

SWAps and Civil Society

The Roles of Civil
Society Organisations
in Sector Programmes

Synthesis Report

October 2003

discussion



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SWApS AND CIVIL SOCIETY

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Background Documents to the Synthesis Report:

- Stein-Erik Kruse: “*SWApS and Civil Society. An Inception Report*”.
- Randi Kaarhus and Pamela Rebelo: “*The Role of Civil Society in the Health Sector in Mozambique*”.
- Janne Lexow: “*The Role of Civil Society in Zambia’s Education Sub-Sector Investment Programme*”.
- Stein-Erik Kruse: “*The Role of Civil Society in Uganda’s Health Sector Programme*”.
- Stein-Erik Kruse: “*The Role of Civil Society in Malawi’s Health Sector Programme*”.

Preface

NORAD commissioned this study to explore the roles of civil society organisations in sector-wide approaches with focus on health and education programmes.

NORAD strategy for poverty reduction advocates new forms of cooperation – programme and budget support. NORAD has also developed new guidelines for its support to civil society organisations – both to Norwegian based and local CSOs. The guidelines defines civil society as the formal and informal networks and organisations which operate and are found in the space between the state, the family and market and Norwegian NGOs are encouraged to support this sector of society.

The first generation SWAps focused almost exclusively on improving the effectiveness of Governments and public sectors while the involvement of CSOs was given little attention, both by the countries themselves and the development partners. Lately, there has been more involvement of civil society – not least as a parallel trend to the involvement of civil society in PRSP processes at country level.

There has been – both in Norway and internationally limited knowledge about what roles CSOs have played in sector programmes, their level of involvement and what the results are. Not only is there a need to understand better the features of current involvement, but also potentials for what roles and how CSOs can be involved in the future.

International development cooperation policy has moved towards more partnerships among governments, donors, private sector and civil society in achieving sustainable development. However, partnership with CSOs has different motivations and rationale – in most cases driven by two basic sets of beliefs – or two poles of beliefs; neo-liberal economic theory and liberal democratic theory. In the first, CSOs are seen as the preferred channel for service provision in deliberate substitute for the state. In the second, CSOs are seen as vehicles for “democratisation and essential components of a thriving civil society”. Norway has a tradition of having both a strong civil society and a strong state considering this as a fundamental basis for the welfare state. The work of Robert Putnam suggests that high social capital - meaning high levels of civic engagement and trust among people are positively correlated with democratic development and better performing local institutions.

The issues raised in this report are increasingly relevant due to new ways of financing activities at country level – the global initiatives such as the Global Fund for Tuberculosis, Aids and Malaria and World Banks fast track Initiative to mention some.

The study consisted of two phases: First a desk study exploring the field by collecting and systematising available information and by suggesting a way forward. This phase was important because it defined key concepts and identified and formulated relevant questions. During the second phase these concepts and questions were used and tested through country case studies. Such studies were carried out in Malawi, Uganda and Mozambique (health) and Zambia (education). This is the synthesis report with findings and analysis based on the desk study and the four case studies.

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Executive Summary

Chapter 1: Purpose and Background

This study sets out to explore the roles of civil society organisations in sector- wide approaches and the potentials for greater involvement – focussing on health and education programmes supported by NORAD. It does not discuss the relevance of SWAps as such and not all aspects of civil society, but has a particular focus on the roles of CSOs in SWAps.

There is limited systematic knowledge and documented experience on this subject. It was therefore necessary to explore the field - collect available information, define some key concepts, identify and formulate relevant questions. The next step was to test the questions and hypotheses in country case studies.

The study process consisted of a desk study, four country case studies and this synthesis report. Case studies were of (a) Mozambique Health Sector Programme, (b) Zambia Education Sector Programme, (c) Uganda Health Sector Programme and (d) Malawi Health Sector Programme.

A number of potential roles CSOs could play in SWAps were defined and a number of questions and hypotheses discussed. The roles were:

- as contributors to policy discussion and formulation,
- advocates and lobbyists,
- service deliverers (operators),
- monitors (watchdogs) of people's rights and particular interests,
- innovators introducing new concepts and initiatives,
- and finally as financiers.

The roles are in this study merely descriptive and used as analytical tools.

Chapter 2: Key Concepts and Definitions

Sector Wide Approaches

Since the 1990's there has been a general trend in international development cooperation to move away from direct project support and develop mechanisms of programme and budget support. *Programme support* has commonly been linked to the development of a *sector-wide approach* (SWAp) to policy-making, programming and planning.

A *SWAp* will generally involve:

- Development of a *common vision* among key stakeholders for reform and further development of the sector.
- Agreement on sector *policies and strategies* by national stakeholders and international/donor agencies.
- Development of transparent mechanisms of *priority-setting* and *resource-allocation* in the sector, including projections of resource availability and multi-year expenditure plans.
- Establishment of common *management arrangements*, using national systems to improve coordination of external assistance to the sector

Civil Society

NORAD describes the state, private sector and civil society as three separate arenas of development. Civil society includes the broad range of formal and informal organisations that operate in the space between the family and the state. They are not controlled by the Government and operate primarily on a not-for-profit basis.

The concept of civil society carries with it a number of more-or-less realistic assumptions concerning the roles of different actors in modern states; assumptions that are often challenged by the social and political realities in post-colonial Africa. The aim of the study is to move beyond regarding civil society as an abstract whole with virtues that external agencies can promote.

Chapter 3: Programmes in Context

This chapter provides a brief overview of:

- national health/education sector policy frameworks,
- position and characteristics of the sector programme,
- presentation of public private partnerships and in particular the role of CSOs role as service providers in health/education, and
- characteristics and position of civil society in each of the four countries.

Chapter 4: Findings and Analysis

This chapter answers in summary form the questions posed by the study.

- *There has been an increasing involvement of CSOs in SWAps, but originally the involvement was marginal and CSOs contributions were not recognised as important.*

The increased involvement of civil society in sector programmes was a major finding in this study. The public sector was still the focus of SWAps, but the level of involvement and the voice of civil society have been strengthened. CSO contributions were increasingly considered as important, but still more among donors than Governments. It was also our impression that CSOs had been more actively involved in the preparation of the PRSPs than in the SWAps.

There are important modifications to this finding:

- *Variation between countries:* In our group CSO involvement was clearly strongest in Uganda and weakest in Mozambique. The Zambia and Malawi cases were in between - with Malawi slightly closer to Uganda.
- *Skewed participation:* The processes of formulating SWAps have been increasingly participatory, but not representative. Some stakeholders were either left out or were brought on board at a late stage.
- *Quality of involvement:* Critical voices expressed that Governments invite CSOs to participate in policy formulation, only when policies have been drafted or when they are pushed by donors to do so. The environment was also more enabling for CSOs providing services and disabling for CSOs advocating for change.

The level of participation of CSOs in SWAps seems positively correlated with the maturity and strength of civil society, Government support and the quality of the sector programme. Government policies and donor support (pressure) were also important.

The political context was also important. Mozambique was a former socialist republic and Malawi had been ruled by an authoritarian President for many years – not providing a conducive environment for an active and vocal civil society.

- *The new generation SWAps have moved towards a redefinition of the state – providing a framework for enabling interventions by a variety of actors.*

This was confirmed for all countries. The language of “the new policy agenda” was spoken in all the four countries. National policy documents were positively endorsing the need for a stronger involvement of the private health sector and laid out principles for partnership instead of talking of regulation and control.

- *Interactions between Government and CSOs is still limited and strained by mutual scepticism and reluctance.*

This hypothesis was confirmed with some modification. Despite the increased involvement of civil society in SWAp and the new policy of public private partnerships, there was still a love-hate relationship between Governments and civil society – depending to large extent on the political climate in the respective country.

- *Participation in SWAp is first and foremost based on invitation from Government.*

Findings were mixed in the four countries.

- *Controversial advocacy organisations tend not to be invited by the Government to discuss SWAps.*

This was mostly confirmed. Controversial CSOs were not part of the discussion of SWAps. On the other hand, there was few controversial health CSOs to invite. The rights-based advocacy organisations were often not invited to discussions because they were not considered as competent for discussing the SWAps.

- *The basis on which involvement from CSOs take place is unclear.*

This hypothesis was not confirmed. The reasons for involving NGOs in health and education were most often obvious. They were key health and education service providers of national importance.

- *The involvement of CSOs as contributors to policy discussion is on the increase, especially at national level.*

On the whole, the space for CSOs to influence policies has been expanding, but the space was to a large extent politically determined. In some areas, such as political participation of women or in specific health and education issues, space for participation was secured, but not necessarily in controversial areas, such as macro economic issues, governance, democracy and human rights.

- *There is a weak articulation of cross cutting issues like HIV/AIDS and gender in the SWAp.*

This was not confirmed. HIV/AIDS as a crosscutting issue was addressed in most SWAps. The gender perspective was reflected in the documents as a cross cutting issue, while the processes as such were male dominated.

- *Consultations have tended to be strongest at the development stage of a SWAp and fade away once the programme gets underway.*

Findings were mixed. A public private partnership programme was early in place in Uganda. It was too early to assess in Malawi. Most CSOs in Zambia would not agree that consultations had faded away, but discontent prevailed about the quality of consultations.

- *CSOs lack the capacity and skill to take part in policy discussions.*

This was mostly confirmed. The level of skills and capacity was scarce and unevenly distributed. Most CSOs had not a technical grasp of the issues, a proper understanding of

government procedures and ability to interact and contribute in environments, which often were found intimidating.

- *There is limited capacity in Governments to interface with CSOs and the private sector.*

Findings were mixed. In Uganda a public private partnership programme was in place. In Malawi there was limited knowledge in the MOHP about the range of organisations in civil society – except for the larger health NGOs. The capacity within the MOE in Zambia was generally insufficient in all departments and bureaucratic procedures were slow and cumbersome.

- *Governments are uncomfortable with CSOs in their roles as advocates and watchdogs and reluctant to accept the legitimacy of an oppositional “voice”.*

This was to a large extent confirmed. Most Governments in Africa are uncomfortable with criticism. There is no tradition of supporting a democratic opposition. Funding of critical voices comes almost exclusively from external donors.

Donors used to be less interested in funding advocacy, but they were now found to be increasingly interested in supporting activities promoting human rights, advocacy, good governance, etc. and not service delivery.

Those most able to maintain their independence are those with separate sources of funding, mostly international NGOs and those with links to external donors.

- *CSOs are mainly being invited and involved in SWAps as service providers – sub contracted by national or district authorities.*

This was mostly confirmed. A key word in most SWAp plans was service agreements – meaning that CSOs will be sub- contracted to implement selected activities. There was a limited discussion among CSOs about the implications of sub-contracting. Smaller CSOs with an advocacy mandate expressed concern about being co-opted and silenced by and through large service contracts.

There seems to be a contradiction between new donor policies on civil society supporting advocacy and change agent roles and the dominant service delivery role of CSOs in sector programmes. SWAps have led to stronger CSO involvement in policy processes, but might end up with less independence for CSOs during implementation.

- *CSOs are seen to have comparative advantages in providing services to marginalised and hard to reach groups in ways Government cannot.*

This was overwhelmingly confirmed in all the four countries.

- *CSOs involved in service delivery have often higher legitimacy as lobbyists and impact on policy processes than CSOs only doing advocacy.*

This was mostly confirmed. A track record of effective service delivery was the entrance ticket for the CSOs to the policy discussion. In some policy processes, involvement in service delivery was a pre-requisite for participation in policy formulation, as Government tended to engage with CSOs only when it could see a clear advantage in doing so.

A move away from service delivery could remove a point of entry for NGOs at local level for education, mobilisation and capacity-building on rights-based issues. Although some service

delivery CSOs are passive “gap-fillers”, this was not always the case. Service-delivery was also a springboard for influence in policy formulation and a key component in assisting people in need.

- *The Government is not willing to open up for systematic review and impact analysis of SWAps from field based CSOs.*

This was mostly confirmed. Monitoring of Government activities by civil society was weak at all stages of the policy process. With CSOs increasingly dependent on Government funding and contracts with district authorities, their ability and position to monitor the same authorities was also weakened because the roles are contradicting each other.

- *CSOs play a marginal role as financiers of SWAps.*

This was confirmed in the sense that CSOs were not providing funds to the health basket. On the other hand, the health CSOs were providing significant support to the implementation of the national health sector plan – even if the funding did not go through Government systems.

Formatert: Punktmerking og nummerering

- *CSOs are increasingly funded directly by the government through contractual arrangements.*

This was partly confirmed. In Uganda, less than one quarter of NGOs had been paid to provide a service. Contractual arrangements were seen as the way forward in all the countries.

- *The funding of CSOs through SWAps is limited.*

This was mostly confirmed. In particular, local CSOs were worried about the hurdles of accessing funds directly from the Government at both national and in particular at district level. Poor cash strapped districts were and would remain reluctant in releasing funds for CSO activities according to local CSOs.

- *International CSOs and bilateral donors remain the donors of national CSOs.*

This hypothesis was mostly confirmed. As a general rule, both national and local CSOs have very few independent sources of income and depended almost entirely on external donors. Several donors providing financial support to the health basket said they would reduce their direct support to CSOs with the argument that CSOs should be able to access funds directly from MOH in the future.

Formatert: Punktmerking og nummerering

CSOs receiving direct support feared Government bureaucracy and procedures. It would protect CSOs independence if some of their income derives directly from international NGOs or donors.

- *SWAps and decentralisation are strategies pulling in opposite directions.*

There was no clear answer, but strong elements of centralisation were found in the SWAps. Advocates of decentralisation argued that conditional CSO grants undermined the process of developing autonomous local governments and contradict the principle of devolution in the Local Government Acts.

- *Few Norwegian CSOs are involved in SWAps.*

This was confirmed for all countries. Norwegian NGOs were present, but not involved in discussions and implementation of the SWAps. Norwegian organisations were supported directly from NORAD in Oslo and mostly working with and through local partners.

- *There is no forum and few mechanism through which Norwegian CSOs can take part in SWAps.*

This was confirmed. There were informal mechanisms for discussion, but few fora and examples of consultation between NORAD and Embassies and Norwegian NGOs.

Chapter 5: Recommendations – Points for discussion

- **Who represents civil society? Clarify the basis for CSO involvement of civil society in SWAps.**

The Governments and CSOs need to discuss and clarify the basis for increased civil society involvement in SWAps. It has been unclear who represents civil society, what roles CSOs should play in various phases of a SWAp and to what extent civil society has or could be given the relevant capacity and expertise to be more actively involved. This study has also showed that the involvement of CSOs to a large extent followed as a result of donor pressure and conditions.

- **Only for large urban CSOs? Broaden and differentiate the involvement of civil society in SWAps.**

A process should be initiated where also district level CSOs and community based organisations (CBOs) could be brought into the consultations. Involvement should be broadened and differentiated.

- **Involved to do what? Broaden and protect the roles played by CSOs.**

CSOs have played roles in the SWAps, but few roles. There is a need for stronger CSO involvement in monitoring and evaluation of sector performance. Most CSOs are not equipped for such roles and capacity building is needed. More specialised NGOs should be encouraged and supported to perform M&E functions. Governments, donors and CSOs should be aware of the inherent conflict between the service provider and monitoring/watchdog roles.

CSOs need to discuss to what extent they should accept and support the increase in sub-contracting envisaged in SWAps. CSO capacity for sub-contracting is often inadequate and too much public funding may jeopardise CSO's independence and autonomy – and their ability to represent a critical voice.

- **Who should fund civil society? Maintain diversified funding of CSOs.**

Donors should maintain a parallel system of funding national CSOs – through sector programmes, directly and through international CSOs. It will protect the independence of CSOs if some of their income derives directly from international NGOs or donors. There is also often an added value in promoting partnerships between like-minded national and international organisations.

- **Advocacy or service providers? Maintain a balance between service-delivery and advocacy.**

Most large CSOs were combining service delivery and advocacy - since the target groups needed both. The trend towards a separation between the two could decrease the impact of CSO advocacy. A move away from service delivery reduces the organisations knowledge of actual conditions at the grassroots and their legitimacy with policy-makers. Service delivery can be a springboard for influence in policy formulation as well as a component in assisting people in need.

- **A role for Norwegian NGOs? Explore the scope for increased involvement of Norwegian NGOs in SWAps.**

There are few - if any links between the two channels of support. Norwegian NGOs have also shown limited interest and knowledge about SWAps. There is a need to assess to what extent there are overlaps and potential synergies between the SWAps and Norwegian funded CSO projects. It is more important that such projects are conceived and implemented within the framework of national sector policy and resource allocation, than for funds to flow through the Government budget.

- **Mini CSO-SWAps should be established**

Donors should consider establishing some experimental mini-SWAps for civil society support in certain priority areas - in addition to funding of CSOs through sector programmes. Projects to maintain CSOs independence and critical monitoring and advocacy functions should be prioritized.

1. INTRODUCTION

1. 1. Background

This study set out to explore the roles of civil society organisations (CSOs) in sector-wide approaches (SWAps) - with a focus on health and education programmes supported by NORAD.

Several important developments in aid strategy come together and justify this study. NORAD's strategy towards 2005 advocates new forms of cooperation – programme and budget support as means to more effective reduction of poverty in partner countries. Sector wide approaches (SWAps) represent a form of programme support.

NORAD is either involved in or planning to support sector programmes in five countries in primary- and/or higher education, health in three countries, three in energy and three in roads, one in water and sanitation and one in wildlife management¹.

The first generation SWAps had as their almost exclusive focus improving the effectiveness of Governments and public sectors. The programmes were driven by a desire to support Governments in a move towards more coherent sector strategies, resource allocation and common management and monitoring arrangements. *“SWAps developed as a response to a dysfunctional public expenditure management system and an objective has been to bring Government and donors within a single policy and expenditure programme, preferable located within the government budget* (Foster 2001). There has been more involvement of civil society organisations in later SWAps, but less knowledge about how much, what roles they have played and with what results.

International aid policy has also moved towards more partnerships among governments, donors, private sector and civil society, which is seen as a more effective way to achieve sustainable economic and social benefits. Over the recent years, the majority of multilateral and bilateral donors have been engaging civil society in programmes and policy dialogue as a way of building local ownership of the development processes and improving programme design, implementation and sustainability. Not only in sector programmes, but also in PRSP processes, the new Global Health Fund and the World Bank HIV/AIDS programme (MAP) the involvement of civil society organisations is strongly supported by donors.

What explains these trends? There are several reasons, but civil society has gained an increased popularity among donors based on what is called the “New Policy Agenda”. This agenda is not monolithic – its details vary from one official agency to another, but in most cases it is driven by two basic sets of beliefs organised around the two poles of neo-liberal economics and liberal democratic theory.

First, markets and private initiative are seen as the most efficient mechanisms for achieving economic growth and providing services to most people. Governments

¹ See Annex 2 for an overview of countries where NORAD is involved with budget support or in SWAps.

“enable private provision, but should minimize their direct role in the economy. Because of their expected cost effectiveness in reaching the poorest, official agencies have increasingly been supporting CSOs in providing welfare services to those who cannot be reached through the markets. CSOs have for a long time been providing such welfare services, but the difference is that now they are seen as the preferred channel for service-provision in deliberate substitution for the state.

Second, under the New Policy Agenda, NGOs and community-based organisations are seen as vehicles for “democratisation” and essential components of a thriving civil society. Civil society is supposed to act as a counterweight to state power – protecting human rights, opening up channels of communication and participation, providing training grounds for activists and promoting pluralism. Donors have adopted various parts of the new policy agenda. NORAD’s policy on civil society is focusing on the second advocacy pole of the agenda and does not encourage CSOs as service providers. In Norway, there is also a tradition for both a strong state and a strong civil society where the latter complement and not substitute the former.

There is, however, limited systematic knowledge and documented experience on the roles of civil society in SWAps. This is true for Norway, but it is also an unexplored area in other countries and agencies as well. To begin the study, it was therefore necessary to explore the field - collect available information, define some key concepts, identify and formulate relevant questions. The next step was to test the questions and hypotheses in country case studies.

Norwegian NGOs provide significant funding to health and education in many of NORAD’s programme countries. The total investments for 2002 amount to nearly 113 Million NOK. NORAD promotes an integrated approach of all Norwegian support to countries, but the funding through NGOs is still to a large extent de-linked from bilateral programmes. An interesting question is therefore to identify the scope for and also mutual desire to foster closer linkages.

The rapid growth of SWAps in the social sector has important consequences for the future role of Norwegian NGOs and their partners in terms of planning and funding of health and education programmes. But the consequences are not yet clear. Few Norwegian NGOs are so far involved in sector programmes and there are also few and weak institutional mechanisms for them to take more active part.

1.2. Objectives and Methods

The objective of this comparative study is to explore the roles of *civil society organisations* (CSOs) in relation to *sector-wide approaches* (SWAps) in policy-making and planning, implementation and follow up². The report does not pretend to present a comprehensive overview and analysis of the total field of inter-linkages between SWAps and civil society. Neither does the report discuss the ideological assumptions in SWAps in any depth. Specific SWAps are taken as a point of departure and particular focus is on the roles of CSOs in such programmes.

² See Annex 1: Terms of Reference for the study.

Another objective is to contribute to a discussion of the potentials for a greater involvement of civil society in planning, advocacy, implementation, monitoring and evaluation. One key assumption is that the involvement of a wider range of stakeholders will promote better sector transparency and accountability to the population and thereby contribute to improving the quality of these services.

The study is limited to the social sector since most SWAps and CSOs are in health and education. The entry point for the study is national CSOs in NORAD partner countries and their interactions with national SWAps - and not the roles of Norwegian NGOs as such. On the other hand, the involvement of Norwegian NGOs is relevant and important and is discussed in the case studies. The roles of for-profit organisations are not examined - even if the lines between the for profit and not for profit organisations sometimes are blurred.

The desk study and synthesis report were prepared by Stein-Erik Kruse (HeSo).

The country case studies were carried out by different consultants³. Four countries were selected – three SWAps in health and one in education.⁴

The study approach and methods are presented in the background document. A number of potential roles CSOs could play in SWAps were defined:

- as contributors to policy discussion and formulation,
- advocates and lobbyists,
- service deliverers (operators),
- monitors (watchdogs) of people's rights and particular interests,
- innovators introducing new concepts and initiatives,
- and finally as financiers.

The roles were merely used for descriptive and analytical purposes capturing various aspects of the interaction between CSOs and SWAps⁵. Sometimes an organisation plays only one role, but more often CSOs plays multiple roles. The potential conflicts and overlap between roles illustrate in itself interesting issues.

The desk study identified a number of key questions to be used in the country case studies. For each question assumptions or hypotheses were suggested based on

• *Mozambique Health Sector Programme*
Randi Kaarhus and Pamela Rebelo (May 2003): "The role of civil society organisations in the health sector in Mozambique", NORAGRIC.

• *Zambia Education Sector Programme*
Janne Lexow (April 2003): "The role of civil society organisations in Zambia's Education Sub-Sector Investment Programme (BESSIP), DECO.

• *Uganda Health Sector Programme:*
Stein-Erik Kruse (June 2003): "The role of civil society organisations in Uganda's Health Sector Programme", HeSo.

• *Malawi Health Sector Programme*
Stein-Erik Kruse (January 2003): "The role of civil society organisations in Malawi's Health Sector Programme", HeSo.

³ See Annex 2: Terms of reference for the case studies.

⁴ It was suggested to do a study of the education SWAp in Nepal, but this was unfortunately not carried out.

⁵ See Sara Lister (2001).

interviews and a literature review. The country reports have discussed the relevance and validity of the same hypotheses. We are now using the same approach for a comparative purpose – to discuss similarities and differences across countries. To some extent we also try to explain major trends and variation between countries. The testing of hypotheses through case studies were found useful, but the process of verification was obviously open for subjective interpretation. Similar patterns emerged, however, using different methods and approaches. This synthesis report is also based on four country studies prepared by three different authors.

Roles played by CSOs in SWAps.

(a) Contributors to Policy Discussion and Formulation

The most marked increase in recent years has been CSOs as contributors to policy discussion and formulation processes after the formula "Government invites, organisations participate".

This is a contribution from inside. Participation is by invitation and often only to those known not to disagree fundamentally or being disadvantaged by the policies proposed. Inclusion of CSOs is also often on the basis of their perceived prospect to add value to the process, rather than on any conception of a democratic right to contribute to policy formulation.

(b) Advocates and Lobbyists (pressurisers)

CSOs are here providing pressure from outside on both policy formulation and implementation, but most often on formulation. It tends to be played by CSOs at national level and often by international NGOs. Challenging the government can be labelled opposition and perceived as an illegitimate activity.

(c) Service Deliverers (operators)

CSOs are in this role providing specific services – often in marginal areas and vulnerable groups. The shift towards sector-wide approaches is often pushing CSOs towards being sub-contracted by national and district authorities.

(d) Monitors or Watchdogs of Rights

The CSOs are here monitoring various aspects in the implementation of SWAps, e.g. its effects on the poor, environment, human rights, etc. The organisations serve as watchdogs of particular interests and public concerns.

(e) Innovators

The CSOs in this role contribute new ideas and solutions. The production of new approaches and techniques, which are adopted by others, has been considered one of the comparative advantages of CSOs – either through policy formulation or implementation.

(f) Mobilisers

CSOs are here agents in awareness raising and capacity building of poor people – mobilising people to influence policy and take part in its implementation.

(g) Financier

CSOs provide also financial assistance, but rarely with direct contributions to sector programmes. The funding of CSOs from Government is implied in the service delivery role.

2. SWAps and CIVIL SOCIETY

2.1. Sector Wide Approaches

Since the 1990's there has been a general trend in international development cooperation to move away from direct project support and develop mechanisms of programme and budget support. *Programme support* in social sectors, such as health and education, has commonly been linked to the development of a *sector-wide approach* (SWAp) to policy-making, programming and planning⁶.

A *SWAp* will generally involve:

- Development of a *common vision* among key stakeholders in the SWAp process for reform and further development of the sector.
- Agreement on sector *policies and strategies* by national stakeholders and international/donor agencies.
- Development of transparent mechanisms of *priority-setting* and *resource-allocation* in the sector, including projections of resource availability and multi-year expenditure plans.
- Establishment of common *management arrangements*, using national systems to improve coordination of external assistance to the sector

A SWAp can incorporate different *financing instruments*, including pooling agreements, sector investment programmes, and sector budget support (Cassels 1997, TAG 1998).

As *agreements* between partners seeking to *promote a broad sectoral development*, SWAps can be justified on several grounds:

- A SWAp provides both a common framework and a set of agreements between central partners, primarily the sector Ministry and external donors supporting the sector and thereby promote *coordination* and *better use of resources* – for a common goal.
- A SWAp provides a framework for the Sector Ministry and donors to *discuss policy and strategic planning*.
- By establishing common procedures of financial management a SWAp can contribute to *increased sector transparency and accountability*

The expanding role of SWAps in social sectors does not only concern technical issues and financial management. A SWAp also involves key sector policy issues, which in turn has made several donors bring up questions regarding:

- *Transparency*: which groups do actually have access to information about sector policies and priorities, except for the Government and the donors themselves?
- *Accountability*: who is accountable – to whom and for what?
- Possibilities for increased *democratic participation* in important decision-making processes.

⁶ See Kaarhus' report from Mozambique.

- *Representation of views and interests* of different stakeholders and primary target groups SWAp processes.

These questions are also relevant if we see SWAp processes in the context of a broader international wave of public reform initiatives over the last 15–20 years (Tranøy&Østerud, 2001). At the global scene, this wave of public-sector reforms has been accompanied by an increasing influence of market models and neo-liberal democratic theory. Many governments increasingly involve private sector and NGOs in social-service delivery. Drawing upon common ideas, reforms within the public sector itself have been promoted under the general term of *New Public Management* (Hood 1991). Both PRSP and SWAp processes put elements of New Public Management into practice. Of particular interest in this context are:

- The emphasis on budget frames and public expenditure control.
- Explicit definition of goals, targets, and indicators of success – preferably expressed in quantitative terms.
- Separation of roles and responsibilities between central and decentralized sector levels, between policy making and policy implementation.
- A clearer definition of management roles and assignment of responsibilities.
- Increasing use of term contracts and public tenders.

A SWAp arrangement can strengthen *upward accountability* within the sector and *vertical accountability* among central partners. The question is, however, if a SWAp can also provide a framework for strengthening accountability towards primary target groups – that is, contribute to decentralisation and a strengthening of *downward accountability*. Can a SWAp agreement between central partners at the level of national sector ministries and international donors provide a framework for the involvement of CSOs as representatives of *civil society*? Or does a SWAp contribute to further centralisation of power at national level?

2.2. Civil Society

NORAD presents the state, private sector and civil society as three separate arenas of development (NORAD, How to deal with direct support to civil society). Private sector covers for-profit organisations while civil society includes the broad range of formal and informal organisations that operate in the space between the family and the state. These organisations are not controlled by the Government and operate primarily on a not-for-profit basis.

From the 1970's the third-sector organisations were usually called Non-Government Organisations (NGOs), while the new concept of civil society is broader and includes trade unions, churches, local self-help groups, independent media, professional and academic institutions, etc.

The concept of civil society carries with it a number of more-or-less realistic assumptions concerning the roles of different actors in modern states; assumptions that are often challenged by the social and political realities in post-colonial Africa. One of these assumptions is that state and civil society have complementary roles within society at large, while the border between formal and informal parts of society in African countries is often blurred.

As part of a broader trend in economic and political thinking, the New Political Agenda includes a redefinition of the role of the state. It becomes primarily a policy-making, strategic planning, and facilitating role, rather than an active role of policy implementation. The roles of active agents in economic activities should, according to the New Political Agenda, be transferred to the private sector, while the implementation of policies and the delivery of services in the social sectors to a greater extent should be transferred to NGOs or civil society organisations.

We also see that civil society is used as a normative concept, providing a vision of a desirable social order. The fact that increasing numbers of people and institutions use this concept to orient their work will probably strengthen this normative function. There is, however, still fairly scattered documentation and limited systematic knowledge in this field. Our aim is to move beyond regarding civil society as an abstract whole with virtues that external agencies can promote. Neither do we find it fruitful just to indicate the “weaknesses” of civil society in an African context. Our aim is to be more concrete in the characterization and discussion of CSO roles and functions.

A Classification of CSOs

For the purpose of this report we have found it useful to make a classification based on overall orientation and activities. Our assumption is that the various CSOs will play different roles in the preparation, implementation and monitoring of sector programmes. Donors influence also the categories promoting some types of NGOs and not others.

(a) Relief, Welfare and Charity CSOs

Welfare and charity organisations have traditionally been the most established, but are gradually losing ground. Their aims are mainly ameliorative and they work most often under religious and humanitarian inspiration. Such CSOs would rarely be involved in SWAps and if so only in service delivery functions.

(b) Development Oriented CSOs

Such organisations attempt to improve social, economic and productive conditions and are found both as small community based organisations (CBOs) at village and district levels and as large professional development agencies at state or national level. Such CSOs are often the favoured organisations by donors and will most often be involved in SWAps as implementers – providing specific services.

(c) Advocacy and Rights Based CSOs

This is the group of organisations involved in advocacy and various types of issue-oriented activism and rights based approaches. They have a far more political expression than the development organisations and articulate the concerns and demands of oppressed groups or the need for mobilising interest for particular target groups. Such CSOs are less involved in implementing projects and focus more on mobilising and expressing political issues at local, national and sometimes international levels.

(d) Professional Support CSOs

The late 70's saw the proliferation of action-research institutes, development-training and documentation centres, and groups with high-level skills in law, medicine, media and communication. They are not operational, but define their role as providing professional resources and support to the broad spectre of civil society. Such CSOs are often the most relevant for the formulation of SWAps and monitoring of their impact.

(e) Network CSOs

Finally, there are the network CSOs set up to nurture and support their CSO constituents. The networks are most often issue-specific and vulnerable to changes in leadership and participation. Such CSOs are often invited by the Government to take part in the formulation and discussion of policies and plans, since they represent several organisations and with knowledge and experience in a particular area.

KEY CONCEPTS USED IN THIS REPORT*SWAp*

The defining characteristics of a SWAp are that all significant funding (national and external) for the sector supports a single sector policy and expenditure programme under Government leadership, adopting common approaches across the sector and progressing towards relying on Government procedures to disburse and account for all public expenditure (Foster, 2001) .

Civil Society

NORAD operates with a definition of civil society as the formal and informal networks and organisations that are active in the public sphere between the state and the family. (Norwegian Ministry for Foreign Affairs and NORAD 2001)

NGOs and CSOs

The term NGO – Non-Governmental Organisations became common in the 1970s, referring to organisations that were separate from Government, usually value-based, non-profit and established to benefit others. Civil society entered the development scene in the 1990s as a concept that covers a wider range of associative forms than ‘traditional’ NGOs. CSO – Civil Society Organisations include interest groups such as trade unions, churches, community-based groups, as well as professional institutions and independent media.

Accountability

Accountability refers both to the ability to account for decisions, resource use and expenditure, and the willingness to give such information. Institutions and persons in power positions and/or entrusted with collective resources are expected to provide information and be answerable. Upward accountability means to be answerable and provide information to superior levels. Horizontal accountability refers to answerability and information-sharing at the same level of an institution – and across sectors. Downward accountability refers to providing information and being answerable to beneficiaries and target groups.

Involvement and Participation

Involvement implies participation, not only in terms of being consulted at some point in a process, but refers to participation both in defining problems and objectives, setting priorities and making decisions, and following up processes of implementation. This means that involvement also implies the sharing of responsibility for results and outcomes.

Advocacy

Advocacy refers to acts of defending a cause or proposal, based on a conception of basic human and citizens’ rights. Advocacy includes consciousness-raising, mobilisation, information, and cross-sector preventive action concerning factors that affect the situation of both individuals and communities.

Monitoring

Monitoring means here to keep track of processes of implementation of policies and strategies and check how objectives are followed up in practice.

Watchdog role

A ‘watchdog’ role will usually refer to civil society actors’ efforts to make Governments accountable for decisions and actions, often with reference to human rights or international standards and conventions.

3. THE PROGRAMMES IN CONTEXT

We analysed sector programmes in four different countries in Africa – two in Eastern and two in Southern Africa. This chapter provides a brief overview of the position and role of civil society in each country and covers also relevant aspects of the sector programmes.

3.1. Uganda

Public and Private Health Services

Until the 1970s, the health sector in Uganda was considered to be one of the best in Africa. Efforts after Independence to reform a heavily curative health system and improve primary level care succeeded to a large extent. This trend was disrupted during Amin's regime in the 1970's and accelerated in the early 1980's - resulting in proliferation of private for profit and not for profit health care providers.

The private health sector encompasses:

- The Private Not-for-Profit (PNFP) health care providers, which include the religious based health services and non-governmental organisations (NGOs).
- Private for Profit service providers.
- Traditional Medicine Practitioners.
- Traditional Midwifery Practitioners (TBA).
- Other local service providers.

At national level there are three important umbrella organisations for the PNFPs: Uganda Catholic Medical Bureau (UCMB), Uganda Protestant Medical Bureau (UPMB) and Uganda Moslem Medical Bureau (UMMB) collaborating closely with the MOH and donors. In addition, there is also the Uganda Community Based Health Care Association (UCBHCA).

Health Policy Framework

In 1997, the country initiated a process to develop a new Health Policy and Strategic Plan. Both have been developed as a collaborative undertaking between the MOH and related ministries, development partners and civil society.

Poverty Reduction Strategies

There have been several initiatives to strengthen the planning process in Uganda in recent years. The Vision 2025, a result of a major consultative process, gives an overview of long-term goals and aspirations by 2025. The Poverty Eradication Action Plan (PEAP) has guided formulation of Government policy since its inception in 1997. It has functioned as a national planning framework to guide medium term sector plans, district plans and the budget process.

The first Poverty Eradication Action Plan (PEAP) of 1997 was a result of work by a national task force. It was developed through wide consultation with stakeholders, including civil society and has since gone through several subsequent revisions, specifically to incorporate the "voices of the poor" through a participatory poverty assessment process.

The 1995 Constitution of Uganda has guided the process of developing public-private partnerships and facilitated the involvement of civil society in policy processes. The Poverty Eradication Action Plan (PEAP) encourages partnerships between the public and private sector with increased focus on poverty eradication. The National Health Policy sets out as an objective to make the private sector a major partner in Uganda's national health development and supporting its participation in all aspects of the National Health Programme.

CSOs in Uganda under the leadership of Uganda Debt Network were involved in the formulation of the Poverty Reduction Strategy Paper from December 1999 to May 2001. In Uganda, the formulation of the PRSP coincided with the desire by the Government to revise the Poverty Eradication Action Plan (PEAP) that was first developed in 1997 after two years of extensive consultations with CSOs. It was therefore decided by the Government and agreed with donors that the Uganda PEAP would also be the Uganda PRSP.

The decision to involve CSOs in the formulation of the PRSP came about as a result of continuous pressure and demands by CSOs to participate in policy design, planning and formulation. Although, this was not the first time they were included in influencing policies, it was the first time that they were deliberately included in policy design, planning and formulation.

But it is admitted that CSOs were left out in the later stages of the process and also that most NGOs did not have staff capacity and skills to engage in meaningful dialogue with Government and donors on macro-economic policy issues.

Public Private Partnership in Health

The process of developing a policy on collaboration with the private sector dates back to 1987, when the Health Policy Review Commission Report recommended integrating the private sector into the national health care system. A Government White Paper on health policy followed in 1993, which also strongly recommended an increased role for the private sector in service delivery. However, the policy did not immediately gain high political support.

A new Minister of Health appointed a health sector NGO Panel representing an important step for increased involvement from civil society. A desk has been established in MOH to coordinate the activities of the private sector. A working group has also developed a policy for Public Private Partnership.

The document is positively endorsing the need for the private health sector in Uganda and laying out principles for partnership instead of talking of regulation and control.

Consultations were perceived as important by partners involved, but questions about definitions and semantics took up considerable time in meetings. Concerns and fear were raised by private stakeholders of the use of the word "integration" in the policy document, which to them carried signals of being "swallowed up" by the Government.

A draft policy for partnership with the private sector has been developed. The initiative was an undertaking of the MOH in the joint Review Mission April 2001.

The first part of the document provides the general policy framework for the private health sector as a whole. Part two follows the framework presented in part one, expanding and adapting it to the specific requirements of the partnership with the Facility Based providers. The drafting of the specific policies for the non-facility based NGOs, the private practitioners and the traditional health practitioners are not yet completed.

Assessment of the Public Private Mix

A review of the public private mix concluded that Uganda had tried to evolve a policy based on consensus, but that a framework for integration was missing. The policy process was tortuous and the mix interpreted differently. Policy addressed inadequately the institutional and legal issues that were critical for deriving a sustainable public/private mix. Despite the significant role played by the private sector, it remained isolated from the national planning process. This study was carried out four to five years ago. A similar assessment today would most likely yield a more positive result.

Rapid Proliferation of CSOs

In the post-1986 period, the country witnessed a rapid proliferation of CSOs, particularly in the form of NGOs. There is an absence of reliable statistics about civil society in Uganda, but more than 3500 NGOs are registered as compared to 1000 in 1994. It is, however, believed that less than 500 of these have sufficient capacity to be development partners. There are also many unregistered community based organisations and other informal groups.

A new NGO sector study found that faith-based organisations are by far the largest category of NGOs, followed by those involved in community development. Unlike NGOs in other countries focusing on a small number of key services, most NGOs in Uganda seem to adopt a holistic approach. Few define themselves around a specific social service. Most resist – even resent – being providers of a specific service.

A number of thematic networks have been established which have increased the collective voice of NGOs and the impact of advocacy.

Besides the Constitution, the NGO Registration Statute governs NGOs. The Statute provides for the registration and regulation of NGOs. The new NGO Registration (Amendment Bill 2000) is perceived to restrict space for NGOs and increase control by the State.

NGOs play a crucial role in providing basic services to vulnerable groups and marginal areas in Uganda. The suggested public private partnership in health is aimed at CSOs complementing the Government in provision of services mostly to rural and poor communities. The Government is increasingly recruiting CSOs as its partners. This shift represents a dilemma in the sense that CSOs need to create partnership with the Government on the one hand and access funds from public sector and at the same time remain independent from the State – in order to hold the Government accountable.

Sensitive human rights issues are said to be absent from the agendas of most CSOs which could reflect a confined political space, but also demonstrate political servility

among the CSOs. The political environment has been and still is relatively conducive for the work of those CSOs involved in service delivery.

The new NGO sector study states that raising awareness and advocacy are the two main NGO activities. Nearly all Ugandan NGOs are involved in raising awareness – HIV/AIDS, nutrition, gender issues – and often human rights and protection of the environment. A striking feature is the importance given by NGOs to “talking” as opposed to physical delivery of goods and services.

Most large NGOs are increasingly and explicitly combining service delivery and advocacy – even if the level of advocacy is cautious as judged by the pure advocacy organisations. As compared to the situation in 1992/93, there is an increasing number of human rights organisations – speaking up against the Government. There are examples of manipulation, cooptation, control and suppression of CSOs in Uganda by the Government, but there is also ample evidence of a more vibrant civil society speaking up against the Government or those following more collaborative strategies.

3.2. Malawi

A Plurality of Health Service Providers

The Ministry of Health and Population accounts for 40% of the total number of health facilities, followed by Christian Health Association of Malawi (CHAM) with 20%. Other formal health service providers include Local Government, companies/firms and private-for-profit. The scale of the traditional health sector is unknown.

In a survey of health care seeking amongst 1264 households in Malawi, the most widely used health care provider was the drug vendor or grocery shop (68%), followed by the health centre or clinic (57%), CHAM facility (28%), traditional healer (23%) and private clinic (20%).

The Role of NGO Health Service Providers

A significant proportion of the health services in Malawi are delivered by NGOs. In terms of curative facilities, CHAM units provide 37% of all Malawi health services. Primary care and preventive service providers include not only a wide range of organisations who receive external support, but also and increasingly, locally-established NGOs such as networks of support organisations for people living with HIV/AIDs.

Weak Institutional Capacity

The MOHP has limited capacity to lead and manage the sector and utilise external resources efficiently and effectively. There is a heavy reliance on donor-funded technical advisors across core functions in the Ministry.

Hence, external donors have often bypassed Government systems, established parallel structures, selected their own districts and areas of intervention and tried to create “islands of success” in these areas. NGOs and other donors have also contributed to the weakening of the public sector by attracting the best-qualified personnel with higher salaries.

An overview of the health sector shows also that the health system has been centralised with a lot of centrally designed and vertically managed projects, resulting in substantial duplication of efforts, poor coordination and high administration costs. The central ministry is facing challenges in its central coordinating and district support functions. The Local Government Act transfers all managerial authority over health service delivery at district level from MOHP to local assemblies.

The role of the MOHP is thus changing: from one focused on coordination of service delivery to a more normative and policy-oriented role. Core functions will be in such areas as policy formulation and enforcement, standards, regulation and international representation.

Some partners (particularly NORAD, SIDA and DFID) are willing to consider direct (budget) support to districts. A proposal to NORAD from the Health Planning Department suggests that such funds should be channelled using an agreed formula to Development Budget accounts at district level – a sort of “mini-SWAp” at district level.

National Health Policy

The document “To the Year 2020: A Vision for the Health Sector in Malawi” portrays the MOHP vision for a reform of the Malawian health sector over the next twenty years. Its companion document, the “Malawi National Health Plan: 1999 – 2004”, provides an overview of health services and health-related policies, objectives, targets, strategies and activities.

Poverty Reduction Strategy Paper (PRSP)

Malawi has recently gone through the process of developing a Poverty Reduction Strategy Paper, which was finalised and officially launched in 2002. The MPRSP was developed through a broad consultative process involving 21 Thematic Working Groups comprising of members from Government, Parliament, academia, employers associations, non-governmental organisations, faith-based organisations and donors. Civil society networks such as the Malawi Economic Justice Network provided inputs and response to various drafts.

The Health SWAp Design Process

In 1999, MOHP decided to move away from a project planning approach towards a Sector-Wide Approach and a report was finalised in 2002.

The SWAp report recognises the plurality of the health sector in Malawi by promoting effective partnerships with CHAM, NGOs and private sector, who can more easily provide essential health services to remote or hard-to-reach populations.

It is stated clearly that civil society organisations have a role to play in promoting accountability and responsiveness of the health sector.

The Global Health Fund

The President launched the National Strategic Framework for HIV/AIDS Prevention and Care in October 1999 and has championed the fight against HIV/AIDS. A National AIDS Commission as a multi-sectoral board and Secretariat is established to facilitate coordination of the national response to the fight against the epidemic. The proposal provides an overall plan highlighting the need for involving civil society.

Civil Society – A Recent Phenomenon

Malawi is a young democracy – so is civil society. Malawi became an independent Republic in 1966, but its first Dr. Banda transformed it quickly into a one party state and ruled the country for 30 years with an iron fist clamping down on any opposition. A few CSOs were allowed to function – mainly Church organisations, but opposition was effectively stopped.

Once the authoritarian rule was democratically destroyed in 1993/94, CSO activities became visible and started mushrooming. There is currently no updated NGO Directory with an overview of number and types of NGOs.

There are two important categories of NGOs. International NGOs (INGOs), those registered outside Malawi and with an operation in the country and local NGOs, those that originate and are registered in the country. The INGOs are stronger, have more resources and experience. Malawian NGOs are mostly weak, resource poor and inexperienced.

Increased Tensions Government – Civil Society

The Government passed last year an NGO Law, which CSOs fear will allow the Government to punish or disband those organisations found too critical of Government policies and practices. The Churches and other CSOs have increasingly criticized the Government for its totalitarian and oppressive attitudes and behaviour. Instead of having a dialogue with the organisations, the Government has attacked religious leaders and critical voices in particular from human rights organisations.

The situation in Malawi may point towards a deeper distrust, cynicism and acrimonious feeling between civil society and the state Government. The World Bank and other donors want the participation of civil society in political processes and programmes, but there is reluctance in the Government to follow such a course – at least with the more vocal organisations.

Major bilateral donors such as Dfid, EU, DANIDA, CIDA, GTZ, NORAD and others are investing large amounts of financial resources for development with strong involvement of civil society organisations.

3.3. Zambia

An Education System in Crisis

For years Zambia has experienced a crisis in its educational system. The sources of crisis are reduced funding levels on the midst of rapid population growth and increased demand for education. The crisis has manifested itself in many ways including deterioration in the quality of the teaching and learning environments, decline in the internal and external efficiency of the education system, poor educational opportunities in many areas and lack of teachers and educational materials. There is a shortage of teachers because more teachers are dying of AIDS than can be trained to replace them.

The education system in Zambia used to be highly centralized. All decision-making authority rested with the MOE in Lusaka. In 1996 Zambia's education policy changed- marked the beginning of a series of reforms that aimed at decentralizing and reorganizing the delivery of education services. According to the reform in basic education more responsibility is to be given to the districts. Provincial Education Offices are now in charge of monitoring and supervising education standards. In MOE's desentralization plan the newly established District Education Boards are responsible for the management of all basic schools in the district, with the DEOs as Board Secretaries.

At least on paper the Boards are in charge of planning, human resource management, accounting, purchasing, management of resource centres as well as the administration of all basic schools within the respective districts. In practice, however, devolution of power (in particular relating to financial matters) will take time, due to lack of human resource capacity at district level. But the more long ranging aim is to bring authority and responsibility closer to the schools.

National Education Policy

The Government of Zambia launched the current national policy for Universal Primary Education in 1996. This policy is the basis for all ongoing education programmes in the country. The policy opens up for more avenues for provision of education and a more expanded vision of partnership in educational provision. This partnership was to include government and non-governmental organizations, the private sector, local communities, religious groups, individuals and families. Community schools were becoming important educational opportunities for many children, especially the more vulnerable groups, the street children , orphans etc.

In the national policy the government encourages the establishment of community schools to operate outside the government. It further says that the Ministry of Education will contribute to the running of these schools through the provision of teachers and teaching supplies or through a system of capitation grant.

The Basic Education Sub-Sector Investment Programme (BESSIP)

The Ministry of Education is currently implementing the final stage of Zambia's first generation SWAp in education. The conceptualization and development of the sub-sector programme came to fruition in 1998/99. Under BESSIP priority has been given to constructing schools and classrooms in rural and peri-urban areas and to providing access in small remote rural communities. Focus has been on expanding access and

improving quality of the basic education sector system from Grade 1-7. The focus on the basic education sub-sector was to be limited to a four-year phase, coming to a completion in 2003. After that a

BESSIP has attracted external funding from Netherlands, Irish Aid, NORAD, UNICEF, IDA/World Bank, Finland, DFID, UNESCO, DANIDA, and ADB.

Some donors channel their contributions to the multi-donor basket funding (e.g. UK, Norway, Netherlands, Ireland and Finland). Denmark has kept some of its funding as special project support. Some donors have supported BESSIP as a policy framework, but have continued to support projects directly.

BESSIP forms one of Zambia's major strategies for poverty alleviation. Its principal objective is to ensure that every child can complete a seven-year primary education cycle, and that education is relevant for its needs. The overall objectives aim at:

- increasing enrolment
- reducing disparities between urban and rural areas
- enhancing learning achievements for all pupils
- achieving equity in enrolment by gender and socio-economic status

Under BESSIP priority has been given to constructing schools and classrooms in rural and peri-urban areas and to providing access in small remote rural communities. The focus on construction has been on permanent structures to replace schools built in pole and mud. BESSIP has also included many quality-enhancing activities such as teacher training, material supplies, curriculum reforms, strengthening decentralization and community mobilization in support of education. In 2001 40% of the total financial inputs went to quality improvement activities.

Poverty Reduction Strategy Paper

In 2000, Zambia's Ministry of Finance and Economic Development embarked on the preparation of the PRSP. In contrast to the earlier Interim PRSP which had seen no stakeholder consultation, the real PRSP is generally recognised for having been developed with a broad-based consultative approach. In the PRSP, the government states that health and education are among the top priorities along with addressing the HIV/AIDS pandemic.

The process of PRSP preparation was initiated by the Government through eight Working Groups. The education working group consisted of representatives from all key stakeholders, various representatives from the MOE, civil society and the church. It appears that civil society groups were well organised for participation in the PRSP process.

Civil society stressed their readiness to continue cooperation as equal partners with the government in the process. The PRSP does not give further information of possible institutional arrangements to be set up to sustain the consultations between the government and civil society organisations in this respect.

The National Education Strategic Plan

The Strategic Plan has absorbed all the major PRSP education strategies and targets into its goals. The plan also underscores MOE's intent to continue to be working with civil society and specific NGOs. The need for better institutional linkages between MOE and organizations is recognized.

Characteristics of CSOs in Education

Since 1980s CSOs have claimed an increasingly larger space as major players. With support from UNESCO Zambian CSOs have been able to prepare themselves well in connection with the Education for All process. A national task force on EFA in Zambia was formed following the Jomtien Conference in 1990. This task force played a role for the preparation of the Dakar World Forum on Education in 2000.

The participation of CSOs in provision of education takes a number of forms. There are more than 120 known organisations operating within the education sector in Zambia. These are church related organisations, NGOs in general, welfare associations sensitising communities on civic education, umbrella organisations, economic inclined organisations with focus on productive and commercial issues, cultural organisations promoting ethnic group rights, development organisations, issue-oriented organisations promoting women's and children's rights and so on.

In 1997, the Zambia Community Schools Secretariat (ZCSS) was established to meet the need for an umbrella organization that coordinates the movement of the community schools and provides the basic services for the increasing number of community schools in the country. Community schools have become increasingly important as avenues to reach vulnerable groups of children such as orphans, street children and children in remote areas. Many community schools cater for groups of children who have dropped out of formal government schools or never have had a chance to access a formal school.

While both ZCSS and MOE strive to standardize quality criteria for community schools, there is still no government control over the quality of the education offered in these schools. Community schools appear to range from high-quality alternatives with clear goals of bringing the students through public examination and strengthening the children's future positions in life. Organizations running such schools are usually also eager to pick up new educational reforms that are being implemented in the formal government schools and benefit from MOE programmes to upgrade teacher's qualifications and access to improved educational material. Evidence show that many of the students in these schools excel and that teachers in these schools are increasingly advancing onto the MOE payroll. In other cases community schools have popped up on Zambia's educational scene only to provide children with very basic literacy and numeracy skills.

There is no system to ensure that teachers have basic qualifications to perform their roles. As a result of the introduction of the MOE's policy on "free education" which abandons regular user fees for students, the CBOs offering alternative education are faced with a dilemma that poor community members have to pay for the upkeep of teachers themselves, whereas parents who have their children enrolled in government schools are relieved of such burdens.

Among the challenges for CSOs involved in education has been the lack of co-ordination between them. Currently a new initiative to address this issue and establish a coalition, Zambia National Education Coalition, was incepted in 2000. Its overall aim is to co-ordinate and harmonise activities of member organisations and ensure resonance with the government programme on education.

Major international organizations are also present in the education sector in Zambia, such as for example Save the Children, Norway (SCN) and World Vision.

SCN operates in the Southern Province, with support directly to the Provincial Education Office and with a focus on Livingstone and Kazungola Districts. SCN's involvement in Zambia is a result of the sector sponsorship between Norway and Zambia. In 1997 NORAD requested SCN to assess its possibilities to support the Norwegian efforts to strengthen the education sector in Zambia. SCN was invited by the Norwegian Embassy in Lusaka to work with the MOE in these endeavors. SCN's involvement illustrates how CSOs can move away from stand-alone projects and micromanagement to become engaged in new partnerships and modes of operation within a SWAp framework whilst retaining its own characteristics as a pro-poor organization with strong policy focus on local community participation and direct involvement of the grassroots in their pursuit of their educational goals.

Selection of activities has aligned the SCN closely to policy processes at the level of the provincial government with SCN funds being integrated in the provincial budget framework. SCN has also built on existing district management structures and responsibilities and assisted both the PEO and selected DEOs in promoting ownership and capacity building. Evaluation reports show that local communities have become more aware of the importance of education through SCN supported sensitization work. However, evidence also suggests that education authorities at local level are still rather dependent upon technical back-up in the process and that the CSO in question needs to stand back and focus on key messages over a prolonged period of time to influence changes in conventional top-down modes of delivery of educational services.

3.4. Mozambique

Public and Private Health Services

It is estimated that the National Health Service covers 50% of the population. Especially in rural areas, large part of the population continues to use traditional medicine – where public services are unavailable or hard to reach – or as an alternative to or in combination with public services. Private sector and non-profit NGOs do not play prominent roles as health service providers at a national scale, but important roles at the local level.

Private medical practice was banned by the new Government shortly after Independence in 1975, but was reintroduced in 1992. Since then the establishment of private medical facilities has in practice been heavily concentrated to the national and provincial capitals.

When medical practice was liberalised in 1992, it was hoped that a considerable input to the total supply of health services would be provided by non-profit CSOs running health facilities. This has so far not happened. Many were dependent on the public system for nursing staff, drugs and other recurrent expenditure.

During the war in Mozambique, in the period 1977-92, the total number of external NGOs grew, from seven in 1980 to 130 in 1989. In the immediate post-war period, new NGOs arrived in the country to participate in the reconstruction. Their efforts in the health sector were above all directed at rebuilding infrastructure, but some organisations also started to support various kinds of primary care programmes. While providing important contributions to the recovery effort, their fairly uncoordinated activities also created problems of coordination for the Ministry of Health and the public health service. These NGOs were themselves usually dependent upon external funding from donors that sometimes emphasized short-term results of their “own” money at the expense of the broader sector-wide results of coordinated action.

With the end of the immediate post-war reconstruction period, many NGOs left while others, such as Save the Children Norway, decided to concentrate their work on other key issues – in SCN’s case on children’s rights. As a consequence, the health-sector activities of some NGOs were faced out. Still a considerable number of NGOs work in health or health-related areas. These organisations fall into two broad categories:

- *General development NGOs* embracing a variety of developmental activities, usually combining health with education, water or agriculture projects; there are some infrastructure projects (usually coordinated with the local health authorities), and various kinds of capacity building and local-activist programmes.
- *Specialised health organisations*, but these are few and given the size of the country, have a limited presence on the ground; each usually works in a few localities in one or two provinces, often as executive agencies for bilateral donor programmes.

Informal/Traditional Health Service Providers

There is a wide variety of traditional health-service providers in Mozambique – healers or *curandeiros*, herbalists, prophets, in addition to traditional birth attendants (TBAs). Most people consult a traditional healer at one time or another – not just for health problems, but also on other issues involving psychological traumas, social relations and conflicts.

The Role of CSOs in the Area of Health

- Of the 145 foreign NGOs present working in Mozambique, relatively few are specifically dedicated to health. Most have a broad rural development mandate that might include an occasional health input, e.g. building/supporting a health post. However, there is now a strong across the board tendency to include systematic work on AIDS.
- A number of foreign NGOs working in general development provide target funding to national and local organisations that work with health issues or HIV/AIDS prevention.
- Large foreign NGOs, as a result of the AIDS epidemic, are now also forced to address health issues as employers – this is the case of Norwegian People's Aid; with its demining programme in Tete and a total of 520 employees.
- At the community level, many NGOs now place much emphasis on consciousness-raising linked to participatory approaches and empowerment. There is a need for more coordination among different CSOs/NGOs, and between civil society-initiatives and public-sector activities in the field.
- The key role in taking initiatives to promote a more active involvement of civil society actors in health sector programmes and activities now seems to lie with the public sector and the Ministry in particular – there are expressed needs, especially at the provincial level, for the MoH elaborating guidelines concerning CSO involvement in the health sector.

New Frameworks for Development and Public Sector Reforms

In 2000, the Mozambican Government presented an Action Plan for the Reduction of Absolute Poverty – PARPA. The same year the World Bank/IMF made the preparation of a Poverty Reduction Strategy Paper – a PRSP – a requirement for a new package of concessional loans and HIPC debt relief. One of the requirements for being endorsed by the Joint Boards of the international financial institutions was that the PRSP went through a fairly comprehensive consultation process with stakeholders at different levels of Mozambican society. The Ministry of Planning and Finances presented drafts of a new version of the *PARPA* for a series of consultations from December 2000 onwards. The first of these rounds of consultations included civil society, and meetings were held between Government and civil society representatives in Maputo and two provinces. In September 2001, IMF and the World Bank endorsed the *PARPA 2001–2005* as Mozambique's final PRSP.

What the PARPA does envisage is a poverty monitoring and evaluation strategy that should include civil society representatives. A *Poverty Observatory* has been established to act as a consultative body with representatives from both Government, donors and civil society – including CSOs, university professionals/researchers, and religious congregations.

The Health SWAp Process and the Strategic Plan – PESS

When the notion of SWAp – as a sector-wide approach to policy-making, programming and planning – was introduced in Mozambique as a general framework for sector reforms and strengthened donor coordination, the collaboration between

major donors and Ministry was already a priority on the health sector agenda. As soon as peace was restored in 1992, work began on the preparation of a Health Sector Reconstruction Programme (HRSP).

In 1996, the Ministry of Health and a number of donors agreed to start a process leading to a more unified programming and a strengthened collaboration in the health sector – through the pooling of funds and increasing on-budget funding.

In April 2001, the *Strategic Plan for the Health Sector (PESS) 2001 – 2005* was finalised by the MoH. The Minister's preface presents it as an instrument for change, and for transforming ideas and strategic options into concrete, visible activities that are appreciated by Mozambican citizens. The Strategic Plan identifies SWAp as the Ministry's preferred mechanism for collaboration with external and internal partners, and also as a way of working with all the sector's participants under the government's leadership.

The preparation of the Strategic Plan itself involved consultations including all the provinces in early 2000. There were meetings with other public entities that work with health, with the commercial/private sector and with civil society representatives, including religious congregations. Civil society contributions pointed to the need for community participation, advocacy and co-management in health, and the need to develop policies on relations between formal and informal medicine, and greater cooperation and coordination with NGOs.

At the central level, MoH and external partners (donors) in April 2001 agreed to establish a joint *SWAp Working Group (GT-SWAp)*. The crucial role of external partners in financing development and reform in the health sector had made it clear that a forum for regular and open dialogue was required. Its specific objectives were to include: information sharing, establishment of a joint monitoring and evaluation system, discussion of financing and resource allocation mechanisms and policies for resource pooling.

At present, the GT-SWAp is recognised as the main mechanism in the relations between MoH and external donors, and as an important forum to discuss the SWAp process and bring it further. Since the Health SWAp is defined not only as the Ministry's preferred mechanism for collaboration with external partners, but also as a way of working with all the sector's participants under the government's leadership, the question of including CSOs as more active partners has become increasingly relevant. Opinions differ, however, regarding the workability of expanding the membership in an already large, and sometimes unwieldy, GT-SWAp working group. To a great extent, discussions have so far tended to concentrate on financing mechanisms, and on technical issues with considerable financial implications. Issues related to the provision of health care, the qualitative content of policies and programmes, have so far been more marginal on the agenda.

4. FINDINGS AND ANALYSIS

This chapter seeks to answer more directly and in summary form the questions posed by the study through a discussion of the questions and hypotheses. The hypotheses serve as a basis for a comparative analysis across countries. The chapter does not stand-alone and builds on the presentation and analysis in each country case study. Detailed findings have to be found in the country reports. Key findings are emphasised and in particular major similarities or differences between programmes and countries. It should be mentioned that some of the country reports did not cover all the hypotheses.

4.1. Level of CSO Involvement is strengthened

- *There has been an increasing involvement of CSOs in SWAps, but originally the involvement was marginal and CSOs contributions were not recognised as important.*

The increased involvement of civil society in sector programmes was an overall and major finding in this study. Sector programmes were originally designed to improve the relationships between Governments and their donors. The public sector was still the major focus of SWAps, but the level of involvement and the voice of civil society had been strengthened. CSO contributions were increasingly considered as important, but still more among donors than Governments in the African countries.⁷

There are important modifications to this finding.

Variation between countries: The level of involvement varied between countries. In our group CSO involvement was clearly strongest in Uganda and weakest in Mozambique. The Zambia and Malawi cases were in between - with Malawi slightly closer to Uganda.

The facility based NGOs in Uganda have been actively involved in SWAp policy discussions, working groups and consultations and were also funded through the health SWAp, while in Mozambique there was virtually no knowledge among CSOs of the health SWAp. The Strategic Plan for the Health Sector reflected a concern for greater civil society involvement. The question was not so much the central authorities' intention of providing for a certain involvement of civil society in health sector development; the question was rather one of degree of involvement and the roles civil society actors will and can play. External donors have been much more involved in policy and strategic planning discussions than civil society organisations. The constituencies that informal and local CSOs represent were also more concerned about the on-the-ground nuts and bolts effectiveness of the health services they receive than with policy formulation.

CSOs in Malawi were given a prominent place in the new health SWAp, but their actual involvement in the policy process was modest and implementation had not yet

⁷ There is no clear evidence, but it seems that the role and voice of civil society had been stronger in the PRSP processes than in SWAps (Malawi, Uganda) partly because of the strong pressure from the World Bank.

started. The Zambian education policy “Educating Our Future” opened for a broad-based partnership. There were different views about how well CSOs had been involved in the initial process. Some of the actors being involved claim that their role had been marginal, basically because MOE did not know what they were doing in the sector.

Skewed participation: The processes of formulating SWAps have been increasingly participatory, but not representative. Not all relevant CSOs were involved. Some stakeholders were either left out or were brought on board at a late stage. Inclusion in policy processes was often unpredictable and civil society related to the state on the basis of clientelism or patronage. It was also predominantly the development-oriented NGOs that took part in the SWAps, not the broader civil society.

Quality of involvement: More critical voices expressed that Governments invite CSOs to participate in policy formulation, only when policies have been drafted or when they are pushed by donors to do so. CSOs are given a day before the consultative meetings to review the policies. They are called to rubber stamp decisions already taken to meet donor requirements. The environment is also more enabling for CSOs that are providing services and disabling for CSOs advocating for change.

Rubberstamping could be observed in all the four cases. Participation of CSOs in policy processes was still constrained, which did not overshadow the fact that CSOs roles in SWAps had been strengthened.

We do not have data to explain such differences, but it is interesting to note that among the four countries civil society in Uganda appeared as the strongest (both in numbers and capacity) and the health sector programme was relatively advanced. The Ministry of Health – with backing of national policies supported CSO involvement. The level of participation of CSOs in SWAps seems positively correlated with the maturity and strength of civil society and the quality of the sector programme. Government policies and donor support (pressure) are also important.

The civil societies in Mozambique and Malawi were young and quite weak compared to Uganda. Mozambique was also a former socialist republic and Malawi had been ruled by an authoritarian President for many years – not providing a conducive environment for an active and vocal civil society.

Some PRSPs had been formulated prior to the SWAps - with a strong donor requirement about civil society involvement. It is our impression that CSOs had been more actively involved in the preparation of the PRSPs than in the SWAps (e.g. Malawi, Uganda and Mozambique).

- *The new generation SWAps have moved towards a redefinition of the state – providing a framework for enabling interventions by a variety of actors.*

This was confirmed for all countries. It was interesting to note that with only small variation it was the language of “the new policy agenda” which was spoken. Ideology travels fast and using surprisingly similar terminology across countries. National policy documents were positively endorsing the need for a stronger involvement of

the private health sector and laid out principles for partnership instead of talking of regulation and control.

In Malawi, the Government's regulatory and enabling functions were emphasised in the SWAp plan – including the need for a plurality of participants from private sector and civil society, while MOHP in practice had problems of moving out of its paradigm of control to a paradigm of partnership. Private medical practice was banned in Mozambique after Independence, but liberalised in 1992.

In Zambia, the state's role as the main provider of the goals under Education for All remains firm, but BESSIP has reinforced the idea that the government is not the only provider of basic education, because it has had a limited outreach to in particular poor communities.

- *Interactions between Government and CSOs is still limited and strained by mutual scepticism and reluctance.*

This hypothesis was confirmed with some modification. Despite the increased involvement of civil society in SWAps and the new policy of public private partnerships, there was still a love-hate relationship between Governments and civil society – depending to large extent on the political climate in the respective country. When CSOs were taking their roles as watchdogs of Government policies and practices seriously, such tensions were also natural. Consensus is not necessarily positive. The problem arises when Governments seek to establish a forced consensus.

The current interaction between the facility based NGOs and MOH in Uganda was at the time of the study perceived to be good at both sides. On the other hand, fears, obstacles and discussions about who controls whom often assumed a central place in the policy negotiation process.

The relationships between Government and civil society in Malawi was characterised by “mutual wariness”. There was considerable cynicism among CSOs about government practices and in Government about CSOs legitimacy. The organisations feared losing their autonomy and the Government its authority, but there were important differences. The cooperation between the Government and the group of larger health service NGOs were generally good, while MOHP had much less contact with the group of smaller NGOs and were sceptical about the vocal advocacy organisations.

In Zambia, the Government was sceptical about the quality of education offered by CSOs and to what degree they measured up to what can be expected from providers of education. There was a concern in Government about the mushrooming of organisations and that some had not started up with a serious intention of providing education to children. The CSOs on the other hand argued that the MOE had done little to systematize its relations with civil society. The relationship between CSOs and the Government had improved for the better, but it was not possible to attribute this only to BESSIP. The level of both participation and interaction increased also during the PRSP process. The strong involvement of civil society appeared largely to be an outcome of demands from the donor community.

- *Policies of stronger public/private partnerships are still more aspirational than providing clear and realistic guidelines.*

This was not confirmed or only partly confirmed. The relevant policies might not be entirely clear in Uganda, but they were much more than aspirational. The working group on public private partnership was established already in 1997. A desk office was funded in MOH to coordinate activities of the private sector.

Intentions in the SWAp report in Malawi were strong and recommendations far reaching, but still aspirational. Guidelines for CSOs partnership in Zambia and Mozambique were generally lacking. BESSIP policy papers as such did not refer to CSO involvement, but during the course of the time guidelines between MOE and community schools have been developed and a mutual agreement between Zambia Community School Secretariat and MOE has been signed.

4.2. Skewed Participation

What CSOs were asked to take part in the design process and why?

- *Participation in SWAp is first and foremost based on invitation from Government.*

Findings varied. The hypothesis was not confirmed for Uganda. Participation was not representative, but the facility based NGOs initiated the dialogue with the MOH – mostly because of a difficult financial situation. They were listened to and became involved in the formulation of the health sector plan. This could be an exception. In other policy processes in Uganda, participation had been by invitation and not all were invited. In Malawi, the Government invited a range of health service NGOs to the CSO consultative workshop, but few took active part.

Many CSOs in Zambia were unaware of arrangements around the design phase of BESSIP, but was aware that mostly umbrella organisations representing a fairly large membership base had been invited to sit on the BESSIP committees or invited to participate in policy debates. It was noted that participation was basically at the Governments' discretion.

In Mozambique, the initiative to involve CSOs in sector programmes depended largely on the government. It was the Health Authorities that invited civil society to participate in programmes and it was the Government that organised the modalities for this. Very few local organisations were so far on their own initiative involved in the implementation of health programmes or activities defined in the PESS.

- *Controversial advocacy organisations tend not to be invited by the Government to discuss SWAps.*

This was mostly confirmed. In Uganda, controversial CSOs have not been part of the discussion of the health SWAp – so in that sense they were not invited. On the other hand, there was few controversial health CSOs to invite. The facility based NGOs have adopted a collaborative strategy with the Government, which did not necessarily imply that that they were completely silent.

They preferred to make their voices heard from within the system and were of the opinion that a non-confrontational approach with the Government and working from within gave them more power and opportunities to voice their concerns. There are examples where they have collected information on sensitive political issues and made that information available to other CSOs better equipped for advocacy.

In Malawi, the rights-based advocacy organisations were not invited to discussions and consultative meetings also because they were not considered as qualified for the discussion of a health SWAp. The Health Equity Network was invited because of the member's medical knowledge and experience – an example where advocacy combined with professional knowledge and experience – provided the legitimacy of such a group.

In Zambia, the Government favoured those CSOs involved directly in service provision. Activist organisations were seen as less appropriate for partnership. As a matter of fact, there were no activist organisation in the education sector.

- *The basis on which involvement from CSOs take place is unclear.*

This hypothesis was not confirmed. The reasons for involving the facility based NGOs in Uganda were obvious. They were key health service providers of national importance and well organised in four medical bureaux. For the less organised NGOs, it was much less clear. It is a problem for any Government to involve only a few organisations, when there are a large number of organisations to select from. In Malawi, it was clear what CSOs the Government wanted to invite for discussions – the major health NGOs.

The framework for BESSIP in Zambia was narrow and focused on formal primary education. This in itself limited the involvement of CSOs who were involved in non-formal education. Partnership in BESSIP was basically designed on the basis of funding to the programme, which was outside the scope of most CSOs.

What is the legitimate basis for involvement of civil society within a democratic framework is a relevant question. Democracy can be conceived in terms of a representative democracy with general elections in a defined geographical area as providing the legitimate basis for representing the people. But in addition, democracy can be conceived in terms of participatory democracy – which also gives civil society organisations legitimate and important roles to play on arenas where policies are formulated and discussed. There were also different opinions about the roles to be played by foreign-based NGOs in relation to national-based CSOs in policy-making.⁸

Central government institutions may want to deal with a single “voice” representing civil society, in order to reduce the number of interlocutors and make planning processes less complex and time-consuming. On the other hand, in order to represent the diversity of interests, problems, opinions, and cultural backgrounds, civil society organisations need to speak with many voices.

⁸ It is a legitimate question if international NGOs are part of civil society in a country in which they are represented.

4.3. Roles CSOs Played

What roles have CSOs played and how have they played those roles?

(a) As contributors to policy discussion and formulation:

- *The involvement of CSOs as contributors to policy discussion is on the increase, especially at national level.*

On the whole, the space for CSOs to influence policies has been expanding, but it is to a large extent politically determined. In some areas, such as political participation of women or in specific health and education issues, space for participation was secured, but not necessarily in controversial areas, such as macro economic issues, governance, democracy and human rights.

In Malawi, it was clear that CSOs and more CSOs contribute to policy discussions today than only a few years ago. There has been a favourable climate for involving CSOs, but not for all of them. The involvement was also skewed towards larger national CSOs while smaller organisations – particularly from the north of the country were left out. In Zambia, the umbrella organisations for community schools considered that the joint review meetings under BESSIP had gained in importance.

In Mozambique, the new policies and strategic plans clearly envisaged CSO involvement. In the health sector, greater involvement was foreseen particularly at the implementation level, whereas the PRSP (PARPA) in principle also provided for civil society involvement in monitoring and evaluation of results. Most of this is, however, yet to be applied in practice. Centrally based CSOs, which to some extent have been discussion partners for the Ministry on policy and strategic-planning issues, have mixed feelings about their experiences so far. Both institutionalised mechanisms and a MoH organisational culture oriented towards dialogue with CSOs seemed to be missing, especially at the central level. At the provincial and district level, health sector authorities were often more open to discussion – and to some extent to experiments with new approaches.

- *There is a weak articulation of cross cutting issues like HIV/AIDS in the SWAp.*

This was not confirmed. HIV/AIDS as a crosscutting issue was addressed in the SWAp in Malawi, but on the other hand the concept of SWAp was weakly articulated in the HIV/AIDS proposal to the Global Health Fund - even if they are closely interlinked. The implications were so far unclear, but the substantial additional funds to HIV/AIDS may distort agreed national priorities in the SWAp. Donors have a special responsibility that policies for and funding of global funds (including MAP and the Clinton Fund) do not contradict SWAp principles.

In Zambia, the MOE is a member of the National HIV/AIDS Council. The MOE realised that HIV/AIDS represented one of the most urgent challenges in the country in general and to MOE in particular. In order to address this serious problem the Ministry produced an HIV/AIDS strategic plan where learners, families, educators, churches and non-governmental organisations should collaborate to achieve a society free of AIDS and its stigma.

In Mozambique, the HIV/AIDS epidemic was the first health issue to mobilise not only all government sectors, but also civil society. All the main ministries have established AIDS focal points and included AIDS awareness in their programmes. Similarly, many CSOs were taking up the issue in their programmes – training activists and producing educational materials. The existences of large sums of money for AIDS work have resulted in a proliferation of new “so-called” NGOs in this field often for opportunistic reasons.

- *The gender perspective is weakly articulated.*

This was partly confirmed. In Malawi, the gender perspective was reflected in the documents as a cross cutting issue, while the processes as such had been male dominated (selection of consultants, attendance in meetings, etc.).

In terms of policy in Zambia, gender equity had a strong place. The original idea was to integrate an already ongoing programme “PAGE” into BESSIP framework. PAGE had been a joint MOE/UNICEF pilot project in operation with NORAD funds since 1995, and consisted of ten very specific strategies which aimed to reduce gender disparities in primary enrolment.

- *Consultations have tended to be strongest at the development stage of a SWAp and fade away once the programme gets underway.*

Findings were mixed. The hypothesis was not confirmed for Uganda. Consultations were from the beginning more than ad hoc. Several collaborative and consultative mechanisms were institutionalised. A public private partnership programme was early in place and NGO representatives became permanent members of committees and working groups.

The hypothesis was too early to assess in Malawi since implementation had not yet started. CSOs were actually more involved in the formulation and discussion of the PRSP for Malawi than in the health SWAp, but in PRSP involvement was said to have gradually faded out after discussions and preparations were finished.

Representatives from MOE in Zambia stated that in the design period the process had been exclusive. Most CSOs would not agree that consultations had faded away, but discontent prevailed about the quality of consultations and some NGOs claimed that some consultations were merely superficial.

- *CSOs lack the capacity and skill to take part in policy discussions.*

This was mostly confirmed. The level of skills and capacity was scarce and unevenly distributed among the organisations in Uganda. The facility based NGOs have qualified leaders to represent and talk on behalf of their members and capacity to organise, but most CSOs had not a technical grasp of the issues, a proper understanding of government procedures and ability to interact and contribute in environments, which often were found intimidating. It was also a problem that most of them did not have the time and capacity to use the space opened for them for consultations and meetings.

In Malawi, the large and well resourced international NGOs have staff with relevant expertise. Few of the local CSOs have personnel to take fully part in a complex SWAp design process.

There was no evidence that CSOs in Zambia in general lack capacity and skills to participate in policy discussions on education. Many of the larger CSOs in Zambia have a strong membership base, have developed their own strategies and are vocal in debates and media. Most CSOs were busy with implementation of own programmes and could not always be expected to take full part in national workshops and consultations.

Policies and strategies are usually formulated in a general and abstract language that is far from the daily language of most people – especially for those without formal schooling. Furthermore, political documents in Mozambique were for instance written in Portuguese, which is not the first language for the majority of the population. Language and literacy were no doubt factors with practical implications for the involvement of informal CSOs in policy discussion.

The few interviewees in the Mozambique case that had some knowledge about SWAps, saw it as basically an external donors' concern. Health sector policies and plans were, with the exception of AIDS, not at the forefront of civil society activism and there were few organisations specifically dedicated to health.

- *There is limited capacity in Governments to interface with CSOs and the private sector.*

Findings were mixed. The hypothesis was not confirmed for Uganda. There was an NGO desk and a public private partnership programme in MOH at national level. In some districts, there were Government officers with responsibility for liaising with NGOs and private sector.

In Malawi, however, there was limited knowledge in the MOHP about the range of organisations in civil society – except for the larger health NGOs and a lack of recognition of CSO/private sector contribution to for instance sexual and reproductive health. There were also few forums and mechanisms for systematic collaboration and consultations between CSOs and the Ministry.⁹

The capacity within the MOE in Zambia was generally insufficient in all departments and bureaucratic procedures were slow and cumbersome.

(b) As advocates and lobbyists:

- *Governments are uncomfortable with CSOs in their roles as advocates and watchdogs and reluctant to accept the legitimacy of an oppositional “voice”.*

This was to a large extent confirmed. Literature on CSO – Government relationships in Uganda states that the Government is not only uncomfortable with critical CSO voices, but actively controls, monitors and suppresses critical NGOs. CSOs

⁹ Such mechanisms are suggested in the SWAp design.

challenging the Government on sensitive political issues were labelled “political opposition” and their activities defined as illegitimate, but the political space for CSOs has been widened in Uganda.

In Malawi, MOHP were uncomfortable with vocal advocacy organisations. On the other hand, there were examples where NGOs had served as watchdogs and pointed to weaknesses in the Government health delivery systems without being penalized. The acceptability of an external “voice” was often a question about how the advocacy work was being done and what issues were addressed.

CSOs addressing technical and operational issues in a diplomatic way experienced few problems, while CSOs expressing clear opinions about sensitive political issues did. The political climate was not conducive for opposition. Several CSOs found the Government increasingly repressive.

Advocacy as an organised effort has mainly focused around Zambia’s participation in the Dakar EFA preparations and not around BESSIP. The lead domestic NGO in the EFA process, the “People’s Action Forum” organised several capacity-building and training workshops for other CSOs during these processes, accompanied by solid moral support from the MOE.

Advocacy as a purposeful rights- based strategy seemed not to have taken off in Zambia and there was not much information available about oppositional “voices” although all organisations work on the premise that education is a right for all children.

There were signs that this would change. Some organisations had started to express the intent of putting political leaders to task so that they realised the dramatic decline in the education.

In Mozambique, the main impetus for mobilisation and lobbying had come from the HIV/AIDS situation. There were also general initiatives, such as a study on corruption commissioned by the new anti-corruption organisation ETICA Mozambique, which identified health as a major problem area.

Most Governments in Africa are uncomfortable with criticism. There is no tradition and little understanding of the need to support its own democratic opposition. Funding of such critical voices comes almost exclusively from external donors. But this is not the same as to say that any criticism or voice from CSOs is ruled out. There has also been a positive development in some countries over time. There were examples in Uganda of a more open relationship between the Government and CSOs. The Banda regime was far more oppressive than the current Government in Malawi and CSOs have more space than they had – even if the future prospects are disturbing.

Donors used to be less interested in funding advocacy and “watchdog” organisations than traditional service provision. However, as part of the new policy agenda, donors are increasingly interested in funding activities promoting human rights, advocacy, good governance, etc. and not service delivery any longer.

Many CSOs wrestle with the tensions between increased participation in policy processes and issues of independence and autonomy from the state. This tension is exacerbated by the dependence of CSOs on external sources of funding. Those most able to maintain their independence are those with independent sources of funding, mostly international NGOs and those with links to external donors. Such external funding might be required for maintaining a critical and relatively independent civil society.

- *Civil society is fragmented with competing networks and umbrella organisations.*

This was mostly confirmed. In Uganda, the faith based organisations have successfully organised themselves in medical bureaux. Other CSOs have so far been weakly organised. This was changing as reflected in the new NGO Sector study describing Ugandan NGOs as “heavily networked”. Some of the networks have been successful, but the proliferation of networks has also led to confusion and duplication with competition within and between networks for recognition and credit from members and donors.

In Malawi civil society was young and fragmented. There were some coordinating structures in place. CONGOMA was the national umbrella organisation, but did not function as intended. There were some promising examples of CSO networks – coalitions organising themselves around a specific issue.

The CSO world in Zambia was a world of very unequal partners which were not coordinating projects between themselves. Some organisations aspired to achieve a high quality in all the education they offer. They were usually linked to external donors in one way or another and had the ability to tap into all sorts of resources that could be of support in their efforts. Others simply struggled along with small-scale projects with hardly any access to external resources at all.

In Mozambique, there are at the national level several CSO networks that to some extent served as umbrella organisations. The most inclusive and most important among these networks was LINK – a general forum of NGOs, which included both national and foreign organisations working in Mozambique. Its work at the national level was reflected at the provincial level, with corresponding Provincial NGO forums. LINK has recently defined six areas of concentration in its work. Health is not one of these six prioritised areas, but HIV/AIDS and poverty reduction more generally are included. MONASO – the Mozambican network of organisations working to combat AIDS – has become increasingly important as an umbrella organisation, providing a meeting place, training, and financing opportunities for other CSO, in addition to MONASO’s own work in HIV/AIDS advocacy. MFS (Medecins Sans Frontiers) in Mozambique has on their part taken the initiative to establish a network called NAIMA for professional NGOs working with HIV/AIDS in Mozambique. There were, however, so far few indications that these networks/umbrella organisations were competitors in the public sphere.

(c) As service deliverers (operators):

- *CSOs are mainly being invited and involved in SWAps as service providers – sub contracted by national or district authorities.*

This was mostly confirmed. In Uganda, the Government was obviously most interested in the facility based NGOs, but they were not sub-contracted. They were given a Government subsidy – a grant.

A key word in the SWAp plan in Malawi was service agreements – meaning that CSOs will be sub- contracted to implement selected activities. On the other hand, monitoring of implementation by CSOs was also mentioned explicitly in the plan, but the service delivery role was expected to be much more prominent than the watchdog function.

Few health policy issues have so far come up for discussion with civil society in Mozambique, possibly because NGOs tended to be more involved and interested in service delivery, education and awareness raising than advocacy. One exception was the fairly complex issue of anti-retroviral drugs¹⁰ – in particular the conflict between the practical inability to ensure total coverage and follow-up and the elitist implications of any kind of selection mechanism.

There was overall a limited discussion among CSOs about the implications of sub-contracting for their identity and independence. Smaller CSOs with an advocacy mandate expressed some concern about being co-opted and silenced by and through large service contracts.

CSOs in Zambia were generally not sub-contracted by the educational authorities. Individual and communities have contributed to the expansion of primary schools by helping to build new schools on self-help basis in areas and in communities which did not previously have any school.

There could be a contradiction between new donor policies on civil society and the dominant service delivery role of CSOs in sector programmes. Donor policies have moved deliberately away from service delivery. This is most clearly expressed by DFID, but reflected also in NORAD's new guidelines for civil society support.

"DFID is moving away from traditional service delivery projects and is channelling assistance directly through the budgets of governments demonstrably committed to pro-poor policies... representation of the voices of the poor, building strategic partnerships between Government and civil society and in between donors in support of civil society, and the role of civil society in holding Government to account for its pro-poor commitments".

There has been so far little analysis of this shift and its implications. SWAps have lead to stronger CSO involvement in policy processes, but might end up with less independence and autonomy for CSOs during implementation.

¹⁰ *Anti-retrovirals* are drugs that are used to treat HIV/AIDS infections, they alleviate AIDS-related illnesses, and thereby make it possible to live longer with HIV/AIDS.

Save the Children- Norway in Uganda has noted that SWAp blurred the roles between government, civil society and private business at district level. All the money goes to government/districts that then “commissions” NGOs and private business for tenders. Most district based NGOs do not have capacity to compete with private business who then walks away with tenders to implement activities at the community level. This result in infrastructure being established and water pumps being drilled without communities being consulted. Community participation has been affected negatively and this could have long-term consequences for sustainability, ownership and accountability.

- *Service delivery and rights based CSOs are perceived as antipodes while the relationships between service delivery and rights based programming remain unclear and under defined.*

This was mostly confirmed. Rights-based advocacy formed the centre stage of the strategy for Uganda Debt Network (UDN). UDN had embarked on a campaign for rights-based approaches to development which looked at development not simply in terms of human needs or developmental requirements, but in terms of the society’s obligations to respond to the rights of individuals. A rights-based approach was, however, not common and well-known among CSOs in Uganda.

In Malawi, the Government made a clear distinction between service-oriented NGOs and advocacy organisations while several of the CSOs sought to maintain a balance between the two. Most organisations supporting a rights-based framework still continued with service-delivery functions. The needs- and rights based approaches were not perceived as alternatives, but complementary with the argument that poor people need both legal rights and services.

- *CSOs are seen to have comparative advantages in providing services to marginalised and hard to reach groups in ways Government cannot.*

This was overwhelmingly confirmed. CSOs in Uganda have traditionally provided services to remote and marginal area where there have been no or few Government services. The role of CSOs in rural and marginal areas in Malawi were clearly recognised and their active participation seen as a condition for delivering an Essential Health Package at a national scale.

In Zambia CSOs were perceived as having a much better knowledge of who the poor are compared to a government ministry. It was quite clear that community schools met a big demand for more school places among the most vulnerable.

- *CSOs involved in service delivery have often higher legitimacy as lobbyists and impact on policy processes than CSOs only doing advocacy.*

This was mostly confirmed. A track record of effective service delivery was in Uganda the entrance ticket for the CSOs to the policy discussion – in other words their practical experience and commitment.

In some policy processes, involvement in service delivery seemed almost as a pre-requisite for participation in policy formulation, as Government tended to engage with CSOs only when it could see a clear advantage in doing so.

In Malawi, the same was confirmed for the larger organisations. There were examples where technical competence substituted for service delivery experience (Health Equity Network), but the CSOs had to bring something: experience, funds, knowledge, etc.

Save the Children Norway in Zambia did not confirm this statement. This organisation has a clear policy not to deliver education projects or to work outside the mainstream formal system. Instead, the aim is to build capacity in the government structures in the province and districts of focus. Despite its lack of delivery of services SCN had become an active partner in policy dialogues with the Provincial and District Education authorities in the Southern Province.

In the current situation in Zambia, there was no such clear division between service delivery and advocacy organisations. The closest to a non-service organisation was the ZCSS, which served as an umbrella organisation for CSOs running community schools.

The trend towards a strict separation between service delivery and advocacy by some donors might decrease the impact of CSO advocacy. A move away from service delivery could reduce the organisations knowledge of actual conditions at the grassroots and their legitimacy with policy-makers. It removes also a point of entry for NGOs at local level for education, mobilisation and capacity-building on rights-based issues. Although some service delivery CSOs are passive “gap-fillers”, this need not be the case. Service-delivery can be a springboard for influence in policy formulation and a key component in assisting people in need.

(d) As monitors (watchdog) of rights and for particular interests:

- *The Government is not willing to open up for systematic review and impact analysis of SWAps from field based CSOs.*

This was mostly confirmed. Monitoring of Government activities by civil society in Uganda was found to be weak at all stages of the policy process. The monitoring and evaluation of the health sector programme by CSOs was not yet developed. CSO review was one of the key roles supported by new civil society policies – most clearly expressed by DFID.

There were examples from Malawi where CSO monitoring had taken place and it was also included in the SWAp report, but it was uncertain to what extent it would happen during implementation.

With CSOs increasingly dependent on Government funding and contracts with district authorities, their ability and position to monitor the same authorities could be weakened.

Reviews and impact analysis have been initiated by some of the CSOs in Zambia, usually with funding from an international NGO. From the point of MOE, learning within the CSO sector had been relatively weak. The CSO sector itself has commented that research and documentation of experiences for learning purposes is a luxury.

In Mozambique, no civil society organisation had so far assumed a significant role in providing informed criticism on the performance of the health sector with the aim of making health service providers more accountable. In order to make health service providers more accountable to people, community involvement in the management of health units has been proposed.

(e) As innovators introducing new concepts and initiatives:

- *There is little evidence that CSOs contribute to SWAps as innovators – introducing innovative concepts and initiatives.*

For this hypothesis information was only available from Zambia except that CSOs in all countries had been at the forefront in the response to HIV/AIDS by supporting communities through awareness raising, targeting vulnerable groups, providing VCT, care and support, etc.

One of the major innovations of the community schools in Zambia had been the development of an alternative curriculum. These two curricula were Skills, Participation, Access and Relevant Knowledge (SPARK) and Government Basic Education Course.

(f) As financiers:

- *CSOs play a marginal role as financiers of SWAps.*

This was confirmed in the sense that CSOs were not providing funds to the health basket. On the other hand, the health CSOs were providing significant support to the implementation of the national health sector plan – even if the funding did not go through the Government systems. In Uganda, the facility based NGOs shared and supported the aims and objectives of the strategic plan and made a significant contribution to the realization of the strategic objectives of the SWAp.

In Malawi, CSOs did not fund the SWAp, but they participated in funding the Essential Health Package, which indirectly supports the SWAp.

- *CSOs are part of national sector policy, but funds do not flow through the Government budget.*

This was not confirmed. In Uganda, funds were not channeled from CSOs to Government, but money flowed to some extent from the Government budget to CSOs in the form of subsidies and through sub-contracting.

In Malawi, CSO funds were not reflected in Government budgets. On the other hand, most CSOs sought to complement Government services through their own structures.

The Government's funding of CHAM was exceptional. Most CSOs did not believe that the Government would fund their activities in the future as part of a SWAp – in particular not at district level.

In Zambia, there was a difference between national and international CSOs in this respect. International organisations were generally considered by MOE to have a higher level of integrity, being more transparent and having recognized reporting and accounting procedures. Funding for these international organisations may be through the Government's budget either at central or provincial level.

- *CSOs are increasingly funded directly by the government through contractual arrangements.*

This was partly confirmed. The arrangement in Uganda was that NGOs had to tender for Government health projects in competition with the private sector. The new NGO Sector study found that less than one quarter of the surveyed NGOs had been paid to provide a service for another organisation – which is 40% of the time another NGO and 25% of the time the Government.

In Malawi, it was more common for the Government to receive funds from CSOs and in particular international NGOs. Sub-contracting could increase as a result of SWAp or the rapid increase in funding from the Global Health Fund to HIV/AIDS.

Contractual arrangements were seen by the Government as the way forward in Zambia. In some BESSIP sub-components, there were contracts with NGOs, such as FAWEZA and Family Health Trust, but financial means were generated from external sources.

In Mozambique, there were plans concerning the Government sub-contracting CSOs to carry out programmes in the health sector. Such sub-contracting would have to go to the large and professional foreign NGOs.

4.4. What are the Effects of SWAps

(a) To what extent and how are CSOs funded as part of the SWAp?

- *The funding of CSOs through SWAps is limited.*

This was mostly confirmed. In Uganda facility based NGOs were funded through the SWAp, even if the amount was small compared to the total health budget,

In Malawi funds were expected to be channeled through the SWAp and also the National AIDS Council, but it had not yet happened. It was uncertain how much and what the opportunities and constraints would be. Local CSOs were worried about the hurdles of accessing funds directly from the Government at both national and in particular at district level. Poor cash strapped districts were expected to be reluctant in releasing funds for CSO activities.

In line with the objectives set in the National Education Policy and Policies and Guidelines for the Development of Community Schools in Zambia, the Ministry was committed to supporting such schools.

There was no information available to estimate the actual support given by MOE, but there was a general agreement that it had increased significantly. Not all support had been direct financial support to the CSOs, but taken the form of indirect support to establish technical support structures at decentralized levels and teacher training.

Government teachers were increasingly being deployed to community schools, and these were then automatically on the government's payroll. In 2002 a significant change occurred when MOE invited community school teachers for various in-service and distance Primary Teacher Training courses. This was generally recognized by the CSOs as a very critical support from the government.

- *International CSOs and bilateral donors remain the donors of national CSOs.*

This hypothesis was mostly confirmed. The recent NGO Sector Study in Uganda concluded that the CSOs as a whole received most grants from international NGOs – accounting for nearly half of total funding in 2001. Grants from bilateral donors were the next largest category with local government as the third largest source of grant funding. The sector as a whole derived very little revenue from local fundraising from members and non-members. As a general rule, both national and local CSOs have very few independent sources of income and depended almost entirely on external donors.

Several donors providing financial support to the health basket in Uganda would reduce their direct support to CSOs with the argument that CSOs should be able to access funds directly from MOH in the future. There was evidence that some donors had already moved in this direction. EU had expressed that funding of individual CSOs would be withdrawn with reference to the funding of the health sector programme. SIDA considered it as a long-term aim to shift direct NGO support to sector programmes, but continued funding CSOs directly. NORAD had not reduced its support through Norwegian NGOs in favor of the health basket – both channels of support were still used.

DFID had most clearly expressed in its strategic framework for working with civil society that *“DFID is moving away from traditional service delivery projects and is channeling assistance directly through the budgets of governments demonstrably committed to pro-poor policies..... The majority of DFID funds in Uganda are now channeled towards supporting the Uganda Government's own budget within the framework of the Poverty Eradication Action Plan and sector wide approaches. We will encourage, where appropriate for these resources to be used by Government to promote partnerships between Government and civil society, and in particular to procure services from civil society.*

To complement our support to Government's implementation of the PEAP, and in line with this strategic framework, DFID will support a limited number of civil society organisations in the areas of:

- *Democratization and civic education*
- *peace building*
- *advocacy, lobbying and monitoring of pro-poor economic and social policy.*”

Reactions from national CSOs to the new trends were mixed. CSOs now receiving direct support fear Government bureaucracy and procedures. It could also be argued that national CSOs should not be funded exclusively by the Government. It protects their independence if some of their income derives directly from international NGOs or donors, which also see it as their role to strengthen national partners. Government funding may also come mainly through sub-contracting – affecting their identity and autonomy as CSOs and strengthening the service delivery role.

In Malawi the pattern of Northern NGOs (e.g. OXFAM, CONCERN, CARE, etc.) funding local partners persist. There is little awareness of what SWAp could mean for the future funding of international NGOs and their partners. It seems that bilateral donors (e.g. DFID, NORAD) will continue to fund international NGOs directly despite increased SWAp funding - in particular organisations from their own countries.

Both USAID and DFID in Zambia admitted that funding to BESSIP has significantly reduced resources available for CSOs in education. DFID has also here a clear policy that all funding for CSOs has to be channelled through MOE, except in some cases for which a separate HIV/AIDS allocation can be mobilised. CSOs that have been funded by DFID through the MOE system, have found this as a mixed blessing.

Most CSOs in Zambia financed their programmes by external sources not accounted for in the BESSIP framework. The sheer volume of donor funds to BESSIP made contributions outside these channel less visible. NORAD has not, however, focused only on BESSIP, but supported organisations such as ZOCS and Save the Children Norway extensively. NORAD did not see a contradiction between the two channels, but had coordinated these efforts internally within the Embassy.

Two Norwegian NGOs, Norwegian Church Aid and Save the Children, Norway received NOK 19 Million and NOK 9 Million respectively. NCA’s activities were mainly focused on pre-school education, whereas SCN’s core activities were all related to basic education in the Southern Province. Zambia Open Community School (ZOCS) was the largest Zambian NGO receiving funds from NORAD. Several smaller projects were geared towards HIV/AIDS information and textbook distribution.

(b) Have SWAps supported or delayed ongoing decentralisation efforts in the country?

- *SWAps and decentralisation are strategies pulling in opposite directions.*

There was no clear answer, but strong elements of centralisation were found in the SWAps. The following is an illustrative example from Uganda: The Poverty Eradication Plan (PEAP) in Uganda paved the way for access debt-relief under the HIPC-initiative and provided also the content of the country’s Poverty Reduction Strategy Paper. The Poverty Action Fund (PAF) channeled resources from HIPC,

donor budget support and the Government's own resources to the PEAPs five priority sectors: primary education, primary health care, water and environmental sanitation, agricultural and rural development and rural roads. Almost 90% of the PAF was for support to the social sector. The PAF has been a key instrument in encouraging the move to sector and budget support, because it ensured that funds were channeled to the highest priority programmes under strict conditions.

But the Local Government Act states that two-thirds of the funds must be transferred to local authorities. The Government was thus faced with an inherent tension – between fulfilling its commitment to driving the fight against poverty and its obligations to donors, while at the same time respecting the principle of local government autonomy prescribed by the Local Government Act. Tensions have emerged between policies of decentralisation and poverty eradication.

Advocates of decentralisation argue that PAF conditional grants undermined the process of developing autonomous local governments and contradicted the principle of devolution in the Local Government Act. Local councilors remained spectators to a centralised planning and budget allocation process. Three quarters of transfers for local government recurrent expenditure were in the form of conditional grants. Local councils have more or less ended up as implementers of central government plans.

On the other hand, conditional grants were justified by the district's lack of capacity for effective management of resources and delivery of services. Local authorities were criticized for poor planning, poor financial management and weak technical supervision – and for not necessarily adhering to the PEAP priorities. In other words, it was still necessary for central government to retain decision-making powers and impose conditions on the utilization of resources – as for instance illustrated in the central decision to allocate resources to NGO health facilities.

It was argued that conditionalities were needed to ensure that resources reached civil society. The feeling was that without such earmarking, it was likely that councils would keep all the resources for themselves.

In Malawi, the implications of decentralised funding of CSOs were not yet clear. According to the decentralised vision, the district and the district health plan should be the main recipients of funds, but districts were not yet prepared for such a system. It seemed that national CSOs in the current situation would not benefit from a decentralised funding system.

There was growing evidence that despite the devolution of funds to the District Health Offices, relatively little was channelled to lower levels of the health system. Civil society monitoring processes had for instance identified critical shortages of drugs at health centre level.

It was a generally held view that BESSIP in Zambia had helped initiate a process of decentralisation of education. The degree to which CSOs have mushroomed at district levels appeared to be a function of this process. There was a general concern that local governments often had weak capacity in critical skills related to planning, budgeting, accounting, management, as well as monitoring.

(c) Have Norwegian/international organisations been involved and how are they affected?

- *Few Norwegian CSOs are involved in SWAps.*

This was confirmed for all countries. Norwegian NGOs were present in all the countries, but not involved in discussions and implementation of the SWAps. In Uganda, there were no Norwegian NGOs directly involved in the health SWAp. All the Norwegian organisations were supported directly from NORAD in Oslo. They were mostly working with and through local partners – also with health projects.

In Malawi, Norwegian Church Aid was an exception. NCA's role is interesting as a supporter of churches in the area of HIV/AIDS and to the coordinating structure for health services (CHAM).

In Zambia, Save the Children Norway appeared to be the only Norwegian CSO that have been directly involved in implementation of BESSIP. The advantage lies in the possibilities to establish long-lasting benefits in support of the education system as a whole. The disadvantage appeared to be that weak administrative systems at provincial levels make results slow and less visible.

In Mozambique Norwegian NGOs were not included in the national health sector programme.

- *There is no forum and few mechanism through which Norwegian CSOs can take part in SWAps*

This is confirmed. Norwegian NGOs have not been involved in a discussion of Norwegian support to sector support in the four countries. There are informal mechanisms for discussion, but so far few fora and examples of a consultation between NORAD and Embassies on the one hand and Norwegian NGOs on the other about their involvement in sector programmes.

5. RECOMMENDATIONS - POINTS FOR DISCUSSION

The following are more points for further discussion than clear recommendations. Some of the recommendations address implications of new donor policies for support to civil society and donors are here encouraged to modify or clarify their future policies and practices. Others are directed to Governments in developing countries supporting SWAps and the last group of recommendations is meant for CSOs themselves.

- **Who represents civil society? Clarify the basis for CSO involvement of civil society in SWAps.**

The first generation SWAps focused on improving the effectiveness of public sectors and the relationship between Governments and their donors. With the new policies of public private partnerships an increased involvement of civil society in SWAps has happened and been documented in this study.

This represents a positive development, but the Governments and CSOs involved need to discuss and clarify the basis for increased civil society involvement. It is not an aim in itself to involve as many CSOs as possible in all SWAps. It has been unclear who represents civil society, what roles CSOs should play in various phases of a SWAp and to what extent civil society has or could be given the relevant capacity and expertise to be more actively involved. This study has also showed that the involvement of CSOs to a large extent followed as a result of donor pressure and not from proactive interest of national CSOs and their Governments.

The legitimate basis for involvement of civil society within a democratic framework should also be discussed. Should it be conceived in terms of participatory democracy – providing civil society organisations roles to play on arenas where policies are formulated and discussed? Or should civil society be considered as another interest group in a corporate society to be consulted because of its influence, expertise and technical knowledge?

The study found that central government institutions often wanted to deal with a single “voice” representing civil society in order to reduce the number of interlocutors and make the planning processes less complex and time-consuming. This is often not feasible or desirable. In order to represent the diversity of interests, problems, opinions and cultural backgrounds in a country, civil society organisations will and should speak with many voices. There is no reason to believe that civil society share the same interests and speaks with only one voice.

A way forward could be to involve a broad range of civil society organisations in the consultative process leading up to the formulation of a SWAp, while the more technically demanding involvement is limited to selected CSOs – preferable identified by national CSO networks to talk on their behalf. Other groups again could be involved in implementation and monitoring. The brief consultative workshops in the start-up phase of a SWAp symbolize a participatory intent, but provide limited substantial inputs and scope for involvement. Governments and donors should invite a few CSOs to provide such inputs and offer relevant training for those organisations.

- **Only for large urban CSOs? Broaden and differentiate the involvement of civil society in SWAps.**

Participation of civil society was found to be skewed and dominated by the large and well-organised urban CSOs and their representatives at national level. A process should be initiated where also district level CSOs and community based organisations (CBOs) could be brought into the consultations. Community based organisations should not necessarily be involved in technical discussions at national level, but their voices should be heard. Involvement should be broadened and differentiated.

- **Involved to do what? Broaden and protect the roles played by CSOs.**

CSOs have played roles in the SWAps, but the study showed relatively few roles. They have primarily been involved in policy discussions at the initial stage of a SWAp - being asked about their opinions and to comment on draft documents. They have also been members of various committees and working groups. Their participation at a later stage in implementation has been more limited – and concentrated to a few NGOs.

During implementation CSOs are mainly invited to take part as service providers - mostly through sub-contracting. CSOs have not played major roles as advocates or watchdogs or in monitoring and evaluation of the implementation and performance of sector programmes. Neither have CSOs played any significant role as financiers and innovators – introducing new concepts and promising initiatives in the SWAps.

There is a need for stronger CSO involvement in monitoring and evaluation of sector performance. Most CSOs are not equipped for such roles and capacity building in this area is needed. More specialised NGOs should be encouraged and supported to perform M&E functions. Governments, donors and CSOs should, however, be aware of the inherent conflict between the service provider and the monitoring/watchdog roles. A CSO implementing a contract for the Government is not in a position to monitor the same Government. CSOs need to discuss to what extent they should accept and support the significant increase in sub-contracting envisaged in SWAps. CSO capacity for sub-contracting is often inadequate and too much public funding may jeopardise CSO's independence and autonomy – and their ability to represent a critical voice. Different CSOs could perform various roles, but then civil society need to be aware of potential conflicts between organisations.

- **Who should fund civil society? Maintain diversified funding of CSOs.**

The study showed that multilateral and bilateral donors have decreased their direct funding of international and national CSOs – with the argument that those organisations should access funds directly from the Government through sector programmes. In countries with often extreme constraints on public resources, Government funding of CSOs will continue to be limited and most of the funding through sub-contracting for specific service delivery projects. Governments need CSOs primarily to increase their own implementing capacities.

In such a situation donors should maintain a parallel system of funding national CSOs – through sector programmes, directly and through international CSOs. It will protect

the independence of civil society organisations if some of their income derives directly from international NGOs or donors, which also see it as their role to strengthen national partners. In other words, the added value of international NGOs becomes increasingly important.

Many CSOs wrestle with the tensions between increased participation in policy processes and issues of independence and autonomy from the state. This tension will be exacerbated by the dependence of CSOs on only Government funding. External funding from international NGOs and donors might be required for maintaining a critical and relatively independent civil society.

- **Advocates or service providers? Maintain a balance between service-delivery and advocacy.**

Some donors have in their policies for support to civil society introduced a distinction between service delivery and advocacy – and are increasingly supporting and funding CSOs mainly in their advocacy roles – and in particular those CSOs working on human rights, democracy and governance issues.

This distinction between service delivery and advocacy are found too rigid in this study. Most large CSOs were found to combine service delivery and advocacy - since the poor target groups obviously need both. The trend towards a separation between the two might also decrease the impact of CSO advocacy. A move away from service delivery reduces the organisations knowledge of actual conditions at the grassroots and their legitimacy with policy-makers. It removes also a point of entry for CSOs at local level for education, mobilisation and capacity-building on rights-based issues. Although some service delivery CSOs are passive “gap-fillers”, this need not be the case. The study showed that service delivery can be a springboard for influence in policy formulation and a key component in assisting people in need. This does not imply that all organisations need to perform every one of the roles mentioned here at the same time. As long as the various roles are performed in a given country and context, a division of labor between organisations might be an optimal solution.

- **A role for Norwegian NGOs? Explore the scope for increased involvement of Norwegian organizations in SWAps.**

NORAD is increasing its support to SWAps in education and health. The agency provides also as illustrated in this report significant financial support to health and education through Norwegian NGO. There are few - if any links between the two channels of support - despite NORAD’s intention of having a more integrated approach at country level. Norwegian NGOs have also shown limited interest and/or knowledge about SWAps - some are also skeptical to their effectiveness. NORAD has not been able to find new mechanisms for discussing the involvement of Norwegian NGOs in SWAp processes.¹¹

¹¹ The new consultative meetings between Norwegian and NGOs Embassies in some countries may represent such a mechanism, but we don’t not know to what extent they have been used to discuss SWAps and civil society.

The purpose of discussing SWAps and Norwegian NGOs may not necessarily lead to increased funding of Norwegian NGOs and their partners through SWAps, but to improved sharing of information and experience. There is also a need to assess to what extent there are overlaps and potential synergies between the SWAps and Norwegian funded CSO projects. It is more important that such projects are conceived and implemented within the framework of national sector policy and resource allocation, than for funds to flow through the Government budget.

- **Could CSO mini-SWAps be established?**

Marginal collaboration and coordination between donors providing support to civil society at country level was evident from the case studies. Significant differences in policy and funding practices of CSOs were also found. Donors should consider establishing some experimental mini-SWAps for civil society support in certain priority areas - in addition to funding of CSOs through sector programmes. Projects to maintain CSOs independence and critical monitoring and advocacy functions could be prioritized.

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Annex 2: NORAD Supported SWApS

Country	Sector	Programme
Tanzania	Education (TAN 0023)	Primary Education Development Plan (PEDP)
	Health (TAN 2293)	Health Sector Reform Programme (HSR)
Nepal	Education (0017)	Basic and Primary Education Programme (BPEP II)
Zambia	Education (0067)	Basic Education Sub Sector Programme (BESSIP)
Malawi	Health	Health Sector Programme (HSP)
Uganda	Health (2866)	Uganda Health Sector Strategic Plan
Ethiopia ¹²	Health (2405)	Health Sector Development Programme (HSDP)
	Education (2406)	Education Sector Development Programme (ESDP)
Mozambique	Health (0096)	Health Sector Reconstruction Programme
Bangladesh	Education (0060)	Primary Education Development Project (PEDP)

Slettet: Refererer t

¹² Health and education in Ethiopia are so far not so far not supported by NORAD as sector programmes, but some support to the sector reform processes have been provided.

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Year	Nr	Title	Type
00	1	NORAD's Good Governance and Anti-Corruption Action Plan 2000-2001	Position
01	1	Coordination of Budget support programmes	Discussion
01	2	Poverty Reduction Strategy Processes in Partner Countries	Position
01	3	Aids handlingsplan	Standpunkt
01	4	Aids Action Plan	Position
02	1	Study on Private sector Development: Summaries	Discussion
02	2	Study on Private sector in Bangladesh	Discussion
02	3	Study on Private sector in Malawi	Discussion
02	4	Study on Private sector in Mosambique	Discussion
02	5	Study on Private sector in Sri Lanka	Discussion
02	6	Study on Private sector in Tanzania	Discussion
02	7	Study on Private sector in Uganda	Discussion
02	8	Study on Private sector in Zambia	Discussion
02	9	Ownership and partnership: Does the new rhetoric solve the incentive problems in aid?	Discussion
02	10	Study of Future Norwegian Support to Civil Society in Mozambique	Discussion
02	11	Report of a study on the civil society in Uganda	Discussion
02	12	Private Sector Development in Albania	Discussion
02	13	Private Sector Development in Bosnia and Herzegovina	Discussion
02	14	Review of Christian Relief Network in development co-operation.	Discussion
02	15	Budsjettstøtte	Standpunkt
02	16	Direct budget support/	Position
02	17	Fattigdom og urbanisering	Standpunkt
02	18	Urbanisation	Position
02	19	Information and Communication Technology (ICT)	Position
03	1	Helse i utviklingssamarbeidet	Standpunkt
03	2	Principles for Delegated Co-operation in NORAD	Position
03	3	Building demand-led and pro-poor financial systems	Position
03	4	Study on Private sector Development in Nicaragua	Discussion
03	5	Study on Private sector Development and Prospects for Norwegian trade and investment interests in Nepal	Discussion
03	6	Study on Private sector Development and Prospects for Norwegian trade and investment interests in Vietnam	Discussion
03	7	Study on Norwegian Support to Civil Society in Uganda	Discussion
03	8	Tanzania: New aid modalities and donor harmonisation	Discussion
04	1	SWAps and Civil Society – The roles of Civil Society Organisations in Sector Programmes – Synthesis Report	Discussion
04	2	SWAps and Civil Society – The roles of Civil Society Organisations in Sector Programmes – Desk Study	Discussion
04	3	SWAps and Civil Society – The roles of Civil Society Organisations in Malawi's Health Sector Programme	Discussion
04	4	SWAps and Civil Society – The roles of Civil Society Organisations in Zambia's Basic Education Sub-Sector Investment Programme (BESSIP)	Discussion
04	5	SWAps and Civil Society – The roles of Civil Society Organisations in Uganda's Health Sector Programme	Discussion
04	6	SWAps and Civil Society – The roles of Civil Society Organisations in the Health Sector in Mozambique	Discussion

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