readily provided to those who work for the organization.

## **Methods**

### *Selection of the Case Study Site*

A case study was conducted to describe and analyze the experiences and perceptions of black and coloured staff members employed at Table Views Foundation. These experiences and perceptions provide a richer perspective of the service delivery efforts that the organization undertakes to solve social and regional problems for low-income and underserved populations in the Maraval township of the WCP. Stake (2013) and Yin (2003) suggest that the main purpose of a case study is to learn more in-depth information about the subject of study.

As the principal investigator (PI) for this study, I served as a fellow with the United States Agency for International Development (USAID) and the Community Chest of the Western Cape, an NGO that provides funding to NPOs in the province. A staff member at Community Chest provided me with a database of NPOs in the area. I then selected the organization of focus for this study—Table Views Foundation. Table Views was selected based on the services that it provides to those in Maraval. To assess the suitability of the case selection site, I conducted exploratory research of

Table Views from June to July of 2016. In-depth interviews of staff were conducted in January 2017. The interviews took place over a series of visits.

### *Data Collection and Analysis*

A nonprobability sampling procedure, common in qualitative studies, was applied, and snowballing techniques were utilized to select interview participants. With the assistance of the executive director, program manager, and adherence counselor, I undertook snowballing techniques to recruit male and female participants. I informed staff members about the study emphasizing that participation was strictly voluntary. Participants were then selected based on their willingness to participate. They were eligible to participate if they were aged 18 years or older; English, Afrikaans, or IsiXhosa-speaking; a Table Views staff member; able to provide consent; and willing to be audio recorded.

Eleven semistructured interviews were conducted with Table Views staff members to obtain their perceptions about the environmental and resource barriers and challenges facing the organization. These semistructured interviews were conducted at the Table Views site location and took place in a private room. The questions were carefully designed to address the purpose of the research. The interviews lasted between 30 minutes to one hour; they were audio-recorded (with permission) and then transcribed. All of the interviews totaled 482 minutes and 35 seconds. Data saturation was attained during the in-depth interviews with the 11 research participants (Tutty, Rothery, & Grinnell, 1996). Major themes were identified based on the study objectives. They were then manually coded and analyzed using Dedoose.

I also extensively reviewed documents from each of Table Views' programs, conducted site visits, and observed each program's functions. From the interviews and analysis of documents, I was able to better understand each of the foundation's program goals and objectives; the program functions, components, and activities; and the ways that each of these components were linked. All of this information provided me with a better understanding of each program's processes. This also allowed me to evaluate the range of services offered by Table Views and to examine whether challenges existed to program effectiveness. Assessing the adequacy of program process is an important evaluation function because it compares the program activities that take place with services that are delivered (Rossi, Lipsey, & Freeman, 2003).

### *Ethical Considerations*

Full ethical approval was obtained from Rutgers University and the Human Sciences Research Council (HSRC) in Pretoria, South Africa prior to commencing fieldwork. Consent was obtained from individual participants prior to all interviews.

### *Study Limitations and Trade-Offs*

Due to the racial demographics of the study site, there is little variation among races in this study. However, the employees varied by level of education, length of time at the organization, and administrative and programmatic positions held. Future research should focus on NPOs in South Africa that are less homogenous. It should also be noted that, while generalizability is not a typical goal of qualitative case study research, the in-depth description of the program allows the reader to make connections to the phenomenon through the opinions of staff.

## **Results and Discussion**

### *Themes*

The thematic results are presented in two sections: 1) Contextual challenges to service delivery, which addresses the first of the study's two research questions, and 2) barriers and challenges to organizational goal achievement, which addresses the study's second research question. Descriptive excerpts of responses from the interviews are provided. These responses are juxtaposed with findings from relevant literature.

### *Contextual Challenges to Service Delivery*

Three salient themes emerged from the data as contextual factors that have an impact on organizational effectiveness: 1) poverty and poor living conditions; 2) child abandonment and neglect as a result of maternal alcohol abuse; and 3) racial and cultural tensions.

*Theme 1: Poverty and Poor Living Conditions.* Poverty and poor living conditions were the most frequently mentioned contextual factors that staff believed inhibited Table Views' effectiveness. In South Africa, the Reconstruction and Development Program (RDP) was intended to solve issues associated with the apartheid regime and build a better life for citizens through the improvement of social rights and opportunities for gainful employment (Hemson, 2004). Due to changes in the institutional framework "from RDP to [Growth, Employment, and Redistribution] GEAR, from loosely managed systems to the production of key performance indicators, from national to local government delivery" (Hemson, 2004, p. 3), the program has not been as successful as the government had intended. Table Views has, therefore, stepped in to help alleviate the issue of poverty through income-generating programs such as its computer and business course and its Sewing and Beading Center.

One administrative staff member provided an example of a woman who was living under a boat with her two children because she had no other housing options. Poor South Africans in need of housing face challenges associated with accessing affordable human settlements. These challenges exist for a number of reasons such as segregated housing policies, enormous housing backlogs, and complicated bureaucracy (Juta & Matsiliz, 2014). According to this administrative staff member, Table Views' founder "brought her in, gave her nice clothes and put her in a house. Her children are in the crèche now." Another programmatic staff member discussed this same situation and explained that, "Some of our kids, they don't live in housing they live in boats and they don't come because of rainy days."

In another example, the founder of Table Views discussed the living conditions in a home, saying that she "immediately understood the suffering in that house, the unemployment rate was very high, nobody was working there, and the only income is the mother's disability." This example illustrates the types of contextual factors that people of this community often face. Even though the government has begun to provide affordable housing to poor South Africans, not everyone has benefited (Juta & Matsiliz, 2014).

Another programmatic staff member replied that, "Most people do not have houses or a place to stay, this is very common. They stay in shacks; some don't even have a shack." The shack that the staff member is referring to is located on the informal settlement of Maraval. Informal settlements are often viewed negatively by both residents and outsiders. They are thought to be places where children, especially, face harsh conditions. Bartlett, Hart, Satterthwaite, de la

Barra, and Missair (1999) explored the dimensions of poor (often informal) housing and identified a number of material and social concerns for impoverished children, including overcrowding, sanitation, neighborly relations, and violence.

An administrative employee explained that Table Views assists people in these areas “by giving food or clothing...or, if the roof is leaking, then we will go out as staff and fix the roof...you know you can’t change the living conditions, but we can do something to improve it.” For example, the staff went to the house of a disabled woman who lived with her child and patched the roof. The founder shared another example of a situation where a family “lives off of the dumping site to generate an income; and, they get whatever...if I throw a cabbage on that dump that is going to be the meal for the home. And, that is a complete health risk.”

Water shortage is another challenge that residents of Maraval face. Many rely on Table Views to assist them with this issue. According to a programmatic staff member, “Water is a big problem because water always goes off.” Another administrative employee stated that, “When people have a water problem, they come to us...but somehow when we phone the water department for them, they get help quicker than when they phone themselves.” Another administrative staff member said:

Where water is concerned, [children] would say that they can’t come to class because their place is flooded and need clothing. We tell them that is important, and we go and assist them. This is what we have done to lessen that barrier.

Flooding occurs mostly during the winter season (from May to August). Overcrowding and poor sanitation have resulted in frequent breakdowns of municipal infrastructure such as the sewerage systems. These breakdowns have resulted in even more burdens on the wider economy (Govender, Barnes, & Pieper, 2011). Table Views attempts to lessen the barriers that families face through the provision of clothes and shelter. However, water shortages tend to affect participant engagement. According to one programmatic staff member, “If the water is out and a participant can’t bathe that might affect them coming...the children do not come because the parent can’t wash the child.” This employee’s statement implies that parents may be ashamed for their child(ren) to be dirty.

*Theme 2: Child Abandonment and Neglect as a Result of Maternal Alcohol Abuse.* Child abandonment and neglect as a result of maternal alcohol abuse is the second contextual factor identified that has an impact on Table Views’ effectiveness. The founder shared a time where a child said that, “Our parents left me with the kids, so the cycle continues.” Often, mothers leave their younger children in the care of their older siblings while they engage in illegal drug use. The founder, for instance, described a situation where she went into the home of one of the mothers and saw that a child was “sick and undernourished...the eyes were depleted, the sores were in the mouth...” The child, the founder later learned, was infected with tuberculosis, and the child’s mother had abandoned her. When the founder stepped in, she informed the child’s grandmother that the child needed to receive medical attention immediately. Tuberculosis is common in Maraval among children and adults. In a study conducted in the WCP, Govender et al. (2011) found that houses in the community have poor structural integrity and damp interiors. Coupled with overcrowding, these conditions are conducive to the spread of tuberculosis.

Maternal neglect has a negative impact on Table Views’ effectiveness. Indeed, while the above is only one example of negligence, maternal carelessness is rampant in Maraval due to pervasive alcohol abuse. The more resources that Table Views’ staff must utilize to conduct site visits in

response to reports of maternal neglect, the less effective they are able to be in managing the organization. One administrative staff member stated that:

...the backgrounds of the people here are very different...like how the children walk around the streets dirty...and children that get taken away from the parents because the parents don't look after them because of drugs and alcohol.

As highlighted earlier, according to the World Health Organization (2011), South Africa has one of the world's riskiest drinking patterns. The country is in the second-highest category (medium consumption level) of countries having harmful patterns of drinking; in addition, it has among the highest levels of past-year heavy episodic drinking rates for both men and women (World Health Organization, 2011). Not surprisingly perhaps, then, administrative staff members' description of the children in the community mirrored the founder's observations of child abandonment and neglect as a result of parental alcohol abuse.

One programmatic staff member explained that "...most of the parents will sell themselves for drugs and sleep around for drugs. They are selling themselves for their habit not for food for their children." Although Table Views implemented a parenting workshop in an attempt to address the issue of drug and alcohol abuse in the community, the rise of maternal drug use continues to have a negative impact on Table Views' effectiveness. Another programmatic staff member also described the community by saying:

If you go through the roads now, you will see [drug addicted] mothers walking with the children...and the child gets exposed to that and at the end of the day the child can tell you at two years old that my mommy is doing this or that.

The staff member explained that these types of situations were the main reason the ECDAC was created. Heavy alcohol consumption has resulted in social and health problems for a number of South Africans in the form of fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorders (FASD) (Olivier et al., 2016). Research has shown that FASD is directly linked to a multitude of negative health outcomes, including deficiencies in the growth and development of mental and physical capabilities, which particularly damage the central nervous system (Eaton et al., 2014).

Other employees also identified child abandonment and neglect as reasons why the ECDAC is necessary. One programmatic staff member discussed that the ECDAC was created "because a lot of young mothers are more into drugs and alcohol and...some kids come here with black and blue eyes, marks saying that their mother stabbed them..." An administrative employee explained how important the ECDAC is in the community because "early childhood development starts at a young age, where there is drug abuse or any substance abuse for that matter and abuse in the homes..." Another programmatic staff member also gave an example of a time when a resident knew that a neighbor was neglecting children in the home and contacted Table Views to report the neglect. After a site visit, the programmatic staff member asked the parent to join the organization and the parent was enrolled in the parenting workshop, the computer and business course, and the Sewing and Beading Center.

Some parents in Maraval also neglect children by not helping them with homework, by not sending them to the ECDAC on a regular basis, and/or by completely removing them from the ECDAC. These decisions have a direct negative impact on Table Views' effectiveness. If parents are not willing to assist their children with homework, they avoid sending their children to the

learning programs on a consistent level, and/or they cut ties with the organization completely then the program's goals cannot be achieved.

*Theme 3: Racial and Cultural Tensions.* Table Views is a majority coloured organization in terms of both staff and participants. Noncoloured women (especially foreign nationals) used to avoid going to the organization for help. Many of these women believed that the organization was only for coloured participants. They also feared that the organization was government affiliated and that they risked deportation if they went to Table Views for help. According to one administrative staff member, "Some people still feel that [negative mentality] because we are coloured and our services are mainly for coloureds, but these are the people coming in for help more than others."

While South Africa has a long history of cross-border migration, its relatively strong economic growth has increased migration from surrounding countries, making it a major regional destination for international migration and the main migrant receiving country in southern Africa (Misago, Landau, & Monson, 2009). As such, in recent years, Table Views has seen an influx of foreign nationals who now realize that the organization is a safe place.

Table Views considers itself to be an organization of unity (similar to Archbishop Desmond Tutu's vision of South Africa described by Tembo [2017]). That is, anyone, regardless of race, skin color, language, or religion, has access to the organization's services. An administrative employee, however, stated that race still plays a big role among black participants and white volunteers who see themselves as different from the majority of those in the organization.

A programmatic staff member expanded on this notion, saying that she was not even clear of the difference between Africans (for example, Zimbabwean and Somalian), coloured South Africans (who are not viewed as African), and black South Africans (who are viewed as Xhosas or Zulus and therefore culturally African). According to her, "[In South Africa], you can be black depending on your skin color, on the way you speak, [or] your hair." She, thus, believed that, "There needs to be something that is going to change people's mentality of thinking and also tell them that you are coloured or Khoi-San."

Steenkamp (2009) has argued that South Africa's isolation during the apartheid administration triggered Afrophobia in the country. As a result, South Africans do not see themselves as Africans. Race is a label given to people in South Africa based on complexion, hair type, level of education, or the way they speak. The "black-on-black" narrative of South African xenophobia is historical and based on a colonial legacy of South Africa being perceived and treated as a European outpost located on the African continent (Mantsinhe, 2011). It is, therefore, also important to note that acts of racism were mentioned as well.

According to an administrative staff member, "Here in Maraval, we had a lot of xenophobic attacks not just on outsiders but on the Xhosas and the Zulus as well." She expressed that different ethnic groups were uncomfortable speaking to staff that were of different racial or cultural backgrounds. Another programmatic staff member said that people from other countries are judged, and, in addition to violent xenophobic attacks, racism in the organization occurs through name calling. Furthermore, an administrative employee bluntly stated that, "Some of the [participants] are racist toward the foreigners." As a result, foreign nationals and coloureds tend to speak in their own language, so that other groups will not understand them. She made it clear, however, that this issue had been handled by the organization and was no longer a problem.

*Barriers and Challenges to Organizational Goal Achievement*

Responses to the second research question provide evidence that religion and race ( $n=8$ ) impact funding for Table Views, which may or may not apply to other nonprofit organizations in the province.

*The Impact of Religion and Race on Funding.* Staff discussed two types of funding constraints: one based on religion and the other based on race. The founder of Table Views, a Muslim woman, provided an example of how religion had an impact on the organization's funding. As she explained, there were two organizations that Table Views was considering funding: one was a local Christian organization and the other was a local Muslim corporation. The Christian organization declined to sponsor the Muslim corporation because the executive director was Muslim. The Muslim corporation requested that a percentage of the beneficiaries identify as Muslim. The executive director of the Christian organization responded with "go to hell!" A staff member explained that Table Views would rather "cut ties with [the Muslim corporation]" than lie about the percentage of Muslim beneficiaries, "For us, it is all about humanity because we are born as human beings first and if we can look at each other as human beings the rest will follow."

According to the founder, in addition to religion, race played an integral role in funding when she initially created Table Views in 2008; and, it still plays a significant role in funding today. According to one programmatic staff member, "Some funders want to see that the organization has a database [list of beneficiaries by race] and that they need to be a BEE organization." Potential funders also want to see a list of staff and participant names, as they can often surmise from surnames if an individual is black or coloured. This can affect funding.

Although the founder of Table Views is technically considered coloured, local funding from the province and the country is more readily available for black-led organizations. It is, therefore, in the best interest of the organization for her to identify as black and to show that Table Views employs black South Africans in positions of authority. She explained that she is "disadvantaged compared to white organizations in the community because she is black." This has presented a number of challenges when applying for funding. She said:

At some point we feel that the color of our skin has a lot to do with it...who is in charge of the foundation. Internationally, Table Views is at a disadvantage because it is disadvantaged people who started the organization. If I was a white South African it would have been much different, because we see it daily.

## **Conclusion**

Table Views was created to educate, inform, and support the Maraval community through various training and development programs. The organization is comprised of 18 staff members, and in this study 11 of these staff members were interviewed.

This exploratory and descriptive case study contributes to the extant literature by providing in-depth insights into the challenges that one local NPO in the WCP faces in its quest to improve socioeconomic conditions in a vulnerable community. According to staff, two main barriers (or challenges) against funding face the organization: religion and race. Staff also identified three main regional contextual factors that have impacted participant engagement: poverty and poor



living conditions, child abandonment and neglect as a result of maternal alcohol abuse, and racial and cultural tensions.

The first contextual factor impacting participant engagement at Table Views was associated with poverty and poor living conditions. Oftentimes, poor families living in hostile conditions were unable (as a result of these conditions) to consistently utilize Table Views' services. Thus, to reduce poverty in Maraval, Table Views could work with community members to create microfinance programs. These are grassroots tools for alleviating poverty and enhancing access to financial services (e.g., savings and technical assistance) for the poorest populations in developing countries.

Greene and Gangemi (2006) place microcredit at the heart of microfinance, where it is widely understood as the practice of offering small, collateral-free loans to members of cooperatives who otherwise would not have access to the capital necessary to begin a small business (Hossain, 2002). Microcredit borrowers are usually women, in part because women are more likely to use their earnings to pay for family needs (Greene & Gangemi, 2006). Research by Hietalahti and Linden (2006) in South Africa has shown that some of the poorest women have escaped the deepest poverty through opportunities provided by microcredit village programs.

Although Table Views provides women with stipends, this money does not lift participants out of poverty; in addition, although the women learn skills in the sewing and beading program, they are not always able to start their own sewing and beading businesses because the beads and materials are too expensive. Therefore, the introduction of microfinance programs could benefit the women by providing them with the funds necessary to buy materials and assist with income generation.

Issues associated with child abandonment and neglect were also illustrated through examples of parental substance abuse, malnourished children, sick children, children who were roaming the streets, and child physical abuse. This case study provides an overview of an organization in the WCP that has implemented programs to lessen child abandonment and neglect in South Africa. While Table Views is not the first NPO to create programming around this contextual challenge, the findings from this study add to the literature on programming initiatives that may effectively address the issue.

Last, the third contextual factor identified brought forth feelings of racial inferiority and examples of xenophobic attacks. Unfortunately, even though Table Views considers itself to be a place where everyone is welcome, racial undertones and racist actions have at times contradicted this.

## **Notes**

1. The name of the foundation has been changed for confidentiality purposes.
2. The name of the township has been changed for confidentiality purposes.

## **Disclosure Statement**

The author declares that there are no conflicts of interest that relate to the research, authorship, or publication of this article.

## References

- Adhikari, M. (2006). Hope, fear, shame, frustration: Continuity and change in the expression of coloured identity in white supremacist South Africa, 1910–1994. *Journal of Southern African Studies*, 32, 467-487. <https://doi.org/10.1080/03057070600829542>
- Altman, M., Hart, T., & Jacobs, P. (2009). Household food security status in South Africa. *Agrekon*, 48, 345-361. <https://doi.org/10.1080/03031853.2009.9523831>
- Atmore, E. (2013). Early childhood development in South Africa: Progress since the end of apartheid. *International Journal of Early Years Education*, 21, 152-162. <https://doi.org/10.1080/09669760.2013.832941>
- Baloyi, T. V., & Makhubele, J. C. (2018). Challenges impeding the successful implementation of early childhood development programs in South Africa: Implications for practice. *Gender & Behavior*, 16(1), 10773-10783.
- Barlow, J., Johnston, I., Kendrick, D., Polnay, L., & Stewart-Brown, S. (2006). Individual and group-based parenting programmes for the treatment of physical child abuse and neglect. *Cochrane Database System Review*, 3, 1-20. <https://doi.org/10.1002/14651858.CD005463.pub2>
- Bartlett, S., Hart, R., Satterthwaite, D., de la Barra, X., & Missair, A. (1999). *Cities for children: Children's rights, poverty, and urban management*. New York, NY: Earthscan, Routledge.
- Bauder, H. (2008). Media discourse and the new German immigration law. *Journal of Ethnic & Migration Studies*, 34, 95-112. <https://doi.org/10.1080/13691830701708783>
- Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., ... & Maternal and Child Nutrition Study Group. (2013). Evidence-based interventions for improvement of maternal and child nutrition: What can be done and at what cost? *The Lancet*, 382, 452-477. [https://doi.org/10.1016/S0140-6736\(13\)60996-4](https://doi.org/10.1016/S0140-6736(13)60996-4)
- Birn, A. E. (2009). *Textbook of international health: Global health in a dynamic world*. New York, NY: Oxford University Press.
- Black, R. E., Allen, L. H., Bhutta, Z. A., Caulfield, L. E., De Onis, M., Ezzati, M., & Maternal and Child Undernutrition Study Group. (2008). Maternal and child undernutrition: Global and regional exposures and health consequences. *The Lancet*, 371, 243-260. [https://doi.org/10.1016/S0140-6736\(07\)61690-0](https://doi.org/10.1016/S0140-6736(07)61690-0)
- Bloch, A. (2010). The right to rights? Undocumented migrants from Zimbabwe living in South Africa. *Sociology*, 44, 233-250. <https://doi.org/10.1177/0038038509357209>
- Breen, D., & Nel, J. A. (2011). South Africa: A home for all? The need for hate crime legislation. *South African Crime Quarterly*, 38, 33-43.
- Bromideh, A. (2011). The widespread challenges of NGOs in developing countries: Case studies from Iran. *International NGO Journal*, 6(9), 197-202.
- Charasse-Pouélé, C., & Fournier, M. (2006). Health disparities between racial groups in South Africa: A decomposition analysis. *Social Science & Medicine*, 62, 2897-2914. <https://doi.org/10.1016/j.socscimed.2005.11.020>
- Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention a meta-analysis. *Trauma, Violence, & Abuse*, 17, 88-104. <https://doi.org/10.1177/1524838014566718>
- Condo, J., Mugeni, C., Naughton, B., Hall, K., Tuazon, M. A., Omwega, A., ... & Binagwaho, A. (2014). Rwanda's evolving community health worker system: A qualitative assessment of client and provider perspectives. *Human Resources for Health*, 12, 71-78. <https://doi.org/10.1186/1478-4491-12-71>
- Conradie, H. F. (1999). Non-governmental organizations and financial sustainability. *Development Southern Africa*, 16, 291-297. <https://doi.org/10.1080/03768359908440078>

- Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: Historical roots of current public health challenges. *The Lancet*, 374, 817-834. [https://doi.org/10.1016/S0140-6736\(09\)60951-X](https://doi.org/10.1016/S0140-6736(09)60951-X)
- Department of Social Development, South Africa (2012). *State of South African registered nonprofit organizations issued in terms of the Nonprofit Organizations Act 71 of 1997*. June 2012 version. Retrieved from <http://www.dsd.gov.za/npo/index.php>
- Eaton, L., Pitpitan, E., Kalichman, S., Sikkema, K., Skinner, D., Watt, M., & Cain, D. (2014). Beliefs about fetal alcohol spectrum disorder among men and women at alcohol serving establishments in South Africa. *American Journal of Drug and Alcohol Abuse*, 40, 87-94. <https://doi.org/10.3109/00952990.2013.830621>
- Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S. M., & Donnelly, M. (2013). Cochrane review: Behavioral and cognitive-behavioral group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review). *Evidence-Based Child Health: A Cochrane Review Journal*, 8, 318-692. <https://doi.org/10.1002/ebch.1905>
- Goldin, I. (1987). *Making race: The politics and economics of coloured identity in South Africa*. London, UK: Longman Group.
- Gossage, J. P., Snell, C. L., Parry, C. D., Marais, A. S., Barnard, R., De Vries, M., & May, P. A. (2014). Alcohol use, working conditions, job benefits, and the legacy of the “Dop” system among farm workers in the Western Cape Province, South Africa: Hope despite high levels of risky drinking. *International Journal of Environmental Research and Public Health*, 11, 7406-7424. <https://doi.org/10.3390/ijerph110707406>
- Govender, T., Barnes, J., & Pieper, C. (2011). Housing conditions, sanitation status, and associated health risks in selected subsidized low-cost housing settlements in Cape Town, South Africa. *Habitat International*, 35, 335-342. <https://doi.org/10.1016/j.habitatint.2010.11.001>
- Greene, J., & Gangemi, J. (2006). *Taking tiny loans to the next level*. New York, NY: Businessweek.
- Hemson, D. (2004). *Beating the backlog: Meeting targets and providing free basic services*. Position paper. Retrieved from <http://www.hsrc.ac.za/Document470.phtml>
- Hietalahti, J., & Linden, M. (2006). Socio-economic impacts of microfinance and repayment performance: A case study of the Small Enterprise Foundation, South Africa. *Progress in Development Studies*, 6, 201-210. <https://doi.org/10.1191/1464993406ps1380a>
- Hossain, F. (2002). Small loans, big claims. *Foreign Policy*, 79-82. Retrieved from <http://o-search.proquest.com.liucat.lib.liu.edu/docview/224053018?accountid=12142>
- Isaacs, M. W. (2014). National and ethnic identities: Dual and extreme identities amongst the coloured population of Port Elizabeth, South Africa. *Studies in Ethnicity & Nationalism*, 14, 55-73. <https://doi.org/10.1111/sena.12069>
- Iwu, C. G., Kapondoro, L., Twum-Darko, M., & Tengeh, R. (2015). Determinants of sustainability and organizational effectiveness in nonprofit organizations. *Sustainability*, 7, 9560-9573. <https://doi.org/10.3390/su7079560>
- Jackson, T., & Haines, R. (2007). Cross-cultural management in South African NGOs. *South African Review of Sociology*, 38, 85-98. <https://doi.org/10.1080/21528586.2007.10419168>
- Juta, L., & Matsiliz, N. (2014). Challenges of providing affordable human settlement in a selected township in the Western Cape, South Africa. *Journal of Human Ecology*, 48(3), 375-382.
- Kajiita, R. M., & Kang’ethe, S. (2017). Appreciating the diversity of NGO’s towards service delivery in South Africa: Drawing evidences from Eastern Cape Province. *Insights on Africa (Sage Publications, Inc.)*, 9, 126-140. <https://doi.org/10.1177/0975087817707444>

- Klasen, S., & Woolard, I. (2009). Surviving unemployment without state support: Unemployment and household formation in South Africa. *Journal of African Economies*, 18, 1-51. <https://doi.org/10.1093/jae/ejn007>
- Landau, L.B., & Segatti, A.K. (2009). *Human development impacts of migration: South Africa case study*. United Nations Development Programme, Human Development Reports, Research Paper 5/April 2009.
- Lawrence, R. J. (2004). Housing and health: From interdisciplinary principles to transdisciplinary research and practice. *Futures*, 36, 487-502. <https://doi.org/10.1016/j.futures.2003.10.001>
- le Roux, I. M., le Roux, K., Comulada, W. S., Greco, E. M., Desmond, K. A., Mbewu, N., & Rotheram-Borus, M. J. (2010). Home visits by neighborhood Mentor Mothers provide timely recovery from childhood malnutrition in South Africa: Results from a randomized controlled trial. *Nutrition Journal*, 9, 56-65. <https://doi.org/10.1186/1475-2891-9-56>
- Liebenberg, L., L'Abbé, E. N., & Stull, K. E. (2015). Population differences in the postcrania of modern South Africans and the implications for ancestry estimation. *Forensic Science International*, 257, 522-529. <https://doi.org/10.1016/j.forsciint.2015.10.015>
- London, L., Sanders, D., & te Water Naude, J. (1998). Farm workers in South Africa: The challenge of eradicating alcohol abuse and the legacy of the 'DOP' system. *South African Medical Journal*, 88(9), 1092-1095.
- London, L. (2000). Alcohol consumption amongst South African farm workers: A challenge for post-apartheid health sector transformation. *Drug and Alcohol Dependence*, 59, 199-206. [https://doi.org/10.1016/S0376-8716\(99\)00120-9](https://doi.org/10.1016/S0376-8716(99)00120-9)
- Lynn, D. B. (2003). Symposium: Human resource management in nonprofit organizations. *Review of Public Personnel Administration*, 23, 91-96. <http://doi.org/10.1177/0734371X03023002001>
- Mantsinhe, D. M. (2011). Africa's fear of itself: The ideology of Makwerekwere in South Africa. *Third World Quarterly*, 32, 295-313. <https://doi.org/10.1080/01436597.2011.560470>
- May, J. (Ed.) (2000). *Poverty and inequality in South Africa: Meeting the challenge*. Cape Town, SA: Zed Books.
- Meinck, F., Cluver, L. D., Boyes, M. E., & Ndhlovu, L. D. (2015). Risk and protective factors for physical and emotional abuse victimization amongst vulnerable children in South Africa. *Child Abuse Review*, 24, 182-197. <https://doi.org/10.1002/car.2283>
- Mersham, G. M., & Skinner, C. (2016). South Africa's bold and unique experiment in CSR practice. *Society and Business Review*, 11(2), 110-129.
- Meth, P. (2013). "I don't like my children to grow up in this bad area": Parental anxieties about living in informal settlements. *International Journal of Urban and Regional Research*, 37, 537-555. <https://doi.org/10.1111/j.1468-2427.2012.01199.x>
- Misago, J. P., Landau, L. B., & Monson, T. (2009). *Towards tolerance, law and dignity: Addressing violence against foreign nationals in South Africa*. Pretoria, South Africa: International Organization for Migration Regional Office for Southern Africa.
- Myers, B., Stein, D. J., Mtukushe, B., & Sorsdahl, K. (2012). Feasibility and acceptability of screening and brief interventions to address alcohol and other drug use among patients presenting for emergency services in Cape Town, South Africa. *Advances in Preventive Medicine*, 1-10. <https://doi.org/10.1155/2012/569153>
- Olivier, L., Curfs, L. M. G., & Viljoen, D. L. (2016). Fetal alcohol spectrum disorders: Prevalence rates in South Africa. *South African Medical Journal*, 106, S103-S106. <https://doi.org/10.7196/SAMJ.2016.v106i6.11009>
- Pasche, S., Myers, B., & Louw, J. (2008). Staff attitudes and services provided by community-based organizations for alcohol and other drug users in Cape Town, South Africa: Implications for training and education. *Drugs: Education, Prevention & Policy*, 15, 532-544. <https://doi.org/10.1080/09687630701610706>

- Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low-, middle-, and high-income countries: An overview of their history, recent evolution, and current effectiveness. *Annual Review of Public Health, 35*, 399-421. <https://doi.org/10.1146/annurev-publhealth-032013-182354>
- Ponte, S., Roberts, S., & van Sittert, L. (2007). "Black Economic Empowerment," business, and the State in South Africa. *Development & Change, 38*, 933-955. <https://doi.org/10.1111/j.1467-7660.2007.00440.x>
- Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2003). *Evaluation: A systematic approach*. Thousand Oaks, CA: Sage Publications.
- Saleh, I. (2015). Is it really xenophobia in South Africa or an intentional act of prejudice? *Global Media Journal - African Edition, 9*(2), 298-313.
- Salamon, L. M., Sokolowski, S. W., & List, R. (2004). Measuring civil society: The Johns Hopkins Global Civil Society Index. In L. M. Salamon, S. W. Sokolowski, & Associates, *Global civil society (Volume 2)* (pp. 3-60). Bloomfield, CT: Kumarian Press.
- Serumaga-zake, P., Kotze, D., & Madsen, R. (2005). A descriptive study of the dynamics of relative poverty in the Western Cape province of South Africa. *Development Southern Africa, 22*, 143-160. <https://doi.org/10.1080/03768350500044610>
- Smit, Y., Kassier, S., Nel, D., & Koen, N. (2017). The barriers that women face when choosing food for their primary school children: A case study in the Western Cape Province, South Africa. *South African Journal of Child Health, 11*, 129-134. <https://doi.org/10.7196/SAJCH.2017.v11i3.1292>
- South African Community Survey. (2016). *Statistical release P0301*. Retrieved from [http://cs2016.statssa.gov.za/wp-content/uploads/2016/07/NT-30-06-2016-RELEASE-for-CS-2016-Statistical-releas\\_1-July-2016.pdf](http://cs2016.statssa.gov.za/wp-content/uploads/2016/07/NT-30-06-2016-RELEASE-for-CS-2016-Statistical-releas_1-July-2016.pdf)
- Stake, R. E. (2013). *Multiple case study analysis*. New York, NY: Guilford Press.
- Statistics South Africa. (2012). *Documented immigrant in South Africa*. Statistical release P0351.4. Retrieved from <http://www.statssa.gov.za/publications/p03514/p035142012.pdf>
- Statistics South Africa. (2014). *Mid-year population estimates: Statistical release*. Retrieved from <https://www.statssa.gov.za/publications/P0302/P03022014.pdf>
- Statistics South Africa. (2017). *Poverty on the rise in South Africa*. Retrieved from <http://www.statssa.gov.za/publications/Report-03-10-06/Report-03-10-062015.pdf>
- Steenkamp, C. (2009). Xenophobia in South Africa: What does it say about trust? *The Round Table: The Commonwealth Journal of International Affairs, 98*, 439-47. <https://doi.org/10.1080/00358530903017949>
- Tanga, P. T., & Mundau, M. (2014). The impact of donor-funded community empowerment projects on poverty alleviation in Zimbabwe. *Perspectives on Global Development & Technology, 13*, 465-480. <https://doi.org/10.1163/15691497-12341312>
- Tella, O. (2016). Understanding xenophobia in South Africa: The individual, the state, and the international system. *Insight on Africa, 8*, 142-158. <https://doi.org/10.1177/0975087816655014>
- Tembo, N. M. (2017). Publicizing private lives in a rainbow nation: The year in South Africa. *Biography, 40*, 657-663. <https://doi.org/10.1353/bio.2017.0060>
- Tsheola, J. (2012). Rural women's survivalist livelihoods and State interventions in Ga-Ramogale village, Limpopo Province. *African Development Review, 24*, 221-232. <https://doi.org/10.1111/j.1467-8268.2012.00319.x>
- Tutty, L. M., Rothery, M. A., & Grinnell, R. M. (1996). *Qualitative research for social workers: Phases, steps, and tasks*. Boston, MA: Allyn & Bacon.
- Vered, R., Tzafirir, S. S., & Laor, N. (2018). Patterns of trust and collaboration among nonprofit organizations and health funds: A case study. *Journal of Public and Nonprofit Affairs, 4*, 134-155. <https://doi.org/10.20899/jpna.4.2.134-155>

- Warshawsky, D. N. (2013). Measuring the size, scope, and location of civil society organizations in Johannesburg's food system. *The Professional Geographer*, 65, 594-611. <https://doi.org/10.1080/00330124.2013.825518>
- Warshawsky, D. N. (2014). Civil society and urban food insecurity: Analyzing the roles of local food organizations in Johannesburg. *Urban Geography* 35, 109-132. <https://doi.org/10.1080/02723638.2013.860753>
- Warshawsky, D. N. (2015). The perpetual uncertainty of civil society: Case study of an anti-hunger organization in South Africa. *Nonprofit Policy Forum*, 6, 91-109. <https://doi.org.liucat.lib.liu.edu/10.1515/npf-2013-0006>
- Western Cape Government. (2015). *Provincial strategic plan 2014–2019*. Retrieved from [https://www.westerncape.gov.za/text/2015/October/western\\_cape\\_provincial\\_strategic\\_plan\\_2014-2019.pdf](https://www.westerncape.gov.za/text/2015/October/western_cape_provincial_strategic_plan_2014-2019.pdf)
- Western Cape Community Survey. (2016). *Report 03-01-07*. Retrieved from <http://cs2016.statssa.gov.za/wp-content/uploads/2018/07/WesternCape.pdf>
- World Bank. (2018). *Overcoming poverty and inequality in South Africa: An assessment of drivers, constraints, and opportunities*. Retrieved from <http://documents.worldbank.org/curated/en/530481521735906534/pdf/124521-REV-OUO-South-Africa-Poverty-and-Inequality-Assessment-Report-2018-FINAL-WEB.pdf>
- World Health Organization. (2011). *Global status report on alcohol and health*. Report. Geneva, Switzerland: WHO Press. Retrieved from [https://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/en/](https://www.who.int/substance_abuse/publications/global_alcohol_report/en/)
- World Health Organization. (2015). *South Africa: WHO statistical profile*. Geneva, Switzerland: WHO Press. Retrieved from <http://www.who.int/gho/countries/zaf.pdf?ua=1>
- Yin, R. K. (2003). *Case study research: Design and methods (3rd ed.)*. Thousand Oaks, CA: Sage Publications.

## **Author Biography**

**Simone Martin-Howard** is an Assistant Professor of Healthcare Administration at Long Island University-Brooklyn. Her multidisciplinary research interests include nonprofit service delivery, healthcare administration and policy, global health, maternal and child health, transnational crime, prisoner re-entry, and addressing violence as a public health issue. Prior to her academic career, she held positions at the New York City Department of Health and Mental Hygiene, the Onondaga County Health Department, the New York State Department of Health, the Syracuse Veteran's Administration Medical Center, and the Vera Institute of Justice.

## **Appendix**

### **Qualitative Interview – Providers (*English*)**

1. Tell me how you got involved in the program:
  - a. What interested you?
  - b. How long have you worked on this program?
  - c. What is your role?
2. Tell me about the program:
  - a. Probes: Why was it created? What are its goals?
  - b. What does the program do? Tell me about its services?
    - i. Probes: Needed services? Missing services?
3. Tell me about your program participants? Who does the program serve?
  - a. Probes: Are these the intended program targets? Is the program missing people? Who should be receiving services?
    - i. IF YES: Why do you think this is occurring? (Probes: Transportation issues? Convenience? Primary caregiver? Decision-making power in the household? Permission from husband, if married? Neighborhood conditions? Socio-cultural values? Other reasons?)
    - ii. IF YES: What should be done to lessen these barriers?
4. Tell me what you think about the program:
  - a. What do you think about its goals?
  - b. What do you think have been barriers or challenges to achieving goals and objectives?
  - c. What have been facilitators?
  - d. How well does the program function?
    - i. Are program objectives being met?
    - ii. Service delivery?
    - iii. Sufficient staff? Funding?
    - iv. Equal access to resources? Services for all participants? (Why/Why not?)
    - v. Do participants engage in appropriate follow-up behavior after service?
5. What service(s) have been the most successful for clients?
6. What are the barriers for clients to effectively use the resources/services of this program/organization? (Probes: Living conditions, e.g., housing, sanitation, water, food and nutrition? Criminal activity? Other reasons?)
  - a. What can be done to lessen these barriers?
    - i. Do you think the resources and services are helpful?
7. Describe the program's support functions? (Probes: Fundraising? Public relations to enhance the program's image with potential sponsors? Decision makers? Or the general public? Staff training? Staff relationships? Recruiting and retention of key personnel? Adequate clerical and logistical support? Proper facilities and equipment? Obtaining materials required for services? General advocacy on behalf of the target population served?)
  - a. How might these support functions be improved?

8. Describe the program's management functions?
  - a. (Probes: Credentials and skills required for senior staff? Establish priorities? Allocate resources? Staff-management relationships? Monitor program?)
  - b. How might they be improved?
9. Tell me about the counselors/supervisors. Specifically, what do they do?
  - a. (Probes: Interview clients? Assess service needs? Refer to services? Make initial appointment? Assist with transportation? Follow up with client? Ongoing assessment?)
  - b. How well do they perform?
  - c. What do they need to improve their effectiveness?
10. Who are the key stakeholders in the program?
  - a. How do these stakeholders affect the program's objectives, services and practices?
    - i. Probe: Do the stakeholders agree on the program's objectives, services, and practices?
11. Is there anything I didn't ask that you think is important for me to know?
12. Do you have any questions for me?

**THANK YOU SO MUCH FOR TALKING WITH ME!**