

1.12. International aid seen from the South

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Introduction

“Next to money and guns, the third largest North American export is the U.S. idealist, who turns up in every theatre of the world: the teacher, the volunteer, the missionary, the community organizer, the economic developer, and the vacationing do-gooders. Ideally, these people define their role as service. Actually, they frequently wind up alleviating the damage done by money and weapons, or “seducing” the “underdeveloped” to the benefits of the world of affluence and achievement”. It was 1968 and Monsignore Ivan Illich was speaking to students in Cuernavaca in Mexico¹.

In the last decades international aid has assumed the dimensions of an industry. It is estimated that about 1.6 trillion Euros have been spent on development aid over the past five decades². These decades have also seen increasing professionalisation of the international aid industry, with numerous policy documents, guidelines, checklists and manuals about different aspects of aid distribution.

This article aims to analyse international aid from the point of view of different stake-holders in countries that receive it. Many of the observations in this article come from direct experiences of the authors in their own work and in their own countries.

The aid paradigm

In public perception, aid is frequently portrayed as a form of altruism, a charitable act that enables wealth to flow from rich to poor, poverty to be reduced and the poor to be empowered³. Often, even among the professionalized “international aid-world”, these feelings of altruism and related superiority, remain embedded in the background of ideas like partnership, dignity and development.

The last decades have seen a gradual transformation of norms governing international aid in different ways. The amount of aid by OECD countries spent on basic health and other social programmes is surprisingly small (3% for basic health, 2% for other health, 2% for basic education and 7% for other education)⁴.

The US, the world’s biggest donor measured by volume, increasingly allocates bilateral aid according to concerns related to the ‘war on terror’. Multilateral and bilateral agencies use aid money to fund the privatization of public services and boost the profits of private sector companies⁵. Statistics on official governmental aid may give a false picture, while in reality rich countries take away resources from

poor countries through debt servicing and other trade related mechanisms. For example, in countries with heaviest burden of debt, the amount of debt service comes to more than 7.5 times the amount of foreign aid received⁶.

The personal experiences of authors from Nicaragua and Nepal given in box 1 & 2 respectively, give an idea of some of the issues.

Box 1. International aid in Nicaragua: experiences from a community organisation

During the late 70s and the 80s there was ample support from individuals within organizations for “progressive” agendas. This resulted in support for programs related to the Sandinista Revolution in the 80s as well as support for liberation movements in El Salvador and Guatemala. In terms of women’s work, the agenda moved from a maternal and child health approach to emphasis in women’s health as apart from children’s health and then to sexual rights and reproductive rights. However, in the nineteen nineties, neoliberalism gained control of the decision making processes in the non governmental agencies, perhaps because most of the agencies depend on government support. The consequences of this paradigm shift have meant a move away from process-based programmes to projects with short term impact.

Box 2. International aid in Nepal: experiences of a grass-roots organisation

While we started working with HIV positive persons in one district of Nepal, in the first nine months we identified 61 positive cases. Nine of them died of TB, malnutrition, stigma, discrimination, lack of support, etc. So we approached the donor agency for support. The agency was organizing training workshops, paying Rs. 3000 per day per participant but they could not help dying HIV positive persons. They said that it would create dependency. Yes, death emancipates from dependency.

The dominance of neoliberal paradigm in international aid means a shift towards quick-fix standard answers, narrow focus and short term technological solutions that are relatively easier to account for but that do not take into account the complexities of people’s realities.

Needs and justifications for international aid

Opinions about international aid are varied, but there can be two extreme positions placed in distinct mutually opposing groups – (a) the justification of financial aid in terms of resources needed to answer humanitarian needs and to reach human development goals (b) perception of international aid as an instrument of developed world to promote neo-colonialism.

It has been calculated that the developing countries require an additional annual aid of around 25 to 70 billion US dollars for reaching the Millennium Development Goals⁷. Usually such calculations and appeals for funds receive insufficient responses from donors. For example, in 2004, the Afghan Government estimated that the amount of aid required over a period of seven years, to be about 168 US\$

per capita per year⁸. However, disbursements of funds in Afghanistan over the period of 2002-2005 were estimated at about 83 US\$ per capita per year⁹.

The other extreme looks at international aid with suspicion, as a plan to perpetuate neo-colonial dominance of the developed world. In this vision, both, international non-governmental organisations and their national partners, have been allies of neo-liberal policies that favour retrenching of state from its responsibilities in social, health and education sectors.

In an article with a funny title (“The missionary position”) it is stated that: “...as structural adjustment programmes were imposed across Africa by the international financial institutions and development agencies, that NGOs really flourished, gradually taking over the work of the retrenching state that had been persuaded to disengage from the provision of social services to its populations. ... The role NGOs have played in expanding and consolidating neo-liberal hegemony in the global context may have been unwitting. It may not have been as direct or as underhand as some of the activities willingly taken up by colonial missionary societies and voluntary organisations. But that is not to say it is any less significant. Indeed, one could argue it has actually been far more effective”¹⁰.

The others, while acknowledging that sometimes work of NGOs can be used by Governments as alibi for not taking their responsibility, they argue that often there are no other options. This situation can be even more problematic in countries under repressive regimes, so that any support to people in the communities can also be interpreted as support to the regimes. For example, *can we let persons suffer or die because we need to make the Governments aware of their responsibilities? Or innocent persons be made to suffer for the crimes of their repressive regimes?*

Many National NGOs aware of this danger of being used as an alibi by the Governments for not taking their full responsibility, promote participatory and empowering approaches at community level where provision of essential and life-saving services is accompanied with capacity building, networking and empowerment of community groups who can advocate for their own rights from their Governments at different levels.

Dependence on foreign aid

In the present context, where the resources situation of some of the developing countries has deteriorated to such an extent, aid dependence is not a choice. Caught between an unjust world order, lack of development, lack of resources, heavy debt burdens coupled with more local issues such as corruption and policies that favour elites, there is no escape from aid dependency to ensure the essential health, social and educational services. The following example from Guinea Bissau in box 3, illustrates this helplessness.

Box 3. Dependency on international aid: example from Guinea Bissau

In Guinea Bissau, health sector funds come from outside and the flow of funds is not regular. If availability of funds is not ensured, Government can not make long term plans. National tuberculosis programme faced interruption of stock of drugs, as TB drugs were provided by an external partner, who decided to stop this aid. The government could not ensure these drugs while looking for another partner. Since 2005, our TB component is benefiting from support of Global Fund but it has a heavy bureaucracy and it can not give a quick answer to emergency needs like this, as these drugs were not included in its plan. National TB programme decided to apply alternative schemes of treatment but the centres for providing the treatment were not equipped to provide the other drug regimes. How can you avoid multi-drug resistant tuberculosis in such a situation?

Need to coordinate aid by governments

How international aid is channelled is another key question that has no easy answers. There are many arguments in support of working through governments in a coordinated manner so that national guidelines are respected, different essential services are covered adequately and implementation is an opportunity for creating synergies rather than promoting parallel activities and wasting of resources.

On the other hand, donors raise up issues of transparency, corruption, improper use of funds, lack of measurable results, difficulties of monitoring and evaluation to justify direct interventions.

For example, in Guinea-Bissau, forty international organisations are involved in providing financial support to the health sector¹¹. With the fragility of national Government, lack of transparency, limited capacity of monitoring and evaluation, lack of qualified human resources, means that some times international organisations do not bother about the national priorities and make mutually competing plans. In Guinea Bissau, often the faith based organisations active in the health sector do not work in coordination with the Government. Faced with these difficulties, Government is unable to use the external resources available for the health sector in an optimum manner.

Another example about the analysis of the international aid situation in Afghanistan, gives a glimpse of the complexity of the issues (see Box 4).

Box 4. Enhancing aid effectiveness: example from Afghanistan

The Afghanistan Government has put forward an action plan to enhance aid effectiveness, much of which is based in part on the Paris Declaration on Aid Effectiveness. It includes actions to increase Government ownership and to enable it to exercise effective leadership over development policies and strategies. To accomplish this, the Government emphasizes the primacy of the ANDS (Afghanistan National Development Strategy), to enable the partners to align their aid flows with Government policies while building its capacity. Although as yet most aid monies have been outside

the control of the Afghan Government, at least on paper the donors are increasing their commitments to the Core Budget, which is under the Government's control and thus funds its own nationally determined priorities¹².

However, it is not always easy to calculate how much of aid is channelled through the Government and how much outside the Government control, as many donors make "off-budget" plans, leading to significant under-reporting of the External Budget¹³. At present, nearly three quarters of donor assistance is still disbursed and delivered outside the Government budget in Afghanistan¹⁴.

Capacity of governments to use the aid

While the need for coordination of aid and channelling of aid through the government is recommended, especially for international aid coming from governments and inter-governmental agencies, there are many instances of incapacity of governments to use the aid funds. For instance, absorptive capacity of Governments was an issue for G8 contributions to Africa. It was felt that large additional flows of external resources can strain government capacity for macroeconomic management, planning and budgeting and service delivery¹⁵.

Debt burden, SWAPS and development

Debt burden is considered as one of the key factors influencing the capacity of Governments in developing countries to answer their own needs. SWAPS means that a poor country gets a debt cancelled, and agrees to channel some or all of the money it would have paid out on that debt towards a particular social project, often overseen by a local organisation. However, overall impact of SWAPS has been limited. By their nature they involve privileging projects favoured by donors or non-governmental organisations. For example, the government of Indonesia agreed to accept the policy of the government of Germany in the form of debt swap through developmental programs in the educational and environmental sectors, but the amount was too small compared to the total of Indonesian bilateral debt with the government of Germany¹⁶.

International aid channelled outside the national governments' controls

International aid not passing through national governments can be channelled through national non-governmental organisations (NGOs) or through faith based organisations or through direct implementation by international NGOs.

Non governmental organisations (NGOs) based in the developed world providing aid to developing countries, frequently work in collaboration with national NGOs. For example, national organisations of workers unions, organisations of persons with disabilities, etc. predominantly work in partnership with similar organisations in the developing world.

Working through national NGOs is some times preferred in situations where governments are perceived as problematic and in situation of conflict and wars, and for promoting community based approaches and empowerment of oppressed population groups at grassroots levels.

Many of the international aid organisations started as faith-based organisations, especially as Christian organisations, in the late nineteenth and early twentieth centuries. For example, the two British leprosy organisations, “Mission to Lepers” and “British Empire Leprosy Relief Association” came up respectively in 1874 and 1924. Many of these organisations were linked to European colonialism.

After the end of colonial period, faith based organisations often worked through national faith based organisations and are involved in activities that are not limited to religious discourses but touch social, health and education sectors. Different Christian denominations play a key role in this international aid but gradually this phenomenon has extended to other organisations related to other religions as well. For example, there are organisations such as Muslim Aid, American Jewish World Service and Hindu Aid.

Faith based organisations based in developed countries and oil rich countries, provide significant resources for international aid. For example, 21% of Norwegian Government’s official aid budget for NGOs was thorough Norwegian fiath based organisations¹⁷. According to UNESCO, the Kingdom of Saudi Arabia is considered as one of the largest aid donors in the world¹⁸.

Direct interventions by international organisations

Many international non-governmental organizations (INGOs) based in the developed world, have offices and other service providing structures with expatriate and local staff in the developing countries for direct implementation of activities. Some international funding support for disasters and emergency relief, such as funds from ECHO office of European Union, goes almost exclusively through direct implementation of INGOs.

Box 5, presents the results of survey in Mongolia regarding views in general public about direct interventions of international NGOs.

Box 5. Views about direct action of International NGOs in Mongolia

In a survey involving 305 respondents in Mongolia, the respondents felt that in the following areas the INGOs work efficiently: aid for basic human needs (42.9%), children & their development (52.7%), human rights and democracy (35.2%), law (25.7%), government and public administration (21.7%), health (54.2%) & education (56.1%). The negative impacts of INGOs were considered to be: propagating non traditional religions (14%), lack of control on activities (9%), supplying ready goods and increasing laziness (18%). Other areas of negative impact were – few long term effects, little expertise with local conditions¹⁹.

Direct implementation of international aid activities in the developing countries is justified by different arguments such as higher quality of services, avoiding corruption, ensuring that funds reach the final beneficiaries. However, there are many problems with such approaches as well. For example, in a study on impact of direct intervention of international organizations in health sector in Mozambique it was noted that, “*The most direct interaction/confrontation between expatriate NGO aid workers and their target communities occur “up-country”, in the provinces where foreign aid presumably arrives at its intended destination. In this unusual social interface between highly educated technicians from rich countries and communities in extreme poverty, relationships of power and inequality are enacted in ways that profoundly shape primary health care policies and programmes. In this engagement, the exercise of power by wealthy donors over their target populations, including local health workers, is laid bare and the disempowerment of public sector services by international agencies is most visible*”²⁰.

International aid channelled through multilateral agencies like UN agencies

World Health Organisation (WHO) is the specialised agency of UN for health. However, it is not a donor agency and does not channel significant amount of funds to the countries, rather it provides technical support and guidance. Some other UN agencies like UNICEF and UNHCR do channel significant international aid and their programme strategies invite vigorous debates. For example, there is an ongoing debate if UNICEF should promote more focused interventions in terms of child survival or if it should be more broader and developmental in its approaches²¹.

International aid through UN agencies in case of emergencies is more complicated. There are sixteen UN agencies that can be involved in emergency operations. Lack of coordination and aggressive competition between the different UN agencies can be a problem in emergency situations²².

Accountability of non governmental organisations

National NGOs raise the issue of accountability of INGOs. For example a Sri Lankan network felt that “*Whereas the Agendas and Programmes of Sri Lankan Development NGOs and people’s organisations (POs) are a response to the political, economic and cultural processes that have a bearing on development in Sri Lanka itself to whose people the NGOs and POs are ultimately accountable, the Programmes and Agendas of Foreign Agencies are by and large a product of the complex political, economic and cultural forces operating in the respective foreign countries to whose people and/or Governments the Foreign Agencies are ultimately accountable*”²³. Similar issues have been posed also for national NGOs. “*Few Southern NGOs have yet developed mechanisms to make their different accountabilities effective. Despite the many coalitions and shared activities, at their core they too are a secretive lot. It is not*

*always clear, how their hearts beat. They too work with secrecy and opaqueness*²⁴.

Thus issues of accountability and transparency crop up periodically with reference to both national and international NGOs.

Funds used for expatriates and taken outside the country

A frequent accusation against international aid organisations is that they use significant percentages of those funds to pay their expatriate staff and consultants. Another significant part of funds is used to acquire services or equipment from the donor country and thus only a small part of declared funds actually reach the recipient country.

A report claims that consultants are creaming off a staggering US\$ 20 billion from global aid budgets, about 40% of overseas development funds²⁵. Box 6 presents experiences from Afghanistan regarding expatriate consultants.

Box 6. Expatriate consultants in Afghanistan

According to a report by the finance minister of Afghanistan, “Government is accountable for only US\$3.7 billion of the US\$12.8 billion of aid money that has been spent in the country in the last five years: the rest has been spent by donors themselves”²⁶.

According to Mustafa Kazimi, chairman of the economy committee of the Afghan parliament’s lower house, “Out of every US dollar spent by donors on Afghanistan’s reconstruction 80 cents finds its way out of the country”²⁷. In Afghanistan, there are widespread concerns about the cost and effectiveness of foreign consultants, “whose fees account for a major proportion of donor expenditure. International technical assistance accounts for a quarter of all aid to Afghanistan. Given the fact that consultants’ salaries at US\$100,000 - \$150,000 per annum are some 200 times the salary of an Afghan civil servant”²⁸.

Staff, human resources, brain drain

Brain drain associated with international aid is another issue that has impact on different aspects of life in developing countries. Capable staff from government offices and national NGOs are often lured away by international agencies offering higher salaries.

For example, according to Ehsan Zia, Afghanistan’s Minister of Rural Rehabilitation and Development (MRRD), “We have lost eight professional staff, all of whom have been absorbed by international organizations offering attractive salaries”²⁹.

A study carried out in Mozambique reported, “Some Mozambican health workers in the province were lured out of the DPS by high salaries to work for NGOs. NGO salaries for trained health professionals ranged from US\$ 500 to US\$ 1500 per month, compared to the US\$ 50 monthly wage for mid-level workers in NHS. To get

*a job with an NGO was like winning the lottery. In one year of work for an NGO, one could potentially earn the equivalent of 20 years salary in the NHS. At these rates, not even retirement benefits and job security in the NHS could motivate workers to stay*³⁰.

Changing buzz words in development discourse

Development discourse is often guided by buzz words of the moment. Thus if one year the buzz word is rights-based approach, next year it can be participatory development. Each buzz word becomes a magic mantra, object of new studies, reports and training manuals, to be discussed and debated in expensive meetings and workshops. One of the authors of this paper, participating in an event organised by international partners in a luxury hotel reflects, “*Governance, participation, decentralization, accountability, etc. are becoming buzz words but the question arises: are they helping solve the problems of poverty, oppression and exploitation in the context of Nepal? It is quite frustrating to see that there is enough money floating around for organizing these kind of events. Probably, expenses for my participating in that forum were close to five Nepali poor families’ annual incomes, probably it could have supported 20-25 poor students’ going to school for one year.*”

Increasing bureaucracy in INGOs

Increasing use of management tools copied from for-profit sector is another issue facing national NGOs and people’s organisations in developing countries. Project proposals must be prepared according to ever changing models and log frameworks. Some of the questions raised up in these proposals are a little hypocritical. For example, what is meant by sustainability in terms of poor country organizations? Are European based NGOs “sustainable”?

One of the authors of this paper feels, “*There are different shifts in terms of provision of support. Similarly, there is increasing movement from support for individual organizations to support for coalitions of local NGOs working together in a single project. We have seen the international agencies promoting these mechanisms in order to facilitate their administration, so it is not a local need, although it can be useful. Many times the coalitions exist only because it is a way to access the funds. Competition for the donor coalition funds is extremely heavy.*”

Another issue is donor organisations having a very narrow focus. Many organizations say they do not support “health” projects, defining health purely in biomedical terms. Project proposals as well as financial and project reporting are based on extensive and very strict guidelines. These are very demanding and not negotiable. Many are defined by the EU or the national governments. There is no single common format, and every agency, every government has a different format. When a project has multiple donors, this requires extensive reporting for each donor.

There are administrative difficulties as well. Every agency wants “original” re-

ceipts, so when there are multiple donors there are additional costs for copying and notarizing all the receipts and administration is a nightmare. Some donors give reimbursements for expenses after an activity or project is completed, that puts terrible pressure on the local organisation. Some times, there are delays of reimbursements up to 6 months, in spite of clear contracts with the donors.

Often organisations talk of partnership, participation, equal dignity, etc. but these are just words. In reality, there is pressure for getting short term demonstrable results. For organisations working with communities, there is little scope for flexibility. Some times, best planned activities do not work out, but if an NGO shares its critical experiences with the donor organisations, it is seen as failure and unreliable, its funding can be blocked. If they want to continue to receive funding, they have to show that every activity is good and a success. One of the authors of the paper explains the pressure to provide positive reports during the project monitoring as, “*The funding system and reporting mechanisms have forced us to report “every thing is all right”. It has not only compelled us not to be honest but rewarded us for being dishonest.*”

When situations are complex that require patient working with the communities through a gradual process of change, this does not fit in with fixed time log frames and indicators. Thus for complex situations, mere technological solutions are proposed, like the biomedical solutions for health issues. The social dimensions and determinants of issues are ignored.

International aid as an alibi for reducing state responsibilities

There is evidence of widening engagement of different non governmental actors in the services. They may document innovative approaches to meet health needs of different marginalised population groups. There have been a number of studies evaluating the role of non governmental and faith based organisations in taking on services that were previously provided by the state.

In a number of studies, there is evidence of poorly designed services run by NGOs for poor communities, based on incorrect assumptions about state and civil society capacities to respectively regulate and provide services. There is a deeper negative impact identified of these civil society organisations filling in for the “roll back” of the state³¹.

As NGOs take over the role of service providers, they justify the withdrawal of Government responsibility to the citizens. Most countries show an increase in number of NGOs. For example, a study in 1997 calculated 2000 NGOs in Madagascar, of whom 600 only in the capital Antananarivo alone³².

Conclusions

Views from the south about the international aid reflect the complexity of the situation and diversity of opinions. Even while questioning the basic paradigm of

aid, it is still possible to pin point some key areas of concerns from the partners in the developing world:

- importance of some coordination mechanism that ensures funding for priority areas identified by national governments, and that promote synergies and cooperation rather than parallel approaches that work against each other;
- importance of some process of coordination among the international donor organisations so that bureaucratic requirements create lesser problems for implementing partners in developing countries;
- need to find ways of supporting complex and fundamental changes at community levels in a flexible manner rather than promoting narrow focused, short term result oriented technological solutions;
- reducing the role of expatriates and consultants, while strengthening the capacity building of staff in developing countries, in ways that does not take away skilled persons away from essential services.

These key areas do not have easy answers. Even among the developing countries issues like non transparency, corruption and misuse of funds are problems that require monitoring and verification. Finding ways that minimise bureaucracy and promote flexibility even through systems that use checks and controls to make sure that funds are used properly is the most important challenge.

References

- ¹ I. Illich, *To bell with good intentions*, National Society for Internships and Experiential Education, Part II - Cross Cultural Learning; www.augustana.ab.ca/rdx/eng/anthology/thwgiilich.doc (consulted in January 2008).
- ² D.J. Ncayiyana (ed.), *Combating poverty: the charade of development aid*, «BMJ» 2007, 335, pp. 1272-1273.
- ³ F. Manji, C. O'Coill, *The missionary position: NGOs and development in Africa*, 2002, «International Affairs» 2002, 78, 3, pp. 567-583.
- ⁴ J. Randel, T. German, D. Ewing (eds.), *The Reality of Aid*, Zed Books, London 2004.
- ⁵ People's Health Movement, Medact, Global Equity Gauge Alliance, *Global Health Watch 2005-06*, UNISA Press & Zed Books, London 2006, pp. 322-331.
- ⁶ International aid observatory, *Alternative indicators for developing countries indebtedness*; http://www.oid-ido.org/rubrique.php?id_rubrique=25
- ⁷ De Rebacca Dodd et al., *AID Effectiveness and Health*, WHO/HSS/Healthsystems/2007.2, Working paper n. 9.
- ⁸ Afghanistan Vision 2020.
- ⁹ Ministry of Finance 2007, Budget Department Estimates, April 2007.
- ¹⁰ F. Manji, C. O'Coill, *The missionary position: NGOs and development in Africa*, International Affairs, 2002, 78, 3, pp. 567-583.
- ¹¹ PNDS, Guiné-Bissau 2003-2007.
- ¹² ANDS (Interim Afghanistan Development Strategy) and Paris Declaration on Aid Effectiveness.
- ¹³ Hamish Nixon, *Aiding the state? International Assistance and the State building Paradox in Afghanistan*, AREU, Kabul, April 2007.
- ¹⁴ Peace Dividend Trust.
- ¹⁵ P. De Renzio, *Africa after the Africa Commission: What priorities for the German G8*, Overseas Development Institute, DFID Forum, London UK, May 2007.
- ¹⁶ D.K. Sari, *Indonesia needs more progressive debt relief than debt swap*, International NGO Forum on Indonesian development (Infid), Jakarta 2006.
- ¹⁷ *Norwegian Government's cooperation with NGOs and faith based organisations*, Background paper for

the presentation by State Secretary, Deputy Minister of International Development Olav Kjørven at the Africa - Christian Leaders' gathering, 15-17 November 2004.

¹⁸ http://portal.unesco.org/en/ev.php-URL_ID=32647&URL_DO=DO_TOPIC&URL_SECTION=201.html (consulted in January 2008).

¹⁹ B. Dalaibuyan, *International NGOs in Mongolia*, Central Asian Research Initiative Open Society initiative, Mongolia State University of Education, 2004.

²⁰ J. Pfeiffer, *International NGOs and primary health care in Mozambique: the need for a new model of collaboration*, «Social Science & Medicine» 2003, 56, pp. 725-738.

²¹ *Holding to account: Global institutions, transnational corporations and rich nations*, *Global Health Watch 2005-06*, in *People's Health Movement, Medact, Global Equity Gauge Alliance*, UNISA Press & Zed Books, London.

²² G. Hancock, *Lords of Poverty*, Mandarin Books, UK 1989.

²³ S. Fernando, *Foreign Development Agencies in Sri Lanka: A Political-Historical Perspective*, IRED, Sri Lanka 1991, p. 2.

²⁴ I. Smillie, *The Alms Bazaar - Altruism under fire, non profit organisations and international development*, Intermediate Technology publications, UK 1995, p. 193.

²⁵ N. Mathiason, *Global aid*, «The Guardian», 29 May 2005.

²⁶ Anwar-ul-Haq Ahady, *Afghanistan Finance Minister, Speaking in the wake of Afghanistan's Development Forum (ADF), aimed at assessing development outcomes and the country's future needs*, 29-30 April 2007 in Kabul, Afghanistan

²⁷ Reuters, Afghanistan. Gov't questions effectiveness of foreign aid billions, 07 May 2007, accessed on December 11, 2007, at <http://www.alertnet.org/thenews/newsdesk/IRIN/ed8d0501efbd58d3074e7fb62c0e5b7c.htm>

²⁸ Agency Coordinating Body for Afghan Relief, *Enhancing Aid Effectiveness*, Afghan Development Forum, April 2007.

²⁹ Reuters, Afghanistan. Gov't questions effectiveness of foreign aid billions, 07 May 2007, accessed on December 11, 2007, at <http://www.alertnet.org/thenews/newsdesk/IRIN/ed8d0501efbd58d3074e7fb62c0e5b7c.htm>

³⁰ J. Pfeiffer, *International NGOs and primary health care in Mozambique: the need for a new model of collaboration*, «Social Science & Medicine» 2003, 56, pp. 725-738.

³¹ R. Loewenson, *Overview of issues from the bibliography on civil society and health*, WHO CSI/2003/BI1, Geneva 2003, pp. 3, 6-7.

³² Spore, *Who owns civil society*, Technical Centre for Agricultural and Rural Cooperation ACP-EU - CTA, No. 79, February 1999, Olanda, pp. 1-3.