Big expectations and little Civil Society Organizations

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Since the 1990s, Governments and international organizations have relied increasingly on Civil Society Organizations (CSOs). But why do they, and with what consequences? The United Nations Development Programme (UNDP) has been a champion of CSOs: ‘Many ... have a proven capacity for broad-based mobilization and creating bottom-up demand that fosters responsive governance’ and because they ‘... can facilitate the participation of poor and vulnerable populations in the design and implementation of development policies and programmes’ and ‘... enhance the delivery of basic social services, such as health and education’.¹ Reliance on CSOs extends well beyond UNDP to many bi-lateral aid organizations and financial institutions. The World Bank and even the International Monetary Fund post on their Websites definitions of and exhortations for engagement with CSOs.

A global focus on the role of CSOs in health has grown since 2001 when the World Health Organization launched a Civil Society Initiative. WHO recognized that no common understanding or definition of CSO existed, but that these organizations occupy ‘... the social arena that exists between the state and the individual or household’.²

The WHO commissioned Rene Loewenson, a Zimbabwean epidemiologist and Director of the Training and Research Support Centre there, to analyse the potential for CSOs to contribute to health – and the uncertainties. The benefits again relate to the unique positions that CSOs fill between governments and their people. Among the uncertainties, she noted significant variability in the quality and scope of non-state services, and that CSOs may lack responsiveness to the populations they serve, as they focus on accountability to the international agencies that fund them.

She also pointed to other issues and problems that are at the heart of the work of Ekirapa, Mgomella, and Kyobutungi.³ CSOs struggle in many ways: uncertain access to their own national public resources; uncertain

capacities to manage and sustain programmes; negative attitudes and non-participation of health workers; poverty and other social problems in their environments; and how to build strong and active links with their own members.²

Ekirapa *et al* have studied a different set of CSOs than those usually discussed by international organizations on their Websites – very small ones located in or near urban slums. Their research is important. They set out to learn how and how well almost 1000 very small CSOs operated in several informal settlements around Nairobi, Kenya.

Kenya has explicitly called upon CSOs to extend the reach of government programmes. It set out a strategy. What the authors found is that most CSOs they studied probably did not function very well at all. They could find no positive link between the CSOs spheres of activity and the health problems of people in the community. Nor did they find that the organizations had much capacity to plan, manage, document, or evaluate what they do. Many organizations could not produce convincing information about how many clients they serve, how often, and to what effect – using what resources in what ways. Instead, the authors found:

- that large amounts of funding from organizations outside the country may well have influenced the focus of CSOs – even when higher local priorities remained neglected
- a profound lack of managerial know-how
- extensive needs for technical assistance and skill training – but little indication that most of these CSOs have a way to acquire the managerial and financial capacity they lack.

Readers may react to these findings in two very different ways. The useful way is to conclude that not only these small CSOs, but governments and donors need to direct serious attention and enough money to help CSOs build the managerial, financial, and programme-specific technical capacities they lack. The *not* useful reaction would be to conclude that governments and international organizations (such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria) have made a mistake in looking to CSOs, and that they should simply pull their funding out of these organizations. That would mean making no serious efforts to enhance the functionality of governments, of large NGOs that often serve as funding intermediaries, and of the CSOs; and no serious effort to enhance CSOs independence from the influence of their funders.

Research of the sort Ekirapa *et al* have undertaken is needed. It will help us understand the struggles of the CSOs and of people with very few resources who live beyond the helpful reach of governments. We may learn *what* will help small CSOs in impoverished neighbourhoods become more effective and efficient, and able to make a positive difference in health. Research may also uncover *how* to support the processes that can make it possible.

Bits of similar work can be found in the literature or on the Web, but not nearly enough. After more than a decade of determined reliance of governments and big donors on CSOs – and of CSOs on their funders – it is surely time to turn from blind reliance to learning. We need to be able to apply sound lessons to bolster the effectiveness of CSOs. Perhaps, most important is their independence of thought and action to encourage leadership from the bottom up.

That many small CSOs have no track record for planning, documenting activities and use of funds, or evaluating their work suggests that governments and international organizations have often turned a blind eye. Ekirapa *et al* contribute to the very important task of opening everyone's eyes. This is an unusual piece of work, and we commend the authors for their determination and contribution on this important subject.

References and Notes

1. United Nations Development Programme. (2012) UNDP engagement with civil society, http://www.undp.org/content/undp/en/home/ourwork/partners/civil_society_organizations/, accessed 29 July 2012.
2. World Health Organization. (2012) Strategic alliances: The role of civil society in health. Discussion Paper no. 1, CSI/2001/DP1, http://www.who.int/civilsociety/documents/en/alliances_en.pdf, accessed 29 July 2012.
3. Refer to Ekirapa, Mgomella, and Kyobutungi in this *JPHP* Issue.

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