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**Private Sector Contribution to Health Delivery: Examining the role of NGOs in Health delivery in Ghana**

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**Abstract**

*The paper examines the role of NGOs in health delivery in Ghana vis-a-vis the government's policy framework on private sector participation in health delivery. The study adopted an exploratory policy analysis of Ghana's health policy landscape regarding the extent to which it makes it conducive for the participation of NGOs in health delivery. The study was conducted mainly via literature review exploring various critical questions and embedding the findings in stakeholders' own analysis via discussions of the outcome by way of individual and focus group discussions. The study revealed that NGOs are a critical and an integral part of the health delivery system in Ghana and their interventions are largely aligned with national health priorities. On the other hand, although the Ghana's health policy provides a framework that makes it conducive for the participation of the private sector, including NGOs, in health delivery, there are operational challenges that make it difficult to realize effective partnership with the private sector. The paper concludes by proposing a model that will ensure effective public-private partnership in health delivery in Ghana. Effective partnership between the Ghana Health Service and NGOs, mentoring of NGOs by the Ghana health service, addressing the weak capacity of NGOs for efficient service delivery, sub-contracting of primary health care and a more organised NGO sector are key to realizing effective collaboration for health delivery.*

**Keywords:** Partnership, Health, Policy, Sub-contracting, NGOs, Ghana

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**INTRODUCTION**

In the immediate post-war era international aid was seen as a means, mainly, for reconstruction. The concern then was to reconstruct damages caused by the war and to help countries embark on a progressive path of development. Aid was therefore seen as an instrument for economic growth and development in the period preceding the 1990s. From the 1990s, however, international aid was perceived as a means to

relieve poverty and increase human welfare focusing on the 'softer' issues of development (Alvarez and Aharya, 2012). This has led to a remarkable reconfiguration and reform in aid architecture to include a myriad of private sector actors, particularly civil society organisations (CSOs). The Paris declaration and its sequel, the Accra Agenda for Action, in particular, were ground breaking for the participation of civil

society, in general, in international aid delivery. The OECD (2013) estimates that the amount of Overseas development Assistance (ODA) managed by CSO rose continuously from USD 11.9 billion in 2008 to USD 11.4 billion in 2011. Similarly, the amount of ODA delivered through CSO activities increased from USD 14.5 billion in 2008 to USD 19.3 billion in 2011.

Over the past several decades, NGOs, as members of civil society, have become major players in the field of international development. The World Bank (2001) defines NGOs as "private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development". In wider usage, the term NGO can be applied to any non-profit organization which is independent of government. NGOs are typically value-based organizations which depend, in whole or in part, on charitable donations and voluntary service. The health sector has witnessed an upsurge of NGO participation at the global, national and local levels with a variety of service delivery models according to McCoy et al. (2009). According to Moon (2010) a significant amount of aid is still delivered outside Government budgets and mostly by NGOs. Among these are Northern and Southern NGOs, which together, have been recognized to play a significant role in aid delivery at the global, national and local levels. Aid channelled through NGOs for grass root support has increased, tremendously (Institute of Health Metrics, 2014). According to estimations from DAC, NGOs raised an amount of USD 22 billion from private sources in 2009 accounting for 18% of total official aid in that year (OECD, 2011). Worthington and Pipa (2010) indicate that fourteen developed countries together accounted for USD 49 billion in philanthropic aid in 2008 through NGOs. Aid delivered by NGOs is usually aimed at long term development such as dealing with the root causes of poverty, campaigning for change, health programmes, food production and technical assistance or short

term emergency aid such as assisting refugees. Indeed, the OECD recognizes the fact that NGOs, apart from receiving donor funding to support their activities, also act as channels for aid delivery acting as intermediaries between donors and other CSOs (OECD, 2011).

The health sector has been a major recipient of development aid. Development Assistance for Health (DAH) has increased tremendously over the past decade with funding increasing more than five-fold from USD 5.82 billion in 1990 to USD 27.73 billion in 2011 (Institute for Health Metrics and Evaluation, 2011). See figure 1 below. In 2014 alone US\$35.9 billion was invested in the health sector (Dieleman et al., 2014) and sub-Saharan Africa is a major beneficiary as it has seen a significant increase in DAH during this time.

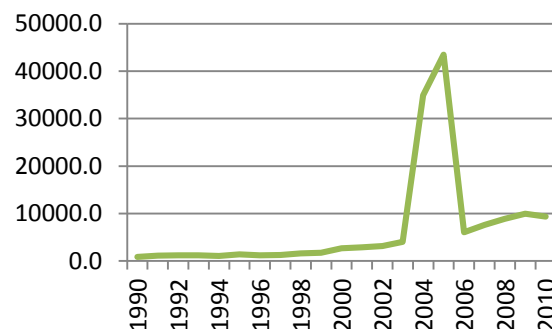


Figure 1: Development Assistance for Health in Sub-saharan Africa (1990-2010)

**Source: Adapted from Martinez et. Al., 2012**

According to an evaluation carried out by the Institute of Health Metrics in 2010, Sub-saharan Africa's share of DAH saw a steady increase over the past decade to reach about 29% of total DAH, on the average, in 2008(see fig.1). The recognition of HIV/AIDS as a global problem has been a major driver of the observed trend in sub-Saharan Africa (Martinez et. al., 2012).

The significant amount of aid mobilized by NGOs themselves makes them important players in the aid architecture. Arguably, the fact that they are able to raise significant amount of funds

all by themselves confers some level of independence on them which allows them to determine their own priorities, plans, strategies and approaches that may not align with recipient country priorities and plans (Worthington and Pipa, 2010). This, obviously, requires institutional innovation and pro-activeness on the part of national governments, in tapping into these enormous resources mobilized by NGOs, in order to achieve effective aid delivery at the country level and in support of government programmes and priorities. Thus, the nature of the challenge confronting net aid recipient country governments in the current configuration of the aid architecture is aptly epitomized by the OECD as below:

*... "the challenge that donors and developing countries face is to find ways to work with CSOs that recognise their status as actors in their own right even when they receive official development assistance and act as channels for ODA" (OECD, 2011).*

As NGOs gain increasing prominence in international aid cycles, Tvedt (1998) poses the following critical questions: what is the relationship between the state and NGOs? Do NGOs represent the political future or are most of them irrelevant when it comes to the actual development process? Consequently, the key question the study sought to address is whether the right conditions exist for optimum participation of NGOs in health delivery in the context of Ghana's health policy framework.

### **NGO Typology and their Relevance for Development**

The term NGO is very broad and encompasses many different types of organizations. The World Bank identifies two main categories of NGOs: i) operational NGOs comprising of those whose primary purpose is the design and implementation of development-related projects, and; ii) advocacy NGOs comprising those whose primary purpose is to defend or promote a specific course and who seek to

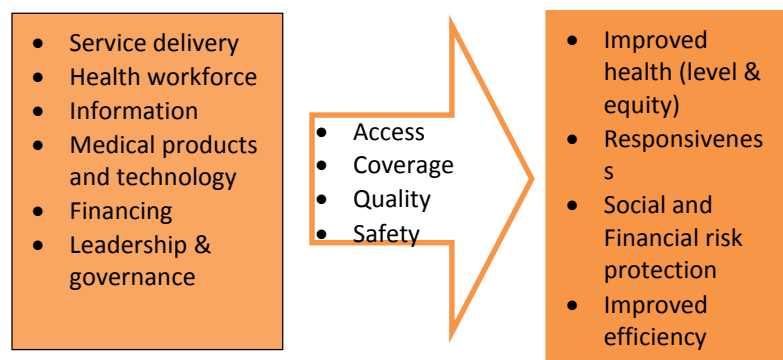
influence the policies and practices of the Bank. Our focus, in this paper, is operational NGOs which the World Bank further classifies into three main groups: i) community-based organizations (CBOs) which serve a specific population in a narrow geographic area; ii) national organizations which operate in individual developing countries, and iii) international organizations which are typically headquartered in developed countries and carry out operations in more than one developing country.

It is widely acknowledged that the state alone cannot achieve its goals in addressing social needs and that organs of civil society in a democratic dispensation, firmly rooted in society and with popular participation and voluntary support, are essential for effective service delivery network. Participatory development requires strategies and approaches which combine effective economic policies, equitable access to basic social and economic services and broader participation in decision-making on the orientation of government policies and programmes (DAC, 1996). To the extent that NGOs serve as additional channels for development resources from external sources such as donor NGOs and other philanthropic and humanitarian organizations they are able to provide structures and mechanisms for the involvement of people in development. In particular, NGOs help to conceptualize and formulate projects that respond to communities' particular needs and constraints. A survey conducted among DAC members revealed that more than half of them indicated that they considered channeling aid through CSOs as a means to reach 'a specific development objective linked to service delivery' as very important (OECD, 2011).

### **Conceptualizing Government-NGO Partnerships**

Government-NGO partnership is conceptualized within the framework of health delivery systems.

According to the World Health Organization (2000) a health delivery system includes "all the organizations, institutions, and resources that are devoted to producing health actions"(WHO, 2000). This is illustrated in figure 2 below. The thrust behind the health systems approach is the need for a more efficient, effective and equitable delivery of health outcomes to those who need it most by optimizing health service delivery. Thus, health systems are institutional arrangements that allow the full range of actors involved in ensuring access and quality delivery of health services to a population act together in a collaborative and mutually reinforcing manner. This ensures efficient and effective health services. Like any other system, health systems work through a complex web of actors and processes to achieve desirable systemic objectives. According to the WHO (2007) these actors include those involved in the provision and financing of health services such as public, non-profit, and for-profit private sector entities, international and bilateral donors, foundations, and voluntary organizations involved in funding or implementing health activities.



**Figure 2: WHO Health Systems building blocks**

Source: WHO, 2007

The role of NGOs, in the context of health delivery systems, is conceptualized as a public-private partnership (PPP) recognizing that NGOs are independent actors in their own right and active in collaborating with others based on mutually beneficial relationships. Indeed, the

World Health Organisation has recognised and acknowledged the need for inter-sectoral collaboration and action for effective health delivery (WHO, 2007). In developing countries where governments are facing enormous challenges in providing basic social services to needy citizens civil society organisations have often filled gaps in the health delivery system.

It must be recognised, however, that the effectiveness of NGO interventions in the development process hinges, to a large extent, on whether or not the policy environment is conducive for their effective participation (Ejaz et. al. (2011). Governments which actively welcome NGO involvement and participation in the development process provide a policy environment where NGOs are viewed as partners and not as competitors. NGOs may function as service contractors for government programmes and projects, they may monitor and assess government programmes and projects, or they may provide government with input to the policy-making process. Government-NGO partnership therefore, can be described as a relationship rooted in the acceptance of both

parties of their shared vision and responsibility for the delivery of social services within policy and legislative frameworks governing a country's response to its social needs and problems. It is an acknowledgement, acceptance and respect by each party of the other's distinct, but mutually complementary and interdependent roles for the attainment of shared goals.

## METHODOLOGY

The study employed an exploratory approach to the main research question namely; the extent to which Ghana's health policy makes it conducive, or otherwise, for effective participation of NGOs in health delivery. The study is based on an extensive review of literature via Google and

Google scholar search engines. Key words used include ‘Aid delivery channels’; ‘NGOs and aid delivery’; ‘CSOs and aid delivery’; ‘Aid architecture’; ‘Ghana health policy’ and ‘Health system’. For purposes of ascertaining the outcomes of the literature review the results were discussed with key officials of the Ministry of Health and NGO management for their views. In all 6 officials of the Ministry of Health were interviewed including top and middle level management at the national and regional levels. A total of 7 NGO staff in key managerial positions in NGOs with a focus on health were interviewed. For purposes of further triangulation frontline staff of both the Ministry of Health and NGOs were interviewed in beneficiary communities of NGOs in order to determine the level of collaboration at the operational level. Additionally, focus group discussions were held with NGO project beneficiaries as part of a larger study, conducted over the period 2013 to 2014 involving 14 NGOs and institutional stakeholders, which proved useful to the present study. Eight communities were drawn at random in the Tamale metropolis for study. The sampled communities include: Vitin, Kakpayili, Kanvilli, Shishegu, Nakpanzuo, Maleshegu, Katariga, Kogni. Sampling of respondents was purposive for

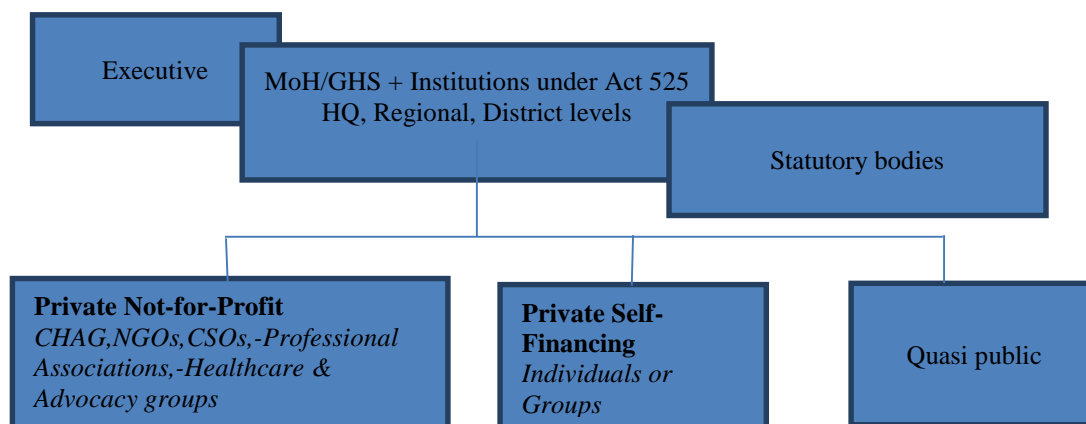
NGOs and officials of the Ghana Health Service while respondents from beneficiary communities were selected at random. Data

analysis was mainly qualitative. Data obtained were analysed jointly by researchers and stakeholders. Initial analysis was done by researchers and shared with stakeholders at the end of each discussion allowing stakeholders to make input into the final analysis.

## RESULTS

### Private-Public Partnership in Health delivery in Ghana

In its 2003 programme of work the Ministry of Health formally acknowledged the significant contribution of NGOs to health services in Ghana. This informed a major shift in policy thrust in the form of the Private Health Sector Policy framework that aimed to promote collaboration and partnership between public and private healthcare providers including the NGOs. See figure 3 below. The 2007 Ghana health policy was reviewed to allow emphasis on a more active engagement with the private sector, a major policy thrust being ‘to drive the private health sector to be a significant contributor to the vision of the Ministry of Health which is “Creating Wealth through Health”’. This major shift in policy was motivated partly by global trends in aid delivery that saw an increasing role by non-state actors such as CSOs and partly by economic down turn of the 1970s and the 1980s that saw a progressively decreasing state budget for health care.



**Figure 2 : Stakeholders in Private-Public Partnership in Health**

Source: Annual Programme of Work of the Ministry of Health, 2007



A further private sector health review was justified in 2012 on the basis that the existing policy did not provide enough impetus for the effective participation of the private sector in health delivery. See figure 4 below. This time, the thrust of the policy was to:

*“Facilitate the transformation of the private health sector into a viable industry by harnessing its unique competencies and comparative advantage in producing and providing healthcare products, infrastructure and services that benefit the public at prices that the public can afford”*

It is obvious from the focus of the current policy that it marks a departure from the previous policies by recognizing the private sector as partner rather than seeking to regulate the sector more in line with global trends. Indeed, a 2009 private health sector assessment conducted by the Ministry of Health and its development partners concluded that the private sector contributed significantly to the health sector in Ghana but was not adequately leveraged to support effective health delivery (Markinen et. al., 2010).

**Vision:**

Facilitate the transformation of the private health sector into a viable industry by harnessing its unique competencies and comparative advantage in producing and providing healthcare products, infrastructure and services that benefit the public at prices that the public can afford

**Broad Policy Objectives**

- Improve the investment climate for private health sector growth
- Support the transformation of the private health sector to meet industry expectations
- Build the capacity of private healthcare providers
- Increase opportunity for the poor to access private health care services

**Specific Policy Objectives on developing and engaging Civil Society Organisations**

- Improve the impact of CSOs’ service delivery work;
- Increase the legitimacy and effectiveness of their advocacy and policy engagement
- Acquire from civil society organisations relevant technical assistance based on their competency
- Ensure that all national policy recommendations are evidence -based and appropriately monitored
- Contribute to knowledge management in the health sector

Ghana Private Health Sector Policy, 2013

Source: Ghana Private Health Sector Policy, 2012

**The current policy framework and NGO participation in national health delivery**

Although the framework exists for public-private partnership in health delivery there are operational challenges to its implementation. Direct participation of NGOs in sector-wide donor support is limited. Majority of the NGOs interviewed received external donor

support for stand-alone projects that are separate from government financing, management and evaluation. These projects are donor driven as they respond to donor requirements for support. Thus, one finds two parallel channels of aid delivery; one channeled through the Government and the other through NGOs which intervene directly.

However, although effective communication and co-ordination of activities between NGO sector interventions and public sector interventions is lacking NGO interventions in the health sector are largely aligned with national health priorities. This appears to result from the influence of global health priorities on both national health priorities and NGO positioning. NGO intervention, although fragmented, can contribute more substantially to health delivery if well co-ordinated and monitored to ensure quality delivery of health care. This must be ensured by Government. For instance, while NGOs are providing a valuable service regarding sensitization on communicable diseases there are obvious challenges with the quality of human resources and support from the Ghana Health Service would have ensured better service delivery. The fact remains that while government has developed a policy framework to ensure participation of the private sector, including NGOs, in health service delivery as far back as 2002, little remains on the ground to indicate government's commitment to involving of NGOs actively in public health delivery as demonstrated in the words of one NGO official:

*“We think that the Ministry of Health must engage in broad consultations on health issues. However, this is not done and it is hampering efforts at achieving effective health delivery.... for instance NGOs can be a valuable source of information to the Ghana Health Services in terms of diseases surveillance..... as it was in the case of the Guinea Worm programme which saw a successful eradication of the diseases in Ghana”*

### **NGO development assistance and national health priorities**

The fact that donor funds, transferred via NGOs, are practically channeled outside the broad sectoral plans and systems and dictated by donor priorities does not distort funds away from national priorities. The study revealed that NGO intervention in the health sector in Ghana, although largely donor driven, interventions are aligned to national priorities to a large extent. This is an indication of attempts at the global level to harmonize aid delivery. Recipient countries derived their Poverty Reduction Strategies (GPRS) from the Millennium Development Goals while donors derived their interventions from the MDGs.

**Table 1: Sample NGOs Participating in Health Delivery in the Tamale Metropolis**

Name of NGO	Status	Total number of staff	Number of staff in health	Intervention in the Health Sector
Northern Sector Action On Awareness Centre (NORSAC)	Local	5	1	HIV/AIDS
World Vision Ghana	International	150	150	Water and sanitation, provision of nutrition, hygiene education and distribution of drugs
Community Life Improvement Programme (CLIP)	Local	24	2	Community and school health education, water and sanitation and hygiene promotion.
Enterprising Women In Development	Local	6	2	Distribution of food supplement for orphans and people living with HIV/AIDS and Tuberculosis
UNFPA, Tamale office	International	5	3	Maternal, mortality, HIV, sexual reproductive health
AFORD Foundation	Local	6	3	Health and Sanitation
SIMLI AID	Local	15	3	Reproductive health
Northern Rural Development Association	Local	8	3	HIV/AIDS education, malaria & tuberculosis control and Reproductive health
Service Savanna	Local	5	3	Malaria prevention
Behasun Integrated Dev't Organization	Local	6	3	Water & sanitation, HIV/AIDS sensitization
Tuma Kavi Development Association	Local	11	4	Health and Nutrition, water and sanitation, Education and child sponsorship and micro enterprise development.
Youth Action On Reproductive Order (YARO)	Local	10	6	Reproductive health, HIV/AIDS
Planned Parenthood Association of Ghana (PPAG)	International	11	8	HIV/AIDS preventive education and services, Safe motherhood education and services, Education in gender issues and Primary Health Care Services
Opportunity Industrialization Centre (OIC)	International	43	7	Water and sanitation. Maternal and Child health and nutrition

Source: Issaka and Issaka, 2015

Thus, it is the case that, although most of the NGOs studied did not deliberately design their interventions in line with national priorities, as outlined in the GPRS, the interventions were largely found to be supportive of national priorities. See table 1 above. This is supported by an earlier studies by the authors (Issaka and Issaka, 2015). NGOs are, no doubt, providing valuable services complementary and supplementary to public health delivery. NGO interventions are informed by the very factors

limiting the participation of the deprived and the poor in national health delivery systems. Interventions are therefore, targeted at filling in gaps in health delivery and efforts are made to avoid duplication. NGO effectiveness in this regard has to do with applying donor funds to support national health delivery priorities. Most of the NGOs are located in communities with limited presence of public health facilities.



## DISCUSSION

### **Can NGO and Public Partnership Promote Improved Health Delivery?**

While Government clearly articulates its recognition of the contribution of NGOs to health delivery there is little evidence on the ground to suggest effective partnership between the latter and public health delivery systems. Thus, one sees a parallel system: one, NGO intervention and the other, public intervention. Most NGOs focus on preventive health care through sensitization and education. NGOs have obvious strengths which can be explored in a mutually beneficial relationship. The strength of these NGOs is in their close engagement with the people, their ability to engage their beneficiaries more regularly and their constant search for innovativeness in their interventions. Viewed against government's struggle to provide effective health services, especially, NGOs could contribute more effectively to rural health delivery by providing services where public health infrastructure is limited. For instance most NGOs are of the opinion that they can contribute to the National Health Insurance Scheme (NHIS) through community sensitization, mobilization and collection of premiums which is an obvious challenge to the scheme. Any such partnership also provides an opportunity for government to also ensure quality control, accountability and a harmonized approach to health delivery. NGO accountability and quality control is upstream and donor driven. Downstream accountability is an obvious challenge. While most NGOs had clear guidelines regarding monitoring, evaluation and reporting to donors, none could outline clearly, any mechanisms included in their programmes to ensure accountability to their constituents. Lack of accountability of NGOs to their constituents has, sometimes, led to suspicion and lack of cooperation at the community level. The shifting focus of NGOs, due to the search for financial security could be partly addressed

through partnership with the public sector through sub-contracting as already pertains among International NGOs and their local partners. This will help NGOs ensure financial stability and long term focus on their interventions.

### **Are NGOs in a position to fulfil their part of the bargain?**

In recognising the immense contribution made by NGOs to health delivery in Ghana it is equally important to recognise also, the enormous challenges involved in ensuring an effective and workable public-NGO partnership in health delivery. The key issues that need to be addressed include the following:

#### **Weak technical capacity**

The quality of NGO personnel, especially among local NGOs, obviously leaves much to be desired. Most staff employed are either poorly trained or lack specialized training. Staff, especially among CBOs, is usually employed to perform multiple tasks. Once employed, they hardly undergo further development. Most of the NGOs agree that they could do better with enhanced capacity. However, they are constrained since donors hardly allocate funds for staff capacity building. A key area of partnership between the Ghana Health Service and NGOs therefore, is capacity building.

#### **Weak financial capacity**

The need for financial security of NGOs has been underlined in this study. Although this does not result in serious misalignment of NGO interventions as regards national health priorities a minimum assurance of financial security will be helpful in further directing the focus of NGO interventions. This has the advantage of enriching institutional experiences and long term capacity development and training of NGO staff. Financial security not necessarily in terms direct funding of NGO activities by

Government which, of course, will be challenging but by collaborative project development and implementation. For instance, institutional arrangements that would allow NGOs make use of public health infrastructure and networks in the delivery of complementary health services will ensure cost-effectiveness for NGO interventions and result in greater impact.

### **Poor organisation of the NGO front**

A major contributory factor regarding lack of NGO participation in public health delivery is the clear lack of collaboration among NGOs. With the exception of the network of Christian health providers, the Christian Health Association of Ghana (CHAG), the CSO health service providers, especially, NGOs are fragmented and characterized by poor networking and collaboration. As a result, the critical role of NGOs in advocacy and providing stewardship to their beneficiary communities is limited. A major task towards fostering effective participation of NGOs in the health sector therefore, is to ensure that they are properly organized. While the national health policy obviously recognizes the importance and the need for private sector contribution to the attainment of national health priorities it has not provided institutional support to the private sector to ensure the mobilization of private sector for effective health delivery. This is particularly so for the NGO sector. To ensure a better impact, NGO interventions must be well organised structurally to enable them deliver services within a general framework that will make them more relevant to the attainment of national health priorities. A well-defined structure apart from ensuring a harmonised approach to NGO participation in health delivery makes it easier for government to target its support to the sector. A good example of this is the Christian Health Association of Ghana (CHAG) which comprises of a group of church-related NGO health providers.

### **Towards a model for ensuring aid effectiveness in health delivery**

A major objective of this research is to help determine the kinds of intervention that provide the best health service to people in the rural areas of Northern Ghana and then to suggest a model of health care delivery that will speed up the progress towards achieving the MDGs. In this section, an attempt is made to outline such a model informed by the outcome of this study. What exists currently, is NGO and public sector interventions running parallel to each other. The rationale in suggesting an alternative model is the need to ensure more interconnectedness between the two. Firstly, the weaknesses in the current framework for private sector participation in health delivery are examined, as outlined in the health sector policy. The Ministry of Health's policy on private sector participation in health delivery limits the role of the private sector mainly to the institutional and operational levels. The role of NGOs in policy formulation regarding health delivery in Ghana must not be underestimated as they provide essential services and have enormous experience at grassroot health service delivery that will prove valuable for effective health service delivery in, especially, rural communities. The following roles are specifically, relevant to NGO contribution to policy formulation and delivery:

### **Ensuring accountability**

NGOs are effective at empowering beneficiary communities due to their closeness to them. One of the constraints to effective participation of beneficiaries in ensuring effective health delivery, as discovered during the study, was the fact that they do not feel empowered enough, with regard to understanding the issues, to contribute to the process. A properly organized and capacitated NGO sector will ensure that beneficiaries are abreast with current development in the health sector so as to demand accountability from government and donors alike.

### **Monitoring and obtaining feedback of various programmes at operational level**

In communities where the presence of public health service delivery is limited, due to inadequate infrastructure and personnel, as well as, poor monitoring and feedback to government on its programmes NGOs can play an important role in ensuring the smooth flow of information to and from the communities and the health directorate. It is important to note that NGOs, by virtue of the fact that they are close to communities, can play a vital role in shaping government priorities in health due to reliable feedback on community needs and priorities.

### **Lack of specific guidelines for NGO participation in resource mobilisation**

For effective policy implementation regarding NGO participation in health delivery, there is the need for clear guidelines on the specific role of NGOs. However, there are no such guidelines although the Ministry of Health seeks to encourage private sector participation in health delivery. NGOs, although resource constrained, generally, are innovative in resource mobilization and in the manner in which they combine various services to ensure resource use efficiency. Policy development must therefore, reflect the strengths and weaknesses of NGOs in particular settings and should be built on NGO advantages over government in terms of resource mobilization and efficiency. While the policy indicates, broadly, government's intention to encourage private sector participation there is no attempt to delineate areas.

Following from the above, a framework, based on a public-private partnership, is proposed to ensure the effectiveness of NGO service delivery in the health sector. NGO participation is addressed at policy, institutional and operational levels. In developing such a framework, the following must be noted to

ensure its operational relevance, and effectiveness:

It must be ensured that there are clear guidelines, criteria and procedure for regulating NGO participation in public health service delivery and appropriate mechanisms put in place to ensure that such guidelines are adhered to.

A public-NGO partnership in health delivery must be well informed and focused on participation in the following areas as NGOs have demonstrated clear advantage in this regard. The following aspects of health delivery stood out clearly as areas in which NGOs had the most advantage:

1. Outreach services in deprived and rural areas;
2. Control of infectious diseases especially, malaria;
3. Improved access to reproductive and maternal health care

Consequently, the role of NGO in health delivery must focus on Primary Health Care (PHC) in deprived and rural areas.

### **Mechanisms for intervention**

The following specific mechanisms for ensuring effective NGO participation in health delivery are outlined:

#### **Partnerships between NGOs and the Public Health Services**

Increased partnership between public-NGO partnerships in health delivery will be mutually beneficial. For instance, some NGOs, in buttressing their point for increased partnership with government, indicate their readiness to improve access of community members to the National Health Insurance Scheme. Partnerships enable stakeholders to maximize their combined capacities by complementing each other's strengths, cut down losses as well as make a more effective use of available

resources. The geographical spread of NGOs due to their tendency to concentrate on deprived areas with limited access to health services creates opportunities for enhancing NGO-public partnerships in health delivery. A partnership will ensure, among others, that:

- Resources, from both NGO and public sector are utilized more efficiently through a more effective coordinating mechanism. For instance, where there is a primary health care post, NGOs could provide specific services such as maternal and reproductive health care (for instance making use of traditional birth attendants), with capacity building and support from local personnel of such health facilities who will then concentrate on more difficult clinical care.
- Where both NGO and public health delivery systems exist, such services complement each other.

#### **Sub-Contracting of Primary Health Care**

It is possible to subcontract certain aspects of health delivery to NGOs. This may include, but not exclusively, outreach services like education/sensitization and mobilization of beneficiaries during mass immunization exercises. NGO personnel, if supported through a well-designed programme to build their capacity, will be able to deliver such services with financial support from the Ministry of health. For instance, during the annual mass immunization exercises, non-health personnel are contracted on short term. To this end, there will be the need for government to establish a fund to support NGOs as an alternative but complementary channel for rural health delivery. Alternatively, where government has provided facilities but such facilities are not operational due to inadequate personnel these facilities may be subcontracted to qualified NGOs to run under close supervision.

#### **Mentoring**

Selected, based on well-defined selection criteria, NGOs can be mentored over a period of time to deliver basic health care services. Such NGOs will receive support from specified health centres to undergo training and capacity building over a period of time after which they will be accredited to deliver some basic health services under the regular supervision of qualified health personnel. For instance, NGOs if properly trained will be able to administer basic treatment for malaria.

#### **A more organized NGO sector**

It behoves on government to ensure a more effective participation of NGOs in health delivery assured by a more organized NGO front. A more organized NGO sector has benefits as demonstrated by the Christian Association of Health Service Providers (CHAG), in:

- Ensuring an effective mobilization of grassroots participation to ensure effective utilization of aid;
- Ensuring accountability by aligning beneficiary needs to types of services delivered;
- Enhancing contribution of beneficiaries to policy formulation by providing feedback to government on programmes and activities on the ground

If NGOs are to play an effective role in ensuring effective health delivery then they must be organized to ensure that their efforts are not only aligned to national health priorities but also to ensure that their interventions are galvanized and directed toward achieving specific government objectives in the health sector. Platforms such as networks and coalitions based on common objectives could be useful in this regard.

### **Addressing the weak capacity of NGOs**

A conscious effort must be made by government to support the capacity building of NGOs offering health services. NGOs must therefore be given all the necessary support to ensure that their activities are in conformity with national and international standards. To ensure a more effective monitoring there is the need to set up a unit under the ministry of Health, operational at the national, regional and district levels to guide as well as sanction any NGO that may be involved in un-recommended practices.

### **Implications for policy**

Earlier in this study, the question was raised whether NGOs alone can succeed where government has failed. The answer is no. Neither government nor NGOs can succeed alone. A mutually beneficial partnership towards re-enforced goals is the answer.

It will be difficult for government alone to achieve its development targets as related to health. The role of NGOs, as revealed in this study, indicates that they are relevant to government efforts to ensure good access to health of especially the poor in society for the reason that their services are geographically and operationally suited to ensure inclusion of the marginalised.

Government policy is clear on what role the private sector can play with regard to health delivery. However, these policies are yet to be operationalised by providing an enabling environment for effective participation of private sector operators like NGOs. It is therefore, necessary for government to provide the necessary institutional structures for effectively channeling NGO contribution to health delivery towards achieving national priorities.

Efforts at the global level to champion a common agenda for development such as the

erstwhile MDGs has resulted in increasing harmonization of private and public sector service delivery. It is the case that in Ghana, although NGOs do not necessarily base their interventions on the Ghana Poverty Reduction Strategy which in turn is derived from the MDGs, their interventions are largely in line with national priorities regarding the health sector. Therefore, the fact that most NGOs in Ghana receive support directly from Northern NGOs that, in their view, tend to dictate the nature of the intervention should, and does, not result in misalignment of public and private sector development effort.

NGOs, although providing useful service, are weak financially. Financial sustainability is therefore, key to ensuring that NGO interventions are kept on track in efforts to achieve national priorities in health. Any partnership between government and private sector must take into account measures to ensure financial security of NGOs. Financial sustainability will ensure that NGOs remain on track and are able to engage in long term interventions that will support government policy implementation.

Any effort to include NGOs in health delivery must first ensure that NGOs are properly organised with a clear sense of direction regarding specific priority areas in order to maximise their contribution.



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