بسم الله الرحمن الرحيم

REPUBLIC OF THE SUDAN

FEDERAL MINISTRY OF HEALTH

Sudan's National Policy towards Voluntary Sector in Health

May 2004

Introductory notes

This Document, Sudan's National Policy towards Voluntary Sector, reflects the adopted perspective of the Federal Ministry of Health (FMoH) regarding voluntary health sector in the Sudan.

In fact, this document would not only express, bearing in mind the methodology followed in its preparation and endorsement, the vision of the FMoH or the related Government authorities, but also the vision of the whole health sector in the Sudan. The methodology followed reveals the recognition of the FMoH of the importance of taking into consideration the views and consulting related sectors on health sector issues. This documents wasn't a product of closed doors of the related Directorate – Directorate-General of International Health (DGIH) – where it was first drafted, but a result of a hard effort combined with review of other experiences, through study of written literature and, moreover, consultation of concerned Ministries, establishments and sectors. Future changes and challenges were also recognized when drafting this document so that it incorporates strategic future plans and options.

When producing this Policy, DGIH tried hard to benefit from experiences of all those who could enrich it with opinions, suggestions and experiences. As such, establishing a wide partnership that participated in creation and development of this Policy. This will certainly contribute to increasing the ownership of this Policy of directly or indirectly involved sectors and will give more consolidation and ensure stronger commitment by all partners and participants, which was generated inside each of those organizations and institutions by active participation and not limiting their roles to mere consultation.

Intensive Preparations preceded drafting this document; started by an analytical survey study of NGOs working in the Health Sector in the Sudan. Also experience gained from and recommendations of the previous Workshop on Coordination among NGOs and between NGOs sector and the public health sector, held in February 2003, in which issues of coordination were tackled. Also concerned Directorates within the FMoH were consulted on the document. Lastly the first draft of the document was communicated to all concerned and related parties to comment on, so that it comes out reflecting points of view of all partners.

The work was concluded by convening the Workshop on Development of the Sudan's National Policy towards Voluntary Sector, on 11-12 February 2004. It was attended by representatives from Ministries of Foreign Affairs, Humanitarian Affairs, related UN agencies, national and international NGOs working on health in the country. This document is the final outcome of the Workshop and the preceding efforts, representing views of all related and concerned partners involved in health activities in the Sudan.

To conclude, we are glad to express deep gratitude to all those that participated in enriching this Policy through experiences and opinions. Ministry of Humanitarian Affairs deserves a special word of thank for the valuable additions and for tackling issues from various viewpoints, leading to comprehensiveness and broadening of perspective.

Thanks and gratitude are extended to national and international NGOs that actively participated with their rich experiences that added much value to the document.

Further thanks to the participating UN agencies that added more human experiences in the country and in other countries enabling this Policy to be well founded on concrete base.

Thanks are also extended to the FMoH for sponsoring the whole endeavour.

Hoping that this effort will be of value for the health sector in the Sudan

Directorate-General of International Health
Federal Ministry of Health – Sudan

Khartoum 28th of February 2004

Foreword of The Federal Minister of Health

Dr. Ahmed Bilal Osman

Sudan is facing new political, social, and economical changes now that peace is becoming a reality presenting new challenges in delivering of health services and it's infra structure to all areas ruined by war. Peace is also to be followed by openness to the outer world and a coupled partnership with it in supporting national development and particularly health services.

We at the ministry of health realize the great internal and external movement the coming period will perceive towards promotion of health services, as it's a cornerstone in sustaining peace and settlement in the country.
We also realize that countries nowadays depend largely particularly in aid deliverance on community-based organizations with the Non-governmental voluntary organizations at the forefront.

All this will create new challenges at both levels of thinking methodology and planning that the ministry must react to in order to maximally absorb and invest this opportunity in improving the health status of the population.

As a starting point for the ministry's envision about the great role NGO's will be playing in provision of health services, a written document is mandated to organize this role and to provide the utmost benefit for citizens.

Our concern in issuing this document is generated from our hope to reach a common understating with the NGO's and to help in succeeding the country's policy towards them and the activities they conduct for the consequence of better health services.

Issuing this document is also necessitated by realization of the meticulous role NGO's play in conducting national policies and it's the ministry's desire to present its policy due to the importance of participation of these organizations during the preparation process so they can actively take part in defining the role and effort they can exert towards upgrading of health services.

By the release of this document, we seek a better, clearer and more transparent relationship with the NGO's as a separate body serving their objectives in relation to the organization's policy and the health sector.
We hope that this transparency would motivate all organizations to seek out harmony with the overall health policy when setting there priorities and to help serve co-ordination with all other sectors working in health.
This co-ordination is a necessity to reach a successful policy with the voluntary sector.

We ought to verify in this document our hope that Sudan would benefit from the proficiency NGO's hold through there focused services and that received through there international partners which contribute to exchange of knowledge and expertise.

As we share the same objectives with the NGO's, we wish to include in this document a clear definition of this sector, its policy, manner of work and then proceed to drawing a clear path for the NGO's working in the health sector aiding by that the administrative and supervisory role of the ministry of health, as it's the country's national policy to limit its role to a planning and supervisory one, leaving the implementation part for the private sector. This can be achieved after including this sector in health policy planning and development to ensure a better commitment and standard health services.

It is our strategy to help strengthen and modify the role the national NGO's and the whole sector play as to face the burden the ministry is laying on there shoulders, after encouraging this sector through a set of interventions and arrangements that you will find some within the folds of this documents and later during your work.

We like to conclude that by this document we aim at together we can achieve better health for the Sudanese population.

Dr. Ahmed Bilal Osman
Federal Minister of Health - Sudan

Khartoum 1st of March 2004

HISTORICAL BACKGROUND:

It is believed that the involvement of the Non-Governmental Organization (NGOs) in the health field in the developing countries, which started in the 18th century, was initiated by the evangelical missionary work. These missionaries concentrated their work, in addition to their main religious activities, on health services provision through un-trained clerks. Then after, they started to involve the trained health cadres.

The engagement of the non-religious NGOs in health activities in the developing countries is recent – although dating for about 100 years. Nevertheless, the post-World War II period represented the era when the number of NGOs increased significantly in the developing countries. Their work was firstly restricted to the emergency and disaster times and in supporting and rehabilitating war victims (Red Cross, Oxfam). Next to that, most of these NGOs started developmental activities, including health aspects, although some of them continued to restrict their activities to emergency.

The work of these NGOs in the health sector was influenced by the ideological and philosophical changes accompanying the evolution of this sector: while Primary Health Care (PHC) concepts reigned, over-marking the period 1980s, in which it was focussing on the concepts of equity, community participation, linking development and health and redirecting health resources towards health aspects other than the

curative medicine services; we also notice that the period of 1990s witnessed the concentration on the concepts of health system reconstruction, which directly influenced the work of NGOs -- due to the frustration from the weak public sector performance in regard to medical services provision, in addition to the diminishing resources available for this sector and the structural adjustment of policies dominating that period of time. All these factors influenced the work of NGOs and gave them the great opportunity to be presented as a substitute for the public sector in services provision, particularly in health fields.

Closely related to the above, we can recognize the imposition of the New Policy Agenda (NPA), which concentrated on the necessity to move for the policies of open market, privatisation and community openness as basic pre-requisites for sustainable development (Pfeifer, 2002). This led in turn to prosperousness of NGOs work in the developing countries, especially in the last tow decades.

This fact is clearly seen in the change that occurred in the directions of the global funding agencies to the developing countries, e.g. The World Bank (WB) and the United States Agency for International Development (USAID). For example, the aid from the WB to the developing countries through NGOs has risen from 20% (1989) to 52% (1999) (The World Bank, 2000). Moreover, the event of assigning the Nobel Prize for Peace in the year 1999 to an NGO (Médecins Sans Frontières), showed clearly the vitality of the roles being played by the NGOs in the international scenes.

This verity is recognized also when considering the financial support the developing countries receive from donor countries and organizations, which reached approximately 55.1 billion US dollars (1992-1996). Reflecting this fact, the external support represented 10% of the GDP of the Sub-Saharan African countries according to the statistics of the early 1990s (Walt, Pavignani, Gilson & Buse, 1999).

THE PROPOSED SUDAN'S NATIONAL POLICY TOWARDS VOLUNTARY SECTOR: LITERATURE REVIEW

Lighting the Way of Policy towards Non-Governmental Organizations:

In their published book: *Non-Governmental Organizations and Health in Developing Countries* (1997), Green and Matthias suggest an example of developing an operational framework for national policy towards Non-Governmental Organizations. The suggested framework consists of four main steps that come hereinafter.

(1) UNDERSTANDING THE SECTOR

This step comprises three main axes:

- **Reaching a Common understanding for the concept of NGOs.** Many studies revealed that reasons for failure of many policies towards Health Sector NGOs could be attributed to lack of common understanding concerning he concept of NGOs amongst NGOs themselves from one hand and between NGOs and the Government from the other hand. The authors suggest three characteristics to be fulfilled in an NGO: formal existence, promotion of social welfare and independence of governmental control. Other authors add a fourth characteristic, that is non-profit concept, while other necessitate voluntary financing (Giusti, Criel and De Bethune, 1997) (Hanson and Berman, 1998). In such a case, corporations that are funded by government social funds are out of such definition.

  Most of authors provide that promotion of social welfare should not be restricted in the members of the NGO but should extend to include some other sectors or all the society. As such, some organizations working for the promotion of their members only, such as trade unions, are excluded from this definition of NGOs.

- **Analysis of Health Sector NGOs.** This includes their type, size and activities. Some authors suggest, in order to understand Health Sector NGOs, to extend the analysis to include the surrounding environment of NGOs. This is to understand the influence of the related sectors and the process of policy-setting and the interaction between these two factors, with the environment and policy content (Berungi et al, 2001) in addition to precise analysis of all sector-related aspects. (Varvasovszky and Brugha, 2000).

- **Quality of services provided by Health Sector NGOs.**

(2) ASSESSING ADVANTAGES

This second step concentrates on determining strengths of individual NGOs or the whole sector related to implementation of national health policy. In the suggested operational framework the authors determine the functions of Health Sector in four

areas. It is also suggested that analysis of strength and weakness points of NGO Health Sector in all four areas should be carried out. The four areas include:

- Policy setting and planning;
- Healthcare financing;
- Health services provision;
- Regulation of the health sector to ensure that objectives are followed and standards maintained.

(3) STRATEGIC PLANNING

From this assessment should emerge a strategy for the role of the NGO sector within the broader health policy framework. Any particular weaknesses or dangers associated with the sector should also be analyzed. It is important that such a strategy is made public, and indeed is subjected to a consultation process to allow NGOs to air their views.

The final stage of such a policy formulation process is the development and application of policy tools on the part of the Government, which would allow for the implementation of the policy framework. Such tools can be divided into those that:

- Provide general support to the sector as a whole or elements within it;
- Provide mechanisms for ongoing dialogue with government over the formation of health policies in specific areas or fields;
- Provide incentives for specific activities;
- Contract with NGOs for specified services and activities;
- Regulate quality and adherence to overall government policies.

(4) EVALUATION

This is the last and ongoing (continuous circle) stage of the process. It consists of frequent reassessment and adaptation of policies, including the development structures and processes for dialogue with NGO sector itself. It is important the policies developed regarding the place and role of NGOs are seen as context- and time-specific and as such do not become fossilized. As part of this, the MoH needs to develop mechanisms for ensuring up-to-date information on the sector and contact with it.

One of the specific issues which a Ministry of Health needs to address in development of such sectoral policies is the organizational level at which dialogue and contact with NGOs is encouraged. Recent trends towards greater decentralization suggest that a distinction needs to be made between the roles of the centre and the local level.

For example, policies towards the sector as a whole need to be set at the national level as part of the development of the national health policies and plans. Local levels in the public sector under genuine policies of decentralization should have responsibility for development of district health plans which involve and incorporate NGOs operating within the district. This would include, for example, decisions on levels of subvention to particular NGOs or the development of service contract being made at the level of

the district as part of the overall district's resource allocation rather than, as often the current situation, through separate and parallel allocative system.

HEALTH SECTOR NGOS: ROLES AND FUNCTIONS:

Its is essential, when developing health policy for Health Sector NGOs, to determine functions and roles that could be attributed to this sector in order to enable it to carry out its vital mission. To determine the desired functions and roles in this policy, it is necessary to elaborate on the functions that could be carried out by this sector in the overall role of health sector as a whole and the concerned bodies that might carry out these roles.

First: Roles

Each of organizational sub-sectors (State, NGOs, the private-for-profit sector) has a variety of potential roles to play in each of functions. Therefore a number of different possible models arising from different combinations of roles. The following sets out the main ones.

Free Market

The opponents for this extreme option consider health as a consumer's good. Under this view, optimal efficiency and performance are only possible under profit-motivated market conditions. Policy and objectives flow from the market mechanism itself, with healthcare providers providing services in response to economic demands for them. Funding for healthcare is also provided through the market mechanism.

Assurance of Quality may be provided by internal supply-side itself or by the State. In its pure form, this model leaves no role for the NGO sector under the definition that requires non-profit principle.

State health care

At the other extreme is a view that all four functions should be performed by the State. Proponents for this view health as a right and are concerned, therefore, to ensure the equitable distribution of, or access to, healthcare rather than its provision in response to market demand. As such, policies should be set by the government on behalf of the population as a whole. Healthcare should be financed through the State, and preferably through progressive taxation, to promote equity.

The arguments for the direct provision of healthcare by the State are less obvious, but include arguments related to the need for a homogenous and planned set of services and to capturing the potential economies of scale that exist in the Health Sector.

NGOs as Major Healthcare Providers

This third model suggests that there something inherent in NGOs as opposed to either the State or the private-for-profit which makes them as the most appropriate providers of healthcare. Whilst this view is rarely encountered explicitly in such a pure form as this, it is important to include it here, as it sentiments occasionally underpin the generalized laudatory and unqualified comments about NGOs. Thus, statements that

NGOs are better at healthcare provision without suggesting that this is a function of a current short-term state deficiency or in certain healthcare fields effectively are suggesting a long-term, wide-ranging role of NGOs. This role is often characterized as NGOs possessing the fortunate combination of social objectives similar to those of the public sector and the operational flexibility and freedom usually associated with the private sector. The thrust of the sentiments that underpin such a hypothetical model is usually focused on healthcare provision functions. The setting of policy and quality regulation may be led by the State or by the NGO sector itself. Either way NGOs are seen to have a significant role in the setting of overall health sector policies and monitoring and policing standards. Financing of healthcare is seen frequently as more pragmatic with a variety of alternative sources including the State.

Short-Term Substitution for the State Healthcare

This fourth model accepts the rationale for State hegemony in healthcare but believes, however, that the underdevelopment of the State has left it unable currently to perform adequately. Non-State organizations are needed in the short-term to substitute for it, particularly regarding its healthcare provision functions. Given the arguments for a State-provided healthcare system, such support is provided most appropriately by the non-profit-motivated sector (i.e. NGOs) rather than the private-for-profit sector. This school suggests that ultimately the State will regain its full role in healthcare. Indeed NGOs not only may act as short-term substitutes for State activities, but (as Sollis suggests for Central America, (Green, 1987)) *"the role assigned to NGOs is one that contributes to the transformation of a disabling State into an enabling one"*

Mixed-Provision of Healthcare

This final fifth model covers a variety of combinations. It suggests that NGOs and indeed the private-for-profit sector may be better than the State at the performance of certain types of activities within the health sector and vice-versa.

A pragmatic mixture of providers may be necessary operating under the umbrella of a broad policy framework which, whilst led by the State, is an inclusive and participative process. Finance for healthcare may again come from a variety of sources.

Second: Functions

Functions of the Health Sector can be categorized in the following four points:

Policy-Setting

Policy-setting at the level of individual NGO. This includes as a fundamental issue the prioritization decisions. There is a number of potential factors to be taken when making such decisions. These include assessment of need and the availability of feasible and cost-effective interventions. There is, in fact, a range of decisions that need be made: from macro-level decisions of the organization (such as improvement of child health) through the more specific and time-bound objectives (such as a

reduction in communicable diseases) to the strategies for achieving these aims and objectives.

For any particular NGO the broad level objective is largely determined by the governing instrument or the organization's mission. However, translation into detailed activities depends on the policy and planning process within the organization.

Two issues are of importance in this regard: *first*, the relationship between the individual organizations and the Health Sector as a whole. It is critical that NGOs are aware of the wider environment in setting their priorities and strategies. This is to ensure that their objectives are both relevant to the rest of the Health Sector and are feasible. Where governments have a well-developed, open and accountable policy process, then we would suggest that the NGO should take particular note of this, as it provides a means for the ensuring relevance and complementarity. Some NGOs confuse independence in decision-making with isolationism and disregard the wider environment.

Second, the Primary Health Care philosophy suggests the need to involve communities in such decisions and NGOs as individual organizations may feel that they are well-placed to carry out such prioritizing because of their apparent links to the community.

Policy-setting for the NGO Sector as a Whole. Since the NGO sector is comprised of a set of different individual organizations, each with different objectives and methods of operation. Whilst this allows each of them a degree of freedom and flexibility to operate; it also reduces the possibility of unified and concerted action and increases the potential for duplication of work and may lead, at worst, to a destructive competition.

NGOs are not well-known for their ability to co-operate with each other in a way which would allow for coherent policy-making. This contrasts with the public sector with its potential for unitary policy-making process.

However, the NGO sector may have a particular role to play in providing input into the overall policy processes of the health sector as a whole, led by the government, if appropriate processes are available. The specialism of NGOs may provide them with insights into particular health issues (such as the role of MSF in the issues of access to drugs, HIV/AIDS and copyright breakthrough) and make them strong policy advocates.

Ability to Raise Revenue and Resources:

NGOs are seen sometimes as having an ability to raise revenue or tap into resources not available to the State or private-for-profit sector, especially public donations. However, this route is less obviously available to NGOs in countries with lower levels of income and consequently limited opportunities for public fund-raising. Also, the NGOs are known for their ability to charge fees to health service users. This is seen in a significant number of church-related NGOs for many years. However, the social orientation of these organizations contributed to the reasonability of the cost of services provided.

There is one further means by which NGOs have the potential to gain access to resources which are less available to the public or private-for-profit sector. This is through the use of volunteers. For a number of NGOs, particularly, but not exclusively, at the early stages of the organization's development, volunteers provide an important substitute for paid staff. Although there is a tradition of volunteers in the public health sector in some countries, any significant use of volunteers is likely to be through an NGO as the public sector is rarely equipped to deal with volunteers on a large scale.

One disadvantage that NGOs, in comparison with the public sector, face is a degree of fragility concerning their sources of revenues. Whilst the public sector may be limited in its ability to increase significantly its resources for healthcare, its core tax-based or social insurance funding is likely to be more predictable and sustainable than the sources of funding available to NGOs who, unless possessing significant endowment funding, are forced to search continuously for funding. Indeed, it is partly this sense of sustainability about tapping into government funding through grants or contracts that may be attractive to NGOs.

Comparative Advantage in Service Provision:

There is a series of interlinked arguments put forward as to why the NGO sector should have a comparative advantage in the actual delivery of services.

One frequent assertion about NGOs is their relative efficiency when compared with government. Nevertheless, a similar comparison with the private-for-profit sector is less frequently made and behind such assertions is usually an understanding that NGOs are able to achieve more with their resources than alternative providers.

In part, this is a reaction against features of the public sector which appear insufficient. The public sector is frequently viewed as centralized, bureaucratic and corrupt. For proponents of a market system it is also seen as lacking the essential driving force of the market, pursuit of profits, which is considered to be the engine of apparent efficiency within the private-for-profit. NGOs are frequently characterized as small organizations with flexible management and high standards of staff probity. Yet the situation is by no means as clear as this. First, it is unclear that the public sector is inefficient in all situations. Nor is it clear that the profit motive is a necessary ingredient to efficiency. Even when inefficiency can be demonstrated this does not prove it to be an inherent feature, but most suggests a situation of inefficiency under prevailing conditions. However, many studies and experiences showed that NGO sector is more efficient in health services provision than the public sector.

The arguments for the potential for greater efficiency in the NGO sector focus on main four areas:

Efficiency from Specialism. Some NGOs appear to have an apparent advantage over public sector services where they can draw on specialist experience in a field not available to government. Such experience may be derived from at least two sources. The first is the experience gained by an organization in the provision of services

which have not been prioritized and hence not provided by government in the past. An NGO's longevity in the field may provide it with an edge over government.

The second potential source for such experience is from branches of the same organization operating in other countries (e.g. relief and emergency work in natural disasters or conflict situations or HIV/AIDS control activities).

Efficiency from Sectoral Flexibility. In contrast to the previous point, some NGOs may gain their efficiency as organizations by their ability to ignore sectoral boundaries and respond in multifaceted way to health needs. Whilst government health services are frequently organized through hierarchical departments which militate against the possibility or the probability of responses that combine other sectors. Although individuals in government services may appreciate inter-sectoral approach to health problems, bureaucratic structures rarely encourage this. NGOs, by contrast, are able to be more problem-focused, bringing technical resources to bear from variety of sectors, in a way that is likely to enhance the success of the intervention.

The preceding describes a common situation for many governments in developing countries. Current decentralization policies of health services may improve the possibility of locally-based inter-sectoral action as accountability and service management. There is clearly danger that large NGOs may themselves develop similarly rigid institutional skeletons which allow little flexibility of movement.

Efficiency from Management Structures and Systems. The third deficiency theme relates directly to management structures and systems and their ability to translate resources into services in the most efficient manner possible. The NGOs are often portrayed as having tighter structures than the public sector. This is seen as achieved, in particular, through a low ratio of managers to healthcare workers with a lack of bureaucracy allowing greater flexibility and speed of responses and participative flat management structures.

The counter for this is the potential source of inefficiency from small NGOs unable to capture the economies of large scale open to large organizations and, in particular, government. The obvious site for such economies of scale is within the medical supplies area and training.

In addition, many NGOs have access to the use of unpaid volunteers, thus reducing overall wage bills. Such volunteers are rarely available to government or the private-for-profit sector. This gives the impression of greater efficiency in terms of the output of services provided in relation to the inputs of paid staff and costs when in fact the real resources available to the organization are greater than is apparent. However, this is not genuine efficiency, but rather an ability to generate additional and special resources.

Efficiency from Staff Motivation. A fourth reason for the advantage of NGOs is related to the motivation of staff committed to the objectives of the organization. The output of such staff may be higher than in either the public or the private-for-profit sector. Staff may be prepared to work additional hours, or accept lower pay levels than equivalent positions elsewhere.

Staff motivation within NGOs may also be a function of the management culture within the organization. Some staff who many be attracted to NGOs because of the management culture, may function best within an organization that allows a high amount of personal operating freedom with few managerial constraints. Staff is also considered to have greater levels of probity and to be less open to corruption. This becomes increasingly difficult as the organizations grow.

Quality Assurance and Regulation:

The fourth area of potential functional comparative advantage relates to the quality of the services provided. There are two separate aspects to this: the ability to NGO sector to set up quality assurance and regulatory mechanisms, and the actual level of quality of services provided.

Assurance and Regulatory Mechanisms: There is no evidence that NGOs have any advantage over the public sector in the development of such systems. In recent years there has been a growing criticism that NGOs fail to carry out sufficient broad evaluation or engage in serious analysis of their overall activities, including impact studies. A number of suggestions have been made to explain this apparent lack of interest in evaluation and analysis. First, many NGOs do not have the resources, either financial or human, to carry out these activities. Sometimes NGOs are not able to carry out evaluations because it is not specifically budgeted for in project/programme funding. Second, even where funds are provided for evaluations, these tend to take place only at the end of a project cycle and preview project activities rather than the organization or programme as a whole. Third, it may be in the interest of NGOs, especially those highly dependent on voluntary income, that the thesis of NGO success and assertions of comparative advantage over governments remain unchallenged. Thus whilst some NGOs concerned that they do not know much about their successes or failures, others appear content of not carrying out evaluations, so as not to uncover some of their disadvantages, or in order to prevent loss of the general appraisal about the high quality their work.

Quality of Services Provided: One of the paraded virtues of NGOs is their apparent higher level of quality of services attainable in comparison with the public sector. The causes of this are predominantly attributed to the higher level of staff motivation and management. Some studies showed that many of the quality differences between public and private health facilities are perceived to result from amenities such as staff attitudes, cleanliness and age of equipment, rather than of the actual healthcare itself.

NGO Health Sector in Sudan: Current Situation

In spite of lack detailed information about NGOs working in health sector in the Sudan at the concerned authorities in the Sudan, the quick two pilot studies conducted by the Directorate of NGOs in the Directorate General of International Health (DGIH), Federal Ministry of Health (FMoH), has provided some data about those NGOs including field of activities, budgets, geographical distribution in the Sudan, in addition to the coordination mechanisms available for them.

And despite the fact that these two studies were confined to international NGOs[1] only and failure to obtain complete and detailed data about all concerned organizations (40 out of 82 NGOs registered in health sector in the Sudan), the pilot studies provided some baseline data that might help in policy-setting for the NGO sector. The information will be viewed through the two axes of projects and coordination of NGOs coming below.

NGOs' Projects:

The table below (Table 1) provides information about the geographical distribution in the Sudan, annual budgets and the numbers of beneficiaries of these projects.

No.	State	No. of NGOs	Annual Budget (US$)	No. of Beneficiaries
1	Khartoum	40	47,858,440	1,413,278
2	Northern	5	119,131	5,000
3	River Nile	4	39,818	2,475
4	Red Sea	9	126,918,500	48,000
5	Kassala	13	6,891,951	57,889
6	Gadarif	5	1,268,000	-
7	Northern Darfor	8	407,700	17,292
8	Western Darfor	4	330,000	-
9	Southern Darfor	5	430,143	1,750
10	Northern Kudufan	5	455,33	-
11	Western Kurdufan	4	1,258,000	130,000
12	Southern Kurdufan	6	2,984,400	5,000
13	Gezira	3	-	-
14	White Nile	5	20,818,550	51,372
15	Blue Nile + Sinnar	6	1,463,600	-
16	Upper Nile	7	1,715,440	148,568
17	Unity	5	550,000	7,600
18	Bahr El Ghazal	5	995,540	81,000
19	Greater Equatoria	20	201,382	27,325
Total	**-**	**-**	**224,296,128**	**1,996,549**

Table (1): Geographical distribution in the Sudan, annual budgets & numbers of beneficiaries of NGOs Health projects

[1] The available information shows that there are 82 NGOs working in Health Sector in the Sudan (54 INGOs & 28 CYNGOs).

Coordination:
It is believed that one of the major factors contributing to the difficulty in the process of coordination of NGOs between Health Sector NGOs and the Health Sector as whole is the multi-part relations with health and health related authorities.

Since, from the part of the Government, there are six authorities having something to do with Health Sector NGOs: Ministry of International Cooperation, Ministry of Humanitarian Affairs, Ministry of Foreign Affairs, and States' Ministries of health and Humanitarian Action Commission. It is a hard job to coordinate with these authorities altogether to reach an efficient policy for the Health sector NGOs.

This in addition to the huge number of NGOs working in the Health Sector and some UN agencies that fund some activities of these NGOs, without minimum apparent coordination among them.

Nevertheless, there are some sorts of coordination mechanisms that are limited to some NGOs and related establishments that concentrate on specific health issues, as given in the table below.

Agencies	Coordination Mechanisms
FMOH	– Malaria forum. – Country Theme Group for AIDS (CTG- AIDS).
UN Agencies	– Humanitarian Task Forum (HAF). – Task forces (Nuba Mountains, Abyei). – CAP (OCHA).
UNICEF	– Nutrition coordination meetings. – Ad hoc meetings for emergencies and relief.
WHO	– WHO circle of friends.
NGOs	– SCOVA. – Sudan AIDS Network (SAN).

Table (2): Some existing types of coordination between FMoH, WHO, UNICEF and NGOs in Health Sector

THE SUDAN'S NATIONAL HEALTH POLICY TOWARDS VOLUNTARY ACTION

Based on the above-mentioned visions and global experiences in the work of NGOs, the following guidelines, categorized in 9 axes, are suggested:

Axis I: Integrating the NGOs in the Health System:

This is believed to be the basic axis upon which this policy is founded. Until recently, there was no concrete relation between NGOs working in the health field and the Federal Ministry of Health, the latter being the main planning body for the health activities in the Sudan. This suggested policy aims at integrating NGOs in the health system through a number of interventions that will follow later in this document.

Axis II: The Role of Voluntary Work in the Health Sector:

This suggested policy considers opening the health sector for the voluntary sector activities. This is mainly encouraged by the general trend of the Sudanese Government to leave the execution of activities to the private sector, while focussing on planning and monitoring roles.

This situation necessitates the enforcement of the governmental role to shoulder the responsibilities of planning and supervision, and in the same time strengthening the voluntary sector to be able to carry out its duty.

Axis III: Definition of Voluntary Work:

The definitions related to voluntary work should be set prior to elaborating more on the details of the health policy towards this sector. The importance of definitions reveals when coming to consider the organizations to be included in the voluntary sector and in some details of this policy as will come later in this document.

This policy is built mainly on the comprehensive definition of the voluntary work, which includes the main four characteristics of this sector:

- Formal existence;
- Work for the promotion of the public welfare;
- Independence from Government control; and
- Non-profit action.

The definition, as such, overburdens the responsible bodies for the voluntary sector, seeking to ensure the availability of the above-mentioned characteristics in the concerned NGOs working in the health sector, as, for instance, the non-profit concept requires some special procedures that lower service cost of these organizations, in case of providing priced services.

Axis IV: Health Policy-Setting:

The role of NGOs in health work is often ignored by the health policy-makers. So forth, this suggested policy appeals for considering the importance of and recognizing the NGOs' vital role in health work when setting various health policies, has the characteristics and the ability to benefit from this sector been thoroughly studied. Moreover, this policy calls for participation of NGOs in health policy setting through contribution of the related NGOs in some phases of policy setting. This might ensure the commitment to and interest of these NGOs in the process of the specific policy setting, and in the same time providing a good degree of independence for policy-makers, excluding, in such a way, external pressures.

Axis V: Adherence to National Health Policies and Conforming to Criteria and Standards:

It has been remarked that NGOs tend not to stick to health policies and conform to the criteria and standards specified by health authorities. Being so, it is fundamental to create a mechanism that ensures a high degree of compliance of NGOs with national health policies and conformance to standards and quality standards of health services provided. The requested standards could include:

- Criteria of selection and job description for the health cadres engaged in the voluntary health work;
- Criteria and standards of training of health cadres;
- Criteria and standards of health services provision;
- Medical treatment protocols; and
- Criteria for health facilities (buildings and beneficiaries movement).

This, certainly, requires availing of written criteria and standards, and, necessarily, publishing and distributing them to be at hand of every concerned body. Consequently, training of health cadres involved in this sector on how to apply these criteria and standards become a vital step towards approaching high commitment of voluntary sector towards implementation of these policies and standards.

It is significant that unified, standardized measures be formulated to adjust the quality of health services and activities in all concerned sectors: public, private and voluntary, in order to ensure equity and facilitate the process of monitoring and supervision, which is often carried out by the same sub-level health team. It is important to benefit from the distinguished experience of the NGOs, especially the international ones, in the field of standards and management of health work quality.

For that fact the that the Government authorities bear the burden of follow-up and supervision of voluntary work, this policy considers the vitality of capacity-building of the governmental bodies (Federal and State levels) working in the field of voluntary work. This could be done through including capacity-building projects within endorsed plans of the NGOs working in the health sector.

Axis VI: Coordination:

As mentioned prior to this, coordination of voluntary work is a difficult duty, due to the NGOs' strong sense of autonomy and independence of each other and of other parties, in addition to the fact that many Government authorities are engaged in the job of voluntary work management. This multi-part engagement necessitates creation of a mechanism that shoulders the responsibilities of coordination between NGOs each other, governmental bodies each other and between the governmental sector from one side and the voluntary sector from the other side.

Since FMoH is the responsible authority for leadership of the whole health sector, this policy suggests that the FMoH becomes the focal point in the issues of voluntary health sector coordination.

The required coordination amongst NGOs will facilitate monitoring process for the governmental authorities, so that it could transact more easily by direct contact with one unified voluntary body and not with separate organizations, reducing the efforts needed for the work. Coordination will create an internal mechanism within health sector NGOs for commitment and monitoring; nevertheless, in order to lead coordination to success; close monitoring from governmental authorities is highly required, so preventing this mechanism from being just a pressure on monitoring governmental authorities.

It is suggested that, to promote coordination and enhance efficiency of the voluntary health sector, to adopt measures that help build trust amongst players in this sector. This could be done through exchange of information, common joint meetings, exchange of visits and creation of networking.

Axis VII: Enhancing Efficacy:

It is widely believed that the voluntary sector doesn't utilize perfectly its available resources in the work it is devoted to, where a significant part of resources goes to administrative expenses of main country offices of the NGOs. Moreover, duplication of work of these voluntary NGOs led to waste of resources. Hence, this policy appeals for enhancing efficiency of resources utilization in voluntary organizations' work through the following suggested mechanisms:

- Promoting level of transparency and accountability in voluntary sector in a way that facilitates donor and monitoring Government bodies reviewing financial reports of NGOs. Also, it is recommended to establish a direct contact channels between Government monitoring authorities, especially at Federal level, and the donor bodies that permits exchange of information, being the main interested parties about efficient use of resources directed to voluntary work.
- Performing regular periodical evaluation of projects implemented by NGOs, in order to measure performance levels compared to expenses.
- Preventing duplication of work in health services provision via control of distribution of NGOs working in the health sector, concerning both geographical aspects and the types of health activity.

- Ensuring that the health projects implemented by the voluntary sector uses the most appropriate and efficient interventions, according to policies, guidelines and protocols of the different National Health Programmes' policies.
- Reducing administrative running costs of NGOs by allocating a specific percentage that NGOs should stick to, so to ensure the benefit of the end-users from the project. This item could be gradually put into action.
- Promoting employment of national cadres at the level of country administration and in the running projects within voluntary sector.
- Ensuring sustainability of health projects implemented by voluntary sector.

Axis VIII: Health Services Provision:

The health service provision is believed to be a corner stone of this suggested policy, being the final products of the health activities. The policy necessitates existence of certain characteristics in health services, of which the main are as follows:

- Social-based, non-profit-based service provision tendency;
- Equity in service provision, so that no discrimination between citizens except for the degree of their needs;
- Proper geographical distribution of health services, so that they cover the gaps in the health system;
- Determination of health services to be provided by NGOs according to the health policy and to the needs in each specific area; and
- Provision of the complete basic health package by all NGOs, except the specialised NGOs that work in one specific area (such as HIV/AIDS control).

Definitely, one of the important points to determine, when handling health service provision is the relation between the NGOs and the health authorities in the country, concerning health services provision, identifying the level at which should be the health service provided by NGOs. A few suggestions in this concern include the following:

- Provision of health services in an integrated manner in each catchments area, so that a geographical area is allocated for a specific NGO or a group of NGOs. Health services should be integrally provided in either one level (e.g. Primary Health Care level) or in all levels. A Coordination Council is suggested to be established for organization and coordination of work between the NGOs working in the same catchments area and the other health services providers in the same area at all levels.
- Provision of health services by NGOs through contracts between the voluntary players and the health authorities, so that the Government of the Sudan provides partial or complete financial support, while the NGOs carry out administrative duty and partial or complete health services provision. This system might be introduced in all levels of health services provision.

- NGOs might participate with other players in the phases of health service provision (planning, evaluation, supervision and follow-up, training and logistic and kind support). This could be done on Federal, State or Local levels via partnership creation with public and private sectors.

Axis IX: Capacity-Building of Voluntary Sector:

In order to enable the voluntary sector to carry out its due role, it is essential to strengthen it and to promote its efficiency. Hence the general strategy concerning the voluntary sector, aiming at achieving sustainability of this sector's role, is reliance on the national voluntary agents; this goal could be approached through the following methods:

- Governmental funding of the national voluntary sector, either through direct or indirect financing (contracts) or direct support via capacity-building of this sector (training).
- Reciprocal assistance of NGOs to each other in the field of capacity-building. This may be achieved through twinning of national and international NGOs, so as to exchange experiences, training and financing.
- Encouragement of other interested parties (e.g. *Zakat* Fund, Endowments, etc. …) to initiate work in health field directly or indirectly through financing of voluntary agents.
- Increasing capacity of the voluntary sector through organization of training courses in the fields of preparation of project proposals and planning and policy-setting.

Axis X: Government Encouragement for Voluntary Sector:

Governmental sector is obliged, in order to enable voluntary sector to carry out its due role, to execute a package of interventions and procedures that aim at encouraging this sector. Accordingly, this policy calls at the Government of the Sudan for the following actions:

- Annual financial support for the national NGOs that could be allocated according to the quantity of work and performance level (could be done in the future, when fiscal improvement is achieved);
- Commissioning of health cadres from Ministry of Health to concerned NGOs, preserving their allowances. This action could help improve the performance in governmental establishments, if implemented in a competitive way among health cadres;
- Conditioned exemption of custom charges for NGOs' imports;
- Provision of drugs by the Government of Sudan to NGOs at cost price (bulk purchasing); and
- Creation of a competition for NGOs working in health sector, where high-performance NGOs could be given awards.

Tools for Implementation of the Policy

The way this policy could be actually implemented should necessarily be defined. The following table details some of the tools for this approach:

Policy Item	Implementation Tools
Definition of terms of Voluntary Health Action	* Reviewing of definitions of voluntary action and including them in the related laws and regulations. * Reviewing of the NGOs' missions and visions to ensure their conformance to the endorsed definitions of voluntary action. * Reviewing of project proposals of NGOs and ensuring their conformance to their missions and visions. * Costing the health services provided by NGOs.
Health Policy-Setting	* Including representatives of NGOs working in health sector in the Advisory Councils of Health Minister and Undersecretary. * Involving experts from NGOs in the Permanent and Temporary Councils concerned with health policy-setting. * Inviting NGOs to participate in development of health policies through partnerships with various Health Programmes of the Ministry of Health.
Commitment to Health Policies, Criteria and Standards of Health Services	* Setting criteria and standards of health work (as formerly-mentioned). * Publishing and distributing of health work criteria and standards and training of the concerned voluntary players accordingly, with participation of all stakeholders. * Creating of a mechanism for follow-up of criteria and standards (forms, supervision, feed-back, periodic meetings, etc…). * Establishing voluntary action departments in the States' Ministries of Health and training of the concerned staff on maintaining and supervision the NGOs work.
Coordination	* Forming a coordination committee under the leadership of the Ministry of Health and including related UN agencies and representatives from NGOs working in the health sector. * Building trust amongst various players within health sector through exchange of information, common meetings, exchange of visits and networking.
Enhancing Efficiency of Voluntary Agents	* Holding an annual meeting between the Ministry of Health and the donors of NGOs working in health sector, for coordination and exchange of information. * Insisting on detailed annual reporting on health activities performance and financial expenditure for implemented projects and submission of detailed project proposals for the coming year for each NGO working in health sector. * Encouraging NGOs to minimize administrative running costs and try to allocate a specific percentage of the total annual budget of each NGO for it.

	* Submitting the total of project proposals of NGOs for technical approval from the Health Programmes to ensure their feasibility. * Carrying out a periodic evaluation for the implemented projects in and by all levels: NGOs; Government Federal, State and local levels, and beneficiaries. * Encouraging NGOs to increase appointment of national Sudanese cadres at the country office level, in stead of expatriate staff. * Reviewing health projects submitted by NGOs to ensure that they contain factors that ensure their sustainability.
Health Services Provision	* Creating Health Map for health services implemented by health sector NGOs in the Sudan, and carrying out consequent periodic updates. * Establishing Health Map for voluntary sector working in health in the Sudan, including, but not restricted to, geographical distribution, financial, materialistic and human resources; and formulating plans with reasonable time periods for Health Map updating, so that some NGOs activities could be transferred from areas with less needs to areas with greater needs and to restrict new projects to areas in need of such services * Setting a standard vision of each aspect of service provision.
Capacity-Building of Voluntary Sector	* Formulating a strategic vision regarding the future roles of voluntary sector in health field * Developing an operational plan implement this policy, identifying out the roles of related parties and the required budgets * Urging international NGOs (when endorsing their annual plans) to carry out their expected role of assisting national NGOs * Inciting the concerned Government bodies (Ministry of Finance, Divan of Alms) to provide necessary funding for the voluntary sector according to the approved plans * Producing a vision on how the Endowments could participate in voluntary action and managing for its implementation
Government Encouragement of Voluntary Action	Formerly-mentioned

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