NGOs and Capacity Building for Health Sector Reform

Aga Khan Foundation Conference, Sea Cliffs Hotel, Dar es Salaam, Sept. 98
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Characteristics of HSR

1. Increased Decentralization
   - rethinking centralized control of health provisions

2. Increased Community Involvement
   - rethinking government control of health provisions

3. Increased involvement of non-govt resources (communities, NGOs, private sector)
   - rethinking dependence on the State

4. Increased targetting of health provisions to communities actual problems
   - rethinking top down assumptions of communities problems

5. Increased strategies for sustainability
   - rethinking dependence on government/foreign donor support of the health sector

6. Poor explanations of HSR from Centre to Districts
   - implementation of HSR still a top-down imposition
   - little inviting of views of other stakeholders by Government.
Characteristics of NGOs in Health in ECSA

1. Large mission hospital element
   - curative services, dependent on international funding

2. Important community based PHC experiences
   - often at micro-level, sometimes linked to mission hospitals

3. Heavy dependence on foreign funding

4. Growth of NGOs involved with HIV/AIDS

5. Saddled with problems of Government retreat from previous health provision responsibilities
   - new responsibilities
   - requirement for growth to cope with vacuums left behind

6. Lack of intra-sector networking and NGO coordination

7. Lack of for dialogue with government

8. Strong on service delivery, weak on advocacy for macro-level policy change

9. Not pro-active as regards HSR – waiting for Government instructions
What NGO Capacities need to be developed/strengthened to allow them to take advantage of HSR?

1. Ability to present an NGO perspective and common positions

2. Ability to interpret micro-level experience in terms of macro-level policy advocacy

3. Ability to re-think mission and scale up

4. Ability to mobilize local resources

5. Ability to manage increasingly complex systems
Ability to present an NGO Perspective and Common Position

1. networking and coalition building

2. common categories, definitions, methodologies, drugs, practices

3. pro-active demands to government for involvement in HSR

4. demands to government for consultation

5. insistence on the validity of NGO field experience
Ability to interpret micro-level experience in terms of macro-level policy advocacy

1. research and documentation skills
2. acquiring skills in understanding how policy is formulated
3. learning advocacy skills
4. learning to deal with the media
5. forming strategic alliances
6. skills in documenting “ground truths” and presenting them effectively
7. learning to involve your stakeholders as advocates
Ability to re-think Missions and scale up

1. learning strategic planning
2. learning to scan the external and internal environments
3. learning to do participatory planning using the skills of all stakeholders
4. learning operational management skills to re-tool structures and systems
5. doing training needs assessments and implementing long term training plans (technical & managerial)
Ability to mobilize local resources

1. Raise funds from:
   - Government
   - Private sector
   - Specialised sectors of the public
   - The general public

2. Create funds from:
   - own enterprises
   - partnerships with business
   - investments
   - credit and savings schemes

3. Encourage philanthropic practices and redirect them to health
Ability to manage increasingly complex systems

1. Assess your organisation's capacities
2. Diagnoze its strengths and weaknesses
3. Make a capacity building plan to address its weaknesses
4. Access the resources which will help you build capacity
The Components of a Healthy NGO (1)

- Governance
- Management Practices
- Human Resources
- Financial Resources
- Service Delivery
- External Relations
- Sustainability
Stages in the Development of an NGO’s Capacity

1. **NASCENT:** The NGO is in the earliest stage of development: All the components measured by OCAT are in rudimentary form or non-existent

2. **EMERGING:** The NGO is developing some capacity. Structures for Governance, management practices, human resources, financial resources and service delivery are in place and functioning

3. **EXPANDING:** The NGO has a track record of achievement: its work is recognized by its constituency, the government, the private business sector, and other NGOs active in the same sector

4. **MATURE:** The NGO is fully functioning and sustainable, with a diversified resource base and partnership relationships with national and international networks.