Non-governmental Organization and Building Community

By

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Abstract

The Non-Governmental Organisation (NGO) community encompasses a wide range of organisations and performances within and across many different countries in the world. The structure of NGOs ranges from small groups of a village-like size to a very large international level organisation. The activities of these organisations is spread across various sections such as funding, economics, technical, leisure, humanities, etc. and their performances are dependent on the individual NGO as well as the country and sector in which the NGO works. The NGO community has dramatically grown in member size in both the Northern and Southern hemispheres after industrialised governments supported NGO activity with funding. However, there are constraints in NGO activity due to funding arrangements, as well as different perspectives between Southern NGOs, Northern NGOs and governments. A "critical" case study (embedded) is applied to Médecins Sans Frontières (MSF), as it is one of the well-known NGOs. The MSF's Activity Report: July 1998-June 1999 is used to analyse its activities and the collected data are examined according to the five dimensions of the study framework Community Building Practice. With reference to the literature review and the results of the case study, the influence of funding on NGO activity, the autonomy of Grass Roots Organisations (GROs) and the professionalisation of international NGOs will be discussed.
Research Topic

NGOs have been strongly supported by some governments of OECD countries with funds, since it was found that official aid did not bring effective outcomes to the countries in the South. As NGO development strategies are highly recognised as the alternative approach to people in developing countries, NGOs need to deal with wider development. There are three sections which have close relationships with NGOs: donors, international NGOs (the Northern NGOs) and their recipients. They agree to cooperate with one another for effective outcomes, however, they often have different perspectives in achieving development where they work. This study examines the nature of NGOs outlines the different aspects of NGO activity and attempts to identify how a NGO contributes to community building, applying a case study of MSF to reveal a more precise picture of NGO activity.
## Commonly used abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
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<td>GROs</td>
<td>Grass Roots Organisations</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<tr>
<td>NGOs</td>
<td>Non-Governmental Organisations</td>
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<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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Chapter 1: Introduction

'The British and Foreign Anti-Slavery Society' which was established in 1823 is the earliest example of and the original NGO, which professes a liberal democratic value (OECD, 1988). In the United States, during the post-Civil War years of 1861-1865 a new sense of democracy in voluntary associations emerged (Smillie, 1993). During this period, private responsibility for public benefit shifted its foundation from religious grounds to the new ideas about the role of the elite, and about enhanced private sector responsibilities in the USA.

The first generation of NGOs, meaning citizen-oriented NGOs, besides the churches, started after the First World War and gathered strength by the end of the Second World War, according to the OECD (1988). In this period, the United States played a role in organising NGOs to provide relief and rehabilitation services for the devastated European countries. Two of the largest US NGOs ('Private Voluntary Organisations' [PVOs] is used in the USA instead of the term NGOs), the Catholic Relief Services (CRS) and Cooperative for American Relief Everywhere (CARE), were established at this time (OECD, 1988). In 1948 the US government inaugurated the five-year Marshall Plan (valued at $59.2 billion) for the reconstruction of Europe. American citizens who were tied to Europe also assisted and contributed to NGO relief and reconstruction (Smith, 1990). Other countries also implemented emergency relief programmes in this period, for example, relief for starving civilians in Nazi-occupied Greece by the British government and in Western and Eastern European countries and Israel, and relief by the Danish
government (OECD, 1988). Korten (1987) describes this activity as Generation First of NGO development program strategies. Generation First is the earliest stage of this activity which focuses on meeting immediate needs for natural disaster and refugee situations. The programmes are defined as relief and welfare, and the role of the NGO at this stage is as a provider of the services directly to an individual or family.

There was a significant shift from relief and welfare to development concerns which emerged from the activities of churches at the time when many countries won their independence in the early 1960s, and the concept of ‘partners’ between developed and developing countries was introduced through experiences between the national churches overseas and sister churches in the industrialized countries (OECD, 1988). Institution-building activity such as technical assistance and training for local people became the major concern among NGOs at that time. This new strategy corresponds to Generation Second of NGO development programme strategies identified by Korten (1987). These programmes targeted the neighbourhood or the village and at this stage programme periods became longer.

The worldwide development of NGOs has grown after the second generation, accelerated by increased funding from Development Assistance Committee (DAC) members to NGOs in their Official Development Assistance (ODA) in the last two decades (Riddell and Robinson, 1995; UNDP, 1993). DAC was set up by the Organisation for Economic Co-operation and Development (OECD) to secure the improvement of resources in developing countries and the effectiveness of assistance (OECD, 1995). The members of
the DAC are Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, the United Kingdom, the United States and the commission of the European Communities (OECD, 1995). ODA is also called foreign aid which is composed of bilateral official development assistance and contributions to multilateral institutions (Selim, 1983). Bilateral development assistance is based on the relationship between donor and recipient governments and multilateral institutions such as the World Bank and the United Nations Fund for Population Activities (Todaro, 1985; Selim, 1983).

In the 1970s, the arrangement of the subsidy to NGOs in ODA was completed by all DAC members (OECD, 1988). Both private and government contributions which were transferred through NGOs (mostly international NGOs) in the Northern hemisphere to NGOs in the Southern hemisphere (the Southern NGOs) increased from $1.0 billion in 1970 to $7.2 billion in 1990. This significant increase is seen in the international development assistance which has actually grown at twice the rate in real terms (UNDP, 1993). This rapid growth of contributions being transferred through NGOs occurred after bilateral assistance, which operated from the top-down through host-government agencies, ended up in disappointment (Smith, 1990). The employment of NGOs by DAC aims at the improvement of resource mobilization to local groups in the South (Garilao, 1987), and it is believed that NGOs are capable of reaching those poor groups that government does not touch (Smith, 1990).

The ODA of DAC members is one indication of how individual governments assist NGOs. Figure 1 shows the ODA of the main industrial countries and the share of ODA
through NGOs in 1995 and 1996 (UNDP, 1997, 1998). The top four countries of net ODA disbursed in 1995 and 1996 were Japan, France, USA and Germany. Referring to the share of ODA through NGOs as a percentage of their total official development assistance, the top group was Netherlands, Switzerland and Canada showing 7.9% (’93-’94) and 10.7% (’94-’95); 11.0% (’93-’94) and 10.5% (’94-’95); 10.0% (’93-’94) and 6.9% (’94-’95) respectively. Japan, France and Germany showed 0.9% (’93-’94) and 1.5% (’94-’95); 0% (’93-’94) and 0.3% (’94-’95); 1.3% (’93-’94) and 2.8% (’94-’95) respectively. The net ODA from Australia was $1,194 million (1994) and $1,121 million (1995), and the percentage shared to NGOs was 1.5% and 1.3% respectively.

Figure 1. Official development assistance (ODA) of main countries with high human development (HDI) in 1995 and 1996

<table>
<thead>
<tr>
<th>HDI rank</th>
<th>Net official development assistance (ODA) disbursed</th>
<th>ODA per capita of donor country</th>
<th>Share of ODA through NGOs (%)</th>
<th>Aid by NGOs as % of GNP</th>
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<td></td>
<td>(Millions average)</td>
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<tr>
<td>USA</td>
<td>2,067 1,795 0.50 0.38 0.32 82 73 64 10.0 6.9 0.05 0.05 0.05</td>
<td></td>
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<td></td>
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<tr>
<td>France</td>
<td>8,443 7,451 0.62 0.55 0.48 120 137 137 0.3 0.01 0.02 0.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>1,244 1,311 1.02 0.87 0.85 210 255 289 11.0 10.5 0.05 0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>7,367 9,377 1.24 0.10 0.12 51 33 31 8.3 0.04 0.04 0.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>2,226 3,246 0.25 0.81 0.81 172 172 33 7.9 10.7 0.08 0.09 0.09</td>
<td></td>
<td></td>
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<tr>
<td>Netherlands</td>
<td>14,489 9,439 0.31 0.28 0.20 88 106 101 0.9 1.5 0.01 0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>1,194 1,121 1.47 0.36 0.30 68 62 62 1.5 1.3 0.03 0.02 0.02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>1,084 1,026 0.30 0.34 0.34 108 135 152 11.0 10.5 0.05 0.06 0.06</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>7,524 7,601 0.46 0.31 0.45 191 81 94 1.3 2.8 0.03 0.05 0.05</td>
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</table>

Source: UNDP, 1997, 1998; Aid flow
DAC considers that NGOs are appropriate intermediaries who are able to implement ‘microenterprise development’ with “effective, low-cost facilities for collecting savings and providing credit, technology and training services” (OECD, 1995; p.22). According to OECD, NGOs fulfill a role in ‘Private Sector Development’ (PSD) which was approved by DAC in 1994. The definition and scope of PSD is summarized as follows:

‘Private sector’ is conceived by the donor community as a basic organizing principle for economic activity where private ownership is an important factor, where markets and competition drive production and where private initiative and risk-taking set activities in motion. The private sector principle can be applied in all economic activities – agriculture, industry and services (including the delivery of public services). Donor motivations for supporting private sector development are based on promoting economic efficiency and social welfare. Donors agree that private sector development is fundamentally about people: releasing and harnessing their productive potential and satisfying their human needs and desires; and creating pluralistic societies which provide both human freedom and human security. (OECD, 1995; p.10)

As an example of a government point of view regarding funding to NGOs, an Australian state government precisely states the reasons as follows:

1. NGOs are funded through numerous government agencies for a variety of reasons. This funding is mainly provided as a result of:
   - policy decisions to limit the role of government as a direct service
provider;
• the non-government sector, through its existing network, has a greater understanding of community needs and the most appropriate means of addressing these needs;
• insufficient government resources to provide the diverse range of services required by the community; and
• the belief that the non-government sector can provide services at lower cost due to its access to volunteer staff and the benefits associated with not having to maintain a large management infrastructure.

2. The use of NGOs to provide government services is likely to increase in future in line with the State Government’s policy of reducing the involvement of the public sector in service provision.

(Auditor-General of Victoria, 1994; p.20)

Smillie and Helmich (1993) conducted a project ‘Trends and Issues in the Evolving Relationships between Donor agencies and Development NGOs’. The research was done on 13 industrialised countries, Australia, Canada, France (excluded from this study because the information is written in French), Germany, Italy, Japan, The Netherlands, Norway, Spain, Sweden, Switzerland, United Kingdom, United States, and the European Community. According to their study, most of the countries fund NGOs project-by-project in bilateral development assistance. Some governments like Australia, Italy and Spain allocate funds to NGOs through an annual budget and some others like Canada, Germany, Switzerland and United Kingdom conduct fund schemes based on multiple
years. The NGO dependency on official funds varies from 40 per cent to 100 per cent depending on the project and the government. The flow of funding in bilateral development assistance is also different from government to government. Direct funding of the Southern NGOs has been strongly supported by United States for many years, whilst Germany and Italy have no experience of direct official funding to them. The Italian government permits neither direct funding nor institution-building activity for the Southern NGOs under the Co-operation Law. (Focá, 1993). Some governments transmit bilateral funding via the Northern NGOs in those countries, some others like Germany and Norway via recipient governments (Goys and Helmich, 1993; Smillie and Filewod, 1993).

Another remarkable picture of bilateral development assistance is that recipient countries are chosen by donor governments. Stokke (1989) studied bilateral aid in five countries, Norway, Denmark, Sweden, Canada and the Netherlands, which are high contributors to ODA, and identified how each government chose the countries to assist in the South. The major determinants are administrative feasibility, convenience for the donors, former colonial links, the poverty orientation of aid, commercial interests and declared policy. In contrast to this tendency, the Swedish ODA indicates scattered distributions over 70 countries and a high proportion of multilateral aid (Smillie and Filewod, 1993). Multilateral agencies are also enthusiastic about the involvement of NGOs to their projects (Nelson, 1997 cited in Rooy, 1998a). The given example is the World Bank which holds 40-50 percent of projects with the involvement of NGOs to some degree.
Regardless of the variety of ODA arrangements, the NGO community has rapidly grown with increasing official funding. As a result, the number of NGOs both in the North and the South has increased. There were only 1,700 NGOs in industrialized countries in 1981 but this had increased to over 2,500 by 1988 (OECD, 1990 cited in Riddell et al., 1995). On the other hand, the number of Southern NGOs in the 1980s is estimated at 50,000 by the United Nations Development Program (UNDP) (UNDP, 1993). This number includes not only larger NGOs but also different types of grass roots organisations (GROs) of which some are small groups (Carroll, 1992 cited in Riddell et al., 1995). UNDP (1993) reports that NGOs have touched 250 million people in developing countries and the number will increase in the years ahead.

According to Harris (1988), the NGO model of the eighties is characterized by community development and consists of basic needs and participatory development. The basic needs include knowledge of hygiene, adequate nutrition, immunization, basic education, numeracy, literacy etc. NGOs have shifted to Generation Third in which the programme becomes long-term, aiming at facilitating development with sustainable changes (Korten, 1987). NGOs are no longer service providers at this stage and become facilitators of development. This means that all relevant public and private organisations are involved with the program and it becomes a regional or nationwide activity.

This paper aims at examining the activities of NGOs regarding their contribution to development strategies in developing countries. A relationship between donors, international NGOs and GROs will be described and their different perspectives of
development strategies will be discussed. An analysis of NGO activity, using MSF as a case study, will be carried out within the framework of a specific theory - that of community building. The study will contribute some understanding as to what elements are essential for NGOs to deal with broader development. Discussion based on the literature review and the case study research could, to some extent, reveal where NGOs need to take their position in the range of broad development programmes.
Chapter 2: Review of Literature

Terminology of NGOs

The term NGO began to be commonly used during the first UN development decade in the 1960s (Morris, 1997) although other terms are used in some countries and areas. For example, the United State uses ‘private voluntary organisations’ (PVOs) instead of NGOs (Smillie, 1993). ‘Non-governmental development organisations’ is the term used in South America, and African NGOs in Sub-Saharan Africa prefer the use of ‘voluntary development organisations’ (OECD, 1988). Furthermore, the terms ‘voluntary organisations’, ‘private development organisations’, ‘people’s organisations’ (according to Landé [1996], ‘people’s organisations’ were under the umbrella of the community movement) and ‘the third sector’ (the first sector: the State; the second sector: the market [Rooy, 1998a]) are also used interchangeably with NGOs (Smillie et al., 1993).

Some of these terms, however, are used to distinguish some NGOs from others. The UNDP Human Development Report (1993) describes the distinction between ‘people’s organisations’ and NGOs as follows, adding that there is not a rigid difference between them. ‘People’s organisations’ are formed by local people, originally as small organisations but not necessarily with grass roots. They may grow to be bigger organisations, however, they usually remain small especially those in developing countries. On the other hand, NGOs deal with issues beyond locality and are the intermediate organisations providing technical advice or financial support to the ‘people’s organisations’. ‘People’s organisations’ in this respect are beneficiaries or target groups
of international NGOs. The term ‘grass roots organisations’ (GROs) is often used to encompass this meaning in the literature (Pardron, 1987; Garilao, 1987). However, GROs can be organised by shared initiative between locals and outsiders such as government agencies and foreign NGOs as well as by villagers themselves (OECD, 1988). GROs are often interchangeably used with ‘community-based organisations’ (CBOs) which emphasizes local participation in a civil society (Gaventa, 1999).

A distinction between NGOs can also be made from their origins. ‘Southern NGOs’ originate in and operate within developing countries (Riddell et al., 1995) and many of them are geographically located in the Southern hemisphere. Morris (1997) explains that ‘southern NGOs’ are “located in economically developing countries and implement and/or resource social and economic development projects with local communities and groups such as health education, co-operatives and agricultural extension, or collaborate regionally with other ‘Southern NGOs’ on issues such as local armed conflict and the environment.” (p.3) ‘Southern NGOs’ also appear as ‘indigenous NGOs’ in the literature and include small size organisations such as ‘people’s organisations’ and ‘GROs’. There are ‘intergovernmental organisations’ (IGOs) which are set up by governments and work in their programmes (Riddell et al., 1995), which are mainly observed in the South.

‘Northern NGOs’, on the other hand, originate in and have their home-base in the industrial countries (Riddell et al., 1995) in the Northern hemisphere. They are “located in economically developed countries and fund ‘Southern NGOs’ as well as practice advocacy with governments on issues such as the amount and nature of government
expenditure on overseas aid, and International Organisations" (Morris, 1997; p.3). Some more terms have developed to distinguish characteristics even further. Many ‘Northern NGOs’ are called ‘international NGOs’ which are without a strong national identity, have independent chapters and focus on reduction of the North-South gap regarding communications, learning and development of education (Smillie, 1993). They generally have their secretariats in one country, usually in the North, but their structure and activities cross two or more borders, generally into the South (Morris, 1997). They express the importance of reducing the North-South gap particularly where communications, learning and development of education are concerned (Riddell et al., 1995).

Morris (1997) describes two sub-groups of ‘international NGOs’: ‘operational international NGOs’ and ‘advocacy international NGOs’. In ‘operational international NGOs’, “operations usually consist of transferring financial, technical and human resources to the South with a view to providing assistance in emergencies, or developing small social and economic development projects for communities characterized by low incomes, poor health standards and social infrastructure. At times this may also include advocacy with governments and International Organisations on issues such as the resolution of local and regional conflicts” (Morris, 1997; p.4). The latter, ‘advocacy international NGOs’, mainly research and promote general human rights issues by way of information dissemination and community education, mobilizing public pressure and lobbying (Sogge, 1996 cited in Morris, 1997). The given examples are ‘Amnesty International’, and ‘Human Rights Watch’ (Morris, 1997).
described above identify differences between NGOs and are used depending on the given context.

Definition of NGOs

It is worthwhile to review the definition of NGOs since the milieu of the organisations is complex and ambiguous. There is no specific definition, however, elements of a definition can be derived from several sources. Suter (1980) describes NGOs as ‘fifth world’ from the political point of view of communist countries and ‘third world’ to other countries that avoid becoming involved in the conflict between the two worlds respectively. The ‘fourth world’ consists of people whose rights are being violated. The ‘fifth world’, as here, is “a growing number of people who have loyalties and interests, which transcend political boundary” (Suter, 1980; p.2). An NGO is “a group that was established with the explicit object of achieving certain ends... and formulating rules to govern the relations among the members of the organisations and the duties of each member” (Blau and Scott, 1970 cited in Frants, 1987, p.122). According to the United Nations definition, “…NGOs are those private organisations which commonly gain financial support from international agencies (both state and inter-state) and which devote themselves to the design, study, and execution of programmes and projects in developing countries” (Sinaga, 1994 cited in Morris, 1997; p.3). Riddell et al. (1995) state that “NGOs are simply agencies or groups which are different from government bodies. However, NGOs are distinctive in containing a voluntary component and because they do not operate for profit” (p.26).
The term NGOs is often used interchangeably with ‘voluntary agencies’ which are “organisations established and governed by a group of private citizens for a stated philanthropic purpose, and supported by voluntary individual contributions” (OECD, 1988; p.14). Most of the voluntary organisations are ‘non-profit organisations’ however, NGOs may include ‘for-profit organisations’ such as religious groups and missions, professional organisations, and business and commercial associations (OECD, 1988). Eldridge (1995) states that “a common image of NGOs has associated them with either charitable and humanitarian work or very small-scale local developmental projects” (p.5). Overall, the major defining characteristics are: NGOs are based on humanitarian ideals, NGOs are governed by private citizens, and NGOs are profit- and/or non-profit organisations.

Firstly, humanitarianism is commonly shared as a principle among NGOs and there is a strong bond between human rights and NGO activities. Stokke (1989) states that “the core of humane internationalism is an acceptance of the principle that citizens of the industrial nations have moral obligations towards peoples and events beyond their borders; it implies a sensitivity to cosmopolitan values, such as the obligation to refrain from the use of force in the pursuit of national interests and the respect for human rights” (p.10-11). Stokke continues that “humane internationalism, accordingly, is associated with a set of objectives, viz. to promote economic and social growth and economic, social and political human rights in the Third World and to alleviate human suffering” (p.11). According to Boli and Thomas (1997), world citizenship is one of the basic principles underlying NGO ideologies. World citizenship is mentioned in the Universal Declaration
of Human Rights, which calls for states to ensure the rights of their citizens. NGOs are, therefore, acting to translate world citizenship into specific rights, claims and prescriptions for governments. NGOs in Australia, for example, held consultation with the Human Rights Commission in 1984 (Commonwealth of Australia, 1985).

The second issue is the relationship between NGOs and governments. The term NGO generally implies autonomy, being independent from governments and their policies, however, some NGOs are constrained where government funding is their main source of income. Smillie (1993) believes that NGOs convey an important functional capability of being free from established political hierarchies, although, at the same time, this ignores the evidence that many of their projects are related to governments' programmes. Most NGOs in OECD countries are intermediaries of bilateral development assistance whose funds are from the governments, although German NGOs do not execute bilateral projects (Goys and Helmich, 1993). Suter (1980) recognizes that many NGOs receive governmental assistance because in those cases they provide the services which the public services cannot perform, however, they still maintain their independence from governments in the programmes.

The final question is whether NGOs are profit- or non-profit organisations. OECD (1988) states that NGOs may include for-profit organisations such as religious groups and missions, professional organisations, and business and commercial association. Boli et al. (1997) studied international NGOs classified by the Union of International Associations (UIA) in its *Yearbook of international Organisations* (UIA, 1985, 1988). UIA does not
classify religious groups as International NGOs, stating that more work is necessary to
understand this type of group. Salamon and Anheier (1996) developed a classification
system, the International Classification of Non-profit Organisations (ICNPO). According
to the classification, non-religious organisations are considered as non-profit
organisations, stating that non-religious organisations include religiously affiliated non-
profit service organisations, but not religious institutions where religious worship take
place. Commercial ventures established by NGOs are also considered as non-profit-
distributing because the non-profit-distribution organisations do not share their profits
among their owners even though the organisations generate and/or accumulate profits.

According to Riddell et al. (1995), broader development concern in NGO activity has
observed differences between governmental and non-governmental as well as between
for-profit and non-profit organisations. This change is observed in the incidence of ‘non-
governmental organisations’ which are set up and funded by governments, namely
‘intergovernmental organisations’, and in commercial ventures established by NGOs to
sustain their activities.

Diversity of NGOs

The diversity of NGOs is evident in their size and sectoral activity. As implied by the
variety of names for NGOs described above, the organisations can vary greatly in size.
NGOs can range in size from a village of GROs to international NGOs. Even if given the
same name, international NGOs vary in size from a few dozen members to millions of
members (Boli et al., 1997). The number of NGOs is estimated in statistics, however, it is
nearly impossible to obtain the exact figures. UIA estimated the number of international NGOs to be over 15,000 in 1993-1994, while OECD estimated international NGOs in OECD countries to be some 2,500 in 1990 (cited in Weiss and Gordenker, 1996). OECD also estimated about 20,000 local NGOs in developing countries in the 1980s while a much higher figure, about 50,000, is given by UNDP (UNDP, 1993). Although UNDP has a firm figure of local NGOs in some countries from their registration, it does not apply throughout the world. Furthermore, NGOs do not formally either organise or dissolve so that it is problematic when they appear in statistics (Boli et al., 1997).

The fields in which NGOs set up their programmes depend on their interests. UIA studied the percentage distribution of international NGOs active in 1988 by sector (Figure 2). It shows that industry/trade/industrial groups comprised 17.6 percent of the total, and medicine/health care and sciences/mathematics/space consists of 14.9 percent and 11.6 percent respectively. The statistics indicate that nearly 60 percent of International NGOs concentrate on economic or technical sectors. Approximately 25 percent are concerned with economic issues. Other sectors are namely sports/hobbies/leisure (8.0%), individual rights/welfare (6.3%), world-policy oriented (6.2%), religion/family/cultural identity (6.1%), labour/professions/public administration (6.0%), education/students (4.2%), humanities/arts/philosophy (3.9%) and political ideologies/parties (0.6%).

The role of NGOs

The role of the NGOs is explained in ‘three generations of NGO development program strategies’ identified by Korten (1987). NGO development program strategies have
shifted from Generation First to Second then Third (Figure 3). The role of NGOs in Generation First is as a service provider for relief and welfare. When the stage shifted to

Generation Second, NGOs aimed at local development on a small scale. According to Korten (1987), in Generation Second, NGOs do not attempt to address policies nor remedy the causes of inadequate situations and services. In Generation Third, however, the programmes aim for sustainable systems of development and all public and private institutions that define the relevant system work together. NGOs become facilitators or catalysts in this stage, which implies that NGOs take leadership and address dysfunctional aspects in the community to make sustainable changes. It will likely mean that they are involved with public and private organizations that control resources and policies. Those NGOs who are exclusively concerned with broader development issues are called 'non-governmental development organizations' (NGDOs) (Riddell et al., 1995). Since sustainability and empowerment of local organizations are focused in NGO activity in the 1990s (Riddell et al., 1995), the role of NGDOs will be examined in the
next section.

Figure 3. Three generations of NGO development program strategies

<table>
<thead>
<tr>
<th>Defining feature</th>
<th>First Generation</th>
<th>Second Generation</th>
<th>Third Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief &amp; welfare</td>
<td>Small-scale self-reliant local development</td>
<td>Sustainable systems development</td>
<td></td>
</tr>
<tr>
<td>Problem definition</td>
<td>Shortages of goods and services</td>
<td>Local inertia</td>
<td>Institutional and policy constraints</td>
</tr>
<tr>
<td>Time frame</td>
<td>Immediate</td>
<td>Project life</td>
<td>Indefinite long-term</td>
</tr>
<tr>
<td>Spatial scope</td>
<td>Individual or family</td>
<td>Neighborhood or village</td>
<td>Region or ration</td>
</tr>
<tr>
<td>Chief actors</td>
<td>NGO</td>
<td>NGO + beneficiary organizations</td>
<td>All public and private institutions that define the relevant system</td>
</tr>
<tr>
<td>Development education</td>
<td>Starving children</td>
<td>Community self-help initiatives</td>
<td>Failures in inter-dependent systems</td>
</tr>
<tr>
<td>Management education</td>
<td>Logistics management</td>
<td>Project management</td>
<td>Strategic management</td>
</tr>
</tbody>
</table>

Source Korten (1987)

The role of NGDOs (operational NGOs)

Since NGO development strategies have shifted to Third Generation, which aims at establishing sustainable systems through empowering local communities and integrating relevant organisations, NGOs are required to deal with policy reform in their activities. Two different aspects of policy reform are considered: micro- and macro- level reforms.

There are different aspects to micro- and macro level reforms. While some Southern NGOs generally expect Northern NGOs to work on macro-policy reform because of its direct and quick effectiveness (Riddell et al., 1995; Drabek, 1987), Frants (1987) states that if NGOs continually act on the macro-level they will lose efficacy, just as governments are not always effective in reaching all groups in society. Drabek (1987) argues that the importance of macro-level reform is recognized since micro-level
experiences are often constrained by macro-level policies. Korten (1987) states that people-centered development strategies require a range of macro-policy reform. On the other hand, there are many important and difficult reforms at the micro-level which require the intervention of an effective catalyst organisation.

According to Korten (1987), macro-policy reform is “a reform that can be accomplished with minimal development of new institutional capabilities to support implementation” (p. 151). Macro-policy reforms are related to pricing decisions, subsidies and trade policies. For example, reform of national pricing policies for agricultural products or the subsidization of grain sales by the United States or European Economic Community (EEC) can be more straightforward and effective on local production than any other (Brodhead, 1987). The advantage of a macro-policy reform is that once the change is effected it the administration tends to be straightforward (Korten, 1987). The role of NGOs in macro-level exercises is demonstrated by advocacy for community members whom they work with. German NGOs, for example, are particularly concerned with how domestic aspects of their country affect developing countries. They address the responsibility of donor countries towards the negative impact of such things as European production and consumption patterns (Goys and Helmich, 1993).

Micro-policy reform, on the other hand, is “a reform that by its nature depends on the accomplishment of often complex and difficult to achieve institutional change as a condition of successful implementation” (Korten, 1987: p.151). It implies the necessity of the development of new capacities and norms, the formation of self-help organisations
and redefinition of institutional roles and relationships.

First, the development of new capacities and norms is represented successfully by Grameen Bank. Grameen Bank started when a local bank refused to directly deal with a landless peasant in Bangladesh. The reason given was that the bank considered that she was not able to provide collateral (Mahmud, 2000). Yunus Mohammad, who was helping the woman to get credit from the bank, established Grameen Bank for people in similar situations. Grameen Bank differs from the standard practice of banks in that the loans are of small amounts and based on group responsibility where individual access to the bank depends on group repayment (Grameen Bank, 1994). Yunus Mohammad indicates that traditional approaches to poverty alleviation and development fail to seek the causes of the problems at grass roots level (Mahmud, 2000). Mohammad believes that the poor know how to get rid of the condition, however, the people who make decisions refuse to put faith in their ability.

Next, institutional change depends on the achievement of sharing power between national and local people, and forming self-reliant participatory organisations according to OECD (1988). With the intervention of NGOs, the development of self-reliant participatory organisations, in other words GROs, is one of the most important activities, because it involves the power of people. According to Smith (1987), NGOs initiate the formation of GROs to make projects more realistic and adaptable to local circumstances. OECD (1988) states that the function of GROs is "providing more accurate and representative information, adapting programmes to priority needs, providing opportunities for group
communication, mobilizing resources on a self-help or matching grant basis, providing locally appropriate technical knowledge, enhancing utilization and maintenance of facilities and services, and enhancing cooperation in new programs involving economic, social or technical changes” (p.40). A role of NGOs is to promote GROs as self-reliant participatory organisations and transfer the necessary skills and knowledge to empower their capacities.
Chapter 3: Methodology

Case study research remains subject to debate as to its value in research. Stake (1995) states that “case study is not methodological choice, but a choice of object to be studied” (p. 236). Stake believes that case study research accelerates understanding and interest but does not address the generalizations in which most researchers are interested. Sarantakos (1998) states that case study research is applicable for both quantitative and qualitative research, however, the purpose of the application is different in that case studies in quantitative research are used as a supplement to other studies whereas those in qualitative research are used as an autonomous research study. Sarantakos (1998) states that “case study is considered to be a valid form of inquiry in the context of descriptive as well as evaluative and causal studies, particularly when the research context is too complex for survey studies or experimental strategies, and when the researcher is interested in the structure, process and outcomes of a single unit” (p. 192). Yin (1994) evaluates case studies as a method of research especially in the social sciences defining a case study as “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (p 13). A case study can investigate an issue containing many variables over which you have little or no control.

The NGO community consists of different types and sizes of NGOs, which have close relationships with community members as well as governments and other organisations. A case study is a suitable method to study a contemporary phenomenon such as NGOs
since NGO activities have been changing. This study illustrates the activities of an international NGO as well as the relationships of the NGO with other relevant organisations.

This study will be conducted following the guidelines designed by Yin. There are four types of designs (Figure 4): single-case and holistic designs (Type 1), single-case and embedded designs (Type 2), multiple-case and holistic designs (Type 3) and multiple-case and embedded designs (Type 4). ‘Holistic’ signifies one unit of analysis, and the research investigates the nature of a program or of an organisation. ‘Embedded’, on the other hand, implies multiple units of analysis whereby a programme is examined at the individual and group level. The single-case study is applicable for a ‘unique case’, a ‘revelatory case’ or a ‘critical case’. A ‘critical case’ involves testing of a theory, which is believed to be true, applied to the study to determine whether it is correct or requires some extension.

Figure 4. Basic Types of Designs for Case Studies

<table>
<thead>
<tr>
<th></th>
<th>Single-case designs</th>
<th>Multiple-case designs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic</td>
<td>Type 1</td>
<td>Type 3</td>
</tr>
<tr>
<td>(single unit of analysis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embedded</td>
<td>Type 2</td>
<td>Type 4</td>
</tr>
<tr>
<td>(multiple units of analysis)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: COSMOS Corporation in Yin (1994)
A Type 2 ‘critical case’ study using single-case and embedded (multiple units of analysis) design will be employed in this study of an international NGO, Médecins Sans Frontières (MSF). The applied theory will be ‘community building’ (Walter, 1998). The set of units for the embedded case study are four regions of countries in MSF activity: Africa, Europe, America and Asia (including the counties of the Middle East). The four steps of a case study outlined by Sarantakos (1998) are sampling, planning data collection, planning data analysis and interpretation and reporting.

**Sampling**

The ‘critical case’ and embedded study method is applied to MSF. MSF was established by a group of French doctors and was the first non-military, non-governmental organisation to specialize in emergency medical assistance, since the group of doctors perceived that international aid offers too little medical assistance and aid agencies do not deal with legal and administrative obstacles to provide effective humanitarian relief (MSF, 1999). MSF is an organisation consisting of 19 offices throughout the world: Australia, Austria, Belgium, Canada, Denmark, France, Germany, Greece, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, UK and USA. The International Council in Brussels is the governing body to preserve the identity and the evolution of MSF, and to decide on issues of advocacy (MSF, 1997). MSF is an international, humanitarian medical organisation providing emergency aid and longer-term medical relief to people in crisis situations (MSF, 1997). MSF provides services to more than 90 countries throughout the world and their independence is maintained by retaining the balance of funding, which means that non-institutional sources must amount
to at least 50% of the total fund (MSF, No date*1).

The reasons that MSF was chosen for the case study are its representativeness, typicality and replicable strategies. First, the distribution of international NGOs activities shows that medicine/health care comprises 14.9 percent, which is nearly half the social activities of the total (Boli et al., 1997). NGOs also share common strategies even though they have been working in different sections in development and different countries (Korten, 1987). Thus MSF will be representative of NGOs. Secondly, MSF is one of the largest NGOs, however, many of the programmes are conducted with a small number of international staff recruiting national staff or/and organising volunteers in the community. According to Activity Report: July 1998-June 1999 issued by MSF (1999), international staff allocated in a country range from one in Romania to 124 in Sudan; the range of national staff is wider from three in Ukraine to 1438 in Sudan (some of the field reports either do not indicate staff numbers nor state it clearly so those were not counted). There are at least 10 fields in Sudan so there will be rather small numbers of staff who are dealing with programmes in the fields. The size of MSF’s programmes are presumed to be similar to other NGOs although all the details are not available in the statistics. Another characteristic of MSF’s activity is that they are concerned with development programmes while they operate emergency relief programmes when required. Finally, the outcomes from these conditions will show the strategies MSF has been using, which will be applicable to other international NGOs.

Planning data collection
Data collection for the case study relies on documentation from MSF’s *Activity Report: July 1998-June 1999*. It is believed that the Activity Report displays most of the activities and programmes MSF was running in that period. It consists of reports from 30 countries in Africa, 15 countries in Europe, 14 countries in America and 25 countries in Asia. It also presumes that some of the programmes have lasted over years. Thus the Activity Report actually covers programmes which were active for longer than the 12 months covered by the report. Whilst the report explains the outline of MSF activity adequately, there is no set format for the reporting and the detail of the activities or programmes is not covered in full. The multiple units of analysis which are required in embedded design are four regional units: Africa, Europe, America and Asia. Data collection is focused on the activities which aim at sustainable changes in the community according to those regions’ needs. The questions asked through the collection are: what does MSF do; how does MSF do it; with whom does MSF do it, and to whom does MSF do it; however, the frequencies in which these answers appear in the Activity Report are not counted.

**Planning data analysis**

Qualitative content analysis is applied to the collected data. Coding is done to classify MSF activities into major categories. First, the MSF activities are studied and a close familiarity with the activities is developed. Through the process, all contents are arranged under major categories. The analysis of the collected data is done by applying pattern-matching to test a predicted theory, which is one of the most desirable strategies according to Yin (1994). If the pattern of the case study and the predicted one coincides, ‘Community Building Practice: A Conceptual Framework’ (Walter, 1998).
**Reporting**

The reporting of the case study will take the form of description according to the five dimensions of ‘Community Building Practice’: community consciousness, community development, community planning, community action and the commons. These are discussed in the next chapter.

**Limitations**

There is a frequently asked question about generalization in case study. Yin (1994) suggests that “case study is generalizable to theoretical propositions and not to populations or universes” (p. 10). There is little basis for scientific generalization in case study. It is called ‘analytic generalization’, which is differentiated from ‘statistical generalization’. Secondly, bias in case study happens more frequently and is corrected less than in experimental study. The next weakness of case study is that the validity relies on the fairness of the researchers. It depends on what they observe and how they interpret events. This is a common disadvantage of field research. Finally, a case study takes a long time to be completed and its reports often have a massive volume; furthermore the contents are often repetitive although this depends on the topic being studied.

**Ethical issues**

This study conducted by applying unobtrusive methods. Data are collected from written materials such as literature, reports and electronic sources. Since no participants are assigned in the study, the primary consideration of ethics is minimized. The benefit of the study will be the outcome of a more precise picture of NGO activities and their
effectiveness with regard to community development. It is also expected that the results from the study will be profitable for other NGOs in order to improve their activities and assessment of their projects. In general, the study will be useful for those who are interested in NGOs.
Chapter 4: Community Building Practice: A Conceptual Framework

Walter (1998) identified the concept of ‘community’ distinguishing it from the concept of ‘the community’. ‘The community’ is generally understood to be people who share interests or characteristics such as ethnicity, sexual orientation or occupation (Fellin, as cited in Minkler and Wallerstein, 1999). In this aspect, Walter suggests that we might ignore the influence of people and organisations who are considered as outsiders in the concept of ‘the community’. ‘Community’ encompasses those people and organisations who are related to ‘the community’ at every level, valuing their influence to ‘the community’. Walter also stresses the importance of consciousness stating that consciousness is “the mesh that joins us in community” (1998, p 72), because people and organisations have different interests, experiences, levels of power and perspectives which are reflected in our consciousness. The community receives those different messages and decides what voices will be heard and how the community will react. Through these actions, the community always involves an ongoing negotiation, and its boundary is continuously changing. Therefore Walter sees community as a multidimensional and dynamic system. In practice, community itself and the building of community are at the centre, because community is not an existing unit, but is continually being created. The multidimensional system which is characterized by people, organizations, consciousness, actions, context, etc. allows us to develop our ability to work with the actual complexity of the community. Lastly, community practice becomes less an intervention or coming between and more an interchange.
Five dimensions of community building practices are identified accompanied by their fundamental components:

1. Community consciousness manifests in the depth of community and is characterized by values, visions, communication, awareness, identity, affirmation, and what is generated by these.

2. Community development manifests in the horizontal dimension and is characterized by mutual support, coordinated effort, new members, networks, participation and the building of skills and capacities.

3. Community planning manifests in the vertical dimension and is characterized by relationships between people and organizations. The fundamental components are command of resources, policy generation and implementation, organisation and ‘power over.’

4. Community action manifests in the meeting of people, extending the boundaries of community through action.

5. The Commons is a social institution, a way of perceiving, managing and organising the relationship of the community and its environment. The commons as an approach to organising human society requires a base of trust and partnership.
Chapter 5: Médecins Sans Frontières (MSF) and its Character

The charter of MSF indicates the typical outline of activities and underlying policy of an NGO. All the members agree to the following principles.

- Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict without discrimination and irrespective of race, religion, creed or political affiliation.

- Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.

- Médecins Sans Frontières volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic and religious powers.

- As volunteers, members are aware of the risks and dangers of the missions they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Médecins Sans Frontières is able to afford them.

(Activity Report: July 1998-June 1999, back cover)

The principles indicate the importance of the autonomy of an organisation with a universal professional code in that MSF ensures assistance to people whom they work with without influence of political, religious and economic power. Their voluntary work is based on their willingness to be humanitarian and is not aimed to produce any profit out of their activity.
MSF is capable of implementing its activities based on the community in various situations in collaboration with any other private and public organisations. The activities vary from assisting with logistic arrangements, administrative management, providing sanitation (construction of latrines and vector control etc.), medicine and medical equipment, medical training, health and ethical education (dealing with discriminatory behavior of health workers against patients), primary health care (PHC) (such as HIV/STD/AIDS, family planning, immunization, tuberculosis, malnutrition, tropical and endemic disease etc.), as well as special treatment (surgery, ophthalmology, counseling etc.). Another type of activity is to establish connections between individual health workers, medical facilities/institutions and related organisations through referral systems, health information systems, early warning systems and emergency preparedness and response (EPR) for epidemic disease, etc. The former activities aim at individual empowerment whilst the latter implies collective empowerment.

The basic pattern of MSF activity in the field is classified into three types as a result of the analysis of the Activity Report: July 1998-June 1999. First, the response to emergency situations is the priority in MSF activities. Emergencies include epidemic outbreaks, malnutrition, influx of the displaced due to natural disasters or war related matters. MSF can quickly react to those emergencies at any time and start a programme. Some foreseeable emergencies such as epidemic outbreaks and malnutrition are undertaken in community-based programmes by establishing an early warning system.
The second type of MSF activities is a community-based programme. MSF organises PHC at different places creating their own programmes as well as utilising existing medical services. Local people are involved with the programmes, some as national staff and others joining in a programme as volunteers. MSF run their own programmes as well as contacting any other medical institutions or health workers to assist them with logistic backup, medical supply, technical assistance and administrative management etc. Among such health structures as feeding centers, health posts and dispensaries to hospitals, MSF arranges a referral system to establish a connection to improve access to health services. The connection is bound to a national programme when governments initiate them such as HIV/AIDS/STD prevention, vaccination, tuberculosis and malaria prevention etc. When governments initiate national programmes, the network in the community is connected to the national level. MSF participates in the various health programmes and implements them in collaboration with other organisations, namely United Nations agencies, Red Cross and other NGOs. MSF deals with both bottom-up and top-down strategies.

When target populations are marginalized groups such as the displaced, migrants, homeless people, street children, sex workers, drug addicts, prisons and patients in a psychiatric hospital, MSF often takes action against the authorities to defend the human rights of these groups as well as provide necessary health services.

MSF development strategies are focused on not only health conditions but also the causes of health problems as well as the obstacles of implementation of health services.
considering environment, culture and tradition surrounding health in the community. For people who are marginalised in the society, macro-level reform is often exercised because their health condition relies on the matter of human rights and micro-level reform is limited in this case. This catalytic role of MSF is secured with the independent funding principle.

The set of units for the embedded case study are four regions of countries in MSF activity: Africa, Europe, America and Asia. The analysis shows different tendencies in the types of programmes. The programmes planned in Africa are related to epidemic, tropical disease as well as HIV/AIDS prevention and primary health care is the main activity. In Europe, there are more programmes for marginalized people and action is taken to protect their human rights. Many countries in America are affected by El Ninó and action is taken for disaster preparedness and prevention. In Asia, HIV/AIDS is one of the main problems due to severe discrimination against the infected people in some countries. However these differences do not greatly affect each programme’s implementation, therefore the study of MSF activities is treated as a whole.

MSF activities as detailed in the Activity Report: June 1998-June 1999 (Report) are now analyzed using the five dimensions of community building practice (Walter, 1998) listed in Chapter 3 to identify the elements of community building.

1. Community consciousness

In the realm of consciousness, awareness of the importance of health education,
prevention and preparedness for emergencies in health was raised by introducing the idea that health is not a matter for health workers but for all community members. MSF aims to change peoples’ behavior in health through programmes. Value is expressed towards the involvement of environment, tradition and culture surrounding health. MSF deals with discrimination, encouraging authorities to change regulations which constrain the health condition of marginalized people. MSF also involves a wide range of local people in their programmes including health workers, community leaders, school teachers, water vendors, childminders, street children who have played a leadership role in a group, native healers and traditional birth attendants as well as medical professionals. In Nigeria, water vendors are given basic knowledge about water-borne disease so that they are able to advise people as they go about their business (Report, p.40). In Burkina-Faso, street children who have emerged as leaders are also given necessary medical skills (Report, p.29). Another value introduced in MSF programmes is health care and management suitable for the country such as alternative care methods for childminders in nurseries and cost recovery programs for self-financing such as the usage of generic drugs.

Communication is established by the usage of local language and resources. The aforementioned wide range of health workers are able to transfer given knowledge or skills to their community members in their language and by their own teaching materials. Health consciousness is enhanced by implementing MSF programmes to a wide range of community members and by respecting tradition and culture in the community as well as utilizing the local resources of local workers and materials.

There is another role which the MSF plays and that is as a witness to crucial incidents
which have fallen into community consciousness. MSF becomes a witness of crucial incidents and can testify to them in public to get international attention. MSF published a report about the inappropriate deportation process in Kosovo and described how the identity cards and belongings of the refugees were destroyed. In the case of an environmental disaster as in Uzbekistan (*Report, p.77*), MSF has spoken on the devastating effect on public health due to large-scale irrigation and overuse of pesticides. While this type of activity does not directly affect the community, it is believed that raising awareness in public is a part of the process of taking further action for the better health of the community.

2. Community development

Local participation is demonstrated by the recruitment of many volunteers as well as national staff for programmes. Networks are organized through establishing a referral system among individual health workers, related organisations and medical facilities in the community. In mental health care programmes, for example, community networks are established among schools, women’s associations, etc. and suspected persons are referred to health structures. In programmes for street children, a network among people and organisations (such as street vendors, families, re-education centers and health workers) is established so that children can return to the programmes in times of need. An early warning system of epidemic disease and nutritional emergencies is organised through a network beyond the community. In addition, emergency preparedness and prevention for future epidemic incidents minimize an outbreak utilizing epidemiological surveillance, storing medical supplies and distributing necessary information. The nationwide
programmes such as HIV/AIDS/STD prevention, family planning, immunisation, tuberculosis and malaria prevention etc. are often established with the cooperation of governments and other organisations. A wider network is displayed through the establishment of the MSF Regional Office for Emergencies based in San José in Costa Rica, which observes weather in Latin America and the Caribbean (Report, p.58). Since many incidents of epidemic outbreaks have been reported due to El Niño, the purposes of the office are the provision of efficient response and disaster preparedness and prevention in collaboration with local authorities, regional and international organisations.

Mutual support is expressed by collaborative programs with multi-organisations, namely United Nations agencies, governments, other NGOs, universities, schools, self-help groups, etc. A good example is a health education programme on a nationwide level in cooperation with another international agency, Education Without Borders, as well as the Ministry of Education in Equatorial Guinea (Report, p.33).

The building of skills and capacities is developed by training health workers, providing management skills, medicine, medical equipment, logistic services, promoting alternative care methods for childminders in nurseries and introducing cost recovery systems. Training is normally organised at a local level, however, overseas training is arranged when it is necessary, like when a Beninese doctor was sent to the burns unit in a hospital in Brussels for training of the treatment of Buruli-ulcer (an infectious disease which was first diagnosed in 1988 in Benin) (Report, p.29).
MSF organises GROs hiring local staff as well as volunteers for their health programmes. These GROs and other medical structures contacted by MSF are supported by MSF with not only medical supplies and skills but also issues which are necessary to ensure medical services. National health systems are established based on the network in the community and cooperation with governments and other organisations. This set of MSF activities leads to empowerment of the community.

3. Community planning

Command of resources is demonstrated by hiring volunteers from the community, expatriates and international staff for programmes. Some volunteer groups are organised as an emergency pool. Governments also propose national programmes asking MSF to work with their programmes. MSF introduces cost recovery systems, usage of generic drugs to reduce treatment costs and a new policy for diagnosis and treatment. Policy generation is manifested in taking legal action to improve access to health care of socially excluded populations. In Madagascar, street children and institutionalized children have little access to health care (Report, p.37). MSF pushes the authorities to respect children's rights. For child prisoners, MSF pushes the courts to bring a backlog of cases to trial so that all those children in preventive detention can be taken out. Such legal action has been taken for other marginalized populations such as migrants, gypsies, malnourished adults and women in prisons.

MSF has been acting as an interlocutor and advocate between the authorities and those excluded populations. Community planning is organised at both micro- and macro-levels.
The former example is the introduction of a new policy for the use of medicine, diagnosis and treatment in practice. The latter examples are the establishment of national systems and policy generation.

4. Community action

Community action has been taken at different levels to create an opportunity to meet new people: constructions of wells and latrines, training programmes, outreach programmes, the introduction of health education as a subject in school, establishment of water and sanitation committees etc. In some programmes, for drug users or people with HIV/STD, the team staff go to the streets or discotheques to meet target groups. In Ethiopia, MSF worked on developing water supplies and trained villagers to store and use water with prudent and sustainable methods as well as teaching health issues related to water-borne disease. Finally, a water and sanitation committee was set up to ensure the longevity of the program (Report, p.34).

5. The Commons

The Commons, as a social institution, requires trust and partnership. MSF is accepted by community members, most governments and authorized political groups and other organisations. This is likely because MSF is a professional organisation in medicine so that they are respected by others. This is proved by the number of times that MSF is asked to help governments with establishing national health systems. MSF is also able to reach many places in a country to implement their programmes. However, some of the programmes are compelled to close down due to security reasons. This happened in
Korea, Ecuador, some areas in Rwanda, Ethiopia and the Philippines. MSF is trying to establish confidence between Rwandan and international agencies. On the other hand, MSF decided to decline any funding from governments who had a military involvement in the conflict which caused the massive deportation of Kosovars (Report, p.52). The requirement of trust and partnership is not only at the organisational level, but also at the community level. MSF has worked for the improvement of staff and patient relationships in psychiatric hospitals in Armenia (Report, p.46). In some countries in Asia, severe discrimination against people infected with HIV/AIDS deters health workers from establishing a relationship between this group and society.

MSF programmes are capable and flexible, being underpinned by the specific structure and financial principle which MSF maintains. First, a high percentage of non-medical staff (42.5%) is occupied in the field. This allows other medical staff to concentrate on their concerns without dealing with administrative management. Second, MSF’s total income consists of 57.7% from private donors and 42.2% from institutional donors. It is one of the policies MSF conforms to that private funds should be more than half of the total income to sustain MSF’s independence in activities. Next, MSF has legal experts who work for socially excluded populations. Thirdly, there are two separate sections which support the MSF programme in the field. (MSF, No date*2). One is the logistics section which provides reliable and speedy supply to different countries. The epidemiological center is the other section, which collects information from the field, decides priorities of programmes and provides technical support for effective practice.
The growth of GROs in MSF programmes is not clearly denoted in the Activity Report. The groups organised by MSF are treated as a part of MSF in the report so that it is difficult to identify to what extent GROs are planning and implementing their programmes.
Chapter 6: Discussion

MSF activity demonstrates the three generations of development programme strategies. The first generation of relief and welfare is illustrated in a programme for dealing with a flood of refugees or other devastating health situations which arise due to conflicts or natural disasters. In the second generation, MSF sets up small-scale and self-reliant local development programmes with local people at different places in the community. This development of management for foreseeable emergencies such as epidemic outbreaks and malnutrition, and disaster preparedness as well as prevention are good examples of community-based programs in the second generation of community development. Other examples are feeding centers, health posts, health education as a school subject, and water and sanitation committees. These health structures are linked together by establishing a referral system. At the same time, MSF approaches other organisations, institutions and governments to develop a nationwide program. Sustainable systems development in the third generation is implemented through a nationwide program. United Nations agencies and other NGOs from the medicine/health care sector also become involved with the programme. At this stage, all private and public related institutions ideally exchange information with one another.

Both micro- and macro-level reform are identified in MSF development program strategies. MSF focus on primary health care and health promotion by organising grassroots organisations for their programmes, as well as working with and assisting other health institutions. MSF starts with logistic assistance, provides medical supply and
technical training, and assists in health education for the community. Whilst MSF works for their programmes, they contact other existing health institutions to provide necessary assistance. Through these activities, the community is empowered individually and collectively. Then networks are organised by referral systems and finally strengthened through national programmes. These activities are referred to as micro-level reform.

When the target groups are marginalized populations, MSF uses various strategies depending on their characteristics and context. MSF provides health services, seeks for a way to link the marginalized and the community, and negotiates with authorities to improve situations. However, as many of these cases are concerned with the inequity of health care services caused by infringement of human rights, the solutions are limited especially for those who are institutionalized. Therefore MSF seeks macro-level reform to improve access to health services based on humanitarian ethics as well as their professional code. The MSF’s role is as an advocate of the socially excluded and an interlocutor between public health authorities and the populations whom they are there to assist.

Walter’s conceptual framework of community building practice embraces MSF activities. MSF as an NGO is originally an external agency to the community. In the concept of ‘community’, organisations which are considered as outsiders of ‘the community’ become important components in the same way as those inside ‘the community’. Any other people and organisations which are related to ‘the community’ at different levels are included in the community building practice. Walter (1998) emphasizes community
consciousness, stating "consciousness is the mesh that joins us in community, the full spectrum of perceptions, cultural constructs, and frameworks through which interaction with one another and our environment is filtered and shared" (p 72). This aspect is well reflected in the MSF's contribution to the community.

The activities of NGOs which are highly dependent on funding from governments are constricted by this funding arrangement to some degree. Funding allocated on a project-by-project and single year basis is likely problematic for the effectiveness of NGO development activity. Nyoni (1987) argues that most international NGOs are based on project-funding rather than on the process by which people develop self-help organizations. Project-funding could disturb dealing with the priorities of needs in the community, because a GRO is formed for the purpose of implementing a project which is proposed by an international NGO with government funding. The quality of GROs has also been questioned by Southern NGOs as well as some international NGOs regarding sustainable changes in the community. GROs have to be community-based, which means that community members have the decision-making and responsibility for the development programs. Cautions are given stating that the external agencies tend to make a temporary group for the purpose of operating a micro-project, which may discourage mobilization of resources in local people (OECD, 1988). Elliott (1987) also argues that the process of empowerment of GROs is sometimes prevented when external agencies such as NGOs intervene in the community.

The case study shows how local people have learned and been mobilized through MSF
programmes. It also reveals how local resources are employed for the programmes and are joined to a national level. After GROs are empowered through the learning process and the mobilization of resources, they expand or connect their activities beyond the community. A cost recovery system for self-financing is also introduced to assist financial management, however, even with this in place it is not able to acquire a full picture of the development process of GROs. There are difficulties in revealing GRO activity itself because their activities are treated as a part of MSF activities in the report. Elliott (1987) reports that some NGOs on the Indian subcontinent argue that only when a community is ready to deal with a matter will NGO intervention be successful with power-sharing in the community. According to OECD (1988), GROs need their leaders and self-management skills, especially financial management, when they go beyond the community. OECD further states that the timely assistance of finance from external agencies should be gradually reduced and completed at the end of a programme. From the case study, it is impossible to evaluate to what extent the GROs ascertain their autonomy.

Southern NGOs indicate that the development process of GROs is not fully understood by Northern NGOs and donors because of the inappropriate funding arrangement and unequal partnership between Southern and Northern NGOs in activity. Southern NGOs claim direct funding from DAC members to the South so that they will be able to plan programmes by themselves. Some governments of DAC members believe that direct funding is more effective for assistance of the third world. However, while funding is still allocated on a project-by-project basis, Southern NGOs will not be able to obtain their
autonomy through direct funding. Furthermore, the intervention of Northern NGOs in the South is necessary because they are professional organisations which are capable of negotiating with other organisations and introducing a new and adequate method. It is also said that GROs will face difficulty when they go beyond the community. According to Annis (1987), soon after GROs are established, they encounter obstacles which are beyond their control. A group of farmers, for example, who successfully grow vegetables might find difficulties in getting them to markets. At this stage, the problem could be solved by the intervention of NGOs.

Another claim from Southern NGOs is the quality of their partnership with Northern NGOs. Southern NGOs have questioned that Northern NGOs with money imply a power relationship between them. Elliott claims that external agencies have assumed that their intervention is neutral without recognizing that participation is often manipulated by their intervention. Sogge, Saxby and Biekhart (1996 cited in Rooty, 1998b) argue that the power relationship between local groups and foreign aid agencies is a critical determinant of the success of programmes. At this stage, governments, donors and NGOs need to review how funding affects NGO activity in establishing self-reliant, participatory organisations in the South.

In the North, there is growing pressure on international NGOs for institutional development. Governments are specially interested in replicability of NGO programmes so that they can justify their subsidy to NGOs as well as applying them for own programmes (Smith, 1987). They believe that NGOs as sectoral organisations need to
correct institutional weaknesses by establishing a systematic evaluation of the accumulated experiences of NGOs (Smith, 1987; Nogueira, 1987). As a step towards institutional development, disclosure of information about NGO activities is required. At the present, information available from NGOs is reported to donors and used for their administrative or management purposes (Nogueira, 1987). There is also competition among NGOs over obtaining funding from the governments among big NGOs (Foca, 1993), which deters cooperation in the NGO community. Another factor of institutional development is the matter of professionalization of staff. Sectoral professionalization is the strength of NGOs because of the respect from other organisations, however, it could be a weakness since development programmes need to encompass wider issues beyond their specialty. Korten (1987) suggests that NGOs require professional staff who not only have their sectoral knowledge and skills but also development skills in social, political and managerial areas.

Gaventa (1999) suggests that Northern and Southern NGOs have different ideas as to what constitutes a civil society. Northern NGOs focus on human rights working on behalf of people in the South. Their value lies in action working for those people based on humanitarian principles. Northern NGOs are strong advocates of human rights and have a role as witnesses of crucial evidence. On the other hand, Southern NGOs focus on community-based organisations as constituting a civil society (Rooy, 1998b). Formation of the organisations is the first step in building a civil society, in which individuals become citizens (Frantz, 1987). Robinson (1998) also observes the different understanding about the nature and composition of civil society in aid agencies. The
given example indicates different perspectives in USAID, a bilateral donor: The Global Center for Democracy in the North focuses on advocacy-oriented civil society organisation, on the other hand, the Africa Bureau in the South tends to emphasize local membership organisations and self-help groups as the primary units of a civil society. (Fox, 1994; Hansen, 1996 cited in Robinson, 1998).

Southern NGOs believe that GROs acquiring decision making, reliability and participation is the fundamental prerequisite for sustainable changes in the community. Therefore, Northern NGOs and donors have to be more sensible about the formation of GROs by establishing appropriate funding and equal partnership between GROs and international NGOs. Northern NGOs need to take account of the aspect of Southern NGOs in this regard, and demand discussion over the issues from donors. At the same time, Northern NGOs themselves need to gain independence from ODA funding, raising the level of private contributions to sustain flexibility in activity. It is necessary to establish financial and ideological support from people in the North since the roots of NGOs are with people not bureaucracy and governed by private citizens with their own principles.
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