Aid Effectiveness and Collaborative Governance  
—Insights from Community Health Education activities—

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Abstract

Addressing aid effectiveness of development work involves harmonization and alignment among concerned parties. The concept of collaborative governance helps understand how multiple participating actors of development endeavor can better work together to improve their performance. Based on day-to-day activities working for a small INGO called SHARE (Services for the Health for the Asian and African Regions), the paper presents challenges and strategies of smaller development organizations for contributing to collaborative governance. The identified strategies for a small-scale INGO are to pay more effort on understanding what activities other development organizations are planning and/or implementing, to aggressively share its project information and voices of people from the field to the public, and to keep in touch with its project stakeholders in hopes of inviting their collaboration and cooperation. A major challenge to put these strategies into action is to spare extra resources for extra activities for collaborative governance on top of carrying out its own project at the community level.

Introduction

Attempting to address urgent needs derived from the systematic campaign of violence and destruction by the Indonesian army in Timor-Leste (TL), Services for the Health for the Asian and African Regions (SHARE) a NGO from Japan, started emergency relief activities in 1999. SHARE is a grass-root NGO, which organizational mission is to achieve “Health for All”. When the emergency situation abated in a few months, SHARE made a decision to continuously support the country and shifted its focus to promote health education at the community level, working together with the Ministry of Health (MOH) and the District Health Services (DHS). SHARE is committed to disseminate preventive health measures1 by providing health education training to community health volunteers and primary school teachers, both of which is aligned to the public sector programs.

1 The health indicators of TL remain generally low; especially infant mortality is 64 per 1,000 live births. Forty-five percent of children under five years is underweight and 15 percent are severely underweight. Failure of receiving adequate nutrition is typically the result of recent illness, especially diarrhea. (National Statistics Directorate 2010) High child malnutrition rate and lack of access to hygienic living environment are the two most pressed and co-related health issues that local communities face daily.
While SHARE has worked closely with MOH as well as DHS, stakeholders of its activities include more broad and diverse actors such as the Ministry of Education (MOE), District Education Office (DEO), the United Nations Children’s Fund (UNICEF), and other INGOs. These diverse actors have differences in scales of operation, financial as well as human resources, expertise and skills, mission objectives, socio-political positions, and conflicting interests that sometimes conflict with each other. Thus, SHARE needs not only to be aware of the diversity of actors but also to construct and maintain collaborative relationships for its project to be effective. SHARE’s effectiveness depends significantly on its relationship with the concerned actors.

The overarching theme of the paper is how INGOs can possibly empower local government and work with communities so that they are able to prevent diseases by themselves and live healthy lives. Taking into account diverse actors that involve in development work, the authors aspire to share insights for multiple participating actors to effectively and collaboratively work with the young public sector. Core lessons learned from participatory action research conducted by SHARE staff are centered on collaborative relationships among stakeholders. The paper therefore attempts to exhibits how a small-scale INGO like SHARE can strategically play dual roles: facilitating to develop collaborative relationships among concerned parties, and, at the same time, carrying out its own project at the community level. It also addresses the challenges to carry out both tasks.

The paper starts by presenting the significance of collaborative governance to attain aid effectiveness, followed by the introduction of collaborative rationality as a framework to analyze a case that SHARE currently faces. The next section presents a conflicting case that SHARE encounters with multiple stakeholders. It introduces a brief history of SHARE’s work in TL, its community based initiative, and then UNICEF’s nation-wide initiative that has resulted in a conflicting case with SHARE’s activities and hence, critically raised the necessity of collaborative governance. In the next section, the authors analyze this structurally embedded conflict in a hope of introducing collaborative governance, and pay a special attention to interactions among actors to identify issues that prevent them from acting in a way collaborative rationality is attained. This analysis helps identify a room for SHARE to maneuver and enhance collaboration among them. The paper concludes by listing lessons and suggestions that are relevant for smaller INGOs work in an effective manner.

### Aid Effectiveness for All

#### Collaborative Governance

In the age of globalization, a major theoretical as well as practical challenge for the students of international development is to develop a new institutional framework (Giddens, 2009) that provides not only analytical resources, but also and more importantly, practical solutions to critical globalizing issues. Serious problems such as global climate change and HIV/AIDS are global because they are influencing a significant population of the globe. At the same time, a smaller community project such as what SHARE has been implementing in TL has also linked with global issues due to the complexity and dynamics of globalization that multi-stakeholders of the project bring in. Dealing with ever globalizing stakeholders is a necessary condition for making a
project success even if the project is a small community based one.

Since the end of the Cold War, a number of aid organizations grew rapidly and, as a result, a number of projects have been mushroomed to tackle a series of development issues. This commitment, however, does not necessarily improve aid effectiveness. Due to the lack of proper coordination and collaboration within and between national governments including their developing partners and civil society organizations, it may even cause a mess with many uncoordinated projects that can even develop tensions over their projects’ territories. The Helleiner (1995) report describes that more than 2000 projects were implemented by 40 different donors in Tanzania. In Vietnam, more than 8000 development projects were implemented in 2002 by 25 bilateral and 19 multilateral donors and about 350 international NGOs (Acharya et al., 2006). Too many donors cause at least three critical problems such as the lack of responsibility, eroding administrative capacity of the partner country, and conflicting interests of donors. Overlapping of similar projects due to overriding institutional and policy constraints is obviously one major issue for improving aid effectiveness.

In light of the critical need of improving aid effectiveness, heads of virtually all major development donors, multilateral organizations and influential civil society organizations jointly addressed the Paris Declaration in 2005. With the motto of aid harmonization and alignment, this declaration provided an opportunity for participating organizations to agree to work together as partners and strive for improving aid effectiveness. To renew international commitment, and accentuate and deepen implementation of the Paris Declaration, ministers of developing and donor countries and heads of multilateral and bilateral development institutions have adopted the Accra Agenda for Action in 2008. They have identified three major challenges, which are (1) strengthening the ownership of developing countries over development processes, (2) building more effective and inclusive partnerships that include bilateral and multilateral donors, global funds, civil society organizations, and the private sectors, and (3) making more transparent and accountable for delivering development results. While addressing the three challenges has been a commonly shared agenda for all development actors, a critical point for overcoming these challenges is how participating organizations can seek for collaborative governance (Innes and Booher, 2010) rather than traditional governance.

Aid effectiveness is not only a critical theme at the policy level but also a major practical issue at the field level. Without the intended impact that a NGO can make to address identified problems, it loses its reason for existence. This fundamental issue, however, is no longer a matter of individual NGO’s performance because the increasing interactions and inter-dependence of related organizations have become a critical aspect of influencing performance of participating organizations. NGOs working at the community level also need to answer, through their day-to-day practices, how they can better handle aid harmonization and alignment. Given the fact in the field that the scales, resources (human as well as financial), and expertise of concerned organizations significantly differ, establishing collaborative relationships among them at the practical level requires continuous daily efforts and deliberation among them. Moreover, if they have conflicting interests, NGOs (especially smaller ones) might have to divert significant portion of their limited resources for negotiations with other stakeholders and, as a result, their projects suffer due to the deprivation of resources. From within this practical context, in which the bulk of smaller NGOs face, this paper attempts to draw lessons and practical implications for aid effectiveness.
Collaborative Rationality

The concept of neither agencies nor structures does not properly capture the dynamic processes of interactions among stakeholders including SHARE. Rather than framing actors as agencies or situations as structures, dynamic interactions between agencies and institutions shall be carefully examined (Giddens, 1979). Especially, in the face of the newly emerging government that is under the processes of institutionalizing governing rules and regulations as a set of systems, influencing the government through the daily practices of INGO shall better be analyzed as a concept of structuration, which is combination of an agency and an instrumental tool under the emerging institutions in the government. When analyzing day-to-day interactions among stakeholders, introducing the concept of collaborative rationality (Innes and Booher, 2010) provides a new insight into the way the quality of development practices can be examined.

In the face of dynamic complexity that development endeavors with multi-stakeholder with multi-level governance has entailed, the traditional top-down management style does not properly govern the situation. It is too rigid to address dynamic needs. Armitage et.al. (2007) purport that collaboration and learning are the key for managing projects in such situations. Recognizing collaborative governance based on collaborative rationality as an alternative mode of governance to be sought for, this paper critically analyzes the reality that SHARE has faced in the light of the conditions to be fulfilled for collaborative rationality. Innes and Booher (2010) suggest that collaborative rationality is the process that satisfies that all related stakeholders, regardless of their positions and power relationships, are fully informed, and that they can freely express their views and understandings, and that they all listen what others express.

The paper pays attention to the process that SHARE has been through and identifies issues that hinder collaborative governance. Tensions between collaborative management and top-down management are a structurally embedded typical issue. To not only observe but also pro-actively engage in the process and interactions between the NGO and the government, participatory action research (PAR) is employed as a methodology for this research processes (Whyte, et al. 1991). One of the authors will be involved in the activities to support health service delivery as a staff member of SHARE. Through the dual processes of working and, at the same time, observing what happens in everyday practices, she will engage in keeping records of her observations and describing the dynamics of the related parties while she does her own work as a staff member in the organization.

A Case in Conflict: Community-Based Activities and National Initiatives

History of SHARE in TL

SHARE’s history in TL goes back to the year 2000, which is two years before its independence restoration. TL is the youngest nation in the world that has declared a full independence in 2002 after more than 450 years of colonization by Portugal, a brief occupation by Japan during the World War II, and 24-year-occupation by Indonesia. TL had suffered from the military invasion and coercive integration by Indonesia since 1975. Putting the Independence of
TL to the vote, People Consultation\(^2\) was carried out in August 30, 1999. But, once the result that the bulk of people voted for Independence was announced, pro-Indonesian militia groups supported by the Indonesian army started a systematic campaign of violence and destruction. This ended up destroying virtually all the public facilities including, not only schools but also hospitals, health centers, and health posts. Hundreds of thousands TL had to take refuge in West Timor. The nation suffered again.

During the upheaval, infrastructure, houses, public facilities was burned and destroyed, and population was lost. When the independence was restored, the most urgent task waiting for the one hundred million populations was to establish the functional government. First, United Nations Mission in East Timor (UNAMET) has become the governing authority and then, United Nations Transitional Administration in East Timor (UNTAET) has cooperated with National Congress for the reconstruction of East Timor (CNRT) to re-build the nation. The challenge was that the implementation structure to provide social services was premature and human resources to handle service delivery were limited after the long period of colonization and domination. Thus on top of the broad range of supports from the United Nations organizations to support the young government, various donor agencies and INGOs entered into TL. For the health sector, Interim Health Authority (IHA) was founded in 2000, which later developed to MOH, to provide public health services under UNTAET.

In 1999, SHARE’s involvement in TL began by dispatching a couple of medical staff to a hospital in Dili as a way of responding to the urgent needs resulted from this calamity. Since then, SHARE has worked collaboratively with the TL government for a decade mainly in the area of primary health care (PHC) with an emphasis on capacity building and developing formal and non-formal health systems.

In 2002, MOH issued “NGO Guideline” that explains the expected roles of NGOs in the health sector of TL. A major objective of the guideline was to enforce the rule of law. This enforcement was partially derived from a lesson that the United Nations Transitional Administration in Cambodia (UNTAC) has learned. It was criticized due to the mess of the country as a result of failing to establish the rule of law in Cambodia. Learning this lesson, UNTAET identified and recognized that establishing the rule of law in the country was its important mandate and was active to intervene each government sector to enforce the rule of law (Smith, 2003).

Following the guideline, MOH and SHARE held a series of meetings and jointly decided that SHARE focused on enhancing health education in Ermera district that embraces the population of about 100 thousands (OCHA/UNMIT 2008). Identifying scarcity of medical staff and insufficient access to the health facilities, particularly in the rural communities, as a preliminary condition, achieving healthy life depended on providing knowledge about preventive health measures to local people so that they can protect their own families from infectious diseases. Naturally, the targeted group for health education shifted from health personnel to key persons in the rural communities such as schoolteachers, church staff, and community leaders. SHARE identified especially schoolteachers could maximize such knowledge by regularly teaching about health to

\(^{2}\)Ninety eight percent of voters participated in the ballot and seventy-nine percent of them opted for independence and rejected autonomy within Indonesia (Martin, 2001)
schoolchildren who could then, transfer knowledge to their families and communities influence their behaviors. When the School Health Program (SHP) was set up as a national health promotion initiative by World Health Organization (WHO), MOH, and Ministry of Education (MOE) in 2006, SHARE initiated the implementation this program in Ermera district. SHARE identified especially schoolteachers could maximize such knowledge through teaching health education to schoolchildren who could then, influence their families and communities.

**MOH and Concerned Actors**

The quality and quantity of public health services heavily depends on how MOH can effectively and collaboratively work with donors as well as INGOs that work in this sector, because MOH is the central governing agency to plan and implement these services in TL. Under MOH, DHS is located in every 13 districts and Community Health Center (CHC) is set up in each sub-district to deliver services at the community level. Due to the scarcity of human resources in the field of health and underdeveloped implementation structure, currently, a grand total of 46 development projects related to health both in the national and the district level are running under MOH. Donors include, 5 UN agencies (WHO, UNICEF, WFP, UNDP, UNFPA), European Commissions (EC), World Bank (WB), and 9 bi-lateral agencies, such as Australia, China, Japan, Korea, Malaysia, Portugal, New Zealand, and USA. There are 24 implementing agencies, including MOH itself to apply the funding. Among them, at least 11 INGOs work at the district level to implement one of the health-related projects and actually there are more international and local NGOs that are active in the district. A total of 27 million US dollars was spent for the administration and implementation for these projects (CSB 2009).

**SHARE’s Community-Based Initiative Under MOH and MOE**

In 2007, MOH and MOE have organized a training to develop a group of national-level master trainers for school SHP. SHARE has been involved in the planning and implementation process of the training with other INGOs. The framework of the SHP was to first develop national-level trainers, and then to develop district-level trainers who will train schoolteachers in each school (See Appendix 1 for the organizational chart of SHP.)

After the training, however, the scarcity of human resources in the health and education sector, failure to officially establishing the implementation guideline, and other issues accumulated in the education sector delayed the actual implementation of the program nationwide except in Ermera district. Because SHARE has been working there since 2004 with its two staff members becoming national-level trainers on SHP, SHARE started the project that aimed at primary school teachers of all 102 schools in Ermera district that receive training could implement health education in their schools.

In the past 3-year activities working with DHS and DEO, the main accomplishment of the project is that it has developed the local initiative and awareness on the importance of SHP. The table 1 shows the major outputs of the SHP activities that were conducted in Ermera district. First, a system for SHP needed to build for the program to move forward. Such preliminary research was done as a baseline survey and problem analysis to find current health situation in local communities and identify difficulties in schools to implement SHP. In order to ensure SHP implementation in
the schools, discussion on how to conduct school monitoring was held.

Table 1. Outputs of SHP in Ermera District (2007-2010)

<table>
<thead>
<tr>
<th>SHP System building</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Baseline survey in Ermera</td>
<td>-Problem analysis on SHP implementation-Preparation for school monitoring</td>
<td>-Development of a monitoring system-Selection of pilot schools</td>
<td>-Pilot school activities</td>
<td>-School monitoring</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Training of Master trainers</td>
<td>-Workshop for school directors I</td>
<td>-Training for district trainers I</td>
<td>-Workshop for school directors II</td>
<td>-Training for district trainers II</td>
</tr>
<tr>
<td>-Development of health education materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public awareness</strong></td>
<td>-Workshop for health educators</td>
<td>-Health song competition for primary schools I</td>
<td>-National level workshop on SHP</td>
<td>- Health song competition for primary schools II</td>
</tr>
</tbody>
</table>

Second, capacity building and training for health promoters was conducted. So far, more than 150 teachers were trained to conduct in-class health education on infectious diseases, using participatory methods such as, songs, games, panel theaters, and dramas. Most school directors in Ermera have attended the workshop to promote school health education in their own schools. A District Trainers Team (DTT) that consists of schoolteachers with high motivation and district health staff was developed to work together with SHARE in planning, implementation, and evaluation of each activity. They began not only to actively participate in those activities but also to think of how to improve the next activities based on their own feedbacks from the last activities. The trainers currently conduct school monitoring with SHARE staff.

Third, to promote awareness on SHP, a health song competition for primary schools in Ermera was held twice. For the first competition, only about 20 percent of schools in Ermera have participated in 2008, which later increased to 50 percent at the second one held in 2010. At the national level, a workshop to promote SHP was held to share experiences in Ermera district in 2009 with a participation of MOH, MOE, and all other 12 districts in TL.

The steady progress made in Ermera over these years; however, was not recognized well nationwide. Issues such as the deficiency of infrastructure and communication systems in the district, and limited human resource of SHARE, aversely impact on the dissemination of information. Ermera is a mountainous land that is one and half-hour distant from the capital city of Dili. The road leading to Dili that cut through those mountains is maintained poorly and severely damaged during the rainy season that lasts about half a year. The Internet is not yet a major communication tool to connect to the central government. Another major external factor is that

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3 Infectious diseases such as Acute Respiratory illness (ARI), dehydration from severe diarrhea, and malaria are major causes of childhood mortality in TL (National Statistics Directorate 2010). These diseases can be prevented and/or cured with adequate knowledge on them.
MOE faced major issues in establishing education systems such as changes in class-room language from Indonesian, English, Tetun, to Portuguese, insufficient number of trained teachers, low rates of school attendance, and rehabilitation of destroyed school facilities and equipments. In light of these impending issues to be dealt with by MOE, SHARE has remained to be low profile regardless of its steady progress in SHP.

Because SHARE is mainly based on Ermera district, it is hard to constantly send and receive up-to-date information with Dili-based organizations, including ministries and large-scale donors. Moreover, SHARE has failed to present a long-term plan that could influence the ministries to develop SHP in TL as a whole. Financial and human resources that can be allocated to dissemination of information and expansion of the program are limited, which is not a new story for a small INGO. Hence, although SHARE has been continuously working at the grass-root level in the rural area, recognition of the results from other stakeholders remained rather minimal at the national level.

UNICEF Nation-Wide Initiative with MOE over SHARE’s Local Initiative

After two years of SHARE’s effort in SHP, in 2009, MOE has started a new project entitled New School Project with a technical assistance from UNICEF. The project is to diffuse child-friendly school mainly through Child-to-Child (C-t-C) approach in primary schools in the entire country. It has selected 2~6 pilot schools from each district and a subject of school health have been chosen as an entry point to induce the approach. The national guideline on school health was recreated for the project. In Ermera where SHARE conducts its activity, 5 pilot schools were selected for the UNICEF-led initiative, of which 4 trainers and 3 schools were duplicated with the pilot schools SHARE has been chosen. When this duplication became clear during the Training of Trainers that UNICEF conducted in November 2009, UNICEF called upon a meeting with SHARE. UNICEF claimed that the health promotion approach that SHARE has been using is different from C-t-C approach that was going to be disseminated in all schools in TL. It also pointed out that time NGOs work independently in each district is over and all parties should follow the policy and directions that the central government works on.

In fact, MOE and MOH were in charge of planning a national policy on SHP with consultation to donors, such as UNICEF and WHO at the national level from the beginning. Yet, main staff that worked to establish SHP in MOH, WHO, SHARE in 2007 has either left, transferred, or assigned to new tasks. Organizational memories about issues that they discussed and decided among concerned parties were not well remembered. Furthermore to make the situation worse, no written documents regarding their discussions, understandings, and agreements were left. This puts SHARE to stand on the position either to re-select its trainers and schools that do not duplicate the other project or to support it by newly adopting the C-t-C approach. Table 2 exhibits issues that implementation of SHP faces and the actors involved in the process.

Table 2. Issues and actors identified on SHP
<table>
<thead>
<tr>
<th>Issues identified</th>
<th>Actors involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of human resources to allocate staff for the program</td>
<td>Ministry</td>
</tr>
<tr>
<td>Too many organizations in the public sector</td>
<td>UN agencies, INGO</td>
</tr>
<tr>
<td>Lack of coordination among organizations</td>
<td>Ministry, UN agencies, District Office, INGO</td>
</tr>
<tr>
<td>Lack of coordination between MOE and MOH</td>
<td>Ministry</td>
</tr>
<tr>
<td>Failure to establish coherent national policy on the program</td>
<td>UN agencies, Ministry</td>
</tr>
<tr>
<td>Policy making process not being clear to all parties</td>
<td>UN agencies, Ministry</td>
</tr>
<tr>
<td>Lack of space to receive feedback from the district level</td>
<td>UN agencies, Ministry</td>
</tr>
<tr>
<td>Short term assignment of staff in assisting agencies</td>
<td>UN agencies, INGO</td>
</tr>
<tr>
<td>Lack of communication between projects</td>
<td>UN agencies, INGO</td>
</tr>
<tr>
<td>Failure to involve the education sector</td>
<td>Ministry, INGO</td>
</tr>
<tr>
<td>Insufficient presentation of outcomes of the project</td>
<td>INGO</td>
</tr>
<tr>
<td>Unsuccessful presentation of a long-term plan to expand the program</td>
<td>INGO</td>
</tr>
</tbody>
</table>

On top of these issues, when large-scale donors start a new development initiative, they often fail to coordinate with existing partners working in the area to acknowledge ongoing activities that already built people’s commitment in the communities. The lack of such coordination impacts participants of the project most. A school teacher was confused by saying that he was participating in both trainings and he did not know what approach to follow.

After SHARE encountered this issue, SHARE repeatedly went down to Dili to have meetings with focal points of MOH, MOE, and UNICEF to explain its activities and progress made so far. At the same time, UNICEF also coordinated with MOH, MOE, and WHO to hold a coordination meeting on SHP. In July 2010, MOE called upon the coordination meeting with all the parties that relates to the program, including ministries, UN organizations, and NGOs. SHARE has also participated in the meeting. The meeting was to integrate the two guidelines; one established in 2007 for the SHP and the one created in 2009 for the UNICEF-led Project. The meeting also addressed the issue of development of trainers and topics to be taught at the national and district level as well as for teachers.

**Finding Collaboration Possibilities through Analysis**

**Collaborative governance in a case of SHP**

SHARE’s strength is to work collaboratively with local government and communities. Locally based NGOs observe the reality and issues in the rural area from daily interactions. SHARE as an implementation agency ought to play a role to communicate its first-hand experiences to the partners that are based on Dili. There should be opportunities to induce collaborative governance when policy on the school education is to be changed as opposed to traditional governance (refer to the attached Appendix 2.) The overarching critical question we attempt to answer is to identify areas where SHARE might have a room for maneuvering to shift the type of governance from traditional to collaborative. To closely analyze the overlapping two activities, table 3 maps out main characteristics and domains that SHARE and UNICEF as a small-scale INGO
and large-scale UN agency operates in TL.

Table 3. Organizational Profiles and Projects of SHARE and UNICEF

<table>
<thead>
<tr>
<th>Category</th>
<th>SHARE</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>INGO</td>
<td>UN agency</td>
</tr>
<tr>
<td>Scale</td>
<td>Local (rural)</td>
<td>National (urban)</td>
</tr>
<tr>
<td>Budget</td>
<td>Small</td>
<td>Large</td>
</tr>
<tr>
<td>Staff</td>
<td>A few</td>
<td>Many</td>
</tr>
<tr>
<td>Sector</td>
<td>Health/Edu</td>
<td>Edu/Health</td>
</tr>
<tr>
<td>Expertise</td>
<td>Health promotion</td>
<td>Formal education, Water and Sanitation</td>
</tr>
<tr>
<td>MOE</td>
<td>Fair</td>
<td>Influential</td>
</tr>
<tr>
<td>MOH</td>
<td>Strong</td>
<td>Influential</td>
</tr>
<tr>
<td>District Offices</td>
<td>Very strong</td>
<td>Influential through ministries</td>
</tr>
<tr>
<td>JPN Gov’t</td>
<td>Strong</td>
<td>Not so relevant</td>
</tr>
<tr>
<td>Project</td>
<td>SHP</td>
<td>New School Program</td>
</tr>
<tr>
<td>Project term to date</td>
<td>2007 - 2012</td>
<td>2009 - 2013</td>
</tr>
<tr>
<td>Project goal</td>
<td>Health education in classroom</td>
<td>Promote child-friendly schools</td>
</tr>
<tr>
<td>Implementation area</td>
<td>Ermera district</td>
<td>13 districts, including Ermera</td>
</tr>
<tr>
<td>Target population</td>
<td>School teachers, health staff</td>
<td>School teachers</td>
</tr>
<tr>
<td>School coverage</td>
<td>All 102 schools</td>
<td>2 to 6 pilot schools in each district</td>
</tr>
<tr>
<td>Approach</td>
<td>Participatory</td>
<td>C-t-C</td>
</tr>
<tr>
<td>Alignment</td>
<td>SHP under Gov’t policy</td>
<td>Making C-t-C Gov’t policy</td>
</tr>
<tr>
<td>Harmonization</td>
<td>Working with counterparts</td>
<td>Central, influential</td>
</tr>
</tbody>
</table>

SHARE is a small-scale INGO based on the rural area. It specializes in community-based health promotion with a strong partnership with MOH. For SHP, it operates in the health and education sector with its focus on health promotion in primary schools. Bi-lateral funding through Japanese government is currently a main funding source for the SHP in Ermera. Number of the SHARE’s staff in TL is a total of fourteen, including 3 international staff and 2 drivers. Though its scale of budget and staff tends to be small, it has built a strong working relationship with district offices, i.e., DHS and DEO through daily interactions. However, SHARE’s tie with the MOE has been modest due to the various reasons such as low priority of health education in the education sector. On the other hand, UNICEF is an UN agency with its base in the capital city of Dili, which works in the areas of formal education, water & sanitation, and health. UNICEF has about 80 staff in TL, including international, local staff, and drivers. Though it closely works with MOE and MOH, the New School Project initially lacked consultation with
The differences between SHP and New School Project derive from the above organizational profiles. The objective of SHP is to train teachers so that they can regularly conduct health education for schoolchildren and improve their health conditions through training and monitoring. SHP only operates in Ermera district and it covers all of the 102 primary schools in the district. It targets not only capacity building of schoolteachers but also involvement of the health sector to the SHP, mainly through participation of health staff in the district as trainers. The approach used for the implementation is participatory. On the other hand, New School Project aims at establishing child-friendly schools that includes the C-t-C teaching method, democracy building in classrooms, provision of water facilities and so on. Though its entry point to start C-t-C approach is health education, its goal is for teachers to use the C-t-C approach in all subjects that they teach in school. With the collaboration with MOE, the project covers all 13-district, but selecting 2 to 6 pilot schools in each district.

Since the restoration of independence 10 years ago, UN agencies and foreign advisors played a major role on policy-making in TL and SHP was not an exception. UNICEF with its large-scale human and financial resources has been highly influential to the ministries. UNICEF actively involves in policy-making process at the central level, while SHARE’s involvement in policy & planning is intermittent because of the small operational scale with limited resources. SHARE also exercises a certain degree of power over ministries and district offices as an international implementing agency that supports public service delivery, but its influence remains at most an equal partnership.

Collaborative Rationality as Opposed to Positivist Rationality

The major question that we attempt to answer practically in our day-to-day activities in our NGO context is to seek for collaborative rationality which conditions are described as follow (Innes and Booher, 2010, 24).

1. Face to face dialogue with all of the all differing interests

2. Meeting four speech conditions: (1) all utterances be comprehensible among participants, (2) statements be true with adequate logic and evidence, (3) sincere speaking, (4) having legitimacy to make statements

3. Sufficient inter-subjective understanding (mutually understood others’ statements from their own point of view.)

4. No Coercion or domination, equal treatment and equal listening

5. Equal access to information

6. Question assumptions (nothing for granted)

7. Persuaded only by the force of a better argument but not by power, ignorance, or peer pressure.
In order to draw a lesson and to achieve better coordination in the on-going dialogue, it is useful to examine how the above conditions are fulfilled in the case of SHP, what conditions are not fulfilled, and why.

1. Face to face dialogue with all of the all differing interests - At the initial stage of the new project led by MOE and UNICEF in 2009, MOH and SHARE, was not included in the dialogue, which led to the confusion during its implementation phase. Out of the confusion, SHARE and UNICEF both tried to meet with all differing interests respectively to seek for coordination and possible integration, however, all the parties have not met together so far. Coordination among these organizations requires extra-efforts as well as extra-resources. A smaller NGO like SHARE, which conduct activities with minimum resources, desperately needs proper coordination so that all voices can be heard.

2. Meeting four speech conditions: (1) all utterances be comprehensible among participants, (2) statements be true with adequate logic and evidence, (3) sincere speaking, (4) having legitimacy to make statements – The discussion tended to become one-way preaching from UNICEF to SHARE to adapt the idea and approach. SHARE did not have enough opportunities to speak about the activities and results of the SHP. Finding evidence and legitimacy on the history and development of SHP required some time for all the organizations due to the change of staff, lack of collected documents.

3. Sufficient inter-subjective understanding (mutually understood others’ statements from their own point of view.) – The goal of C-t-C approach is to introduce effective teaching method in the primary schools in TL. While, SHARE’s objective through SHP is to improve children and communities’ health condition. At the beginning, UNICEF did not have a full understanding of a history of SHP and SHARE’s involvement, and SHARE was not an expert in the area of formal education. UNICEF’s standpoint coming from the field of education that training of teachers can be best handled by education experts, while SHARE views that immediate remedies are necessary to improve health conditions in the rural communities through SHP.

4. No Coercion or domination, equal treatment and equal listening – When the duplication of trainers and pilot schools in two projects become clear, SHARE was told to re-select the pilot schools or to be aligned with other project to continue the activities. It threatened continuity of SHARE’s activities and damaged commitments of those who worked for the project.

5. Equal access to information – Policy on training of teachers that NGO cannot take out teachers from school for training without MOE’s authorization by MOE was not informed to SHARE. It was informed when the duplication became clear. On the other hand, SHARE’s activities were mainly coordinated at the district level and MOH, and the information of the activities did not reach the focal point of the New School Project of MOE and UNICEF.

6. Question assumptions (nothing for granted) – During the discussion, such assumption prevailed that SHARE’s activities in Ermera were INGO’s independent activities at the district level, and not in line with the national policy. The fact is that SHARE has been working with the national initiative of SHP since 2007 and continued the activities that were not implemented in other districts.

7. Persuaded only by the force of a better argument but not by power, ignorance, or peer pressure. – The difference in approach between two projects is one of the major issues in this dialogue.
C-t-C approach is recognized worldwide and it is to be introduced in primary schools in TL, however, the participatory approach that SHARE applies in SHP should also be respected. Learning from others’ approaches is essential to multiply the effectiveness of both projects.

Findings and the Next Steps to Take

At the initial stage of the development of the public sector, development agencies such as UN agencies and INGOs must find a way to effectively support the government to form policy at the central level and deliver social services in communities, since it takes time to establish the full-fledged government with sufficient human resources. All the agencies share responsibility together with the government to fill the gap for the local population that is in need of social services at this moment. However, the efforts to be sustainable, these agencies ought to be conscious to gradually transfer a role of policy-making and service delivery to the government. They should be aware that eventually the ownership should be identified at within the government. This process requires a close coordination between donors, UN agencies, INGOs, and the government, both at the national level and the district level, to identify each other’s role in the activities.

At the same time, in the face of complex situations that NGOs work in, seeking for attaining collaborative governance rather than traditional governance not only makes sense but also and more importantly, provides practical opportunities to go beyond obstacles. It corresponds the need of coherence and harmonization among actors. It is integral to have a multi-way communication venue where all relevant organizations or individuals can coordinate and try to form a consensus. In this way, each organization can be heard based on its own expertise and experiences so that it will improve aid effectiveness in developing the country.

For all development agencies, implementing a project is not just a matter of providing proper activities to people in need. An implementing agency has to identify stakeholders concerned, understand their interests, and coordinate with them so that they work collaboratively and coherently. Improving the quality and magnitude of collaborative rationality should be applied in each discussion opportunities.

With the collaborative governance based on collaborative rationality, a group of organizations can influence the policy of public sector. A smaller INGO can play a role of identifying and working on expanding space that can contribute to shape their working environment in a collaborative manner. Even a smaller INGO with such networks can have a chance to impact the policy making in the public sector. Together with other related agencies including ministries, UN organizations, bi-lateral agencies, they need to develop collaborative networks based on which they can harmoniously work in a dynamic yet coherent manner.

Coordination among organizations with differing interests is not easy. Nevertheless, some lessons and suggestions can be respectively drawn from this case study for larger INGOs and UN organizations, smaller INGOs, donors, national government, and local government.

- An INGO can no longer expect that it is the only organization working in the geographical and specific area. Random implementation of INGOs’ activities can result in lack of coherence to the national policy or duplication of activities with other organizations. It has to proactively
collect information from the central and local government, and other organizations that also implement projects that might overlap with each other.

- A smaller NGO has to be aware that a larger organization brings a larger scale project, which can influence the NGO’s work either positively or negatively. In any event, coordination and collaboration between them is strongly advisable.

- A smaller INGO working at the field has a significant role of raising voices and informing needs of people at the community level. These voices and needs need to be integrated into policy making of the public sector.

- A larger organization tends to be less careful about coordination with smaller organizations because they are more influential than smaller ones in terms of many aspects such as the budget, skills, expertise, and the project scale. When they start a new project, conducting thorough research at the district level is recommended so that they will have information the activities that have been done in the area. Then, integration of other activities and approaches should be considered through coordination with other agencies. Policy-making should always involve the process to strengthen ownership of the central government.

- Public sector organizations such as MOH as well as MOE are supposed to play coordinating roles. They should take initiatives to nourish the space of collaboration to avoid duplication among projects and make concordance between stakeholders so that various development efforts can be efficient and the outcomes will be maximized. Further, the priority for policy-making should be put for the benefits equally to the urban and rural population. Local government needs efforts to make feedback the national government to realize bottom-up approach in policy-making.

- When the capacity and human resources of public sector is still young and limited to fully take the above roles, partner organizations including smaller INGOs, have to take that into account in advance and try to develop and maintain stronger and closer networks with relevant organizations. In this way, unexpected conflicting relations are more likely to be avoided.

- Donors should also make efforts to grasp the characteristics, differences, and expertise of larger INGOs, UN organizations, and smaller INGOs, so that they can make accurate decisions in funding and support.
References


UNPD. 2006. ‘Human Development Report 2006 Timor-Leste’

Appendix 1.

Framework of School Health Program in Emera

- National level
  - Policy & Planning
    - Japan Embassy

- WHO
  - Ministry of Health
  - School Health Education

- unicef
  - Ministry of Education

- ‘New School’ Project
  - Curriculum development
  - Child to Child approach using health education
  - Training of Trainers
  - Pilot schools

- District Health Service
  - District Education Office
  - SHARE

- Community level
  - Implementation
    - Workshop for school directors
    - Training for teachers/trainers
    - Health song competition
    - School monitoring
    - Health education materials

- Health Staff
- Primary School Teachers
- School Children
Appendix 2. Ideas about traditional and collaborative governance (Innes and Booher, 2010, p202)

<table>
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<tr>
<th>Governance dimension</th>
<th>Traditional Governance</th>
<th>Collaborative Governance</th>
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<td>planning and guiding organizational processes</td>
<td>Guiding interactions, providing opportunity</td>
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<tr>
<td>Managerial Activities</td>
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<td>Goals</td>
<td>clear with defined problems</td>
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<td>Criterion of Success</td>
<td>attainment of goals of formal policy</td>
<td>realization of collective action and conditions for future collaboration</td>
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<td>Nature of Planning</td>
<td>linear</td>
<td>nonlinear</td>
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<tr>
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<td>Legal conformity, inform and educate, gain support of public for agency policies</td>
<td>Create conditions for social learning and problem-solving capacity</td>
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<td>Objective</td>
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<td>Democratic legitimacy</td>
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<td>Deliberative democracy</td>
</tr>
<tr>
<td>Source of system behavior</td>
<td>determined by component participant roles</td>
<td>determined by interactions of participants</td>
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