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EXECUTIVE SUMMARY

This paper is written principally for professional staff working at the Pan American Health Organization (PAHO). Its purposes are twofold: 1) to elaborate the reasons why PAHO should actively encourage the inclusion of NGOs involved in health care as key players and partners with relevant governmental agencies in the planning and execution of health policies and programs; and 2) to identify promising initiatives through which PAHO might help to mobilize the human and financial resources which would maximize the contribution that NGOs and governments, together, can make to health care.

The study also seeks to clarify the developmental role of NGOs in comparison to those of governmental and private sector organizations. The relative strengths and weaknesses of NGOs are examined, along with possibilities for greater intersectoral collaboration in health-related activities. It is argued herein that effective governmental-NGO collaboration depends on grasping the dynamics that motivate NGOs' activities, and that past taxonomies for classifying these organizations may in fact be contributing to misunderstanding of their unique role as developmental entities and underutilization of their services.

CHAPTER 1

UNDERSTANDING THE UNIVERSE OF NONGOVERNMENTAL ORGANIZATIONS

Introduction

The winds of democratization and decentralization are sweeping through the Region of the Americas, making the 1990's a decade of new approaches and exciting possibilities. This mood upswing paradoxically coexists with continuing economic and social problems: debt that strangles the economies of the Region along with the stifling poverty, illiteracy and inadequate health care and other services. At least onethird of the people in the Region are still without adequate health care, for example.

On the positive side, the spread of democracy nurtures opportunities for the poor to have a say in the development programs that affect them. Fiscal constraints help to sway bureaucrats into admission that illiteracy is not synonymous with ignorance and that the poor can and must be allowed to do formally what they've often had to do informally for years...play an active role in serving their own health and other needs.

Everywhere throughout the Region and especially amongst the poor, civil society is being enriched by a web of community organizations with visions of a better world.

This is an exciting time, a time of hope. It is also a time for action. We must ensure that this valuable opportunity to form alliances for health care does not slip away. To guarantee that it does not, we must begin to promote official partnerships between governmental agencies and non-governmental organizations on behalf of the poor they represent.

A Definition of Development

In the '50's and '60's, development was defined mainly in terms of the end product of industrialization and supportive infrastructural and other development. Such concepts were progressively refined in the 1970's to include income distribution objectives and basic needs fulfillment. Conceived in terms of such goals, instead of in terms of the processes by which such goals could be achieved, development efforts in the Latin American/Caribbean Region in the past few decades have tended to reflect the prevailing assumption that centralization of power

and bureaucratization of development were essential to creating a modern state with a strong national identity.¹

Centralized resource allocation mechanisms and resulting standardized programs and projects were fairly well suited to addressing a series of critical development needs, including the development of delivery for physical and social services. Yet they were probably not well suited in many instances to targeting development to the specific needs of the poor, in stimulating the people to exercise initiative, and to mobilize their own resources. Centralization, by its nature, is likely to be more effective in the development of professionally staffed hospitals and clinics than in the development of village-based community health programs. In a similar way, development efforts have proven more adept at such things as commercial exploitation of established forests than, say, at the more difficult task of managing forest lands as a resource that contributes to the livelihoods of local populations.

A consequence of the past notions of development is evident in the Region of the Americas in the pattern in which growth and industrialization have coexisted with poverty and social marginality and have often resulted in economic dependence (Padrón, 1988).

Prompted by the failures of past state-dominated development, the 1980's ushered in a new concept of development as more process than just end product or result, and one that requires private initiative and participation to be effective. The idea of development as process was adopted in the definition of the UN in launching the Third UN Development Decade in the 1980's.

"The ultimate aim of development is the constant improvement of the well-being of the entire population on the basis of its full participation in the process of development and fair distribution of the benefits therefrom" (UN, 1986).

¹ Milton J. Esman and Norman T. Uphoff, Local Organizations in Rural Development (Ithaca: Cornell University Press, 1984) review the dominant development theories of the 1950's and '60's. They observe that the technology transfer school saw little role for local organizations except as conduits for receiving new technologies from outside. Sociological theories saw indigenous local organizations as hopelessly tradition-bound and obstructive to modernization. Marxist theorists saw peasants as an inert class and basically irrelevant. Neoclassical economists, who considered the reduction of consumption essential to capital formation, feared that local organizations might make claims through the political process and thus limit the extraction of resources from agriculture for state directed investment. Political theorists such as Huntington, Myrdal and Binder called for state imposition of discipline on the masses and warned against self-directed popular mobilization (pp. 47 - 52).

Further elaboration of this "process of development" is provided by Brown and Korten (1989) who define development as

"...a process by which the members of a society develop themselves and their institutions in ways that enhance their ability to mobilize and manage resources to produce sustainable and justly distributed improvements in their quality of life consistent with their own aspirations" (1989, p. 6).

By these definitions, development of NGOs deeply rooted in the community is both the goal and part of the process of development.

NGOs - Problems with Definition

What exactly is a nongovernmental organization? Many institutions including WHO (A38/Technical Discussion/4 May 1985) have provided taxonomies or classifications in order to describe their activities. These classifications are included in the Annex.

The "nongovernmental" label tells us more about what these organizations are not (Brown and Korten, 1989) than about what they are. In addition, the term has been "imported" from the North where NGO activities and functions differ from those in the Third World. But the very vacuousness of the term may be useful, as pointed out by Leilah Landim, a Brazilian observer of NGO evolution.²

The lack of definitional boundaries is revealed when one solicits a definition of NGOs from professionals in public or private organizations. It is then that one is reminded of the well-known tale of the five blind men who are each asked to describe the whole of an elephant from knowledge of the configuration of one of its parts. However, unlike the elephant who can be perceived as a whole, the key to understanding the vast universe of organizations that fall under the "NGO" rubric is not to look at the whole, but rather to focus on the specific dynamics and forces underlying these entities.

Examination of the distinctions within the NGO universe will take three approaches. First, characteristics that differentiate voluntary organizations (VOs) from other NGOs will be highlighted. Second, key elements that differentiate voluntary from governmental and commercial sectors will be pinpointed. Finally, VOs and other NGOs will be examined in terms of what they do and how they do it in relation to specific objectives such as those of health.

² Many NGOs in the Latin American/Caribbean Region make the distinction of refusing to call themselves "NGOs," and instead call themselves OPDs (Organizations for Development). (Landim, 1987)

Organizations in the voluntary sector, which will be referred to in this paper as VOs, can be distinguished by two general characteristics: voluntarism and non-profit making. Primarily motivated by shared values and visions of a better future, members of these organizations share some core value, be it political, religious or interpersonal, that is so strongly entrenched within its ranks that the pursuit of this value or vision channels all behavior, even in the most hostile circumstances.

The priority of these voluntary organizations (VOs) is organizing people around the shared core value; economic incentives are secondary (See Cernea, 1988, pp. 7-8). Consequently, the organizational capacity that springs to life through voluntary organizations and becomes engaged in development activities represents the fundamental strategic resource and the most important contribution of these VOs.

Given these characteristics of VOs, it becomes apparent that not all NGOs are voluntary organizations. The degree of voluntarism varies as does the extent of the links to specific communities. This is important because bilateral and multilateral organizations often assume that legally, not-for-profit, nongovernmental organizations are also voluntary and have direct access to grassroots communities.

Special characteristics of the role of VOs include:

1) Low costs. This is not to imply that VOs operate without financial backing, because they cannot. In fact, VOs must depend on external contributions from donors who recognize that their greatest asset is their ability to unite people through shared values which galvanize the time and energy of members in the pursuit of collectively shared visions.

2) Elusiveness of their contribution, which is not easily assessed. As a practical matter, VOs are sometimes not easy to control. There is a mystique surrounding the value-based motivations of VOs which transcend simple economic and social considerations. By virtue of their setting, Third World VOs are often, for example, acutely aware of the importance of a broadly based distribution of economic and political power in order to achieve their visions of development. Consequently, VOs often draw into their ranks idealistic individuals who later emerge as charismatic leaders that tap into the social consciences and wider values of Third World citizens, mobilizing voluntary energies from all sectors.

3) Escalating impact. The interaction of shared values, innovative ideas as to how to achieve common goals, and resulting new alliances can produce self-reinforcing escalation of social energies with wide impact (Uphoff, 1987).

Among voluntary organizations themselves, there are important distinctions which will be outlined later.

By way of comparison, organizations in the governmental or public sector are primarily motivated by the need to stimulate progress and maintain social order. Thus, governmental programs and priorities are geared towards achieving national economic and social objectives supported by political consensus and stability. At times, governments participate directly in the production or delivery of goods and services where it is felt for some reason that private initiative cannot be relied upon to do this satisfactorily. Increasingly, however, government interventions are being curtailed and confined to indirect means such as rules and regulations, designed to help ensure the achievement of social and economic objectives. In the exercise of these roles, government is accountable to its citizens (Robertson, 1984).

Commercial or private sector organizations meanwhile are motivated almost exclusively by profit and other economic goals. They contribute to the development of a society mainly through the efficient use and production of goods and services. Mechanisms for resource mobilization are based on negotiated exchange in market systems, which, in turn, are enforced through mechanisms of reciprocity and contracts (Olson, 1971).

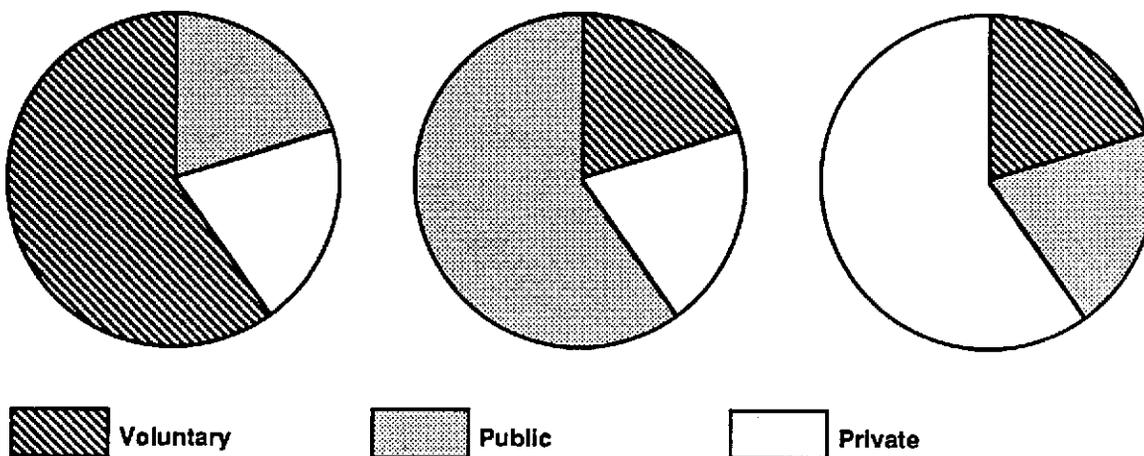
Brown makes an important contribution to this analysis of the three sectors by observing that the prevailing analytic classifications of NGOs have been fruits of political scientists or economists (Brown, lecture delivered at World Bank, April 6, 1990).

He observes that through the "lens of economic analysis," NGOs emerge as a result of various forms of market failure. This type of analysis focuses on what need can be filled by the non-profit organization that is currently not met by the for-profit sector. Because market vulnerability is particularly acute in developing countries where large segments of the population lack the financial resources to participate, alternative forms of organization (i.e., NGOs) spring up in response to these market failures (Jorgensen et al., 1986).

But if the economist analyzes the existence of NGOs from the market failure perspective, the political analyst focuses on NGOs as indicative of government failure. For political analysts, NGOs provide public goods (e.g., health services) for relatively small groups of people. This focus on small groups sparks special interest in the role of NGOs in local development. Thus, the political analyst attributes the existence of NGOs to social diversity and specific unmet social needs (Cernea, 1988).

It is important to keep in mind that all three sectors share these motivations to some degree although each is guided by specific and distinct primary motivations, (i.e., shared values and voluntarism for the NGOs; progress and maintenance of social order for the governmental organizations; and production of goods and services for private sector organizations). That is, one can easily find examples of shared values and voluntarism in both governmental and private sector organizations;

likewise, volunteer organizations as well as governments are also motivated to some degree by the production of goods and services and the maintenance of social order. The following pie charts illustrate this point.



The main thrust of this paper is to emphasize that through intersectoral collaboration these three sectors can achieve more far-reaching and sustainable results in, say, the health sector, than they could in isolation. PAHO should work towards helping to facilitate the implementation of such intersectoral collaboration for health by learning about the kinds of health care activities executed by volunteer organizations (VOs) and by other NGOs.

NGO Strengths and Weaknesses

Most discussions of NGOs inevitably get around to reviewing what are termed as "strengths and weaknesses" of NGOs. Implied but not often articulated is the idea that governments provide the basis for comparison, and that for every NGO strength there is an analogous weakness on the part of the government, and vice versa.

For example, to take a typical starting point in these sorts of comparisons, an NGO strength is "its capacity to reach the rural poor and outreach to remote areas" (Cernea, 1987, p. 17). In the same thought, the weakness of government is articulated as an inability to "reach the poor, either because programs are limited, ineffective or non-existent."

On the other hand, an NGO weakness is the "limited replicability" of activities "which are too small and localized to have important regional or national impact" (Cernea, p. 18). In comparison, governments command a broader programming view and can implement strategies that influence macro-scale processes.

The problem with pursuing a laundry list of pluses and minuses is that it subtly enforces the idea that nongovernmental organizations should be competitive with government, or anti-governmental, vying for political supremacy. This is not to dismiss the fact that there are often uneasy relations between governments and NGOs. As previously outlined, the primary role of government is to maintain stability and social order while ensuring progress for all. The primary role of NGOs is to innovate and advocate for necessary changes in accordance with the shared values of its particular members. Hence, it is easy to see that the two sectors might frequently focus on their own agendas and importance, instead of realizing that mutual collaboration can lead to their own increased effectiveness.

In the field of health, NGOs offer a significant and far from fully utilized potential to involve people, particularly the poor, in the formulation, execution and evaluation of health related activities. Many NGOs embody considerable general expertise and indigenous knowledge, and a variety of local perspectives on health issues, often with an acute sense of the underlying cultural, economic, moral and environmental aspects.

With this in mind, it is worth rethinking the "strengths and weaknesses" approach and look to analyze how the complementary goals, strategies and capabilities of governments and NGOs, respectively, might enhance health care in the Region.

Ways for PAHO to foment cooperation between government and NGOs will be explored subsequently, after first examining more closely the types of organizations that comprise the NGO universe.

NGOs as Partners in Health

In general, partnerships with NGOs in health might be sought with non-governmental organizations engaged in one or more of the following functions:

- disaster relief
- provision of services, such as health care
- community organizing for local self-reliance
- research and information exchange
- collective action by a specific group at a community level which forms to secure mutual benefits for its members vis à vis a particular good or service, i.e., water users' organizations, livestock producers, etc.
- training and technical assistance to other VO's performing development functions

- development education to increase understanding of key health issues, i.e., oral rehydration campaigns, HIV prevention campaigns, etc.
- networking for mutual exchange of experiences and joint formulation of policies and programs
- advocacy in support of specific health care policies or changes in institutions that are responsible for provision of health care services.

When undertaking health care activities with VOs or other NGOs, the starting point is for the PAHO technical program to examine what it actually wishes to accomplish through a particular activity. Collaboration with NGOs should not be seen as an end in itself but as a means to achieve improvements in health care. If NGO involvement does not ultimately achieve this objective, it should not be sought. So long as health care can be enhanced by NGO participation, the second step is to identify the type of VO or NGO that will best accomplish the goal.

In answering the second question (the main concern of this study), it is important for the technical program to consider aspects of VOs as a developmental resource as distinct from other organizations be they governmental, commercial or other NGOs. The following discussion of how different NGOs behave attempts to provide insights into the dynamics of VOs and other NGOs. It is important to keep in mind that characteristics highlighted for each type are not mutually exclusive, and many NGOs combine several aspects.

Voluntary Service Delivery Organizations are motivated by shared values, usually stemming from religious tradition (Beckman, 1985). Their objectives revolve around relieving the immediate symptoms of a problem. These organizations are usually funded by a foreign donor and delivered by a satellite member within the developing country. Their effect is immediate and short-term. Because of the nature of their work, this type of VO has little accountability to beneficiaries and may create a counter-developmental dependency which perpetuates the need for foreign charity rather than building local systems that can respond to similar future problems (Yudelman, 1989). Recognizing this limitation, however, some traditionally oriented service delivery VOs are now moving towards building local capacities.

Development Catalyst Organizations are also motivated by shared values and visions of a better world. However, their objective is to catalyze local community organization for empowerment and self-reliance. They seek to establish arrangements that will be accountable to the community itself and remain in place without continuous need of the VO's presence. Moreover, the more effective developmental catalysts are promoting the development capacity of sectors of civil society by assisting the poor in articulating their needs and managing their own affairs.

This type of VO depends on a continuing flow of external contributions from donors willing to let the VO remain autonomous so that it can execute its catalytic role. Problems often can arise from pressures by donors for the VO to move into service delivery roles so that donor resources can be matched clearly with measurable outputs. In addition, because the VO performs a temporary function it will not itself become self-sustaining (Calavan, 1984).

With the growth of the NGO sector, certain VOs have become specialized service providers to VOs or other NGOs; in addition, there has been a growth of networking among these organizations. Thus, two more types of organizations can be differentiated within the VO realm (Brown and Kortzen, 1989); Sector Support Organizations and Networks.

Sector Support Organizations are VOs which provide technical assistance through training in management skills and related expertise to strengthen VO and other NGO capacities. In the Latin American Region, PACT (Private Agencies Collaborating Together) is an example of this type of NGO. It also provides seed funding for pilot programs and new ventures as well as resource materials for VOs and other NGOs.

Networks are beginning to emerge within the Latin America/Caribbean Region, as VOs join forces with one another in order to influence public policies that provide greater access to opportunities and resources which distribute benefits more equitably (Yudelman, 1989). This motivation has been a conscious one, motivated by a realization that greater leadership is needed if the sources of underdevelopment, rather than just the effects of it, are to be significantly altered. Some networks attempt to link all voluntary organizations within a country or a geographic region around specific issues of joint interest. Examples include CAFRA, described in Chapter 3, and the proposed Latin American Network for AIDS Service Organizations.³

Networks in the Region are a rapidly growing phenomena. Part of the reason for this may be donor-initiated. For example, the World Bank has helped to create and finance Social Investment Funds in Bolivia and Guatemala. In Guatemala, the Bank, the Government of Guatemala and ASINDES, a major consortium of NGOs, have come together to formulate the Social Investment Fund along the lines of a private foundation. In this case, ASINDES acts as an umbrella organization for local NGOs, disbursing and administering the resources to grassroots efforts in health and other areas.

One of the inherent risks in creating such umbrella organizations or networks is the potential bureaucratization of NGOs, thus destroying their most valuable asset which is based on spontaneous response from the

³ An effort to form a network of nongovernmental community-based groups that are working in AIDS prevention, education and care efforts in Latin America for the purposes of information sharing and unified action.

local community. In addition, observers of NGOs note that one of the most serious obstacles to expanding the development roles of NGOs may be the difficulties they face in working with one another (Padrón, 1987; Korten, 1987). Often torn by intense jealousies, efforts at collaboration through networking may break down into internicine conflicts that freeze efforts to cooperate in the attainment of shared goals. Paradoxically, it seems easier at times for NGOs to work with government than with each other.

There are three other types of social action NGOs which bear special mention because of their relevance to health objectives, but which are not necessarily VOs: people's organizations (POs), public service contractors (PSCs) and university and research institutions.

People's Organizations (POs) are NGOs that are highly market-oriented in their external exchange transactions e.g. cooperatives. Unlike the development catalyst VOs, people's organizations are expected to be self-reliant and independent of outside initiatives or funding. Moreover, POs are associations formed to mutually benefit their members. In so doing, some can create demands for greater responsiveness to grassroots concerns and provide the collective bargaining power that enables the poor to negotiate with representatives of government or private corporations. Others are composed of individuals with like-professional orientations who join together to pursue selected health-related goals, such as the Cancer Association in the Bahamas or the Latin American Confederation of Clinical Biosciences.

Immigration associations, livestock owners associations, labor unions, trade associations and political interest groups are all examples of POs. People's organizations offer important opportunities for institutionalizing health in ways that guarantee accountability and responsiveness to the people served.

The key difference between a PO and a VO is that the former exists to serve its members, while the latter is committed to values that transcend the immediate interest of its members.

Community based people's organizations are becoming increasingly aware of the need to join forces through federations that give their members more bargaining leverage in today's economy. For example, the Community Food Councils in Oaxaca, Mexico, have become major players in food and other resource distribution. Initially starting as organizations of rural peasants this network represents about 2 million low-income rural consumers that use their bargaining power to increase their share of the market value of their produce (Fox and Aron, 1988).

Public Services Contractors (PSCs) are a special type of NGO which must be addressed because they are often what multilateral, bilateral and donor organizations are really seeking when they contract with NGOs for advisory services and project execution. It is often difficult to distinguish between VOs and PSCs, but it is important to be aware of the differences between the two because the end result derived depends on what motivates each one.

A VO defines its program based on its social mission, and then seeks the funding required to implement it. The market-driven PSC assesses the availability of funds and tailors its commitments to coincide with shifting donor interests. One year it might be AIDS, the next year, Environment, the next, Child Survival. Thus, track record is critical in distinguishing between VOs and PSCs.

For example, one of the areas which has most recently witnessed the overarching impact which VOs can have on world policy is in the area of Environment. The following example serves to illustrate the nature of a VO as opposed to a PSC.

"The organizing force behind this (planning for Earth Day, 1990) has a staff of 30...and have just raised \$2.5 million, some of it from major corporations. But they say they have turned away more than \$4 million because the corporate donors did not pass environmental scrutiny" (Washington Post, April 15, 1990).

A VO adheres to its value driven mission--in this case, the protection and preservation of the earth's natural resources. The PSCs, although not-for-profit, function generally as businesses within the "development industry". They sell services to provide health care delivery to interested donors, including governmental and multilateral organizations.

In providing health services, PSC's are analogous to private firms producing products that they know the market wants. The difference arises in the character of the "market" forces faced by the PSC. The quality and price of a firm's products are dictated by the market discipline exerted by consumers who can reject a product if it doesn't meet their needs. These market forces are virtually absent for the PSC unless the funding agency generates such "market" discipline by defining beforehand the services to be delivered and holding the PSC accountable for the delivery of the service, in the same way as would be done with a private firm.

Private Universities and other research institutions are non-profit, nongovernmental organizations with particular interest for health objectives. They foster the development of technically capable and responsive health care personnel that will strengthen the ability of the health system to respond to the needs in the Region. They also provide local research capacity in search of local solutions to health problems. In addition, some technical programs at PAHO work to establish research and training programs in the Latin American and Caribbean area through linkages with universities and research institutions in the United States and Canada. In some countries, research institutions (which may or may not be linked to universities) assist NGOs by providing evaluation services.

NGO Variants

Some NGOs are created by governments in order to execute governmental policy in specific areas. Although the reasons for the formation of GONGOS (government-organized NGOs) may be positive, they exist to perpetuate and implement government programs rather than innovate in response to shared values (Padrón, 1986).

Likewise, donors often create NGOs to suit their missions. These donor-organized NGOs, DONGOs, are often funding bodies which are set up to meet procedural requirements of the donor agency. While the creation of DONGOs does not present a problem in itself, difficulties can arise if a number of donors decide to channel funds through a single DONGO. In this case, the DONGO can exercise inordinate power over the indigenous NGO community (van der Heijden, 1987).

So far, this paper has sought to provide the reader with an understanding of the motivating factors which may serve to bring together a group of people to form a VO or other NGO. This is important because PAHO technical programs should be aware of the motivational distinctions in order to successfully identify the type of organization which will best accomplish specific health care goals.

CHAPTER 2

CONCEPTUAL CASES TO ILLUSTRATE NGOs IN ACTION

How do these various NGOs carry out their activities? What can be expected from seeking their participation? The following "fictitious" cases attempt to respond to these questions. In addition, they serve to ground an otherwise theoretical discussion, and to highlight how NGOs can exercise their different roles at different levels, i.e., locally, nationally and internationally.

SCENARIO 1

The Government of a country, in collaboration with the corresponding PAHO technical program(s), needs to respond to an emergency situation which has arisen in a specific area of a country at a given time. An example might be a local outbreak of foot-and-mouth disease in the livestock of that area.

Approaches to Possible Solutions

This situation calls for immediate mobilization of human and financial resources to deal with a specific problem. From an historical point of view, the activities of international NGOs in the Region of the Americas, many of them service delivery VOs, can first be traced to those that concentrated their efforts on meeting acute and immediate needs of the poor throughout the world. Following World War II, these service delivery VOs, backed by the international aid community which saw them as conduits through which resources could be effectively channeled to the needy, focused on disaster relief and refugee situations caused by war, flood, famine and epidemic outbreaks, such as the foot-and-mouth disease illustration (OECD, 1988).

These responses to emergency situations by service delivery VOs will continue to be necessary and appropriate as long as there are people who wish to personally respond to the needs of the less fortunate. Many of these volunteer organizations that provide this type of relief in developing countries are organized around shared visions and values. But the benefits received in a specific area depend completely on the VO and its resources. The benefits are temporary, and no matter how well motivated and timely, these VOs contribute minimally to the sustained efforts by poor people and poor countries to meet their own needs (Gorman, 1984; Hellinger, 1987). Thus, these VOs cannot claim to be doing development work because their approach foments a dependence on foreign charity. Some of these VOs, however, are becoming conscious of the need to work towards developmental goals and are supporting and building local capacities to respond to future crises (see discussion on page 25). Others continue to function as voluntary service delivery organizations, because it is much easier to provide the needed services than to build local capacity.

SCENARIO 2

The Government of a country, in collaboration with a PAHO technical program, is interested in achieving a locally-initiated (again in a specific area of a country) and self-sustaining program (over recurring periods) related to a specific health need. Building on the previous example, the strategy may call for the promotion of locally initiated periodic vaccination of livestock to prevent recurrence of foot-and-mouth disease in an area of endemicity for this zoonosis. In addition, one of the goals may be to educate farmers in the area about the measures that must be taken if and when such an outbreak occurs.

Theoretical Background and Practical Considerations

As the goal of such programs is to achieve a locally-based and self-sustaining program of animal health care, it is appropriate here to focus briefly on the concept of "community participation", a concept which has been amply documented elsewhere (PAHO, HSD, No. 35, 1988).

"Community" popularly implies a group of people with common interest. But the meaning intended here comes from the field of ecology, referring to an interacting population of individuals living in a common location (Korten, 1986). This broader definition takes into account the concept that competing interests are a natural part of human communities. For participation to be effective, mechanisms must be developed to effectively manage these conflicts.

Community participation is based on common sense, i.e., the idea that if people feel they have come together to create a program, they will also be more interested in being responsible for its execution and in seeking solutions to conflicting interests within the group that threaten its success. Moreover, it is probably safe to say that a program such as the one illustrated in this case is doomed to failure if the small local farmers for whom the program is intended are not involved in the planning, execution and evaluation of the effort. The idea seems simple enough. Yet, according to reputable sources, there are few examples of successful grassroots initiatives (Esman and Uphoff, 1984; Uphoff, 1988; PAHO, HSD, No. 35, 1988). Perhaps the reason is that many attempts to "impose participation" fail because, for the most part, these have been imposed from the "top down" rather than stimulating "bottom up" activities (Uphoff, 1988)⁴.

⁴ Although this a recurring theme in Uphoff's work (1987, pp. 440-447), in one of his most recent pieces ("Assisted Self-Reliance: Working With Rather than For the Poor", 1988), he argues just as strongly against the "populist fallacy" (that the poor left to themselves can achieve development) as against the "paternalistic fallacy" (that planners and other technocrats know best). He lists eight changes needed to assist self-reliance: involvement of local organizations; multiple channels for action (i.e. support of institutional development across a whole range, from government to the grassroots); use of catalysts to provide growth of local organizations and facilitate use of multiple channels; building on indigenous traditions and technologies; sustainable resource mobilization, achieved through agreements with local people as to expected benefits and their obligations; use of paraprofessionals; bureaucratic reorientation; and, adopting a learning process approach.

The key seems to be a partnership between the community and the local government that goes beyond appeals for participation in government-planned and financed projects and programs, and calls for strong community control of the planning, execution and evaluation phase. This concept of partnership is crucial, for example, in the SILOS strategy (Servicios Locales de Salud), PAHO's initiative to localize health systems.

Thus, the analyses on community participation suggest that it has great potential, but its practice is beset by constraints.

The most fundamental constraint in this case is that the PAHO technical program cannot be expected to implement participatory practices themselves. It can, however, seek to ensure the involvement of institutions that have a participation bias such as development catalyst VOs and other NGOs and local government. These can help to set the stage for genuine community participation to occur.

The first step, then in activating community participation by "proxy" is to seek NGO participation. In this particular case, where foot-and-mouth disease prevention and control is the objective, a logical NGO with which to link would be a PO such as a livestock owner's association. But although a reasonable choice, there is a big chance that many local farmers may not be a part of such an association. For example, in a study done in 11 countries in the Caribbean (Arambulo III, Rojas and Vallenias, 1986), only 25% of the 87 farm profiles completed by farmers involved in raising animals were connected with a farmer's organization, and of this 25%, only half reported being active members (p. 171). In addition, each situation must weigh how truly representative of the poor these NGOs are. Many such people's organizations can merely represent powerful groups in the community that will try to redirect all the benefits to themselves. Yet they cannot be bypassed or they may sabotage the project.

Local veterinarians, animal health assistants and extension officers are other possible sources who could help to identify farmers in the area that own livestock. In addition, it is important to identify VOs and other NGOs working in sectors related to family health and nutrition, who might have direct access to the intended beneficiary populations.

Identifying and bringing together these local farmers and their families is a second step. Garnering their interest and support is another challenge.

It necessitates:

- a) listening to them and learning from them, rather than lecturing to them. Development catalyst VOs work specifically with farmers to help them analyze and articulate their circumstances, plan initiatives and organize themselves to collectively carry out their plans. They act as go-betweens with local officials and the farmers. These organizations catalyze the farmers into groups for self-expression.

- b) offering them something in return for their efforts. As easy as it is for "experts" to lecture, it is just as easy for the "beneficiaries" to listen politely and ignore the information imparted. But if in addition to coming together to exchange ideas, insights and knowledge, there can be improved access to veterinary drugs and services, there is a greater incentive on the part of the farmers to join together.
- c) access to practical training for farmers. In this case, such training would involve their family members as well, as caring for livestock is a familial responsibility in many rural areas. Immediate educational focus would be on measures to take if an outbreak occurs, with an effort towards integrating and capitalizing on two coexisting community health systems, the traditional community system and the institutional system (PAHO, HSD No. 35, 1988).⁵

Longer term practical education may focus on attempting to transfer skills and concerns relevant to livestock health and to primary health care goals.

SCENARIO 3

The Government of a country, in collaboration with the technical unit at PAHO, is interested in replicating this local, self-sustained vaccination and education program throughout the country. In order to do this, it must find the best way to replicate SCENARIO 2.

Theoretical Background and Practical Considerations

One of the main criticisms of NGOs is the limited replicability of their activities. That is, because they often are a local response to a specific inadequacy, the impact and replicability of their efforts are confined (Cernea, 1988). Furthermore, while these activities are critical in individual neighborhoods and villages, the focus of the small-scale approach does not address the causes of the inadequacy or the larger institutional and policy context (Korten, 1987).

This specific case is an example of small scale development seeking to become large scale policy (Annis, 1987). Can this be done? If so, how might this be achieved, and what types of NGOs would be involved?

⁵ A traditional community system is that which is comprised of remedies which are handed down orally or in writing from one generation in a community to another. These remedies are deeply embedded in the folklore medicine of a particular community or social sector. The institutional system is made up of those public, private and social security service agencies that are officially responsible for health care delivery (For further discussion, see PAHO HSD, No. 35, 1988).

The first concern that springs to mind about imposing small scale development on a large scale is whether such an approach is not, in effect, "killing off the goose that laid the golden egg". The reasons for seeking to foster governmental-NGO linkages in health is because NGOs provide an idiosyncratic and location-specific focus to problem-solving. On the other hand, a government's macro-developmental approach is limited because blueprints, particularly in health, are destined to affect only a limited percentage of the population.

Going back to the case under consideration, the following discussion lays out the steps that could be taken in replicating micro-level health interventions on a larger scale. In addition, it presents potential obstacles that could derail efforts to replicate SCENARIO 2.

STEP 1: The government, recognizing the success of the locally initiated and self-sustained program of foot-and-mouth disease prevention in SCENARIO 2, wishes to replicate the model in other areas of disease endemicity. Thus it seeks the collaboration of the VOs and other NGOs that have been instrumental in promoting this initiative. These entities agree to enter into a partnership with the government in replicating the initiative in other targetted localities.

Potential Problem 1: The NGO(s) in SCENARIO 2 does not have the skills and experience to work within the constraints of government administrative and accounting procedures, and requires assistance and support to perform its new role effectively.

Possible Outcomes: The government may agree to provide technical and administrative assistance to the NGO(s), leaving the NGO(s) the flexibility required to carry out the initiative. However, in this case, it may be wiser to seek such assistance from an NGO that provides this type of support. For example, PAHO might seek out an international NGO that is able to provide this support.

STEP 2: Experienced personnel who have been seminal to the success of this locally-based program are hired to work in the targetted areas, as developmental catalysts. These people, in turn, recognizing that their role is temporary, seek locally based VOs, other NGOs, veterinarians, extension officers, etc., to reach farmers in that area. The development catalyst VO (or other NGO) acts as a credible bridge between local POs, VOs and other NGOs, and government officials. The developmental catalyst VO assists identified community-based organizations in formulating the design of the initiative, and involves key players from diverse agencies which have histories of conflict or mistrust.

STEP 3: The government, in attempting to "speed up" the program, increases the flow of funding throught the Division of Animal Health at the Ministry of Health.

Potential Problems: Two problems may arise in response to the above action by the government:

- a) Too much money may encourage a local NGO to overextend itself and lose sight of its primary mission for the sake of augmentation of resources.
- b) Attracted by the sudden availability of funds, new NGOs appear within the targetted areas and in the sector of veterinary health. These NGOs vye for funding with other local groups. These "new NGOs" might be either PSCs, contractors in the development "racket" who seek to implement activities where current funding is easily available; or they may be GONGOs, set up specifically by the government to channel funds for government "top-down" programs. The potential for this latter situation is heightened because there is only one central control point for the funding, i.e., a particular division in the Ministry of Health. A single decision point creates a total monopoly on NGO financial resources, nullifying the possibility that multiple perspectives and values will be entertained.

Possible Outcomes: If the situation presented is not monitored closely, replicability of SCENARIO 2 may be truncated. Funding for an NGO activity such as this should be decentralized and dispersed through local health systems, not centrally controlled.

In any effort which involves local empowerment, the danger of involving contractual NGOs, such as PSCs, or NGO variants, such as GONGOs, is that these NGOs may not possess the genuine commitment of the development catalyst VOs, other NGOs and specific animal health specialists who work in that community. This knowledge of the community and the reciprocal exchange of trust between farmers and community leaders also will be missing, and it was that dynamic which was the reason for program success.

STEP 4: Replicability in SCENARIO 2 is also conducive to a multiplication of interlocking NGOs that are capable of influencing macro-scale processes, mobilizing human resources, developing alliances and networks.

Based on a study of NGOs in Latin America, Annis (1987) argues that such a process is already occurring; his argument starts with asking "how large can small become, ultimately?" this author contends that as a result of the expansion of "webs" of locally-based NGOs that have "thickened" and entered in relationships with the public sector, small interventions tend to become institutionalized, reach a larger number of people, transfer more political power to the poor, and create the premises for making small scale change into large scale development policy.

Korten (1987) postulates that as NGOs become more fully committed to these developmental strategies⁶ they will find themselves acting more as catalysts and less as operational service-delivery providers. As catalysts, they will begin to focus more on facilitating the development by public and private entities, of the capacities, commitments and linkages needed to respond on a sustained basis to specific needs.

This by necessity means a closer working relationship with governments to help achieve more effective results from service delivery programs. Government programs may have the financial resources necessary for broader impact, but execution can be inefficient. In addition, institutions and policies in place may work to discourage self-reliant local initiative that could produce effective local resource mobilization. For instance, there may be no provision for independent local groups to obtain legal recognition or enforceable rights to water or government regulated forest lands. Moreover, the uneasy relationship between government and NGOs common to some countries in the Region presents serious challenges to collaboration.

This is an area where PAHO should be ready to help both NGOs and governments overcome mutual suspicion which might characterize the relationship between the two sectors.

⁶ Korten has identified three orientations of NGO activities. "First Generation" strategies are used by NGOs oriented towards providing relief and welfare; "second generation" strategies are used by NGOs oriented towards local self-reliance; "third generation" strategies are those which focus on facilitating sustainable policy and institutional changes on a local or national basis. These strategies are not self-excluding, and all three can co-exist within one NGO.

CHAPTER 3

OPERATIONALIZING THE INITIATIVE

Today, PAHO is strategically positioned to act in the capacity of a developmental catalyst organization that seeks to create an enabling environment in which NGOs can be brought into the mainstream of health development activities, as full partners in this process.

This chapter will attempt to crystallize the various roles PAHO can assume in expanding the nature of its technical collaboration, so as to systematically encourage governments and NGOs to mutually draw on one another's strengths in contributing to national health strategies.

It will do so by providing specific examples of actual activities and projects to illustrate:

1. The potential role of PAHO/WHO Country Representation Offices;
2. The potential role of PAHO Technical Units at Headquarters and at PAHO's Scientific and Technical Centers;
3. The potential role of Coordinating Units at Headquarters, specifically, the Office of External Relations Coordination (DEC).

1. The Potential Role of PAHO/WHO Country Representation Offices

PAHO's technical collaboration activities are country-based. This orientation places the Office of the PWR in a key position with respect to all PAHO activities, and it becomes especially critical in the initiative to facilitate governmental-nongovernmental partnerships at the country level, which is what is being sought. At this country level, the PWR is knowledgeable about the host country's health profile, including knowledge of mortality and morbidity trends and their accompanying factors, as well as specific epidemiological patterns of illness and disease. The PWR is also aware of the government's available health services, infrastructure and related health service delivery capabilities. PWRs, moreover, are attuned to the changing political, economic and social trends within the host country, and it is this knowledge which becomes critical in assessing the mutual willingness of governmental and nongovernmental entities to collaborate with one another. Thus, PWRs, as facilitators of this process, can become a determining factor in the success of governmental-nongovernmental dialogue and subsequent action.

Prior to any formalized PAHO initiative to encourage them to do so, many PWRs have made it a priority to become knowledgeable about "Who's Who" among the NGOs working in health in their host countries. In some cases this task is daunting, considering the number of NGOs that

spring up, almost on a daily basis in some places. But this information becomes invaluable to an initiative such as the one being discussed in this paper, for a number of reasons:

- i) It provides a reference point for understanding the dynamics that motivate the work of these NGOs, an understanding that, as has been emphasized in the first chapter of this paper, is critical to assessing their potential as partners in health.
- ii) It can give additional information as to the strengths and weaknesses of public and private health systems; in general, people form NGOs in response to a felt need that is not being addressed by existing systems.

The speed and the mode with which the PWR can act to catalyze this process of mutual governmental/NGO collaboration will necessarily vary from one country to another. In all cases, knowledge of the NGOs working in health in each Member Country is the first step. This identification process, already underway in collaboration with DEC at Headquarters, will be an ongoing one. In addition to being a necessary precursor to subsequent action to increase the scope of government/NGO collaboration, such information will facilitate information exchange and possibly the creation of new working relationships between NGOs in developed countries, i.e., "Northern NGOs", and national and local "Southern NGOs."

In an increasing number of countries throughout the Region, PWRs are exercising a leadership role in coordinating government-NGO dialogue and planning. In 1989 in Trinidad and Tobago, the PWR Office, in collaboration with the Ministry of Health, and the Ministry of Social Development and Family Services, organized a 2 day conference entitled "Strengthening NGOs: A Strategy for Cooperation in Health." Attended by governmental representatives and those from 69 NGOs, its purpose was to facilitate dialogue on strategies of cooperation, with an emphasis on the role of NGOs in primary health care and community based action. As a result of this Conference, an Ad Hoc Committee of NGOs, representatives from government Ministries, and the PWR, continue to meet once a month to plan strategies, exchange information, and explore ways to mobilize human and financial resources.

Similarly, in Belize in June of 1990, the PWR Office helped finance and facilitate a five-day meeting at which local governments, NGOs and Ministerial staff, including the Minister of Health, reviewed, debated and discussed the four year health plan for the country. The revised four-year plan included the input of all groups, and, to ensure subsequent Ministerial action on the recommendations, created a follow-up committee composed of NGOs and local district government representatives. Although the size of Belize facilitates such country-wide discussion and action, similar meetings can take place within specific health sub-sectors in a larger country.

In Chile, the PWR has also taken an active role in initiating the dialogue between governmental and nongovernmental entities working in health by financially and technically supporting a two-day seminar on "Health Policies and NGOs" in October, 1990.

All three of these examples enhance the potential for mutual collaboration in countries where governments and NGOs are ready to review how they might best work together for common objectives. They also may serve as models to coax more reluctant governments to seek NGO collaboration, and to educate NGOs about the necessity of regarding themselves as part of a national and global health effort. This process may, in the case of reticent governments and NGOs, take a considerable amount of time and effort.

As the PWR Office becomes familiar with NGOs active in health care and health awareness, and as the climate in Member Countries becomes more conducive to dialogue and coordination, another role can be created for the PWR which will serve to mobilize additional resources to the health sector of the host country. PROPOSAL 1 presents a synopsis of an NGO project presented by the Caribbean Association for Feminist Research and Action (CAFRA), to the PWR Office in Port of Spain. As cited in the synopsis, the primary purpose of this project, Women and Law, is "to narrow the gap between the legal institutions and rural low-income women through the planned development of educational and service-oriented strategies to enable women to make meaningful decisions in key areas of their lives (e.g. family, work, sexual and domestic violence, etc.)". In this case, the project also serves as an example of the breadth of the concept of health because it goes beyond the definition of health as absence of illness, to encompass health as overall well-being.

Ideally, the PWR of a given country would ensure that the host government supports an NGO initiative before sending a proposal to Headquarters for review. In this way, the PWR can provide the necessary assurance of governmental openness towards working with that NGO as a partner in a prioritized health-related area. Moreover, by virtue of the PWR's awareness of host country needs, technical and coordinating units receiving the project at Headquarters can be confident that the action or service being proposed by the NGO does not overlap with or duplicate similar efforts. Thus, in the case just cited, the unit for Women, Health and Development (PWD), as well as the Coordinating Units of the Legal Office (DLA) and the Office of External Coordination (DEC), would be in a position to review the project and subsequently seek financial resources to support it, with the assurance that there had been a dialogue between the Member Country government and CAFRA, the NGO executing the action. This was in fact the situation.

Often, however, an NGO will send a project initially to a technical or coordinating unit at Headquarters. PROPOSAL 2 is an example of a project sent to PAHO Headquarters directly from CORA, a Mexican NGO working in adolescent development. In such a case, the receiving unit might review the proposal, and, if it deems the project to be technically and financially viable, then submit it to the PWR Office in Mexico for

its review. The PWR then would review the project in the light of CORA's track record in this field, as well as for project concordance with Mexican health priorities. Moreover, the PWR would also ascertain that the project filled an existing gap in health service delivery, in this case, adolescent health, and that it is supported by the government.

In the case of a favorable review, the PWR together with the technical and coordinating units at Headquarters, might explore possible avenues of support. This includes consideration of national private sector sources as well as the more frequent pursuit of multilateral or bilateral support. New initiatives to draw upon private sector sources in the country concerned will be pursued wherever feasible, as discussed subsequently.

As is the case for all PAHO technical collaboration activities in Member Countries, efforts to foment dialogue between government and NGOs will be most effective when technical and coordinating units at Headquarters work in tandem with PWR Offices at the country level. Although this chapter, for the sake of clarity, separately discusses the respective roles of PWR, technical and coordinating units, in reality the three must work in close coordination with one another. Thus, whereas government-NGO collaboration can be initiated by any of the three (i.e. at country, technical or coordinating levels), it is ultimately at the country level that the action occurs.

2. The Potential Role of PAHO Technical Units at Headquarters and at PAHO's Scientific and Technical Centers

The role of the technical units and regional centers with respect to NGOs is similar, due to their concentration within a specific technical area.

A number of technical units at Headquarters periodically collaborate on specific activities with NGOs. In many cases, however, these NGOs are either International with local affiliates at the country level, such as the Red Cross, World Vision, and Rotary International; or interamerican, such as Partners of the Americas, ULACETS (Union Latinoamericana contra Enfermedades de Transmisión Sexual), and FEPPEN (Federación Panamericana de Profesionales de Enfermería).

In the case of Regional Centers, there are more linkages with national and community-based NGOs working in particular areas of expertise. As PAHO becomes more knowledgeable about the identity and dynamics of NGOs at the country level working in health, it will be able to do much more to foster linkages and commitments between government health programs and grassroots NGO activities in health. PROPOSAL 3 is an example of a project conceptualized and written at PAHO Headquarters in the technical unit for Environmental Health (HPE). In this specific case, HPE and DEC collaborated in the inclusion of a strong community-based component, so as to make the project more responsive to its beneficiaries. The project is an example not only of how technical and coordinating units at Headquarters can work together on a specific

activity, but also of how such collaboration includes others who are essential to the technical success of the effort: the country-based technical counterpart in the Office of the PWR, a specialized Mexican national university, and a PAHO Regional Center, in this case, CEPIS in Lima.

Although this sanitation project for extreme gradient terrain is technically and financially viable and could easily be implemented without any community input, economic development literature (Salmen, 1987) points to many examples of projects worth millions of dollars which have failed because they neglected to take into account how a particular project activity was perceived by the beneficiary group. In this case, the group is the people living on the slope itself, and the sanitation project sets in motion processes whereby these people become increasingly able to improve their own living conditions. Thus, a key to the project's success lies in the degree to which the beneficiaries of the system accept and utilize it. Moreover, inclusion of the community as participants in the project can serve to galvanize a more responsible approach to their own individual and family health care.

Inclusion of NGOs in the activity of a technical unit can be sought at any of the following stages:

- i) At the initial identification and design stage of a health activity. To take the example of CAFRA (PROPOSAL 1), the technical unit for Women, Health and Development (FWD) could have contracted this NGO to conduct Phase One only, the preliminary research and subsequent preparation of the Women and Law project.
- ii) At the project implementation stage. Again, using the example of CAFRA, FWD could contract the NGO to plan and carry out the Meetings of the Regional Rape Crisis Centers, or the production of the popular educational materials.
- iii) At the evaluation and monitoring stage. Using the example of the Demonstration project for Extreme Gradient Sewers, Environmental Health (HPE) could conduct a pre and post test assessment of the community to assess the acceptability and use of the system. It might do this by a Personal Services Contract with an individual leader in the community, or with one of the project's local staff.

The ideal situation, however, is to work towards the inclusion of NGOs as partners in project activity from the very beginning, at the initial design and planning stages. Aside from increasing the possible impact and sustainability of the specific project or activity, the inclusion of NGOs, especially at the initial stages, is of vital importance to the subsequent willingness of governments and NGOs to work with one another because it foments dialogue and creates mechanisms for consultation. On the government side, it provides a basis whereby these

public officials can be informed about NGO activities and motivations; on the NGO side, it engenders awareness of the importance of their work as a national endeavor.

The discussion up to now has focused on the need for technical units at Headquarters and Country Offices to seek, where relevant, the input of NGOs as partners in planning and activity execution. But there have also been cases where NGOs at the country level, as well as at the international level, have aggressively sought PAHO's recognition and financial support, and at times, its technical advice. Thus, PAHO has found itself advising NGOs on the orientation, technical feasibility and project design of their work, much the way it works with Member Governments. Examples here include NGOs working in Emergency Preparedness and Disaster Relief, and in HIV infection and AIDS.

In the case of the former, PAHO's technical unit for Emergency Preparedness and Disaster Relief (PED) has had to be wary of endorsing or supporting the work of Voluntary Service Delivery Organizations (see Chapter 1, page 12) and Public Service Contractors (see Chapter 1, page 16) who deliberately or unwittingly offer immediate relief in an emergency situation, but are not developmentally oriented. For example, in the case of numerous groups that work with refugees in Central America, many are the recipients and subsequent distributors of pharmaceuticals with lapsed expiration dates, or inappropriate or damaged technological equipment, or of equipment that lies untouched because of the unavailability of local trained personnel that know how to use it. There is also the problem related to upkeep and maintenance of imported technological "advances".

Nevertheless, PED has been very active in participating in opportunities for dialogue with relief-oriented NGOs and is playing a catalytic role in raising their awareness of the need to move from immediate relief-oriented agencies to local capacity building entities.

In the case of HIV infection, over the past five years, there has been an explosion world-wide of NGOs working at all levels of the pandemic: education and prevention; research; care of the infected; and advocacy. With the onset of AIDS in the Region, PAHO's AIDS Program initially responded by providing countries with technical and financial support to set up short term plans (STPs). STPs were immediate responses to an emergency situation, to enable governments to activate country-wide diagnostic assessment and blood safety control capabilities, and education and prevention campaigns.

Early on, while PAHO collaborated with governments to respond to the epidemic, a parallel community-based response was occurring within Member Countries, catalyzed by individuals who had lost loved ones to AIDS. Initially, these groups were formed by individuals who themselves felt marginalized by societal norms that stigmatized their personal sexual preferences and behaviors. Many such groups have become increasingly skilled at organizing and mobilizing awareness and response to AIDS, and in advocating for compassion and human rights. Moreover,

many of these newly formed NGOs voiced frustration with top-down governmental programs, expensive and ineffective AIDS education campaigns, and continued ostracism by the very national programs that were created to respond to the epidemic.

The PAHO AIDS Program was faced with the need to adapt its medical-technical response to include psychosocial (education-prevention and support groups) and economic (home-based care) responses, and to urge National AIDS Programs to seek NGO support in these two latter areas. Moreover, in advocating inclusion of NGOs working in AIDS in the National AIDS Programs, PAHO had to coax overtly homosexual groups to seek input from NGOs working in maternal-child health, women's health, and adolescent development programs, as these execute activities with populations that, for psychosocial and economic reasons, are at risk for HIV. In addition, the AIDS program has assisted in strengthening local NGO capacity by facilitating links between local groups and NGOs in developed countries, exemplified in PROPOSAL 4.

On the other hand, PAHO has had to be wary of PSCs (Private Service Contractors), who develop AIDS projects to pursue new funding; of GONGOS, formed by governments as a way of funnelling bilateral or multilateral funds without developing community-based programs (see pg. 18); and DONGOS, formed locally with sole source funds from a particular donor in response rather than community-based needs (see pp. 18-19).

These have been lessons quickly learned out of necessity. Yet by now, almost all MTPs (Medium-Term Plans) developed by National AIDS Programs in collaboration with PAHO, have components to be designed and executed by NGOs.

Thus, in the case of PED and STD/HIV, these technical programs have had to take account of emotionally catalyzed responses to tragedy by organized groups of people: in one case, response to natural or man-made disasters; in the other, response to a socially stigmatized and fatal virus. PAHO has helped to channel these responses into effective programmatic action. In both cases, resource mobilization has incorporated the need to support both governmental and non-governmental activities, which in turn has brought both sectors together to dialogue and plan these activities.

Until now, this section has explored several ways in which PAHO technical units, both at Headquarters and at the Country level, can foment partnerships in health with NGOs.

A new role for governmental-NGO-PAHO collaboration is rapidly emerging, stimulated by the well-publicized growth of debt conversions. Rather than delving into the conceptual underpinnings and practical justifications of debt swaps, which has been done elsewhere (Debt For Health Conversion, March, 1990, DAP, PAHO), the role of the technical units and NGOs in such an arrangement will be highlighted through the example of such a transaction currently being finalized in Ecuador.

In the latter part of 1988, the Canadian Health Advisory Consortium (CHAC), a Canadian NGO, visited Ecuador to explore the potential for collaboration with a private group of Ecuadorean odontologists. Parties were interested in collaborating in the execution of oral health programs in the country, and they sought the advice of the Ecuadorean Minister of Health as to what mechanism might be available to finance such work. He, in turn, suggested to CHAC that it take advantage of debt conversion arrangements currently available through the Ecuadorean Central Bank, and channel the funds through an Ecuadorean NGO rather than directly through the Ministry.

CHAC then sought funds from bilateral and multilateral donors, bought CAN \$5 million of Ecuadorean debt on the secondary market from a bank holding this debt, for CAN \$780,000 in hard currency. This debt was converted into the local currency equivalent of CAN \$5 million, to be disbursed by the Ecuadorean Central Bank in six month installments, undisbursed balances earning a 38% rate of interest. The acquired local currency funds are to be administered through the Fundación Eugenio Espejo, an Ecuadorean NGO that develops and executes health programs in the country.

The Ministry of Health sought PAHO's technical support in elaborating the project, in collaboration with Ecuadorean odontologists at the WHO Collaborating Center for Oral Health in Quito. In addition, CHAC sought PAHO's assurance as to the expertise and organizational integrity of the Fundación Eugenio Espejo, the NGO charged with administering the program. PAHO's presence thus facilitated a key element of trust needed for such transactions to take place. PAHO assisted in the design of the project itself; it assured the Ecuadorean Ministry that the funds transacted would, in fact, be used to finance the local currency costs of the domestic programs in Oral Health; and it reassured the Canadian NGO that the Ecuadorean NGO was deserving of substantial support.

As discussed in the document Debt for Health Conversion, all parties involved benefit from the transaction: debt holders are able to be paid in hard currency for a debt at risk; the purchaser of the debt in effect receives an exceptionally favorable exchange rate, obtaining substantial amounts of local currency with limited funds. In the case of CHAC, where a debt worth CAN \$5 million was purchased for CAN \$780,000, CHAC potentially will receive over 6 times more Ecuadorian Sucres than it donated. Governments reduce their external debts, and improve the health service capacity of their countries. But most importantly, the health profile of the people in the recipient Member Countries is improved, and, where local NGOs are involved, these improvements are designed and executed through their own organized community based efforts - the local NGOs that represent them.

In the realm of debt swaps for health, PAHO's technical units and Regional Centers have an important role to play in assisting governmental and nongovernmental organizations in Member Countries develop high quality projects that respond to health priorities and which can be funded through these transactions. Whether PAHO chooses to exercise an active or passive role in facilitating such swaps, national and international nongovernmental organizations are key players in these transactions, and both technical and coordinating units in the Organization will need to become familiar with these NGOs and their capabilities.

3. The Role of the Office of External Relations Coordination (DEC)

DEC is the focal point within PAHO for coordinating cooperation activities between PAHO and other agencies geared to mobilizing technical and financial resources for health programs of Member Countries. These agencies include bilateral and multilateral international organizations, including banks. DEC is also responsible for promoting involvement of nongovernmental organizations in support of health strategies in Member Governments. However, up to now, DEC's work with NGOs has been less systematic and consistent than it has been for bilateral and multilateral agencies for three main reasons:

1. PAHO, traditionally an intergovernmental agency, has emphasized collaboration with governments, mobilizing financial resources for the development of health programs executed in collaboration with the Ministries of Health. PAHO has not channelled funds directly to NGOs, and involvement of NGOs in PAHO's operations, aside from informal consultations, has been with the approval of Member Governments.

2. In Latin and Central America in particular, and to some extent in the Caribbean, NGOs have often been antigovernmental, colliding head-on with what was perceived by them to be inefficient and corrupt use of resources by political office holders. PAHO, as an agency formed to strengthen the capacity of public health systems, has shied away from becoming embroiled in political in-fighting between governments and antagonistic NGOs.

3. Over the past ten years, there has been a proliferation of NGOs working in health in the Region of the Americas. These NGOs come in all shapes and sizes, ranging from an organized neighborhood group that registers itself with the local authorities, such as might ensue from the project in PROPOSAL 3; to large federations of similarly specialized professionals, such as FEPPEN (Federación Panamericana de Profesionales de Enfermería); to umbrella organizations made up of numerous NGOs with similar missions (such as CAFRA, PROPOSAL 1). Keeping track of the number and diversity of these NGOs has been impossible for DEC, with limited staff and resources. Thus, it has restricted its work in this area to promote interinstitutional action in health with international and interamerican NGOs in official or working relations with PAHO, and at times, has sought funding for health programs from a few large foundations in developed countries.

Increasingly, PAHO has recognized the fact that the ability to respond consistently and effectively to the health needs of Member Countries necessitates a review of the relationship between PAHO, its Member States and NGOs. In addition, a conscious step by PAHO in this review requires a process of self-examination within the Organization. PAHO internally must review how it works with NGOs and consider how it might improve the effectiveness of its programmatic initiatives while at the same time safeguarding its primary relationship with Member Governments.

Such a self-examination might consider the principle that "health care cannot successfully be delivered as a gift; communities must adopt it for themselves and sustain it by their own efforts, to accord with their own customs and to meet their own needs" (Background Paper for 38WHA/Technical Discussions/1, 15/02/85). This critical statement challenges PAHO to look at the terms of the health engagement. Health is not a gift. It is not granted by Member Governments, or by Member Governments in collaboration with PAHO, or by multilateral or bilateral agencies, or by "Northern" (i.e., developed country) NGOs⁷ with "money in search of its Third World" (Kouchner, 1986). If universal health care objectives are to be attained, health care initiatives and programs must be driven by the demand of those who receive it, guided by a framework of health priorities established by the government.

DEC, as the coordinating unit for this effort at PAHO, is now in a position to promote, coordinate and accelerate country, sub-regional and regional activities with NGOs in close collaboration with relevant Representative Offices. In addition, DEC is providing internal support to technical units that request information about NGOs, increasing in-house awareness of the advantages of including NGOs in project activities. Finally, as the unit responsible for resource mobilization, DEC is seeking creative financing mechanisms for funding NGO activities, in close collaboration with other technical units and Representation Offices.

⁷ At the World Development/Overseas Development Institute Conference in London in 1987, Latin American NGOs challenged Northern NGOs to "back off", demanding that the latter learn to work with Third World NGOs as partners rather than beneficiaries, and channel funds and technical assistance at the request of Latin American NGOs and on their terms (Yudelman, 1989).

INFORMATION AND PROMOTION

1. Knowledge of NGOs working in health in the Region is a prerequisite for technical and resource mobilization to Member Countries. With the collaboration of PWRs, Regional Centers and Program Coordinators at Headquarters, DEC is rapidly gathering information on NGOs by country, health sector, local area serviced by their activities, and forms of collaboration, if any, with PAHO and its Member Governments. This information will be connected by the LAN (Local Area Network) so that PAHO staff can readily access information on country-based NGOs in specific fields of interest. DEC will also, if necessary, assist technical units in identifying the dynamics that motivate NGOs, as discussed in Chapter 1, in order to ascertain which, if any, would be best suited for the health objectives being sought. This information will be of use not only to PAHO, but also to bilateral and multilateral organizations and international NGOs interested in learning about health projects in the Region.

2. DEC, in collaboration with PWRs and technical units, is promoting and organizing opportunities for policy dialogue between governments and NGOs. Most of these opportunities take place at the country level, where DEC and the PWR jointly work to organize such meetings and working groups.

FINANCIAL RESOURCE MOBILIZATION

DEC receives proposals from NGOs in the following fashion:

- from Member Governments and NGOs, through the PWR, as in PROPOSAL 1;
- from the technical unit or collaborating center, as in PROPOSALS 3 and 4;
- from the NGO directly, as in PROPOSALS 2 and 5.

Once a proposal has received an informal favorable review by all concerned, DEC reduces it to a question-and-answer synopsis for presentation to potential donors, as exemplified in synopses of proposals used as the basis for discussion in this chapter. In the event of donor interest in a particular project, the fully developed proposal can be submitted. Submission to PAHO's internal Project Review Process will depend upon the financing mechanism to be used.

PAHO's support for NGO projects is contingent upon the fulfillment of the following prerequisites:

- the project must be in concordance with the priorities established for the health sector of the relevant Member Government;

- the NGO activity must not duplicate or negate other efforts to meet these priorities;
- the Member Government must be fully aware of the goals and methods of the project.

Given these prerequisites, there are various channels by which resources can be mobilized to finance NGO health activities in Member Countries, depending on the nature of the project as well as donor preferences. The synopsis provided in the Appendix for Saude e Alegria, PROPOSAL 5, illustrates possible mechanisms for funding the project.

1. Having conducted a technical review of the project, PAHO may seek bilateral or multilateral funds to finance the project, and channel the money to the NGO through the Ministry of Health in Brasilia. The issue of funding NGOs through this mechanism becomes a serious challenge, as it is important to maintain an enabling environment in which Saude e Alegria can carry out its mission without turning this autonomous entity into a de facto branch of government. To summarize, funding of NGOs by PAHO-to-government transfers of money to be reallocated by the recipient government to the NGO can inadvertently compromise the essential role of NGOs--that of strengthening people's capacity to participate in matters that affect them.

2. Saude e Alegria has proposed an integrated approach to health care, incorporating an array of PAHO's program priorities, with an emphasis on community participation in primary health care. PAHO may wish to secure extrabudgetary funds to finance the NGO in the form of a fund or grant, to be administered through the PWR Office. This would necessitate formal internal PAHO review of the project, as well as the administrative and monitoring responsibility for it.

3. PAHO may seek support for Saude e Alegria from a developed country NGO in Europe or North America, for example. However, a donor NGO is more likely to finance this Brazilian NGO directly, rather than go through PAHO. In this case, PAHO would act as a facilitator for a partnership between the NGO donor and the NGO recipient. The benefit for PAHO in brokering such partnerships is that it enhances its credibility as a health-oriented institution that can be trusted to seek projects that are truly responsive to the needs of the poor. However, other than facilitating the mobilization of resources to Saude e Alegria, PAHO would have no administrative or monitoring responsibility for its activities.

4. PAHO may decide to take an active role in the debt-for-health swaps, discussed on pages 43 and 44. Brazil has established a formal, market-based mechanism for debt conversions (World Bank, March 1990), so DEC may seek holders of Brazilian debt to donate a discounted debt instrument in exchange for Saude e Alegria's activities, executed in Cruzados. DEC would then also seek international NGO and/or bilateral and multilateral donors to provide funds for the purchase of the debt at the discounted market rate.

5. PAHO may seek to establish a special trust or fund for NGO health projects. Such a fund could be regional, sub-regional or country specific, and could be separate or included within other PAHO activities, such as the sub-regional initiatives currently in place.

In addition to seeking funds from bilateral, multilateral and/or international NGOs and corporate foundations, DEC can begin to examine possibilities for matching Member Government funds, with those from nationally-based corporations and foundations. In Mexico, for example, a recently published Directory of Philanthropic Institutions lists 608 such agencies that support Mexican efforts in health, environment, education, human rights, research and technology, and the arts. (Centro Mexicano de Instituciones Filantrópicas, A.C., 1990). Nationally based foundations such as the Fundación Carvajal, in Cali, Colombia, the Fundación San Gabriel, in La Paz, Bolivia, and the Fundación "Hermano Miguel", in Quito, Ecuador, are but three examples of private sector initiatives in health at the country level.

As emphasized in the first chapter of this paper, PAHO, specifically the PWR in collaboration with DEC, should work towards seeking linkages with national private sector entities that are in a position to technically and financially assist indigenous NGO activities in health.

TECHNICAL RESOURCE MOBILIZATION

DEC is charged with facilitating the mobilization of technical expertise to Member Countries. Up to now, activities developed within the TCDC (Technical Collaboration among Developing Countries) mandate have focused on strengthening the ability of the Ministries of Health to respond to the health needs of its people.

However, if PAHO is to foster systematic health partnerships between governmental and nongovernmental organizations, it must also seek to contribute to the ability of NGOs, especially those which have formed as a response to community based needs, to improve their capacity to seek resources, and to administer these resources in an efficient manner. Many such NGOs have institutional needs which could be addressed by specific forms of technical assistance in accounting and record keeping. Many need to learn about strategy formulation, organizational development, grant-writing and budget preparation.

Currently, DEC is working to organize and facilitate 2 to 3 day seminars in selected countries, specifically for NGO personnel who wish to participate, to learn from one another about necessary legal and administrative requirements, project and budget development, project monitoring, evaluation and report-writing.

The issue of NGO support raises the closely related concern about evaluation of their activities. How should PAHO, or any other public or private organization, evaluate NGO performance?

The answer depends on why NGO participation is sought. This is why it is so critical to understand the dynamics that underlie the different entities in the NGO sectors, as outlined in Chapter 1.

For example, earlier in this paper, one of the characteristics used to describe VOs was that their contributions are elusive and not easily assessed. Clearly, it is difficult to evaluate a developmental catalyst organization, except in terms of mutually agreed upon developmental values and objectives. That is, the developmental catalyst VO is accountable for its ability to unite people, other than its own members, around a specific value or vision. It should not be evaluated according to a specific output or service, as one might evaluate a Private Service Contractor (PSC). One would not expect a VO to build a bridge, a technically complex task better suited to a commercial firm or a PSC. Conversely, the latter two entities cannot be evaluated for their ability to catalyze a community into action.

The test of a People's Organization (PO), on the other hand, is its ability to survive as an institution serving its members, and evaluation of it should focus on this underlying *raison d'etre*.

In conclusion, the issue of evaluation is of critical importance. Criteria derived should be the product of mutual agreement prior to the initiation of Government-NGO, or Government-PAHO-NGO activities. In addition, accurate understanding of the nature of an NGO is successful partnerships in health.

CHAPTER 4

HOW OTHER UN-RELATED AGENCIES WORK WITH NGOS

This chapter presents a brief overview of operational collaboration with NGOs in a sample of UN-related international organizations. The chapter does not pretend to give a comprehensive analysis of policies governing these relationships, although these will be succinctly reviewed for each organization. Particular emphasis will be given to policies emanating from the World Health Organization, and from PAHO as its Regional Office in the Americas.

United Nations Development Program (UNDP)

UNDP is a field-based organization working through a worldwide network of 112 offices covering 152 developing countries and territories. The organization has made a commitment to people-centered activities, particularly grassroots community initiatives. In order to effectively execute this commitment, UNDP recently established a Division for NGOs in its New York headquarters⁸, appointed focal points for NGO relations in the regional field offices, and, in 1988, initiated the Partners in Development Program. The Partnership Program seeks to promote NGO-government cooperation in small-scale activities. Administered through the UNDP Resident Representative, the Program allots \$25,000 per country to directly support NGO activities. Thus, the UNDP Representative by necessity, must seek out deserving NGOs and award these grants. To date, 80% of all awards have supported development activities by grassroots and other NGOs.

Under current regulations, NGOs cannot serve as executing agencies⁹, although they are becoming increasingly involved in project implementation, mainly as subcontractors to a specialized agency or as an implementing agency designated by the recipient government. Many NGOs take the initiative to interest UNDP or a specialized agency in a project idea.

At present, UNDP is exploring ways of simplifying procedures to make multilateral cooperation less complex and burdensome for NGOs. Because UNDP has found that NGOs defy "pigeon-holing", it has shied away from the development of NGO taxonomies or classifications of NGOs, under the impression that these can act as constraints on activities in the field. (Sally Timpson, NGO Division Chief, UNDP, Personal Communication 02/06/90).

⁸ More than 40 field offices are gathering data on development NGOs operating in their countries, with software developed by this Division.

⁹ An executing agency is authorized to be the primary recipient of multilateral or bilateral funds.

The World Bank¹⁰

A specialized agency of the U.N., the Bank is a family of multilateral financing institutions formed by its Member Governments to promote broad-based economic development and to alleviate poverty. In the past ten years, the Bank has made noticeable efforts to reach out to NGOs in non-commercially oriented sectors such as health. In August, 1988, the Bank issued an Operational Manual Statement (See Annex) on collaboration with NGOs. The purpose of the statement was to show how NGOs may benefit the operational work of the Bank by assisting staff in advising governments regarding the "use of NGOs for Bank financed activities" (p. 1). After listing the advantages and constraints of working with NGOs, the statement (pp. 2 - 3), sets forth various types of collaboration with NGOs organized by phase of the project cycle.

The Bank has created a central NGO division in the Office of Strategic Planning and Review (SPRIE) which has the primary responsibility for developing the Bank's policy towards NGOs. SPRIE also serves as a general liaison between NGOs and the Bank, and as Bank Secretariat to a Bank-NGO Committee¹¹. Moreover, SPRIE has developed a data base on Bank projects involving NGOs and the NGOs with which the Bank has had dealings. Unlike UNDP where such data bases are decentralized throughout the offices of the Resident Representatives, the Bank has centralized this information in an effort to help systematize and monitor NGO involvement in Bank projects.

As of the end of 1989, a total number of 202 Bank projects involved NGOs, principally as project executors (Salmen and Eaves, 1989). Of this number, only 27 (13%) were in the Latin American/Caribbean Region, and a fraction of these involved health. It is important to emphasize that the Bank comprises lending institutions which provide loans and credits to developing countries albeit at relatively low rates of interest and on long term maturities. Health was not traditionally considered a "bankable" sector, but many within the Bank have come to the realization that improved health care is a key to sustainable economic growth in developing countries. A consequence of this is the Bank's increase of activity in the Division for Population, Health and Nutrition, as well as its push to initiate Social Investment Funds which heavily emphasize lending for health systems infrastructure development.

¹⁰ The term "World Bank" is usually reserved for the two major lending arms of the World Bank Group, the IBRD and IDA, which provide funding to Governments for development activities on respectively commercial terms and soft, almost grant-like, terms.

¹¹ Established in 1982, the Committee is currently composed of 26 leaders from NGOs and NGO consortia throughout the world and senior Bank staff. The objectives of the Committee are to encourage dialogue between Bank and NGOs on broad issues of development policy, facilitate operational collaboration and promote cooperation in development education (World Bank, SecM89-161,13/03/89).

Although policy guidelines clearly state that the Bank's primary relationships are with governments, the ultimate borrowers, these same guidelines go on to emphasize that collaboration with NGOs can improve the effectiveness of many Bank-supported operations, particularly in terms of increasing the long-term sustainability of development initiatives and alleviating poverty.

"Because of the Bank's relationship to its member governments, staff must operate in the framework of the relevant government's policies regarding NGOs. Given the potential benefit from selective NGO involvement in development activities, staff should encourage constructive working relationships among governments, donors and NGOs. The Bank may provide advice to interested governments on approaches and policies for encouraging the development of indigenous NGOs as effective development agents" (OD 14.70, p. 4, para. 10).

The Bank has developed a typology in order to guide operational work involving NGOs, and this is included in the Annex.

UNICEF

A specialized UN agency that focuses on all aspects of child welfare, UNICEF is one of the smaller organizations in the UN family. PAHO's ties to UNICEF are strengthened by mutual interest in child survival and development.¹²

UNICEF's core staff of about 500 professionals is spread over nearly 120 developing countries; if only by necessity, this staff has links with the universe of organizations known as "NGOs". These links have been critically important because NGOs are instrumental in UNICEF's drive to communicate with parents about child health and welfare and generate a demand for basic services.

¹² UNICEF's association with PAHO is growing at the Regional and local levels. For example, the joint program of priority health needs in Central America and Panama includes an important component of child survival activities. In addition, PAHO and UNICEF join efforts on fund-raising missions to European countries (UN E/ICEF/1985/7: 12/02/85).

Like UNDP, UNICEF is headquartered in New York, where there is an NGO Division, yet it is a field-based organization. The NGO Division at headquarters actively collaborates with international NGOs that are in consultative status with the United Nations Economic and Social Council (ECOSOC) and/or the UN's various related agencies.¹³

One of the most important areas of NGO/UNICEF cooperation at Headquarters is through the NGO Committee on UNICEF, established in 1949 and composed of international NGOs in consultative status with ECOSOC. From this time, NGOs have actively disseminated information about UNICEF in a number of ways and have supported fundraising initiatives or engaged in them directly, from national campaigns to greeting cards. The NGO Committee's continuing series of resolutions in support of UNICEF and its programs adopted by these international NGOs were key tools in educating their membership and other public opinion not only about UNICEF itself but also about the needs of children.

The Committee, responding to a responsibility to "explore ways in which the special competence and facilities of nongovernmental organizations might be used to a greater extent in cooperation with UNICEF for the improvement of child health and welfare programs", has also set up subcommittees to do this (William Kelmsley, International Conference of Free Trade Unions, 1957). Among some of the program areas in which the

¹³ "Consultative status" is a phrase like "NGO", which is misunderstood or altogether unknown. In the strict sense, it means the special relationship between NGOs and the UN Economic and Social Council (ECOSOC), established by Article 71 of the UN Charter. Its purpose is described in the ECOSOC resolution which regulates its implementation.

"... consultative arrangements are to be made, on the one hand, for the purpose of enabling the Council or one of its bodies to secure expert information or advice from organizations having special competence in the subjects for which consultative arrangements are made, and, on the other hand, to enable organizations which represent important elements of public opinion in a large number of countries to express their views..." (ECOSOC 1296 (XLIV) on consultative arrangements, 23 May 1968, para. 14).

This is essentially the same principle that governs the NGO consultative relationship with WHO and other UN Specialized Agencies, and it is this ECOSOC relationship that becomes the door through which NGOs enter into consultative status with international NGOs.

Under the ECOSOC regulations, international NGOs may be in Category I, general consultative status, Category II, special consultative status, or Roster status, which allows NGOs to make occasional contributions to the work of the UN bodies. Further elaboration of the ECOSOC resolution is in the Appendix.

international NGOs have been working, and for which the NGO Committee facilitated consultation and action have been maternal and child health, disease control campaigns, primary health care, child survival and development, nutrition, education, childhood disability, the rights of the child, and women.

Aside from the relationships with international NGOs at Headquarters, UNICEF field offices have extensive working relationships with local and national NGOs. While UNICEF must work with governments, who must approve of any NGO involvement, UNICEF's interest in cooperation with NGOs has undoubtedly had a positive influence on governments. The UNICEF field officer is usually viewed as a bridge between governments and the NGO sector (Kathleen Peterson, Chief, UNICEF NGO Division, Personal Communication, 02/06/90).

UNICEF has not developed classifications of NGOs, focusing instead on the activities performed by each entity which are related to UNICEF's programmatic concerns. In fact, UNICEF's use of the term "NGO" today rarely distinguishes between NGOs at the national and local levels supportive of UNICEF's programs, and the international NGOs in consultative status with UNICEF. This relationship is not clearly understood, and, according to sources in the organization, has never been fully utilized either by UNICEF or the consultative NGOs themselves. The status with UNICEF seems to have lost much of its original meaning and UNICEF welcomes advice or "expertise" from any organization or group with the necessary competence and experience, whether in consultative status or not.

WHO

From its inception in 1948, WHO has recognized the value of NGOs as potential partners in health. Over the years, the Organization has encouraged practical collaboration in a tripartate effort among governments, WHO and NGOs to implement strategies aimed at achieving "Health For All by the Year 2000".

At Headquarters in Geneva, the NGO Liaison Officer within the External Coordination Unit maintains links with NGOs in "official" relations with WHO, and helps direct NGOs to the relevant operational units. However, it is at the regional and national levels where WHO/NGO

activity is greatest, and Regional Offices have "informal"¹⁴ and "working"¹⁵ relations with an array of national and local NGOs.

Over 150 international NGOs are currently in "official" relations with WHO, meaning that these NGOs are in consultative status with ECOSOC (Footnote 13). As with UNICEF, there are guidelines which govern WHO/NGO relations (See attached WHO Basic Documents, 37th Ed., 1988, pp. 70-71). Although formal relations can only be established with international NGOs, Regional Offices may establish "working" relationships with regional and national NGOs for which there is no international NGO. Moreover, privileges accorded to these regional or national NGOs in "working" relations with the Regional Office are the same as those privileges accorded to those international NGOs in "official" relations with WHO (See Basic Documents, Para. 6.1).

Thus, the principles governing relations between WHO and NGOs (adopted at the 40th WHA, Resolution WHA 40.25) tend to be flexible and broad enough so that, as with UNICEF, effective partnerships at whatever "level" can be initiated and sustained.

Flexibility was also foremost in the intended WHO definition and categorization of NGOs (Background Document for Technical Discussions at 38th WHA, 1985, 15/02/85). Moreover, in "seeking to define what they (NGOs) are and also their relationship to the Global Strategy for Health for All", WHO has focused mainly on programmatic objectives developed by the 5 NGO categories elaborated¹⁶. Consequently, recommendations are

14 "Informal" contacts are those made with NGOs "in order to create mutual understanding and assist in developing mutual interests", and which "frequently take the form of exchanges of information and reciprocal participation at technical meetings. This type of informal contact may continue on an ad hoc basis, without time limit and without written agreement. However, the definition of the broad objectives of collaboration and the possibility of enlarging its scope to include specific joint activities in line with the particular expertise of the nongovernmental organization are also explored at this stage" (WHO Basic Documents, pp. 71-72, Para. 2.3)

15 "Working" relations are established "when a number of specific joint activities have been identified" and "collaboration is taken a stage further by proceeding to a period (usually two years) entered into by an exchange of letters. Such letters set out the agreed basis for the collaboration, indicating details of the activities to be undertaken during the period, providing an estimate of the resources to be supplied by WHO and the NGO, and naming focal points in the NGO and in WHO" (WHO Basic Documents, p. 72, Para 2.4)

16 WHO has derived three categories of NGOs: international, national and local. In addition, it also identified two special types of NGOs, foundations and universities. Elaboration of these categories is found in the Annex.

written with a broad brush, focusing on international and national NGOs, governments and WHO, rather than on examining the types of NGOs which exist within the "NGO universe" in relation to their operational functions and purposes and the way in which these might best contribute to primary health care needs.

PAHO, the WHO Regional Office for the Americas, has formally set up criteria and procedures for establishing working relations with Inter-american NGOs, as well as delineated the privileges accorded to those in "working" relations with the Organization (See attached, XIV Pan American Sanitary Conference, Resolution 28, 10/54; and XX Pan American Sanitary Conference, Resolution CSP20.R20, 03/10/78). These guidelines closely follow those elaborated by ECOSOC and adopted by WHO.

However, much of the activities undertaken at the country level are conducted in an "informal" manner (see footnote 13). This type of collaboration between Member Governments, PAHO and NGOs varies from country to country as well as from one PAHO technical unit to another, and the degree of governmental-NGO activity in relation to health planning and delivery remains undocumented.

SUMMARY

The four UN related institutions in this chapter have the following similarities with respect to their work with nongovernmental organizations:

1. Their mandate is to first and foremost work in collaboration with Member Governments. Thus, all NGO activity with the Organization must be done with the approval of the respective government in which the NGO operates.

2. All four organizations recognize the need to promote the collaboration of national NGOs with national governments, underlining the potential of NGOs in implementing national strategies relative to the developmental mandates of these intergovernmental organizations.

3. All four organizations recognize the difficulties inherent in urging governments and NGOs to enter into operational partnerships with one another. All four have written volumes on the subject, and recognize that the difficulties lie as much with governments as with NGOs, and at times, within the intergovernmental organizations themselves.

4. All four organizations have sought to create mechanisms to facilitate intersectoral partnerships. The Partners in Development Program (UNDP); the Social Investment Funds (World Bank); the NGO Committee on UNICEF; and the Partnership Program specific to NGOs working in AIDS (GPA/WHO) are all examples of organizational endeavors to foster Government/NGO partnership through financing NGO programs consistent with nationally prescribed development strategies.

5. All four recommend that NGOs be brought into the design phase of a proposed activity, emphasizing that to view them only as implementors of already-formulated programs limits their valuable role as partners.

"A recent circular from the UNDP Administrator has urged UNDP's traditional executing agencies to subcontract with NGOs for specialized services, including project design" (UNDP, Partners in Development, 1988, p. 18).

"NGOs have become involved in Bank projects primarily as implementors. Yet, it is in the planning and design stages that the NGO's distinct experience can best be brought into the decision making process regarding projects. The NGO can be more effective during project implementation especially if it had a prior role in the design stage" (Salmen and Eaves, 06/16/89).

"The specific objectives of the partnership in a program or the relationship between the UNICEF program and that of the NGO should be made very clear at the beginning. NGO projects should be their projects, even when UNICEF helps and supports them, or as one field officer put it, "they should not be UNICEF projects that the NGO works in". In other words, the desire of NGOs to maintain their own identity should be understood and respected" (NGO/UNICEF Cooperation: A Historical Perspective, March 1987, pp. 79-80).

"The elements of partnership are a willingness on the part of governments to work with NGOs on the basis of information about their activities and motivation, which is all too often missing at present... a new opportunity is before us to forge a better partnership between NGOs, governments and WHO. Steps should be taken within Member States to examine the present circumstances of NGO activity and to see what must be done to strengthen collaboration at the national level, and to intensify the alliances that are needed for effective cooperation at the village, local and district level. Regional and inter-country mechanisms which are now weak in this area need to be developed in the spirit of technical cooperation among developing countries and in the context of regional strategies... WHO, for its part, will undertake new steps to facilitate and support both its Member States and the NGOs with which it works to bring about this new operational partnership" (Conclusions of Technical Discussions, A38/4, 14/05/85, p. 13).

CONCLUSIONS

The time has come for PAHO to foster NGO-government partnerships in health. This goes beyond rhetoric, and the practical aspects demand analysis and hard work. Strong arguments have been made as to the need for NGO participation to improve the health of supposed beneficiaries - the poor. But caution must be taken that "participation" of NGOs does not turn into a way of making sure that the poor go along with the plans of the planners. Moreover, NGO participation does not lessen the responsibility of the government for the health needs of its citizens. NGOs initiatives are not an alternative to government services. NGOs have limited access to funds, needed technologies, research and other support. Their activities are initiated by leaders committed to a cause, but not necessarily interested in replicating their efforts nationally. This task falls to governments.

In short, NGOs and governments have differing strengths which can shore up one another. In the context of health, there is a clear case for a division of labor that makes maximum use of their differing strengths. PAHO must work to ensure that this natural complementarity is fully utilized for the health of its Member Countries.

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PROPOSAL 1

Country(ies): Caribbean Region

Duration: September 1989 - September, 1992

Title of Project: Women and Law

Primary Objective: To narrow the gap between the legal institutions and rural and low-income women through the planned development of educational and service-oriented strategies to enable women to make meaningful decisions in key areas of their life (e.g. family, work, sexual and domestic violence, etc).

Secondary Objective: To improve the economic and social status of women in the Caribbean by enabling women to make sustained and meaningful impact upon the legislative process through an understanding of the role of law as an agent of change in their society.

Executing Organization: Caribbean Association for Feminist Research and Action (CAFRA), P.O. Bag 442, Tunapuna, Trinidad and Tobago.

Cost of Project: US\$230,000

1. What is CAFRA?

CAFRA (Caribbean Association for Feminist Research and Action) is a non-governmental regional organization composed of women's groups from the Spanish, English, Dutch and French-speaking Caribbean. CAFRA was founded in 1985 to meet the communication, information, research and solidarity needs of women's organizations in this region, as well as to carry out concrete activities that can be put to immediate use by women in their communities.

2. Why the project?

Results of a joint research endeavor in 1987 by CAFRA and the ILSA (Inter-American Legal Services Association) showed a dearth of action around legal services pertaining to women, in particular women from low-income and rural sectors. Furthermore, community-based women's groups in the region working with these sectors identify domestic and sexual violence, family and

labor law, as areas of central concern to these women. Consequently, Women and Law is designed to address the needs of women, who because of socio-economic factors such as income and educational attainment, have been distanced from understanding of their legal rights because of the technical nature of the law. Furthermore, the project is designed such that the agencies which participate in it have outreach programs for rural and low-income women.

3. How does the project seek to accomplish its goals?

The project is divided into three phases, on which the first has already been accomplished. Phase One included the joint CAFRA-ILSA preliminary research and the subsequent preparation of this project. Phase Two will focus on research by CAFRA members in the Caribbean Region on the legal status of women, which will include preparation and execution of the Meeting of the Regional Rape Crisis Centers in January, 1991, as well as of national consultations in the project territories. This second phase is planned to conclude in April, 1991. Phase Three will include identification of a national facilitator, either an agency or an individual, who will monitor and supervise the action component of the project in the territory. Also included is the production of popular education materials on the areas specified from the national consultations in workshops, where the relevant issues are discussed and analyzed by agencies such as police departments, women's organizations, lawyers, crisis center workers and social workers, and others enmeshed in issues of domestic violence.

The Third Phase will also develop and execute training programs for women or women's organizations that deal with legal issues in lending services to their clientele (e.g., crisis center workers, trade unionists). This last phase will conclude with Regional Meetings with the Legal Aids Clinics and others involved in the project at the local level, to share the findings and experiences of the project.

4. What, exactly, does the budget cover?

Funds requested cover the following areas:

- the preparation and dissemination of background papers identifying legal services available to women, and legal issues demanding further action and research;
- National Consultations to present to a broad-cross section of governmental and non-governmental agencies and the public, the report, and to collectively develop a program of informed action;
- Preparation and production of Sourcebooks of Laws in the project territories;
- Production of Popular Education Materials, such as pamphlets, posters, radio, television and video programs based on workshops with participating agencies;
- Regional Meeting of Crisis Centers to share their experiences with the legal issues inherent in their work and development of strategies to resolve the same;
- The development and implementation of training and action oriented programs for agencies which work with women, including the development of strategies to resolve the same.

PROPOSAL 2

Country: Mexico

Duration: On-going

Title of Project: Total Health for Teenagers: A Self-Sustaining Health Club Aimed at Adolescent Well-Being

Primary Objective: To create a self-financing teen health club that will respond to adolescent developmental physical and mental health needs, and to utilize the proceeds generated from this health club to create a similar facility in marginal urban areas where the services would be offered free of charge.

Secondary Objective: To explore ways in which the model of the "teen health club" can be adapted and utilized in other cities and/or countries in the Region.

Executing Agency: Centro de Orientación Para Adolescentes (CORA)
Mexico City, Mexico

Cost of Project: \$250,000

1) What is CORA?

CORA (Centro de Orientación Para Adolescentes), a Mexican non-governmental organization, has been active since 1978. It is comprised of a multidisciplinary group of professionals such as medical doctors, educators, psychologists and physical education teachers. Its main function is to provide adolescents, their families and teachers, with an integral understanding of adolescent health and development. CORA provides technical assistance in the area of adolescent sexual education, family planning, and general health to other international and national institutions, as well as teachers and others working with youth. CORA also promotes research in adolescent developmental health.

2) What are the objectives of the project?

The project is designed to create a self-sustaining health club that will incorporate an integrated approach to primary health care targetted principally but not exclusively towards adolescent well-being. The project will include medical and psychological services directed towards this age group in addition to more conventional health club facilities such as physical work-out areas and equipment. By providing an attractive environment where teens gather to work-out and socialize, and include, access to necessary complete health services, health care is more likely to become integral part of their lives.

3) Specifically, what types of services will be provided?

Within the following activities, the gym will continue to implement the strategies used by CORA, which include participation of teens as replicators of health information and the participation of a multidisciplinary staff.

a. Medical services: This service will provide primary health care, sports medicine attention, and birth control services, for those who request it. In addition, it will act as a screen to detect the presence of illness in adolescents, and as a referral center if further medical attention is warranted.

b. Physical Education Services: Instructors specialized in aerobics and body-building will tailor their programs to meet the needs of this age group, with attention to strenthening resistance and increasing flexibility.

c. Psychological services: Psychological and vocational counseling will be provided by professionals in these fields who specialize in adolescent developmental issues.

d. Health Promotion services: Workshops, seminars, and group discussions led by specialized personnel will aim towards developing a sense of responsibility for a healthy mind and body, with specific attention to building positive self-esteem and self-image. In accordance with this approach, the following areas will receive special focus:

- i. preventive education in relation to use and abuse of drugs, alcohol and tobacco, including steroids
- ii. sexual education
- iii. education of accident prevention
- iv. education for a health body (exercise, rest and nutrition)
- v. healthy use of free time

In addition, a reference center will be established within the health club facilities where teens can obtain information on nutrition, drugs, body-building, and sexuality, etc.

e. Nutritional Services: A snack bar selling nutritional snacks will be available. In addition, vitamin supplements will be sold for those in need. This services will be modified for the health club marginal areas.

f. Promotional Services: Will include the sale of sports clothing in the upper income health club, the proceeds of which will go towards providing subsidized nutritional services and sports gear for adolescent members of health clubs in marginal urban areas.

PROPOSAL 3

Country: Mexico (or any country in Latin America with marginal urban areas built on slopes)

Duration: 24 months

Title: A Demonstration Project Proposal for Extreme Gradient Sewers (EGS) for Marginal Urban Areas

Primary Objective: To demonstrate and test an alternative sewage collection system for marginal urban areas built on steep gradient land taking advantage of the terrain to perform better than conventional systems, but at a much lower cost.

Secondary Objective: To draw the community where the demonstration project is tested into the planning, implementation and evaluation of its efficacy by applying a participant-observer methodology and open-ended interviewing that will relate the concerns and reactions of the beneficiaries to the project managers.

Executing Organization: The country-based engineer from the Pan American Health Organization, in cooperation with the appropriate national university of engineering (or other appropriate institution), the local and national authorities, and in consultation with the community based groups. Technical support will be provided by the Centro Panamericana de Ingenieria Sanitaria y Ciencias Ambientales (CEPIS) in Lima, Peru, and include involvement of the CEPIS young professional program.

Cost of Project: US\$250,000

1. How will the proposed sewage collection system be superior to other alternative and conventional systems in marginal urban areas?

Marginal urban areas in many Latin American countries are located on extreme gradient land ranges (6 to 20% slopes). In addition, the lot size averages approximately 90 m^2 , and population density in these communities ranges from 400 to 600 persons per hectare, with an average of 7 persons per household.

Conventional and other alternative sanitary sewers are not appropriate for these areas, and are also costly. Such systems fail to take advantage of the

extreme gradient, small lot size and low per capita use of water. They utilize pipes whose joints lose their integrity after a few years, allowing storm water and soil into the system. In addition, the large and costly drop manholes of the conventional system are a primary entrance point for sand, and, in low income areas, serve as entrance for unwanted solid wastes and other debris. Manholes can be dangerous to the sewage system operator who must enter it to clean it out, and to small children who fall into open manholes.

The proposed extreme parallel gradient (EPG) sewer system makes use of butt fused high density weight polyethylene or polypropylene pipe with shallow burial (less than 1 meter) and cleanouts instead of manholes. By taking advantage of the steep slopes in these marginal urban areas, the diameter of pipes is greatly reduced (to 100 mm, in comparison to the 200 mm conventional diameter). Moreover, smaller diameter sewers on extreme gradients provide a more efficient transport of solids and liquids than pipes with larger diameters, because the depth of flow and the velocities are greater for smaller diameter sewers. Use of butt fused joints and cleanouts prevents the entrance of sand and other wastes because unlike 4 ft. diameter manholes, nothing can be thrown down the cleanout which is larger than the 4 inch diameter of the cleanout.

Cleanouts are far safer and less costly than conventional manholes. Children cannot fall into an open cleanout, and neither can the wheels of vehicles. A small diameter ductile iron cleanout can be located away from the street, fitted with a cap or plug that can be removed only by authorized persons. Cleaning equipment makes use of the now standard rotating cables,

jetting hoses, and the like. Actually, EPG sewers almost never need cleaning because water velocity is so great that it transports anything which might enter the system.

2. What about cost?

The proposed EPG system realizes savings from 50% to 80% in sanitary sewer construction costs, and reduces operational costs while improving performance standards. Excavation costs are drastically reduced. The cost of a conventional drop manhole for gradients between 8%-12% range is between US\$1,500 to \$2,500 for depths of 3 to 5 meters. The costs of cleanouts on EG sewers range between US\$250 to \$350, depending on the diameter and specific design of the sewer.

Of the total US\$250,000 for this project, only \$75,000 will be for the installation of the sewage collection system itself. The remainder is for activities associated with the nature of a demonstration project, i.e., monitoring and follow-up, data analysis, development of design criteria and information dissemination including video taping of critical events of project execution which will be edited and assembled into a technical educational presentation.

3. How will the community be selected and included?

A community of about 2,000 persons will be selected as the site for the demonstration project. It should already have a water distribution system and be located on a gradient between 8%-15%. Streets, lots and utility rights of way shall have been plotted with optional ownership by the residents.

Because this project sets in motion processes whereby people become increasingly able to improve their own living conditions, a key to its success lies in the degree to which the beneficiaries of the system accept and utilize it. This project proposes to incorporate a participant-observer evaluation methodology (Salamen, 1987) whereby a participant-observer, a host country national, acts as a broker in relating the concerns of the project beneficiaries to the concerns of the project managers. What is wanted is an effective manner to bring people into the planning, implementation and evaluation of programs that affect their life style. The participant-observer approach is currently being used in a number of urban and agricultural development projects in multilateral institutions. Information elicited by this technique has led to improvements wherever this type of evaluation has been conducted (Learning by Doing: World Bank Lending for Urban Development, 1972 - 1983, Washington D. C., 1983).

4) What does the budget include?

Requested funds will cover project preparation; selection of the community based on the physical characteristics delineated previously, as well as an on the assessment by the participant-observer of community willingness to be the project site; engineering design; construction; project monitoring; data collection; evaluation; seminar and workshop organization to disseminate results. Costs also include video taping and production (\$25,000) on the components of planning, design and construction of EPG sewers.

5) How will this project be evaluated?

Aside from the qualitative data collected from the community by the participant-observer method, a technique that will determine acceptability and use, quantitative monitoring devices will include:

- information gathering through sensing devices installed at strategic locations in the sewage collection system. Sensing devices will provide continuous recording of hydrodynamic data.
- viewing stations to allow observation by technicians and others (including community members) of the capacity and simplicity of EPG sewers. A short section of the pipe will be replaced with a spool of clear acrylic pipe to allow viewing.
- detailed records of design and construction, of problems and solutions, of community concerns and issues, will be registered throughout the two year period. At the end of this time, samples of used sewer pipe will be analyzed for wear and abrasions, thus estimating the life of the EPG sewer.
- a seminar/workshop will provide a critical review of the project and this, together with the videos, will facilitate the diffusion of this technology.

Countries: Latin American/Caribbean Region

Duration: On-going

Title: School-Based AIDS Education - A Network in Latin America

Primary Objective: To establish a network of teachers, trained in AIDS education, who are actively implementing a comprehensive AIDS education program in their respective countries, and to establish an up-dating mechanism that will serve the network and the special needs of its members.

Secondary Objective: To strengthen local STD/AIDS education activities of the network members by assisting in linkages and collaboration with other NGOs working in social development issues; with governmental ministries; and with National AIDS Programs.

Executing Agencies: Jerusalem AIDS Project (JAIP), P.O Box 7956, Jerusalem, 91077, ISRAEL, in partnership with "Teachers Fighting AIDS Committees" in El Salvador, Guatemala, Costa Rica, Honduras, and Peru.

Cost of Project: US \$50,000

1) What is The Jerusalem AIDS Project (JAIP), and how does it come to be interested in conducting AIDS education in Latin America?

The Jerusalem AIDS Project (JAIP) is a non-governmental organization based in Jerusalem, Israel. Since 1987, JAIP has centered its activities within that country on developing now nationally used curricula on AIDS (grades 6-9 and 10-12); on training teachers in its use; on providing AIDS prevention education to nurses and other health professionals; on publishing a monthly newsletter on AIDS; and on creating the only teacher's resource center on HIV/AIDS in the country. It collaborates closely with the School of Public Health and Community Medicine of the Hebrew University Medical School.

The project in Latin America is part of the JAIP's international activities, and is initiated and executed with complete involvement of the National AIDS Committees in each country. In developing this project, the JAIP conducted needs assessment country visits, focus group discussions with teachers and health officials, consultations with experts and

self-administered questionnaires. The conclusion from this year-long preliminary work was that implementing a school based AIDS education program would be a significant contribution to the fight against AIDS in Latin America.

2) The majority of Latin America is much influence by conservative views on sexual education. In addition, teachers are themselves influenced by these views, and may not be effective educators in area of AIDS education. What makes the JAIP think that it can overcome these problems?

Many programs have been developed in the world attempting to reduce HIV infection and create empathy for the infected - among youth. Most of them deal with AIDS within the context of sex education, which is strongly rejected in the Catholic societies of Latin America. The programs developed by JAIP follow WHO/UNESCO guidelines on AIDS Education in School, and take a comprehensive health education approach which is much more acceptable by conservatives and religious teachers, school principals, parents and community leaders. These programs, "Explicando Sobre SIDA a Niños" and "El Sistema Inmunitario y SIDA", have already begun to be implemented in several countries through "Teachers Fighting AIDS" committees, set up by the teachers who participated in the 12 training courses in Latin America in 1989. These courses were conducted in El Salvador, Costa Rica, Honduras, Peru and Guatemala, and a total of 930 primary and secondary school teachers attended the 40 hour program. Input from the teachers allowed modifications in the Spanish version of the curriculum and in the structure of the training courses.

Teachers participating in these courses voiced a strong desire to establish a network of communication among them which could possibly spread to more than the initial five countries, meanwhile working towards expanding the committee membership in this initial five countries to other colleagues. In response to setting up this network, JAIP formulated this proposal.

Motivation and genuine desire to be involved in AIDS Education, as part of their obligation as teachers, were the key factors in the formation of the teachers' committees in the five countries where these have been established.

JAIP is well aware of the existence of prejudice and lack of knowledge regarding HIV/AIDS infection among teachers in Latin America. However, rather than viewing this as an obstacle to the implementation of the program, the JAIP regards this project as a way of assessing the level of knowledge, and prevalent attitudes and prejudice among teachers. In addition, the JAIP feels that education is the key in overcoming such prejudices, and that those teachers that become part of the "Teachers Fighting AIDS Committees" will be those who self-select because of attitudinal differences that are necessary to catalyze change among the more prejudiced members of the teaching profession.

3) How will the proposed project be extended to other countries in the Region?

The proposed project is comprised of several steps, each of which can be viewed as a separate independent component.

Step 1 - A 3 day seminar will be conducted in a host country in the Region. Two representatives (one primary and one secondary teacher) from each country where the courses were initially conducted will attend. By the end of the

seminar, participants will have received up to date information on HIV infection in youth and in the general population, and the strategies for controlling the epidemic; they will know other representatives of the Network from other countries in the Region, share experiences and build personal ties with them; they will receive guidelines on how to operate their local teacher's committees and decide on the mechanism for the network's operation within their country; and they will receive a core KAP questionnaire for use in their own schools as well as elect an editorial board for the network's newsletter.

Faculty for these seminars will include experts in AIDS education and prevention, consultants in school and community organizations, local members of the National AIDS Programs, and WHO and/or UNESCO representatives.

Step 2: Network Newsletter: An editorial board will be established to initiate the network's mechanism of updating information. Such a newsletter already has 1000 subscribers in Israel. A similar newsletter will be directed towards teachers in the Latin American Region, focusing on the unique aspects of AIDS education among youth in Latin America, and will serve as the main communication channel within the network. An editorial board composed of 6 to 7 persons will be elected at the three-day seminar. The professional editing and graphic work in the first year will be JAIP's responsibility, which is experienced in publishing. The printing and distribution will be the sole responsibility of the Latin American network. The first year of the network's operation, two issues of the newsletter are planned.

Step 3: Further local activities: Course graduates will receive educational kits for use by new teachers trained by course graduates. These new network members will receive a guide on preparing and implementing a local "Teacher's Training Course on AIDS Prevention" and a guide on operating a "Teachers Fighting AIDS Committee." By the end of the first 6 months of the network's operation, the local teacher's committees will have an updated list of all teachers active in school-based AIDS education in their country. It would have built close working ties with the National AIDS Programs and governmental and non-governmental organizations working in AIDS. In addition, the committees will initiate a country-wide network-related activity such as school drawing contests or AIDS-related story competitions.

4) What will the budget cover?

Requested financial support will cover the following components:

- a. The organization and execution of the three day network seminar, including travel and per diem costs, conference rental facilities, preparation of position papers and other working materials.
- b. . Network Newsletter costs for two issues, including translation, graphics, printing and distribution.
- c. Reproduction of AIDS education kits for teachers to be trained by course graduates.
- d. Monitoring and continuity, including costs of the network follow-up meeting and country visits by JAIP project coordinators.
- e. JAIP salary costs: 50% in 1/4 of one-year salary for the project director, and administration costs.

5) How will the impact of this program be evaluated?

The JAIP, in collaboration with each local teacher's network, will work to generate local research activities such as process and outcome evaluation of the program's implementation and KAP surveys, with researchers in universities or in government institutions. This builds on the relationship between elementary and secondary faculty, and the university faculty, and between these and government institutions involved. Moreover, it can strengthen local research capabilities and is cost effective. Such research initiatives will be supplemented by the network meeting once a year to share experiences and evaluate progress.

PROPOSAL 5

Country: Brazil

Duration: On-going

Title: SAUDE E ALEGRIA: An Integrated Approach to Community-monitored Health Care in the Amazon Region.

Primary Objective: To expand and strengthen the work of SAUDE E ALEGRIA (Health and Happiness) in the Santarém Region of the Amazon, from 16 river-based communities to 31.

Secondary Objectives: To foster community health through a wide-reaching and participatory process that is closely linked to Amazonian village life, and strive to make the task of health a daily concern of everyone.

Executing Organization: Centro de Estudos Avancados em Promocao Social (CEAPS) Rua Maria Angelica, no. 565, Jardim Botânico, Rio de Janeiro, Brazil.

Cost of Project: US \$5 million for 2 year period

1) What is SAUDE E ALEGRIA?

SAUDE E ALEGRIA is a non-governmental organization promoted by CEAPS (Center for Advanced Studies in Social Care), a private, not for profit entity which catalyzes research and action in the areas of economic and social welfare. SAUDE E ALEGRIA initiated its work in 1984 with two professionals, a physician and an artist; currently, it is composed of a steadily expanding multidisciplinary core staff of 32 which has been working in the Santarém Region of the Amazon in seven areas. Working in 16 river-based communities and 94 settlements in the state, this group of health professionals seeks to catalyze a process of human and social development by integrating health, education, communication, research, art and rural development. The group strives to promote the use of natural, human and cultural resources within each community, training its inhabitants so that they can become participants in the design and implementation of basic health care programs and in their

own process of development. SAUDE E ALEGRIA's target population is approximately 20,000 people.

By including a strong grassroots communications component, the group also continues to raise the consciousness of the targetted villages and surrounding areas, as well as of other Brazilians and the international community about the reality of village life in the Amazon.

2) What type of population does SAUDE E ALEGRIA serve?

The small villages served by SAUDE E ALEGRIA are situated on the banks of the Amazon, Tapajós and Arapuín River, spreading up-river that they are reached by boat from the nearest urban center. The nearest village is approximately 6 hours up-river, the farthest about 25 hours. Population in each varies between 30 and 100 families, working at subsistence level activities. This population, as in the rest of the state, lives in extreme poverty and lacks basic health care, education, transportation and agricultural services.

The SAUDE E ALEGRIA team visits each of the 16 localities by boat on a rotational basis, remaining between three and four days in each place. Thus, each village is visited approximately once a month. The staff presents itself in the form of a small circus, called the "Circo Mocarongo SAUDE E ALEGRIA" ("Mocarongo" meaning a native of Santarém).

During the day, each member of the multidisciplinary SAUDE E ALEGRIA team works with different village groups and different programs, below described. The key in this work is to balance theory and practice, meeting health needs and adapting technical information to the language and context of the village

community. Each evening, the groups of the village and the visiting SAUDE E ALEGRIA team come together for the "Circo Mocarongo", a carnival-like event, the climax of the visit, where villagers and health team alike disguise themselves with face paint and costumes. Through drama, skits, pantomime and other creative means of visual arts communication, the community shares the knowledge learned and practiced that day with everyone in the village. The audience, in turn, must interpret the meaning and reason for the information imparted. Thus, by marrying health education with art and drama, villagers bring to life the messages that are the key to their improved well-being.

3) What types of activities are included in the work at the village level?

Health has always been the most pressing claim of these people, and this represents the main thrust of the SAUDE E ALEGRIA's activities, from which all others derive. SAUDE E ALEGRIA sets up a primary health network, aiming to provide each community with complete primary health coverage, basic resources, trained community health care workers and established actions based on the following priorities described below. Each of these includes an emphasis on community health education for that priority:

a. Hygiene and Sanitation Program: The majority of illnesses that strike the community (diarrhea, colds, infected wounds, parasitosis and dermatitis) can be drastically controlled by emphasizing personal and family hygiene.

However, village health problems are exacerbated by the fact that the location of the villages is at the banks of increasingly contaminated rivers.

In response to this, SAUDE E ALEGRIA directed its efforts towards convincing village families to regularly use the chlorine it provides them. Initially reluctant to embrace this practice, villagers have become increasingly converted to drinking only chlorinated water, and to date, 80% of village families are regularly using chlorine in their water.

Sanitary conditions were alarming when SAUDE E ALEGRIA initially began its work. At least 30% of families had no latrine facilities whatsoever. This figure has since been reduced to 5%. Nevertheless, problems remain with respect to the development and use of latrines in areas where the rivers flood periodically.

b) Nutrition Program: Emphasis is on the utilization of indigenous comestibles with high nutritional value and low cost. These are often unfamiliar to villagers, and are introduced to the women of the communities by nutritional monitors with SAUDE E ALEGRIA. Examples include rice bran (rice husk), an extremely rich source of protein and other nutrients; hibiscus leaves; cassava leaves and squash flower, to name a few such indigenous nutritional plants.

Women create a variety of different recipes based on these plants, and test their acceptability in the community during the "Circo Mocarongo". SAUDE E ALEGRIA, in cooperation with SEARA (Society for the Study of Alternative Research in the Amazon) have begun developing gardening programs and food-storage production.

c) Integrated Health for Women and Children: Among the programs initiated by SAUDE E ALEGRIA, the program "Women, Body and Soul", emphasizes the creation of groups of pregnant women and village midwives to discuss concerns and prenatal care issues, as well as providing prenatal care during the teams visit to the village. In addition, the program provides a forum for group or individual discussion of sex education, pregnancy prevention and women's role within the family and community.

When SAUDE E ALEGRIA initiated its work, it found that most children had not been vaccinated against immunizable diseases. Making use of national vaccine campaigns, SAUDE E ALEGRIA staff have trained community health monitors to register, vaccinate, and administer follow-up vaccinations for village children. To date, about 1200 children, ages 5 and under, have been vaccinated for polio, DPT and measles, and are regularly monitored for follow-up boosters.

Infant mortality remains very high with almost 130 for every 1000 recorded deaths, most of which is due to diarrhea/dehydration or other minor and preventable diseases, although ORT and oral rehydration solution have curtailed the rate for the former. Malnutrition affects 70% of children ages 5 or under, with almost 100% of them suffering from deficiency anemia, parasitosis, pyodermatitis and oral problems.

SAUDE E ALEGRIA has held "Children's Day" four times a year. On such days, all children up to age 5 are weighed, vaccinated and checked for basic health signs.

d) Epidemiological Control through training of health monitors selected from the community: Village health monitors are volunteers who express an interest

in helping with the work. They are given practical training for simplified care in the treatment of common illnesses, first aid, and health methods, so that they can recognize danger signs. During the absence of the core staff of SAUDE E ALEGRIA, village monitors are responsible for continuing with the work as well as for providing health education. They treat and make referrals for basic ailments, monitor patients, and make regular visits to every family, providing orientation and evaluation for each person and the community as a whole.

All skills learned by the health monitor can be passed on to the other villagers with an eye toward improving the residents' ability to respond to health problems. Currently SAUDE E ALEGRIA has trained about 100 monitors between the ages of 12 to 70 years old.

Although SAUDE E ALEGRIA is aware of the limitations of volunteer work, it recognizes that community monitors increase a sense of response to an responsibility for health among the village. Monitors visit every family, make ongoing health evaluations, and, by now, the existing monitors are able to resolve at least 80% of the problems at the place of occurrence. In addition, they assist in the health record keeping for the villages served. SAUDE E ALEGRIA selects the most simple and objective health indicators that can be easily utilized and, at the same time, provide technical data for evaluating community health and actual impact of the programs. Goals set and attained are publicized so that everyone will have a part in monitoring and evaluating these programs, and in planning subsequent action.

SAUDE E ALEGRIA has attempted to establish a tiered system where initial care is provided by the local health monitors. Those needy of more extensive specialized care are referred to the out-patient clinics in the nearest community where one is available.

e) Dental Hygiene: SAUDE E ALEGRIA initiated a dental hygiene program in 1989, by the addition of a dentist to its core staff. Dental problems are serious in the villages due to a series of factors, such as the poor nutritional levels of pregnant women, infantile undernourishment following bread feeding, fermentation provoked by cassava meal (a basic component of the regional diet), the indiscriminate use of sugar, and lack of proper oral hygiene habits and preventive care.

Data to date gathered from dental records in the villages indicate that virtually all adults and children suffer from cavities, abscesses and gingivitis due to lack of dental care. Health monitors are now being trained in preventive dental care and basic dentistry. It is still too soon to evaluate impact of this newly initiated program.

f) Education for Environmental Resources for Health: SAUDE E ALEGRIA strives to adapt and simplify curative treatment. As monitors acquire confidence and skills, they are given a "health chest" containing basic medicine and supplies. Administration of these is carefully supervised through patient records and reports regularly sent to headquarters in Santarem, and are also reexamined during the team's visits.

Health is always what villagers call for most. However, they generally have little understanding of the processes to which they are subjected, the preventive aspects of health, and their own responsibility in regard to collective health. Most of the time people view the health clinic, doctors and medicine as the solution to their problems, dealing with the matter purely from the standpoint of treatment.

Thus, over-dependence on medication is a serious problem in the Region, and the supply of expensive pharmaceuticals are steadily increasing, as is their use and misuse. Although SAUDE E ALEGRIA trains health monitors in responsible use of pharmaceuticals, monitors are also urged to suggest traditional home remedies rather than pharmaceuticals as the first option in treating common illnesses. SAUDE E ALEGRIA believes that although not a panacea, medicinal plants found in Amazonian villages are truly useful and should be considered as the first treatment option. Thus, the group has attempted to derive the maximum benefit from the regional lore by collecting and systematizing the entire stock of folk medicine and medicinal plants in the area.

In general, villagers who get sick turn to both home remedies and pharmaceuticals, a mixture which covers up the progress of the disease. SAUDE E ALEGRIA trains health monitors to understand and help impart to others the process of their illness and what they must do to take part in their own cure. For example, simple home remedies such as soap can be used for treating superficial wounds; gargling with a solution of warm water, salt and lime is excellent for sore throats; inhaling steam from water containing brochodialuive leaves helps chest infections. Native "caboclo" possesses a wealth of healing resources, and it is well known that the Amazon is the Earth's greatest source of medicinal plants.

4) How does Communication fit into these activities?

Since the beginning of the project, the Communication Section has been recording the steps taken to implement the work, along with documenting communities through film and reports. Young people in the villages were attracted to this idea, which SAUDE E ALEGRIA saw as an opportunity for adolescent self-expression. This gave rise to the Grassroots Communication effort. Equipped with pencil and paper, they record meetings and oral histories in the community, putting together "newspapers" based on the information gathered. These newspapers have had a profound impact on the communities, opening up an important channel of communications among residents.

This Grassroots Communication program has expanded to include "Live Radio", a program also run by youth. Projected scheduling involves a rural AM radio which will be recorded within different villages themselves, and act as a community expression of an educational and ecological nature.

SAUDE E ALEGRIA plans to launch TV Mocarongo, recorded on VHS by a mobile team that will visit communities, documenting events and producing programs. These programs will be of an educational and ecological nature, documenting the area, for use at universities and residential centers as well as educational television.

5) How has SAUDE E ALEGRIA been funded up to now?

SAUDE E ALEGRIA activities have been supported financially by the Banco Nacional de Desenvolvimento Economico e Social (BNDES), and monitored by the Fundacao Oswaldo Cruz, the National School for Public Health, and the Federal

University of Para. However, as of September 1990, financial support will be terminated because of new government restrictions on corporate benefits derived from donations to non-profit organizations. Consequently, SAUDE E ALEGRIA has had to seek external financial support to continue its operations.

6) What will the budget cover?

Financial support will cover the continued activities of the program, and its additional expansion to 15 villages in the Amazon Region, for a total of 31. Due to the results attained in past two years of the program, new communities have asked to be included, prompted by inter-village communication. In these other villages, numerous community members have already volunteered to become health monitors, and are being trained as a result of this interest and demand.

The activities listed below have been developed in detail, and are too lengthy to be included in this synopsis. The interdisciplinary nature of the work requires qualified personnel to carry out specific activities in the following interconnected areas:

1. Hygiene, sanitation and epidemiological control.
2. Veterinary health
3. Oral health
4. Training of adult and youth health monitors
5. Women's health
6. Ecological education
7. Nutrition
8. Communication and Art
9. Rural development (animal health, food production and preservation)

All actions are developed and implemented with the co-participation of the communities. Because of the variety of the programs and the levels of specialization needed, as well as the width and breadth of the area being covered and the numbers of people which must be attended, SAUDE E ALEGRIA must expand its staff of Brazilian nationals expert in these fields. The organization estimates that it must recruit between 40 and 50 additional individuals within the different areas. Salaries vary between US\$1,700 per month for the best trained experts in the field (medical doctors, agronomists, ecologists, etc.) to US\$200 per month for support staff.

Other necessary budget items include medical supplies, transportation facilities, and available equipment for agricultural and sanitation assistance as well as communications.

7. What indicators are being used to measure the impact of the interventions at the village level?

Since SAUDE E ALEGRIA began its work, the core staff and subsequently trained health monitors have kept simple surveillance records as to the health of village adults and children. That is, health records for families, children and expectant mothers are kept, in addition to specific case records where main indicators are shown.

Although there have been many problems such as lack of health professionals and an initially very large number of illnesses to treat, in the two years of SAUDE E ALEGRIA's work, results are surprising and exciting, indicating that little by little the health profile of communities is improving.

For example, trimestral data on anemia indicate that between June 1989 and March 1990, 9 months, first degree anemia in children between ages 1 and 5 showed a steady drop every trimester, from 67 treated in June, to 23 children treated in March. Likewise, during this period children of this age treated for parasitosis decreased from 59 to 30.

Total number of children between 0 and 1 year vaccinated for polio, DPT and measles, increased from 15 to 69 during this time, and from 25 to 98 in the 1 to 5 year range.

Most importantly, there has been a palpable change in the way villagers view the importance of health. Where before health-related initiatives made by SAUDE E ALEGRIA were met with suspicion and/or disinterest, the majority of residents now widely accept and respond positively to health activities. Enthusiasm is heightened by the Circo Mocarongo, where all participate, even if as an audience. The process of illness has slowed down, and the initial attitude of emergency and permanent calamity has been assuaged.

Over the coming years, epidemiological records will only be a part of the data collected and evaluated. There is a wealth of knowledge to be shared in all of the programs developed at the village level, between the SAUDE E ALEGRIA staff and the people it serves. In addition, because of the strong communications and art component, this knowledge and awareness can also be imparted to Brazilians living in other parts of the country, as well as to the international community. It is hoped that the work of SAUDE E ALEGRIA can become a model for developing responsible health at all levels of society.

15 February 1985

EXCERPTCOLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS
IN IMPLEMENTING THE GLOBAL STRATEGY FOR HEALTH
FOR ALLBackground Document for the Technical Discussions
at the Thirty-eighth World Health Assembly, 198510 - 11 May 1985

The term "nongovernmental organization" (NGO) in this document necessarily refers very largely to established international and national organizations; but through them, and even independent of them, many less formal groupings of local people abound, such as voluntary health societies, self-help groups, cooperatives, women's organizations (these are particularly important), relevant youth movements, and associations which work at the community level. They may not have come together specifically for the preservation and promotion of health in their communities. Health is a function of total human development involving physical, mental, social and spiritual well-being. Primary health care includes, in the words of the Declaration of Alma-Ata, "education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs". It also involves, in addition to the health sector, "all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors". Groups that have come together for better housing, safer water supplies, land tenure reform, higher yielding crops or even purely social purposes can all be relevant to health for all. The important thing is that the community should be actively involved in its own betterment. Health care cannot successfully be delivered as a gift; communities must adopt it for themselves and sustain it by their own efforts, to accord with their own customs and to meet their own needs. Voluntary action of all kinds is indispensable in achieving primary health care and in this context will thus be within the scope of the Technical Discussions.

III. THE MANY PROFILES OF NONGOVERNMENTAL ORGANIZATIONS

Definition

Replies to the questionnaire in document CWO/TD/84.1 of 12 July 1984 emphasized that the Technical Discussions would require a clear definition of the term "nongovernmental organization". The connotation of that term indicates what they are not. This document will seek to define what they are and also their relationship to the Global Strategy for Health for All; these organizations will be referred to specifically as international, national or local, and the generic term NGO will only be used in the general context.

National nongovernmental organizations

National nongovernmental organizations are many and diverse. Their scale may be large, medium or small. Their support may come from external sources, from their own fund-raising, from government subventions, or from all these sources at once. Their principal activity may be direct service to those in need in the community, health education, or research, whether in the field or the laboratory; it may include a good deal of advocacy for changes in government policy. Their scene of activity may be confined mainly to urban areas or may deliberately be directed at underserved rural communities. Their attitude to government health policies may be supportive, neutral, occasionally even confrontational. Their concentration may be on establishing and maintaining institutions, or on caring for those suffering from a specific disease or disability and on attacking its causes with a view to prevention. They may have a real concern for the general health of the community but vary in their interpretation of the main priority: specific diseases? pure water supply? sanitation? mother and child care? road safety? nutrition? general health education? Their focus of action may accordingly be mothers, children, environmental planners, the education system, or the community at large. They include full-time professionals and part-time volunteers, some with thorough training, others with none at all. Their motivation may be religious or compassionate. It may even be political or occasionally nothing better than self-promotion.

Local nongovernmental groups

But the description in the preceding paragraph relates too narrowly to the traditional "charities", often urban, usually middle-class if not élitist, which are derided sometimes - perhaps unfairly - as deriving their motivation from a desire to help themselves by helping others less fortunate than themselves. Their cooperation is indeed needed as much as ever. But health for all will not be achieved without the full participation of individuals, families and groups within the community, which means all the people the Global Strategy is designed to reach. There must be a shift - there is already a shift - from people seeking to help others as a form of charity to far larger numbers of people seeking to help themselves. There are crucial health actions required for attainment of health for all objectives in such fields as health of the family, particularly mothers and children, including family planning, immunization against preventable diseases, diarrhoeal disease control, and nutrition. Little can be achieved in these vital areas without the understanding and cooperation of the children's mothers through health education. The long-term solution is health education of all, but particularly of women. Meanwhile, every opportunity should be taken by both governmental and nongovernmental organizations to encourage informal groupings of women for social purposes and to motivate them to have their children vaccinated and adopt measures of hygiene and sanitation which will minimize or at least reduce the incidence of diarrhoea. Similarly, the battle against the scourge of malaria will never be won unless communities understand the reasons for spraying and organize themselves to carry it out regularly.

Community involvement in all areas, brought about by active local groups, is most crucial to the promotion of health for all. Many are formed under the influence of primary health care workers and other local manifestations of government. Many are traditional forms of local community development action groups into which a concept of health for all is being introduced. Others come together spontaneously for general developmental purposes, if not specifically in the context of health needs. They are movements within the culture of the people themselves. For this reason, they stand a chance not only of achieving success but also of maintaining it. For all too often success in the local health field has been achieved by outside intervention, only to evaporate when the outside intervention withdraws. If these spontaneous groups within the culture of the local community can be encouraged by various means and then given the opportunity to work together with both governmental and nongovernmental agencies in meeting health needs of which they themselves are conscious, then the Global Strategy will begin to achieve its purposes.

International nongovernmental organizations

While many international NGOs have affiliates in several countries, some do not. Others have created or developed relations with country affiliates mainly to give them professional guidance, to maintain or adapt standards, or to offer appropriate training and advice on the use of specialist equipment and materials; some, mainly originating in developed countries, aim at achieving a global objective such as the control of leprosy or tuberculosis, the acceptance of family planning, the prevention of blindness, or the rehabilitation of disabled people. Some are an aggregation of national affiliates for action in times of disaster or for cooperation in specific fields, e.g., nursing and child care; others undertake health work in special fields. Many international nongovernmental organizations exercise an advocacy function particularly in what has come to be known as the North/South dialogue. With their knowledge of health conditions in underserved communities they can influence world opinion and also guide decisions in aid programmes. They can call attention to what they consider to be deleterious activities, inimical to the advance of health for all. They can help to maintain and further promote an awareness within the world's more prosperous communities of what the Declaration of Alma-Ata calls "the existing gross inequality in the health status of the people" in the world which is "politically, socially and economically unacceptable". They can themselves be a channel through which knowledge, funds and materials can flow from the affluent to the underserved peoples of the world. Increasingly, they are coordinating their activities at the international and national level. On the other hand, both national and international NGOs find it difficult to maintain fruitful contact with each other (the link between them is frequently described as "tenuous") because the cost of travel, subsistence and even airmail postage is difficult to meet from membership subscriptions - often their main source of income.

Fund-raising NGOs: Foundations

There is yet another category of nongovernmental organizations which are termed "foundations" or "funds", which primarily concern themselves with raising financial resources to support various objectives. These resources represent an important channel of flow of resources from the developed world to the developing countries. In the field of health estimates suggest that the order of magnitude of such resources exceeds several billion United States dollars. Their involvement in the health-for-all movement hence is also of crucial importance to its success.

Universities

"The role of universities in the strategies for health for all" was the subject of the 1984 Technical Discussions. Academic institutions are great reservoirs of talent and of intellectual and technical competence. They have long traditions of education, research and service. While in the past they have focused heavily on their traditional hospital-based, speciality-oriented and disease-oriented activities, with a good deal of academic isolation, they increasingly recognize the need to prepare themselves for multidisciplinary action directly related to primary health care. This will require the breaking down of barriers that exist in most countries between the universities and medical schools on the one hand and the national health services on the other. The 1984 Technical Discussions recommended that ministries of health and other concerned ministries should have more effective collaboration with the universities; and that the institutions of higher learning and research, for their part, should reorder their academic priorities to accord due recognition to involvement with rural development, environmental and primary care problems, elevating research in these areas to the status hitherto accorded to technically sophisticated aspects. They should constitute a resource centre for government ministries in the development of policy and the planning of strategies for implementing national programmes. It was recognized that this will not be easy, because they are notoriously bound by tradition and resistant to change. Efforts to focus the role of universities on health and development issues thus constitute another dimension of involvement of the "private" or the nongovernment sector in community development.

PRINCIPLES GOVERNING RELATIONS BETWEEN THE WORLD HEALTH ORGANIZATION AND NONGOVERNMENTAL ORGANIZATIONS¹

1. *Introduction*

1.1 As stated in Article 2 of the Constitution, one of the main functions of the World Health Organization (WHO) is to act as the directing and coordinating authority on international health work. In support of this function, and in accordance with Article 71 of the Constitution, WHO may make suitable arrangements for consultation and cooperation with nongovernmental organizations (NGOs) in carrying out its international health work.

1.2 WHO should, in relation to NGOs, act in conformity with any relevant resolutions of the General Assembly or Economic and Social Council of the United Nations.

1.3 The objectives of WHO's collaboration with NGOs are to promote the policies, strategies and programmes derived from the decisions of the Organization's governing bodies; to collaborate with regard to various WHO programmes in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonizing of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

2. *Types of relations at the global level and their development*

2.1 WHO recognizes only one category of *formal relations, known as official relations*, with those NGOs which meet the criteria described in these Principles. All other contacts, including working relations, are considered to be of an informal character.

2.2 The establishment of relations with NGOs shall be an evolving process proceeding through a number of separate stages as described in the following paragraphs.

2.3 First contacts with an NGO in order to create mutual understanding and assist in developing mutual interests frequently take the form of exchanges of information and reciprocal participation in technical meetings. This type of *informal contact* may continue on

¹ Text adopted by the Fourth World Health Assembly (resolution WHA40.25), in replacement of the Principles adopted by the First and Third World Health Assemblies.

an *ad hoc* basis, without time limit and without written agreement. However, the definition of the broad objectives of collaboration and the possibility of enlarging its scope to include specific joint activities in line with the particular expertise of the nongovernmental organization are also explored at this stage.

2.4 When a number of specific joint activities have been identified, collaboration may be taken a stage further by proceeding to a period (usually two years) of *working relations* entered into by an exchange of letters. Such letters set out the agreed basis for the collaboration, indicating details of the activities to be undertaken during the period, providing an estimate of the resources to be supplied by WHO and the NGO, and naming focal points in the NGO and in WHO (designated technical officer). A joint assessment of the outcome of the collaboration thus planned is undertaken at the end of the period of working relations by the parties concerned, including also consideration of the future relationship. This may result: in the continuation of the working relations for a further period; in an application for admission into official relations with WHO from an international NGO, for examination by the Executive Board, should there be a number of activities which might form the basis of a long-term and closer relationship with WHO; or in a decision that there is no scope for further contacts in the foreseeable future. This arrangement for consultation and cooperation with NGOs is considered as informal.

2.5 The Executive Board shall be responsible for deciding on the admission of NGOs into *official relations* with WHO.

3. *Criteria for the admission of NGOs into official relations with WHO*

3.1 The main area of competence of the NGO shall fall within the purview of WHO. Its aims and activities shall be in conformity with the spirit, purposes and principles of the Constitution of WHO, shall centre on development work in health or health-related fields, and shall be free from concerns which are primarily of a commercial or profit-making nature. The major part of its activities shall be relevant to and have a bearing on the implementation of the health-for-all strategies as envisaged in the Global Strategy for Health for All by the Year 2000 and the WHO general programme of work covering a specific period.

3.2 The NGO shall normally be international in its structure and/or scope, and shall represent a substantial proportion of the persons globally organized for the purpose of participating in the particular

field of interest in which it operates. When there are several international NGOs with similar areas of interest, they may form a joint committee or other body authorized to act for the group as a whole.

3.3 The NGO shall have a constitution or similar basic document, an established headquarters, a directing or governing body, an administrative structure at various levels of action, and authority to speak for its members through its authorized representatives. Its members shall exercise voting rights in relation to its policies or action.

3.4 Thus, organizations eligible for admission into official relations with WHO include various types of international NGOs with a federated structure (made up of national or regional groups or having individual members from different countries), foundations that raise resources for health development activities in different parts of the world, and similar bodies promoting international health.

3.5 In exceptional cases a national organization, whether or not affiliated to an international NGO, may be considered for admission into official relations, in consultation with and subject to the recommendations of the WHO Regional Director and the Member State involved. Such a national organization (or a number of national organizations working under a federated (umbrella) structure) shall be eligible for admission provided that: the major part of its activities and resources are directed towards international health and related work; it has developed a programme of collaborative activities with WHO as indicated in paragraph 2.4; and its activities offer appropriate experience upon which WHO may wish to draw.

3.6 There shall normally have been at least two years of successfully completed working relations, as described in paragraph 2.4, prior to an application for admission into official relations.

4. *Procedure for admitting NGOs into official relations with WHO*

4.1 Applications should normally reach WHO headquarters not later than the end of the month of July in order to be considered by the Executive Board in January of the following year. They shall specify a structured plan for collaborative activities agreed upon by the organization and WHO. Applications from national organizations shall contain the endorsements of the WHO Regional Director and the Government of the Member State concerned. Applications should normally be transmitted to Board members by the Secretariat two months in advance of the session at which they will be considered.

4.2 During its January session the Board's Standing Committee on Nongovernmental Organizations, composed of five members, shall consider applications submitted by NGOs, voluntarily or by invitation, and shall make recommendations to the Board; it may invite any such organization to speak before it in connection with the organization's application. Should the applicant organization be considered not to meet the established criteria, and bearing in mind the desirability of ensuring a valuable continuing partnership based on defined objectives and evidenced by a record of successful past collaboration and a framework for future collaborative activities, the Standing Committee may recommend postponement of consideration or rejection of an application.

4.3 The Board, after considering the recommendations of the Standing Committee, shall decide whether an organization is to be admitted into official relations with WHO. A re-application from an NGO shall not normally be considered until two years have elapsed since the Board's decision on the original application.

4.4 The Director-General shall inform each organization of the Board's decision on its application. He shall maintain a list of the organizations admitted into official relations, and this list and any amendments thereto shall be circulated to the Members of WHO.

4.5 A plan for collaboration based on mutually agreed objectives and outlining activities for the coming three-year period shall form the basis of official relations between WHO and the NGO. This plan shall be transmitted also to the WHO regional offices to encourage closer collaboration at regional level as appropriate.

4.6 The Board, through its Standing Committee on Nongovernmental Organizations, shall review collaboration with each NGO every three years and shall determine the desirability of maintaining official relations. The Board's review shall be spread over a three-year period, one-third of the NGOs in official relations being reviewed each year.

4.7 The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, or fails to fulfil its part in the agreed programme of collaboration.

5. Relations with NGOs at the regional and national levels¹

5.1 Regional or national NGOs affiliated to international NGOs in official relations with WHO

These NGOs are, by definition, in official relations with the WHO regional office(s). They shall develop and implement a programme of collaboration with the regional and national levels of WHO to ensure implementation of health-for-all strategies at the country level.

5.2 Regional and national NGOs for which there is no international NGO

The regional office concerned may establish working relations with these organizations, subject to consultation between the Regional Director and the Director-General of WHO. A programme of activities developed and implemented as described in paragraph 2.4 would be essential.

5.3 Regional or national NGOs affiliated to international NGOs not in official relations with WHO

In order that WHO may promote and support the formation of strong international NGOs in the various technical fields, the regional office concerned may establish working relations with the above-mentioned regional or national organizations, subject to consultation between the Regional Director and the Director-General of WHO. Such working relations shall be based on a programme of activities developed and implemented as described in paragraph 2.4.

6. Privileges conferred on NGOs by relationship with WHO

6.1 The privileges conferred by official relationship shall include:

(i) the right to appoint a representative to participate, without right of vote, in WHO's meetings or in those of the committees and conferences convened under its authority, on the following conditions:

whenever the Health Assembly, or a committee or conference convened under WHO's authority, discusses an item in which a related NGO is particularly interested, that NGO, at the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the

¹ Before working relations are established between WHO and a national NGO, and before a programme of collaboration with such an organization is agreed, appropriate measures will be taken to consult the Government concerned in accordance with Article 11 of the WHO Constitution.

meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification;

(ii) access to non-confidential documentation and such other documentation as the Director-General may see fit to make available through such special distribution facilities as WHO may establish;

(iii) the right to submit a memorandum to the Director-General, who would determine the nature and scope of the circulation.

6.2 In the event of a memorandum being submitted which the Director-General considers might be placed on the agenda of the Health Assembly, such memorandum shall be placed before the Executive Board for possible inclusion in the agenda of the Assembly.

6.3 Privileges similar to those stated above shall normally be accorded to national/regional NGOs having working relations with WHO regional offices, in accordance with section 5, as determined by the Regional Directors in consultation with the regional committees.

6.4 A national organization which is affiliated to an international NGO covering the same subject on an international basis shall normally present its views through its government or through the international NGO to which it is affiliated, unless other arrangements are made in view of its particular relationship with WHO.

7. Responsibilities of NGOs in their relationship with WHO

7.1 NGOs shall be responsible for implementing the mutually agreed programme of collaboration and shall inform WHO as soon as possible if for any reason they are unable to fulfil their part of the agreement.

7.2 NGOs shall utilize the opportunities available to them through their normal work to disseminate information on WHO policies and programmes.

7.3 NGOs shall collaborate individually or collectively in WHO programmes to further health-for-all goals.

7.4 NGOs shall individually or collectively collaborate with the Member States where their activities are based in the implementation of the national/regional/global health-for-all strategies.

UNITED NATIONS
23 May 1968

ECONOMIC AND SOCIAL COUNCIL RESOLUTION 1296 (XLIV)
ON CONSULTATIVE ARRANGEMENTS

ENGLISH

1296 (XLIV). Arrangements for consultation with non-governmental organizations

The Economic and Social Council,

Having regard to Article 71 of the Charter of the United Nations,

Recognizing that arrangements for consultation with non-governmental organizations provide an important means of furthering the purposes and principles of the United Nations,

Considering that consultations between the Council and its subsidiary organs and the non-governmental organizations should be developed to the fullest practicable extent,

Approves the following arrangements, which supersede those set out in its resolution 288 B (X) of 27 February 1950:

**ARRANGEMENTS FOR CONSULTATION
WITH NON-GOVERNMENTAL
ORGANIZATIONS**

Part I

**PRINCIPLES TO BE APPLIED IN THE ESTABLISHMENT
OF CONSULTATIVE RELATIONS**

The following principles shall be applied in establishing consultative relations with non-governmental organizations

1. The organization shall be concerned with matters falling within the competence of the Economic and Social Council with respect to international economic, social, cultural, educational, health, scientific, technological and related matters and to questions of human rights.
2. The aims and purposes of the organization shall be in conformity with the spirit, purposes and principles of the Charter of the United Nations.
3. The organization shall undertake to support the work of the United Nations and to promote knowledge of its principles and activities, in accordance with its own aims and purposes and the nature and scope of its competence and activities.
4. The organization shall be of representative character and of recognized international standing; it shall represent a substantial proportion, and express the views of major sections, of the population or of the organized persons within the particular field of its competence, covering, where possible, a substantial number of countries in different regions of the world. Where there exist a number of organizations with similar objectives, interests and basic views in a given field, they shall, for the purposes of consultation with the Council, form a joint committee or other body authorized to carry on such consultation for the group as a whole. It is understood that when a minority opinion develops on a particular point within such a committee, it shall be presented along with the opinion of the majority.
5. The organization shall have an established headquarters, with an executive officer. It shall have a

democratically adopted constitution, a copy of which shall be deposited with the Secretary-General of the United Nations, and which shall provide for the determination of policy by a conference, congress or other representative body, and for an executive organ responsible to the policy-making body.

6. The organization shall have authority to speak for its members through its authorized representatives. Evidence of this authority shall be presented, if requested.

7. Subject to paragraph 9 below, the organization shall be international in its structure, with members who exercise voting rights in relation to the policies or action of the international organization. Any international organization which is not established by inter-governmental agreement shall be considered as a non-governmental organization for the purpose of these arrangements, including organizations which accept members designated by governmental authorities, provided that such membership does not interfere with the free expression of views of the organization.

8. The basic resources of the international organization shall be derived in the main part from contributions of the national affiliates or other components or from individual members. Where voluntary contributions have been received, their amounts and donors shall be faithfully revealed to the Council Committee on Non-Governmental Organizations. Where, however, the above criterion is not fulfilled and an organization is financed from other sources, it must explain to the satisfaction of the Committee its reasons for not meeting the requirements laid down in this paragraph. Any financial contribution or other support, direct or indirect, from a Government to the international organization shall be openly declared to the Committee through the Secretary-General and fully recorded in the financial and other records of the organization and shall be devoted to purposes in accordance with the aims of the United Nations.

9. National organizations shall normally present their views through international non-governmental organizations to which they belong. It would not, save in exceptional cases, be appropriate to admit national organizations which are affiliated to an international non-governmental organization covering the same subjects on an international basis. National organizations, however, may be admitted after consultation with the Member State concerned in order to help achieve a balanced and effective representation of non-governmental organizations reflecting major interests of all regions and areas of the world, or where they have special experience upon which the Council may wish to draw.

10. Consultative arrangements shall not normally be made with an international organization which is a member of a committee or group composed of international organizations with which consultative arrangements have been made.

11. In considering the establishment of consultative relations with a non-governmental organization, the Council will take into account whether the field of activity of the organization is wholly or mainly within the field of a specialized agency, and whether or not it could be admitted when it has, or may have, a consultative arrangement with a specialized agency.

Part II

PRINCIPLES GOVERNING THE NATURE OF THE CONSULTATIVE ARRANGEMENTS

12. A clear distinction is drawn in the Charter of the United Nations between participation without vote in the deliberations of the Council and the arrangements for consultation. Under Articles 69 and 70, participation is provided for only in the case of States not members of the Council, and of specialized agencies. Article 71, applying to non-governmental organizations, provides for suitable arrangements for consultation. This distinction, deliberately made in the Charter, is fundamental and the arrangements for consultation should not be such as to accord to non-governmental organizations the same rights of participation as are accorded to States not members of the Council and to the specialized agencies brought into relationship with the United Nations.

13. The arrangements should not be such as to overburden the Council or transform it from a body for co-ordination of policy and action, as contemplated in the Charter, into a general forum for discussion.

14. Decisions on arrangements for consultation should be guided by the principle that consultative arrangements are to be made, on the one hand, for the purpose of enabling the Council or one of its bodies to secure expert information or advice from organizations having special competence in the subjects for which consultative arrangements are made, and, on the other hand, to enable organizations which represent important elements of public opinion in a large number of countries to express their views. Therefore, the arrangements for consultation made with each organization should involve only the subjects for which that organization has a special competence or in which it has a special interest. The organizations given consultative status should be limited to those whose international activities in fields set out in paragraph 1 above qualify them to make a significant contribution to the work of the Council and should, in sum, as far as possible reflect in a balanced way the major viewpoints or interests in these fields in all areas and regions of the world.

Part III

ESTABLISHMENT OF CONSULTATIVE RELATIONSHIPS

15. In establishing consultative relationships with each organization, regard shall be had to the nature and scope of its activities and to the assistance it may be expected to give to the Council or its subsidiary bodies in carrying out the functions set out in Chapters IX and X of the Charter of the United Nations.

16. In establishing consultative relations with organizations, the Council will distinguish between:

(a) Organizations which are concerned with most of the activities of the Council and can demonstrate to the satisfaction of the Council that they have marked and sustained contributions to make to the achievement of the objectives of the United Nations in the fields set out in paragraph 1 above, and are closely involved with the economic and social life of the peoples of the areas they represent and whose membership, which should be considerable, is broadly representative of major segments of population in a large number of countries (to be known as organizations in general consultative status, category I);

(b) Organizations which have a special competence in, and are concerned specifically with, only a few of the fields of activity covered by the Council, and which are known internationally within the fields for which they have or seek consultative status (to be known as organizations in special consultative status, category II).

17. Organizations accorded consultative status in category II because of their interest in the field of human rights should have a general international concern with this matter, not restricted to the interests of a particular group of persons, a single nationality or the situation in a single State or restricted group of States. Special consideration shall be given to the applications of organizations in this field whose aims place stress on combating colonialism, *apartheid*, racial intolerance and other gross violations of human rights and fundamental freedoms.

18. Major organizations one of whose primary purposes is to promote the aims, objectives and purposes of the United Nations and a furtherance of the understanding of its work may be accorded consultative status in category II.

19. Other organizations which do not have general or special consultative status but which the Council, or the Secretary-General of the United Nations, in consultation with the Council or its Committee on Non-Governmental Organizations, considers can make occasional and useful contributions to the work of the Council or its subsidiary bodies or other United Nations bodies within their competence shall be included in a list (to be known as the Roster). This list may also include organizations in consultative status or similar relationship with a specialized agency or a United Nations body. These organizations shall be available for consultation at the request of the Council or its subsidiary bodies. The fact that an organization is on the Roster shall not in itself be regarded as a qualification for general or special consultative status should an organization seek such status.

Part IV

CONSULTATION WITH THE COUNCIL

Provisional agenda

20. The provisional agenda of the Council shall be communicated to organizations in categories I and II and to those on the Roster.

21. Organizations in category I may propose to the Council Committee on Non-Governmental Organizations that the Committee request the Secretary-General to place items of special interest to the organizations on the provisional agenda of the Council.

Attendance at meetings

22. Organizations in categories I and II may designate authorized representatives to sit as observers at public meetings of the Council and its subsidiary bodies. Those on the Roster may have representatives present at such meetings concerned with matters within their field of competence.

Written statements

23. Written statements relevant to the work of the Council may be submitted by organizations in categories I and II on subjects in which these organizations have

a special competence. Such statements shall be circulated by the Secretary-General of the United Nations to the members of the Council, except those statements which have become obsolete, for example, those dealing with matters already disposed of and those which had already been circulated in some other form.

24. The following conditions shall be observed regarding the submission and circulation of such statements:

(a) The written statement shall be submitted in one of the official languages.

(b) It shall be submitted in sufficient time for appropriate consultation to take place between the Secretary-General and the organization before circulation.

(c) The organization shall give due consideration to any comments which the Secretary-General may make in the course of such consultation before transmitting the statement in final form.

(d) A written statement submitted by an organization in category I will be circulated in full if it does not exceed 2,000 words. Where a statement is in excess of 2,000 words, the organizations shall submit a summary which will be circulated or shall supply sufficient copies of the full text in the working languages for distribution. A statement will also be circulated in full, however, upon a specific request of the Council or its Committee on Non-Governmental Organizations.

(e) A written statement submitted by an organization in category II or on the Roster will be circulated in full if it does not exceed 500 words. Where a statement is in excess of 500 words, the organization shall submit a summary which will be circulated; such statements will be circulated in full, however, upon a specific request of the Council or its Committee on Non-Governmental Organizations.

(f) The Secretary-General, in consultation with the President of the Council, or the Council or its Committee on Non-Governmental Organizations, may invite organizations on the Roster to submit written statements. The provisions of sub-paragraphs (a), (b), (c) and (e) above shall apply to such statements.

(g) A written statement or summary, as the case may be, will be circulated by the Secretary-General in the working languages, and, upon the request of a member of the Council, in any of the official languages.

Hearings

25. (a) The Council Committee on Non-Governmental Organizations shall make recommendations to the Council as to which organizations in category I should be heard by the Council or by its sessional committees and on which items they should be heard. Such organizations shall be entitled to make one statement to the Council or the appropriate sessional committee, subject to the approval of the Council or of the sessional committee concerned. In the absence of a subsidiary body of the Council with jurisdiction in a major field of interest to the Council and to an organization in category II, the Committee may recommend that an organization in category II be heard by the Council on the subject in its field of interest.

(b) Whenever the Council discusses the substance of an item proposed by a non-governmental organization in category I and included in the agenda of the Council, such an organization shall be entitled to

present orally to the Council or a sessional committee of the Council, as appropriate, an introductory statement of an expository nature. Such an organization may be invited by the President of the Council or the Chairman of the committee, with the consent of the relevant body, to make, in the course of the discussion of the item before the Council or before the committee, an additional statement for purposes of clarification.

Part V

CONSULTATION WITH COMMISSIONS AND OTHER SUBSIDIARY ORGANS OF THE COUNCIL

Provisional agenda

26. The provisional agenda of sessions of commissions and other subsidiary organs of the Council shall be communicated to organizations in categories I and II and those on the Roster.

27. Organizations in category I may propose items for the provisional agenda of commissions, subject to the following conditions:

(a) An organization which intends to propose such an item shall inform the Secretary-General of the United Nations at least sixty-three days before the commencement of the session and before formally proposing an item shall give due consideration to any comments the Secretary-General may make.

(b) The proposal shall be formally submitted with the relevant basic documentation not later than forty-nine days before the commencement of the session. The item shall be included in the agenda of the commission if it is adopted by a two-thirds majority of those present and voting.

Attendance at meetings

28. Organizations in categories I and II may designate authorized representatives to sit as observers at public meetings of the commissions and other subsidiary organs of the Council. Organizations on the Roster may have representatives present at such meetings which are concerned with matters within their field of competence.

Written statements

29. Written statements relevant to the work of the commissions or other subsidiary organs may be submitted by organizations in categories I and II on subjects for which these organizations have a special competence. Such statements shall be circulated by the Secretary-General to members of the commission or other subsidiary organs, except those statements which have become obsolete, for example those dealing with matters already disposed of and those which have already been circulated in some other form to members of the commission or other subsidiary organs.

30. The following conditions shall be observed regarding the submission and circulation of such written statements:

(a) The written statement shall be submitted in one of the official languages.

(b) It shall be submitted in sufficient time for appropriate consultation to take place between the Secretary-General and the organization before circulation.

(c) The organization shall give due consideration to any comments which the Secretary-General may make in the course of such consultation before transmitting the statement in final form.

(d) A written statement submitted by an organization in category I will be circulated in full if it does not exceed 2,000 words. Where a statement is in excess of 2,000 words, the organization shall submit a summary, which will be circulated, or shall supply sufficient copies of the full text in the working languages for distribution. A statement will also be circulated in full, however, upon the specific request of the commission or other subsidiary organs.

(e) A written statement submitted by an organization in category II will be circulated in full if it does not exceed 1,500 words. Where a statement is in excess of 1,500 words, the organization shall submit a summary which will be circulated, or shall supply sufficient copies of the full text in the working languages for distribution. A statement will also be circulated in full, however, upon the specific request of the commission or other subsidiary organs.

(f) The Secretary-General, in consultation with the Chairman of the relevant commission or other subsidiary organ, or the commission of other subsidiary organ itself, may invite organizations on the Roster to submit written statements. The provisions in sub-paragraphs (a), (b), (c) and (e) above shall apply to such statements.

(g) A written statement or summary, as the case may be, will be circulated by the Secretary-General in the working languages and, upon the request of a member of the commission or other subsidiary organ, in any of the official languages.

Hearings

31. (a) The commission or other subsidiary organs may consult with organizations in categories I and II either directly or through a committee or committees established for the purpose. In all cases, such consultations may be arranged on the request of the organization.

(b) On the recommendation of the Secretary-General and at the request of the commission or other subsidiary organs, organizations on the Roster may also be heard by the commission or other subsidiary organs.

Special studies

32. Subject to the relevant rules of procedure on financial implications, a commission may recommend that an organization which has special competence in a particular field should undertake specific studies or investigations or prepare specific papers for the commission. The limitations of paragraph 30 (d) and (e) above shall not apply in this case.

Part VI

CONSULTATIONS WITH *Ad Hoc* COMMITTEES OF THE COUNCIL

33. The arrangements for consultation between *ad hoc* committees of the Council authorized to meet between sessions of the Council and organizations in categories

I and II and on the Roster shall follow those approved for commissions of the Council, unless the Council or the committee decides otherwise.

Part VII

CONSULTATION WITH INTERNATIONAL CONFERENCES CALLED BY THE COUNCIL

34. The Council may invite non-governmental organizations in categories I and II and on the Roster to take part in conferences called by the Council under Article 62, paragraph 4, of the Charter of the United Nations. The organizations shall be entitled to the same rights and privileges and shall undertake the same responsibilities as at sessions of the Council itself, unless the Council decides otherwise.

Part VIII

SUSPENSION AND WITHDRAWAL OF CONSULTATIVE STATUS

35. Organizations granted consultative status by the Council and those on the Roster shall conform at all times to the principles governing the establishment and nature of their consultative relations with the Council. In periodically reviewing the activities of the non-governmental organizations on the basis of reports submitted under paragraph 40 (b) below and other relevant information, the Council Committee on Non-Governmental Organizations shall determine the extent to which the organizations have complied with the principles governing consultative status and have contributed to the work of the Council, and may recommend to the Council suspension or exclusion from consultative status of organizations which have not met the requirements for consultative status as set forth in the present resolution.

36. The consultative status of non-governmental organizations with the Economic and Social Council and the listing of those on the Roster shall be suspended up to three years or withdrawn in the following cases:

(a) If there exists substantiated evidence of secret governmental financial influence to induce an organization to undertake acts contrary to the purposes and principles of the Charter of the United Nations;

(b) If the organization clearly abuses its consultative status by systematically engaging in unsubstantiated or politically motivated acts against States Members of the United Nations contrary to and incompatible with the principles of the Charter;

(c) If, within the preceding three years, an organization had not made any positive or effective contribution to the work of the Council or its commissions or other subsidiary organs.

37. The consultative status of organizations in categories I and II and the listing of those on the Roster will be suspended or withdrawn by the decision of the Economic and Social Council on the recommendation of its Committee on Non-Governmental Organizations.

38. An organization whose consultative status or whose listing on the Roster is withdrawn may be entitled to reapply for consultative status or for inclusion on the Roster not sooner than three years after the effective date of such withdrawal.

Part IX

COUNCIL COMMITTEE ON NON-GOVERNMENTAL ORGANIZATIONS

39. The members of the Council Committee on Non-Governmental Organizations⁹⁰ shall be elected at the first session of the Council each year, on the basis of equitable geographical representation, in accordance with Council resolution 1099 (XL) of 4 March 1966 and rule 82 of the rules of procedure of the Council. The Committee shall elect its Chairman and other officers as necessary. A member shall serve until the next election unless it ceases to be a member of the Council.

40. The functions of the Committee shall include the following:

(a) The Committee shall hold a session before the first session of the Council each year to consider applications for consultative status in categories I and II and for listing on the Roster made by non-governmental organizations and requests for changes in status, and to make recommendations thereon to the Council. Organizations shall give due consideration to any comments on technical matters which the Secretary-General of the United Nations may make in receiving such applications for the Committee. The Committee shall consider at each such session applications received by the Secretary-General not later than 1 June of the preceding year, on which sufficient data have been distributed to the members of the Committee not later than six weeks before the applications are to be considered. Reapplication by an organization for status, or a request for a change in status, shall be considered by the Committee at the earliest at its first session in the second year following the session at which the substance of the previous application or request was considered, unless at the time of such consideration it was decided otherwise.

(b) Organizations in consultative status in categories I and II shall submit to the Council Committee on Non-Governmental Organizations through the Secretary-General every fourth year a brief report of their activities, specifically as regards the support they have given to the work of the United Nations. Based on findings of the Committee's examination of the report and other relevant information, the Committee may recommend to the Council any reclassification in status of the organization concerned as it deems appropriate. However, under exceptional circumstances, the Committee may ask for such a report from an individual organization in category I or II or on the Roster, between the regular reporting dates.

(c) The Committee may consult, in connexion with sessions of the Council or at such other times as it may decide, with organizations in categories I and II on matters within their competence, other than items on the agenda of the Council, on which the Council or the Committee or the organization requests consultation. The Committee shall report to the Council on such consultations.

(d) The Committee may consult, in connexion with any particular session of the Council, with organizations in categories I and II on matters within the competence of the organizations concerning specific items already on the provisional agenda of the Council on

⁹⁰ This Committee is now composed of thirteen members, in accordance with the provisions of Council resolution 1099 (XL) of 4 March 1966.

which the Council or the Committee or the organization requests consultation, and shall make recommendations as to which organizations, subject to the provisions of paragraph 25 (a) above, should be heard by the Council or the appropriate committee and regarding which subjects should be heard. The Committee shall report to the Council on such consultations.

(e) The Committee shall consider matters concerning non-governmental organizations which may be referred to it by the Council or by commissions.

(f) The Committee shall consult with the Secretary-General, as appropriate, on matters affecting the consultative arrangements under Article 71 of the Charter, and arising therefrom.

41. The Committee, in considering a request from a non-governmental organization in category I that an item be placed on the agenda of the Council, shall take into account, among other things:

(a) The adequacy of the documentation submitted by the organization;

(b) The extent to which it is considered that the item lends itself to early and constructive action by the Council;

(c) The possibility that the item might be more appropriately dealt with elsewhere than in the Council.

42. Any decision by the Council Committee on Non-Governmental Organizations not to grant a request submitted by a non-governmental organization in category I that an item be placed on the provisional agenda of the Council shall be considered as final unless the Council decides otherwise.

Part X

CONSULTATION WITH THE SECRETARIAT

43. The Secretariat should be so organized as to enable it to carry out the duties assigned to it concerning the consultative arrangements as set forth in the present resolution.

44. All organizations in consultative relationship shall be able to consult with officers of the appropriate sections of the Secretariat on matters in which there is a mutual interest or a mutual concern. Such consultation shall be upon the request of the non-governmental organization or upon the request of the Secretary-General of the United Nations.

45. The Secretary-General may request organizations in categories I and II and those on the Roster to carry out specific studies or prepare specific papers, subject to the relevant financial regulations.

46. The Secretary-General shall be authorized, within the means at his disposal, to offer to non-governmental organizations in consultative relationship facilities which include:

(a) Prompt and efficient distribution of such documents of the Council and its subsidiary bodies as shall in the judgement of the Secretary-General be appropriate;

(b) Access to the press documentation services provided by the United Nations;

(c) Arrangement of informal discussions on matters of special interest to groups or organizations;

(d) Use of the libraries of the United Nations;

(e) Provision of accommodation for conferences or smaller meetings of consultative organizations on the work of the Economic and Social Council;

(f) Appropriate seating arrangements and facilities for obtaining documents during public meetings of the General Assembly dealing with matters in the economic and social fields.

*1520th plenary meeting,
23 May 1968.*

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XIV Pan American Sanitary Conference

Santiago, Chile
October, 1954

VI Meeting Regional Committee



CSP14/7 (Eng.)
23 June 1954
ORIGINAL: SPANISH

Topic 23: RELATIONS BETWEEN THE PAN AMERICAN SANITARY ORGANIZATION AND
NONGOVERNMENTAL ORGANIZATIONS

Background

Pursuant to a resolution adopted by the Executive Committee at its 15th Meeting, the Director prepared a study "on relations with nongovernmental organizations", taking into account the policies followed by the World Health Organization in this regard. This study (Document CE16/5) was presented to the 16th and 19th Meetings of the Executive Committee, at which consideration of the matter was postponed. At its 22nd Meeting, the Committee resolved to recommend to the XIV Pan American Sanitary Conference that consideration be given to the following criteria, procedures, and privileges pertaining to the admission of nongovernmental organizations into relations with the Pan American Sanitary Organization:

Relations between the Pan American Sanitary Organization and Nongovernmental Organizations

I. CRITERIA

The following criteria should be met before a nongovernmental organization can be regarded as eligible to be considered for relationship:

1. The organization shall be concerned with matters falling within the competence of the Pan American Sanitary Organization.
2. The aims and purposes of the organization shall be in conformity with the spirit, purposes, and principles of the Pan American Sanitary Code and the Constitution of the Pan American Sanitary Organization.
3. The organization shall be of recognized standing and shall represent a substantial proportion of the persons organized for the purpose of participating in the particular field of interest in which it operates. To meet this requirement, a group of organizations may form a joint committee or other body authorized to act for the group as a whole.

4. The organization shall have a directing body and authority to speak for its members through its authorized representatives; evidence of this authority shall be presented if requested.
5. The organization shall normally be inter-American in its structure and scope, with members who exercise voting rights in relation to its policies or action.
6. Save in exceptional cases, a national organization which is affiliated to an inter-American nongovernmental organization covering the same subject on an international basis shall present its views through its government or through the inter-American nongovernmental organization to which it is affiliated. A national organization, however, may be included in the list after consultation with, and with the consent of, the Member Government concerned, if the activities of the organization are not covered by any international organization or if it offers experience upon which the Pan American Sanitary Organization wishes to draw.

II. PROCEDURES

1. The Executive Committee shall serve as a Standing Committee of the Directing Council on relations with nongovernmental organizations. The Standing Committee shall consider information submitted by nongovernmental organizations, voluntarily or by invitation, and shall make recommendations to the Directing Council; it may invite any such organization to speak before it in connection with the organization's application. Bearing in mind the desirability of ensuring valuable contributions to the work of the Pan American Sanitary Organization in terms both of quality and quantity, the Committee may recommend postponement of consideration or rejection of an application.
2. The government concerned shall be consulted with regard to possible approval of any national organization.
3. The Directing Council, after considering the recommendations of the Standing Committee on Nongovernmental Organizations, shall decide whether an organization is to be admitted into relations with the Pan American Sanitary Organization.
4. Nongovernmental organizations desiring to establish official relations with the Pan American Sanitary Organization shall address their requests, and any documentary material pertaining thereto, to the Directing Council through the Director of the Pan American Sanitary Bureau. The Director of the Bureau shall

send to all members of the Standing Committee on Nongovernmental Organizations an adequate summary of the information concerning each application to be considered, at least two months before the Standing Committee convenes. The said summary of information shall at the same time be circulated to the members of the Directing Council.

5. The Director of the Bureau shall inform each organization of the Directing Council's decision on its application. The Director of the Bureau shall maintain a list of the organizations admitted into relations, and this list and any amendments thereto shall be circulated to the Member Governments of the Pan American Sanitary Organization.
6. This list shall also be circulated to the Director-General of the World Health Organization, who may give it such further distribution as he deems desirable.
7. The Directing Council, through the Standing Committee on Nongovernmental Organizations, shall review the list biennially and shall determine the desirability of maintaining relations with the organizations on the list.

III. PRIVILEGES

1. The right to appoint an observer to participate, without right of vote, in the regular meetings of the Pan American Sanitary Organization or in conferences convened under its authority, on the following conditions: Whenever the Pan American Sanitary Conference, the Directing Council, the Executive Committee, or a conference convened under the authority of the Pan American Sanitary Organization, discuss an item in which a related nongovernmental organization is particularly interested, such an organization, on the invitation of the chairman of the meeting or on his acceding to a request from the organization, shall be entitled to make a statement of an expository nature, and may, with the consent of the meeting, be invited by the chairman to make, in the course of the discussion of the item before the meeting, an additional statement for purposes of clarification.
2. Access to the non-confidential documentation of the regularly convened meetings.

3. The right to submit a memorandum to the Director of the Bureau, who would determine the nature and scope of the circulation. In the event of a memorandum being submitted which the Director considers might be placed on the agenda of the Pan American Sanitary Conference, the Directing Council, or the Executive Committee, such memorandum will be placed before the Executive Committee for possible inclusion in the agenda of such meeting.

Conclusion

If the XIV Pan American Sanitary Conference approves the criteria, procedures, and privileges submitted above for its consideration, they might be incorporated in a resolution that would constitute general administrative regulations under the terms of Article 23 of the Constitution of the Pan American Sanitary Organization, which further authorizes the Directing Council to conclude special agreements of a reciprocal character with organizations having interest in or relation with public health.

**XX Pan American Sanitary Conference
XXX Meeting of the WHO Regional Committee**

Resolution XX

**Mechanisms for the Establishment of Official Relations between
PAHO and Inter-American Nongovernmental Organizations**

The XX Pan American Sanitary Conference,

Recalling that the XIV Pan American Sanitary Conference adopted Resolution XXVIII setting forth the criteria that the Pan American Health Organization was to observe when establishing official relations with inter-American nongovernmental organizations;

Considering that it is necessary to establish procedures for applying the criteria set forth in the above-mentioned Resolution XXVIII;

Recognizing the need to establish the privileges that an official relationship with PAHO confers on nongovernmental organizations;

Having considered the proposed procedures and privileges contained in Document CE80/14 presented by the Director to the Executive Committee at its 80th Meeting; and

Having taken note of Resolution XX of the 80th Meeting of the Executive Committee,

Resolves:

1. To adopt the following procedures for the establishment by the Pan American Health Organization of official relations with inter-American nongovernmental organizations:

1.1 An inter-American nongovernmental organization may, of its own accord or by invitation, request official recognition and the establishment of working relations in areas of mutual interest.

1.2 To this end, the inter-American nongovernmental organization must submit with its application the following supporting documentation:

1.2.1 Certified copies of its charter and by-laws.

1.2.2 Certified copies of the charters and by-laws of its affiliates in the Hemisphere.

1.2.3 An authenticated copy of the proceedings in which the governing body was elected and of the authorization of the assembly to establish relations with PAHO.

1.2.4 A copy of the most recent periodic report on its activities.

1.3 The letter of application will be circulated to all the Member Governments and their views obtained within a term of 60 days.

1.4 The Executive Committee of PAHO will appoint a standing subcommittee composed of three members, one of whom will be rotated each year to ensure the continuity of the subcommittee's functions.

1.4.1 The Director of PASB will forward to the standing subcommittee the applications for recognition and supporting documents received from inter-American nongovernmental organizations.

1.4.2 If the documentation received is not sufficiently complete or satisfactory, the Director will also inform the subcommittee of the steps that have been taken.

1.4.3 The Committee will review and analyze the documentation presented in detail. If a question arises, it may request the appearance of an authorized representative of the inter-American nongovernmental organization to clarify any matters relating to the applications.

1.5 When the applications received have been properly reviewed, the standing subcommittee will make its recommendations to the Executive Committee on the recognition and the establishment of official working relations with the applying inter-American nongovernmental organization.

In certain cases, the standing subcommittee may recommend that consideration of an application be postponed and that the Director be requested to contact the applying organization in order to determine the areas of common interest and the mutual benefits that would accrue from cooperation between the two organizations.

1.6 Once it has considered the standing subcommittee's recommendations, the Executive Committee will decide whether or not to authorize relations with a given organization.

1.7 Every year the Chairman of the Executive Committee will convey the decisions taken to the Directing Council or the Pan American Sanitary Conference.

1.8 The Director of PASB will inform each organization of the Executive Committee's decision on its application. If the decision is favorable, he will indicate the privileges conferred by the establishment of official relations.

1.9 Every three years the Executive Committee, acting through the standing subcommittee, will review the list of inter-American nongovernmental organizations with which PAHO has official working relations and decide whether they should be continued or suspended.

2. To establish that the status of official relations with PAHO shall confer on an inter-American nongovernmental organization the following privileges:

2.1 The right to appoint an observer to participate, without the right to vote, in the regular meetings of the Governing Bodies of PAHO, and in conferences and seminars conducted under the authority of PAHO.

When matters of particular interest to the organization are discussed at these meetings, its observer may, at the request of the Chairman of the meeting or in the Chairman's acceding to a request from it, make a statement presenting its views.

2.2 Active participation in the Technical Discussions that take place in connection with the meetings of the Directing Council or the Conference.

2.3 Access to nonconfidential documentation related to matters of interest to it.

2.4 Collaboration, when requested by the Chairman of the Executive Committee, in the programming of joint activities in health matters of common interest.

2.5 The right to submit a memorandum to the Director of PASB on programs going forward in areas of common interest; the Director will determine the nature and scope of its circulation. In the event of a memorandum being submitted which, in the view of the Director, should be placed on the agenda of the Directing Council, the memorandum will be put before the Executive Committee for possible inclusion on the agenda of the Council.

*(Approved at the thirteenth plenary session,
3 October 1978)*

THE WORLD BANK - NGO CATEGORIES

"No taxonomy will do justice to the wide diversity of institutions known as NGOs. The authors see two major means for categorization, one the degree to which the NGOs' activities are included to serve public (common good) vs. private (market-oriented) purposes, and the other the degree to which the NGO is directed towards the interests of its own membership vs. oriented to a constituency beyond itself.... This review establishes five categories for NGOs along a public-private continuum approximating the degree to which they represent social (common goal) ends on the public side, to economic ends on the private side. These categories, together with salient features, are:

- a) community associations: represent the intended beneficiaries more directly than any other NGO type; involvement considered most helpful for project sustainability.
- b) policy advocacy groups: indigenous or international, often focused on human rights or environmental issues; involvement in project work includes contributions to planning, monitoring and stimulating corrections.
- c) service-provider/intermediary: the best known of all NGO types, play various roles: they translate beneficiary needs and knowledge of local conditions to the Bank and translate project guidelines to communities; organize beneficiaries to take advantage of project benefits; and provide service delivery.
- d) contractors: often lower cost than for profit contractors but may, due to low capitalization, be less prepared for certain financial responsibilities; utilization for specific contracting tasks may deter realization of other more social, innately NGO goals.
- e) cooperatives: member owned and operated, function much as private firms yet have equity goals regarding distribution of profits; while attractive as economic entities that reach low income persons, cooperatives vary greatly and need to be viewed in their own context, particularly as relates to sustainability."

Between Public and Private: A Review of Nongovernmental Organization Involvement in World Bank Projects, Lawrence Salmen and Paige Eaves, The World Bank, Country Economics Department, Public Sector Management and Private Sector Development Division 06/16/89 (pp. ii - iii).

Manual Transmittal Memorandum

August 28, 1989

Operational Directive 14.70: Involving Nongovernmental Organizations in Bank-Supported Activities

1. Attached for insertion in your new Operational Manual is OD 14.70. It is a revision of OMS 5.30, *Collaboration with Nongovernmental Organizations*, which may now be discarded from the old manual. The directive does not incorporate any changes in policy, but it sets out more clearly the need to proceed in conformity with the relevant government's policies towards nongovernmental organizations.
2. Questions on this directive should be referred to the Chief, International Economic Relations Division, Strategic Planning and Review Department.
3. Additional copies are available on a self-service basis in H 4234.

Attachment:

Operational Directive

Operational Directive 14:70: Involving Nongovernmental Organizations in Bank-Supported Activities

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Operational Directive

Involving Nongovernmental Organizations in Bank-Supported Activities

Introduction

1. This directive sets out a framework for involving nongovernmental organizations (NGOs) in Bank¹-supported activities. It provides staff with guidance on working with NGOs, bearing in mind their potential contribution to sustainable development and poverty reduction, as well as the need to consult with relevant member governments and to proceed in conformity with their policies towards NGOs.

Definition and Classification of NGOs

2. The diversity of NGOs strains any simple definition or classification. NGOs include a wide variety of groups and institutions that are entirely or largely independent of government, and characterized primarily by humanitarian or cooperative, rather than commercial, objectives. The terminology varies: for example, in the United States they may be called "private voluntary organizations," and most African NGOs prefer to be called "voluntary development organizations." Although organizations such as universities or research institutes may be nongovernmental, this directive refers principally to private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development.

3. In pursuit of the Bank's development, environment, and poverty alleviation objectives, staff increasingly come into contact with a wide range of NGOs. Production-related NGOs include water users' societies, pastoral associations, consumer and credit cooperatives, farm equipment lease associations, and tree-grower associations. Charitable and religious associations may be involved in shelter for the homeless, food distribution, family planning, and mobilization of funds

for development. NGOs heighten awareness and influence policy concerning environmental degradation (OMS 2.36, *Environmental Aspects of Bank Work*, to be reissued as OD 4.00, *Environmental Policies*), involuntary resettlement (OMS 2.33, *Social Issues Associated with Involuntary Resettlement in Bank-Financed Projects*, and OPN 10.08, *Operations Issues in the Treatment of Involuntary Resettlement in Bank-Financed Projects*, which will be combined and reissued as OD 4.30, *Involuntary Resettlement*) and tribal people (OMS 2.34, *Tribal People in Bank-Financed Projects*, to be reissued as OD 4.40, *Tribal People*). NGOs usually play a critical role after a major disaster, such as an earthquake, because of their local knowledge, flexibility of operations, action-oriented staff, and effectiveness in enlisting local volunteers and mobilizing funds for disaster relief and reconstruction (OPN 10.07, *Guidelines for Bank Participation in Reconstruction Projects after Disasters*, to be reissued as OD 8.50, *Emergency Recovery Assistance*). While most NGOs with which the Bank works are implementation organizations, some NGOs focus primarily on the advocacy of specific changes in policies or approaches to development.

4. Local NGOs are often served at the provincial or national levels by apex federations and other support organizations which can improve local NGO effectiveness (for example through information sharing and coordination) and act as intermediaries between small NGOs and large funding institutions (e.g., by appraising the institutional capabilities of local NGOs or, in some cases, serving as funding channels). National NGOs, in turn, often join international and regional associations (of voluntary development agencies, cooperatives, trade unions, environmental organizations, religious groups, etc.).

5. Bank-supported activities most often involve the following types of NGOs.

¹ Bank-financed IDA and "others" include credits.

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- (a) NGOs (based in both developing and developed countries) that have demonstrated professional expertise and managerial capabilities in a particular area related to Bank lending, such as environment, rural development, food security, women in development, small-scale enterprises, appropriate technology, low-cost housing, education, vocational or management training, family planning, health, nutrition, or community organization;
- (b) NGOs (based in developed countries) that have demonstrated specialized experience in developing countries in managing foreign assistance—from both private and public sources—intended to promote development at the local community level.

Strengths and Weaknesses of NGOs

6. The main strengths many NGOs can bring to Bank-supported operations are their ability to

- (a) *reach poor communities and remote areas* with few basic resources or little infrastructure, and where government services are limited or ineffective;
- (b) *promote local participation* in designing and implementing public programs by building self-confidence and strengthening organizational capability among low-income people;²
- (c) *operate at low cost* by using appropriate technologies, streamlined services, and minimal overheads; and
- (d) *identify local needs, build upon existing resources, and transfer technologies developed elsewhere.* Some approaches and ideas now prevalent

among official development agencies began as NGO innovations.

7. On the other hand, some NGOs' ability to contribute to Bank-financed operations are constrained by a number of factors:

- (a) *Limited replicability* of many NGO-sponsored activities that are too small and localized to have important regional or national impact. In attempting to scale up their operations with public sector support, some NGOs may lose their innovative quality, and become top-down, nonparticipatory, and dependent on external and governmental support;
- (b) *Limited self-sustainability.* Like many government programs, many NGO-sponsored projects are not designed with sufficient concern for how activities will be sustained;
- (c) *Limited managerial and technical capacity.* Even some professionally staffed NGOs are poorly managed, have only rudimentary accounting systems, and sometimes initiate infrastructure projects with inadequate technical analysis;
- (d) *Lack of broad programming context.* Although experience varies by region and sector, NGO development projects often are implemented individually, outside the framework of a broader programming strategy for a region or sector, and with little regard even to other NGOs' activities. Coordination has been recognized as a constraint affecting the NGO community itself as much as the public sector or the donor community (OD 14.30, *Aid Coordination Groups*): and

² OED reviews have shown that strong beneficiary organizations improve the prospect of project success by increasing sensitivity to poor people, adapting to the local culture and environment, responding flexibly to changing conditions, and building local commitment to operation and maintenance.

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- (c) *Politicization.* Some NGOs combine development concerns with political or religious objectives that limit the extent to which the Bank can work with them while safeguarding its primary relationship with its member governments.

Ways of Involving NGOs in Bank-Supported Activities

8. Although the Bank does not lend directly to them, NGOs can play a role in selected Bank-supported activities in various ways, in conformity with the relevant government's policies towards NGOs:

- (a) *Analysis of development issues.* Bank staff and governments can learn from NGO assessments of official development programs, especially regarding the concerns of low-income groups. There may be a role for NGOs in adjustment programs, especially concerning the social dimensions of adjustment; where the government and the Bank agree that such a role is appropriate, NGOs should be consulted at an early stage. Country economic and sector work on poverty-related issues could also benefit from NGOs' views, particularly those of local NGOs.
- (b) *Project identification.* NGOs can be sources of information on intended beneficiaries and technological and institutional innovation (OMS 2.12, *Project Generation and Design*, to be reissued as OD 10.00, *Project Generation and Preparation*). Small NGO programs sometimes become the model for a larger Bank-financed project. NGO staff may also provide consulting expertise for Bank missions;

- (c) *Project design.* NGOs may serve as consultants or sources of information for the Bank, government, or local communities during project preparation. In such cases, involvement at an early stage could be helpful;

- (d) *Project financing.* Some international NGOs may cofinance a project or, more likely, finance activities complementary to a Bank-financed project (OMS 1.24, *Co-Financing*, to be reissued as OD 14.20);

- (e) *Project implementation.* An NGO may be (i) a contractor or manager engaged by the government and financed from the loan proceeds or through trust funds (OMS 4.40, *Trust Funds*, to be reissued as OD 14.40), (ii) a financial intermediary or a supplier of technical knowledge to local beneficiaries, (iii) an adviser either assisting local beneficiaries to apply for project resources (e.g., credit) or organizing local communities to make use of project facilities, (iv) an independent partner implementing activities complementary to a Bank-financed project, (v) the recipient of a government grant or loan funds,³ or (vi) the beneficiary of an NGO funding mechanism established by the project; and

- (f) *Monitoring and evaluation.* NGOs may assist the government, a project entity, or the Bank in monitoring project progress or evaluating results.

9. Because NGOs find it difficult to fund their involvement during the relatively long planning process required for Bank operations, the Bank sometimes makes small grants to NGOs from its administrative budget, for example for

³ Underlining is more likely for industrial development and finance projects, shelter schemes, and agricultural credit programs; grants are more typical in the education, population, health, and nutrition sectors. Serviced land has also been provided under urban projects for an NGO's community or religious activities, or in population and human resource development projects for the provision of NGO services.

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studies or meetings related to Bank operations. The Special Project Preparation Facility⁴ can be used to launch innovative NGO-related activities in Africa. The Bank provides grant funding to strengthen African NGOs dealing with population issues. Grant funding to facilitate NGO involvement in a Bank-financed project can also be sought from an international NGO or from another official development agency (chiefly bilateral agencies and the European Economic Community). A few bilaterals (notably the Canadian International Development Agency) and multilaterals (mainly the United Nations Children's Fund [UNICEF] and the United Nations Development Programme [UNDP]) provide grants directly to developing country NGOs and NGO associations.

Guidelines for Involving NGOs in Bank-Supported Activities

10. Staff are encouraged whenever appropriate to involve NGOs, particularly local NGOs, in Bank-supported activities along the lines set out in para. 8, bearing in mind the strengths and weaknesses of NGOs (paras. 6-7). However, because of the Bank's relationship to its member governments, staff must operate in the framework of the relevant government's policies regarding NGOs. Given the potential benefit from selective NGO involvement in development activities, staff should encourage constructive working relationships among governments, donors, and NGOs. The Bank may provide advice to interested governments on approaches and policies for encouraging the development of indigenous NGOs as effective development agents. Successful replication of NGO-supported local initiatives may be possible only in a political environment that allows NGOs to flourish and multiply.

11. Staff should be responsive, and encourage governments to be responsive, to NGOs that

request information or raise questions about Bank-supported activities, subject to the restrictions set out in Administrative Manual Statement 1.10, *Directive on Disclosure of Information*, including preserving the confidentiality of privileged information and the dialogue between the Bank and the government. If NGOs give the Bank information, the extent of confidentiality should be agreed in advance.

12. A Bank-supported project may well finance NGO-managed programs; however, too much official funding can destroy an NGO's grass roots character, and the administrative costs of funding small NGO projects are sometimes disproportionate to activity costs. Staff should be sensitive to the NGOs' need to ensure that their special status is not compromised as a result of official funding. Staff could also seek to reduce administrative costs for governments and the Bank by working, whenever possible, with NGO organizations and groupings, especially of local NGOs.

13. Any major collaboration with individual NGOs may need to be accompanied by management assistance, for example to improve monitoring and accounting.

Procurement and Disbursement

14. NGO participation in project execution as contractors or suppliers should meet the criteria set out in the Bank's *Guidelines for Procurement under IBRD Loans and IDA Credits* and in OD 11.00, *Procurement*. However as NGO contracts are usually small and involve community participation, international competitive bidding and limited international bidding are normally not feasible, and even open competitive procurement is not always feasible. Shopping or direct contracting is often the most appropriate method of procurement. Direct contracting may be justified where an NGO is the only entity capable of carrying out an activity

⁴ Examples of the use of the Special Project Preparation Facility are in (a) the Board paper, *Special Budget Supplement for the Sub-Saharan Africa Trust Fund* (RBF 43), November 29, 1984; (b) the SVPPOP memorandum, *Special Project Preparation Facility for Sub-Saharan Africa: Procurement and Implementation*, January 8, 1985; (c) the Board paper, *Special Project Preparation Facility (SPPF)—Proposal to Extend the Facility* (RBF 44), June 24, 1985; and (d) the SVPPOP memorandum, *Special Project Preparation Facility (SPPF) Approval by the Board*, February 1985.

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(e.g., maintenance of feeder roads in remote areas, or the transfer of a particular technology). Contracts with NGOs may need to reflect the fact that NGOs differ from commercial contractors: the contract might therefore stipulate, for example, that NGOs should involve the community in planning and implementation. Similarly, special measures may be required to ensure that NGOs have sufficient liquidity to carry out the contract.

15. When NGOs act as consultants financed through a Bank loan or Bank-executed UNDP project, they should be engaged following the *Guidelines for the Use of Consultants by World Bank Borrowers and by the World Bank as Executing Agency*, OMS 2.18, *The Development of Local Capabilities and the Use of Local Consultants*, and OMS 2.50, *Services of Consulting Firms for Bank Group Projects and UNDP Studies*.³ Several Part I countries' consultant trust funds include provisions that would allow their use to hire developing country NGO consultants.

16. When an NGO acts on behalf of a borrower or implementing agency, the standard accounting and audit requirements apply. Statements of Expenditure (SOEs) prepared and certified by the NGO normally constitute acceptable documentation for disbursement purposes, subject to the Bank's specific agreement. An independent audit should be carried out (see Circular Op 6/80, *Statements of Expenditure: Interim Guidelines*, filed with OMS 3.30, to be reissued as OD 12.30, *Statements of Expenditure*).

References in Bank Documents

17. When NGOs are likely to be involved, the Executive Project Summary should indicate their role, and the Project Brief and Staff Appraisal Report should, if appropriate, discuss relevant NGOs and their relation to the project, and

describe agreements reached with the government and NGOs regarding NGO involvement in projects that directly affect large groups of low-income people. These would often include (a) agriculture, population, health, and nutrition projects; (b) low-income housing and urban upgrading projects; (c) education and training projects; (d) some structural and sectoral adjustment operations; and (e) projects that involve resettlement or retrenchment. Economic and sector reports could include an analysis of NGO activities, particularly when they focus on poverty reduction.

Responsibilities

18. Country departments (especially country officers and resident representatives) should make a concerted effort to collect information about NGOs in their respective countries, including government attitudes toward NGO activities, and incorporate relevant information about and from NGOs into their work. While relying on various inventories and non-Bank sources of information about NGOs, the sector operations divisions are also encouraged to develop knowledge of important NGOs by sector and make their own capability assessments. Where appropriate, staff may organize periodic meetings with NGOs. Staff should, however, keep the borrower government appropriately informed of their contacts with NGOs, and proceed in conformity with that government's policies towards NGOs.

19. Sectoral departments in Policy, Planning and Research (PPR) are responsible for maintaining relationships with NGOs that are active on operational aspects of policy in their areas. The External Affairs Department is responsible for cooperation with NGOs in development education and for public information work with NGOs with a serious interest in international development issues.

³ These OMSs are to be combined and reissued as OD 11.10, *Use of Consultants*.

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20. The International Economic Relations Division of the Strategic Planning and Review Department (SPRIE) is responsible for developing and coordinating the Bank's overall relationships with NGOs subject to guidance provided by senior management and the Board, and keeping the relevant country director informed. SPRIE

acts as the Bank's secretariat for the Bank-NGO Committee, which is a formal forum and focal point for the Bank's discussions with NGOs. SPRIE also fosters new initiatives, backstops other departments in their work with NGOs, and provides information to operational staff on individual NGOs.