

NGOs and the State: a case-study from Uganda

Christy Cannon

This article reports on research carried out in 1995, focusing on programmes funded by Oxfam (UK and Ireland) as the basis of a case-study of the Ugandan health sector. It presents the research questions and methodology, and then discusses issues arising from the findings, and the implications of these for policy and practice.

The research questions

The hypothesis was that research findings would support a critical analysis of the view that NGOs are increasingly compensating for inadequate government provision in such sectors as social welfare, education, or health, traditionally seen as the responsibility of governments. This view appeared to neglect the involvement of NGOs in the African health sector, particularly missions, for over a century: non-governmental support to such services is not a new phenomenon. The paradigm also implies a functioning public sector with minor gaps which can be filled by NGOs, a situation far removed from reality in most African countries; and posits a government-like role for NGOs which NGOs may be reluctant, and indeed unable, to accept.

In Uganda, the motivations and actions of donors and government do, however, follow an approach to some extent consistent with such a paradigm. As in many African countries, the Ugandan health sector is largely dependent on external support, of which Northern NGOs contribute an integral, albeit modest, portion. Donors increasingly 'contract out' work to NGOs. Governments, working with constrained budgets, may view NGOs as a useful resource. In Uganda, policy-makers

are not always given much choice, as donors make certain grants and loans contingent on using NGOs to implement the programmes. Although the total pool of aid is shrinking, the share of resources available to Northern and indigenous NGOs is increasing, such that the budgets of some have grown rapidly. The number of Ugandan NGOs has grown, as elsewhere in Africa. Some of them are seen to be motivated more by profit than by service. NGOs are receiving ever more attention; and while some may welcome this higher profile, others see it as potentially compromising.

What are the implications of NGO involvement in service-provision for the State — for its legitimacy, and its potential for democracy? Is the State abdicating its responsibility to provide for its citizens? If NGOs accept responsibilities for service-provision or enter into contractual relationships with donors, are they implicitly supporting an agenda of privatisation, and undermining the State? A paradigm which views NGOs as ‘filling in gaps’ for the government may be analytically weak, but its frequent acceptance in Africa as a guideline for the distribution of foreign aid, and the implications of this, make it relevant to our analysis. The research questions in this study are listed below.

- What do the changing trends in aid mean for NGOs, for the State, and for their relationships with each other and other actors?
- How are these relationships constructed, shaped, and understood?
- What constraints affect the decisions made by these actors, and what are the implications of these decisions?

A case-study of the Ugandan health sector allowed an in-depth, applied investigation, using several research techniques: interviews with staff of NGOs, donors, and government agencies, and use of libraries and documentation centres to find data not readily available outside Uganda. I observed health programmes funded by Oxfam (UK and Ireland) in eight districts of the country, where I conducted individual and group interviews with staff and volunteers, beneficiaries, government medical personnel, and staff of other NGOs in the area.

Findings

Responsibility for the health sector

Whose responsibility is it to provide, finance, plan, and regulate health care? The World Bank (1993:87) makes the following suggestion.

In the past, in Uganda as in many other countries, the tendency has been to think in terms of Central Government provision of social services. More recently, there has been a trend toward a more sophisticated approach, which recognises that the Central Government can make a financial contribution without necessarily providing.

This approach includes non-governmental provision, especially in curative health services, vocational or technical training, and decentralisation of responsibility for social-service provision to District authorities. Uganda's health sector will necessarily be the responsibility of a range of agencies for many years to come, and decentralisation is well under way. However, to call this a 'more sophisticated' approach implies a certain judgement or ideology which could undermine the role of the State. If governments are not encouraged to take a lead role in health-policy formulation so that they own the outcome, their capacity to manage their health sector will not develop, and the quality of health services will vary in different regions, depending on the external support available. Frequently in Uganda, people commented that 'Donor X has bought District Y'.

Missions and secular NGOs are a vital part of the Ugandan health sector, often seen to provide care of higher quality than government clinics and hospitals. Estimates of the proportion of health care provided by NGOs range from 30 to 50 per cent. When asked about their expectations of the government, people in Uganda tend to cite 'peace and security' before service-provision. Defining the legitimacy of a government narrowly, in terms of social services, may be inappropriate. The representative of one Northern NGO emphasised that Ugandan NGOs 'are meeting needs, not thinking: "Oh no, we're undermining the government!"'

NGO support for the health sector

A government may eventually accept or become resigned to the presence and popularity of NGOs in the country, and the Ugandan government seems to have decided to 'use' NGOs. This trend may encourage greater trust and openness between government and NGOs and allow the latter more influence in the formation of policy. However, government may cut back in areas with strong NGO support, in effect relinquishing a lead role in policy formulation. For example, the predominance of foreign support for AIDS-related efforts creates some tension between government and donors. In addition, NGOs may not wish to be used by government. A senior staff member of The AIDS Support Organisation (TASO), a large

Ugandan NGO, told me indignantly that a member of the government's AIDS Control Programme (ACP) had explained to her, 'We, the ACP, are the brains, and you, TASO, are our arms.' Not all NGOs are interested in being anyone's 'arms'.

However, some NGOs cannot afford the luxury of *angst* over whether they are compromising their integrity by following the agendas of donors or government. Ugandan NGOs powerfully expressed their survival instinct, or the need to bring in enough money to remain viable. Writing proposals and attending seminars or conferences have largely become income-generating activities. With education and health for sale, as they are in Uganda, staff of small NGOs are worried, like everyone else, about supporting their families; and it is hardly surprising if they adjust their approach to coincide with the donors' funding criteria. For example, a mobile AIDS home-care programme in Masaka District had to drop two counties there because funds were insufficient, but has added two counties in neighbouring Rakai District because DANIDA would fund the programme there. Similarly, the World Bank's US\$71.3 million STI/AIDS programme has NGOs flocking in with proposals which fall under its remit.

Some NGOs prefer to think in terms of innovation (providing a model for government and other NGOs), instead of service-delivery, as they decide how to use their limited resources. For example, Oxfam (UK and Ireland) supports a mental-health programme in Uganda which works with traditional healers, with unprecedented success. Oxfam also supports an innovative approach to medical education, through a community-based health-care programme linked to the medical school in Mbarara. Students undertake 'residences' at a rural health centre and work with and learn from communities in health research and education. In Uganda, NGOs do seem to derive their credibility from such links to local activities and initiatives. The present concern is that the unique qualities which were understood to make NGOs effective champions of the poor and promoters of grassroots development — flexibility, innovation, creativity — are threatened if NGOs operate as puppets of the donors.

Decentralisation and NGOs

In Uganda, the evolving decentralisation of power and responsibility to the Districts has the potential to enhance the government-NGO relationship at a local level. At the national level, co-ordinating and monitoring NGOs is difficult; whose responsibility this is remains unclear, and no ministry has a proper data-base of NGOs. At the District

level, NGO leaders and government medical personnel are more familiar with each other's activities. If NGOs can help to strengthen the capacity of District authorities, the latter will be in a better position to lobby for support, and to influence national government. The World Bank has supported this NGO-District government interaction in its STI/AIDs programme, by requiring NGOs to apply for funds to the District medical offices. For NGOs to apply to the Bank or Ministry of Health could undermine District-level knowledge about NGO inputs; the existing system brings District government and NGOs into closer contact.

One source of potential tension is the lack of transparency on the part of NGOs about their activities. District medical personnel expressed resentment of NGOs which did not share information about their budgets and work-plans. But the director of one Ugandan NGO stated: 'We will tell the Districts about our activities, but we will discuss money only with those who gave us the money.' The consensus among NGOs seemed to be a willingness, even a desire, to discuss and coordinate activities, coupled with a reluctance to divulge financial details. Reticence about their resources from NGOs known to have funding from overseas may eventually prompt the government to institute regulations defining the kind of information which District officials are entitled to know from NGOs.

Another area of tension is the balance between centre and District in terms of information and responsibility. A bilateral donor, embarking on a new maternal and child health (MCH) programme in ten Districts, bypassed the Ministry of Health altogether, which offended the Ministry. Although the donor argued that the day-to-day running of the programme was managed in the Districts and not the centre, a Ugandan academic pointed out that decentralisation does not mean 'cessation or breaking off of the centre. It simply means autonomy. The national government needs to know what is going on, or they will look like fools.' Seeking approval from the centre before initiating activities in Districts is one way for donors and NGOs to enhance the credibility and capacity of government.

Conclusion

For a pluralistic health sector to function well, the various actors must have clearly defined and understood roles. Government is challenged to find ways to co-ordinate different efforts without being marginalised or losing credibility in the eyes of its citizens. The director of a Ugandan research centre observed, 'Government has a mandate to look after the country but not the machinery to influence what other actors are doing.'

Although prevailing conditions oblige some NGOs to operate under greater constraints and give others greater opportunities, NGOs remain small, with neither the resources of donors nor the mandate of government. However, their size does not mean that their relationships with other actors in the health sector are unimportant. These relationships are not ideologically neutral. Although the activities of a single NGO may not significantly undermine the government, every NGO is part of a system which may do so. Whether they are filling gaps for the government or not, NGOs remain responsible, to themselves, as well as to their host governments, and their supporters, for the decisions they make.

References

The World Bank (1993), *Uganda: Social Sectors*, Washington, DC.

This paper was first published in Development in Practice Volume 6, Number 3, 1996.