The Accompaniment Approach:

Seven Principles for Effective Aid Delivery

“Accompaniment is an elastic term. It has a basic, everyday meaning. To accompany someone is to go somewhere with him or her, to be present on a journey with a beginning and an end. The companion, the accompagnateur, says: I'll go with you and support you on your journey wherever it leads; I'll share your fate for a while. And by 'a while,' I don't mean a little while. Accompaniment is about sticking with a task until it's deemed completed, not by the accompagnateur, but by the person being accompanied.” Paul Farmer

The accompaniment approach to aid delivery is based on pragmatic solidarity with the poor. It builds a different type of long-term relationship between donor and recipient, and mandates walking side by side, rather than leading. It seeks to listen actively before proffering solutions.

If the ultimate goal of official development assistance (ODA) is to reduce poverty and increase self-sufficiency, then the aid community must rethink the way it channels funds. Until the immense money stream of international assistance is used to create jobs and strengthen national and local institutions, the potential for aid to reduce poverty will be unrealized.

This note sets forth seven principles for implementation for governmental and multilateral aid agencies, backed up by data and experience, that will put more funding into national and local government budgets, into local businesses’ bank accounts, and into local people’s pocketbooks. While these concepts are not new and are often reflected in the global aid effectiveness agenda, a careful analysis of the funding flows and outcomes makes it clear that there remains a large gap between policy and implementation.

As shown in Figure 1, approximately 76 percent of ODA that bypasses the systems of local and national institutions in countries identified as “least developed countries” (LDCs). The accompaniment approach supports a change in implementation, encouraging donors to invest more resources into strengthening public systems rather than bypassing them. This paper does not directly address how the concept of accompaniment can be applied to private and third sector entities engaged in improving social services in poor settings; yet the seven principles outlined below can be modified in order to be applied to private enterprise and civic engagement as well.

Figure 1: Aid Bypasses National Systems in Least Developed Countries
• Rwanda receives over 31 percent more ODA through national systems than the average for LDCs. Over the past decade, it has posted the sharpest declines in human mortality ever documented anywhere in the world at any time.

1. Partner with discernment: favor institutions that the poor identify as representing their interests.

How much of aid budgets supports structures (in the public, private or third sector) that the poor themselves identify as accountable to them? In many countries, including Haiti, the most vulnerable communities want their governments to provide for them. The poor often know best which institutions and organizations represent their interests. In cases where the government does not adequately serve the interests of the poor, other alternatives need to be identified, including working outside state institutions.

• In Haiti’s “Voice for the Voiceless” initiative, which was launched in the aftermath of the 2010 earthquake, Haitian citizens shared their views and aspirations for their country, issuing a general call for “the state to be the state.”

• Natural gas deposits recently discovered in Tanzania are expected to result in $3 billion to $6 billion in new revenue annually for the country. A 2015 study conducted by the Center for Global Development titled “How Should Tanzania Use Its Natural Gas? Citizens’ Views from a Nationwide Deliberative Poll” showed that Tanzanians overwhelmingly prefer the gas revenues to be managed by the government so that public social spending can be increased. Almost half of the participants (46 percent) stated that spending on education and health would be the most beneficial use of revenues from oil and gas, followed by infrastructure (20 percent) and anti-poverty programs (17 percent).

2. Support public institutions to do their job.

How much of aid budgets designed to improve basic services goes through the systems of national and local public institutions? By sidestepping public institutions, donors effectively perpetuate the weakness of the one stakeholder that is both accountable to a nation’s people and responsible for its development. Successfully balancing the benefits and risks of investing in public systems is one of the greatest challenges donors face. Donors hesitate to invest directly in governments that pose political or fiduciary risks. While the risks of investing in the public sector are much discussed, the harm caused by not doing so is often not considered.

Consider the Ebola crisis in West Africa. As of March 16, 2016, Ebola had infected 28,639 people resulting in 11,316 fatalities. In Liberia and Sierra Leone (the countries in which data is available), ODA was primarily channeled outside of government systems in the years leading up to the crisis (See Figure 2). This hindered the ability of public institutions to do their job and resulted in missed opportunities for Liberia and Sierra Leone to increase their resilience to epidemics such as Ebola. Supporting imperfect governments may be a difficult choice, but investing in them with appropriate checks and balances will lead to stronger systems, better service delivery and more accountability to citizens.
**Corruption and Aid**

- In 2010-11, the United Kingdom’s Department for International Development (DFID), spent over £7 billion in ODA (including £643.7 million in budget support) and reported losses due to fraud of £1,156,000 (around 0.015 percent of overall expenditure).
- AusAID estimates that only 0.017 percent of Australia’s total of $21 billion in ODA since 2004 is unaccounted for.
- Of the $3.8 billion in Global Fund resources audited since 2005, 3.0 percent was misspent, misappropriated or unaccounted for, and only 0.5 percent as a result of fraud.

**Figure 2: Official Development Assistance to Liberia and Sierra Leone’s National Systems**

- In 2007 and 2010 (years in which data is available), Liberia and Sierra Leone received a combined total of over $4 billion in ODA. Only $251 million (six percent) was channeled through national systems. As Kaifala Marah, Minister of Finance and Economic Development of Sierra Leone, noted at the December 5, 2014 meeting of the United Nations Economic and Social Council, 28 countries and international organizations had disbursed over $712 million in assistance, but only five percent went through the national systems of Sierra Leone. In 2010, Liberia received 3.5 percent of ODA through national systems.

- In Haiti, bilateral and multilateral donors disbursed $2.4 billion to humanitarian relief efforts; less than one percent was provided to the government of Haiti (See Figure 3). And of the $2.5 billion in recovery funding disbursed by bilateral donors, 1.8 percent ($43.8 million) was disbursed as budget support to the government.

- In Haiti one leading NGO raised over $138 million in private funding following the earthquake, approximately three times the $45.4 million allocated for the 2010 fiscal year to Haiti’s counterpart ministry, which has no regulatory authority over their programming.
3. Make job creation a benchmark of success.

**Is the creation of local jobs used as a measurement for success in aid delivery?** A fundamental question for donors should be “how many jobs are we creating?” Jobs not only provide income but also promote the development of professional skills, stimulate local economies and strengthen the national tax base, the potential short and long-term effects of which are irreplaceable.

- **Of the top ten bilateral development agencies, none make explicit reference to job creation as one of their priority areas.**

4. Buy and hire locally.

**How do international aid organizations encourage local procurement?** What percentage of funds is spent on goods and services inside the recipient country? Most goods and services that fall under the category of international aid are purchased outside of the beneficiary country. At best, failure to buy locally is a lost opportunity; at worst, this practice can severely weaken sectors of the local economy. The main barriers to local procurement today are based in practice, not policy. For instance, most aid agencies have restrictive eligibility criteria, such as extensive experience, access to credit or coverage through insurance services. Donors can help remove these barriers by assisting local businesses to gain access to credit and insurance, and offering smaller contracts. Spending locally not only creates and sustains critically important jobs in the economy, it also develops local markets, increases tax revenue and stimulates entrepreneurship.

- **An analysis of post-earthquake contracts awarded by a bilateral donor to Haiti showed that by mid-2011, only two percent of post-earthquake construction contracts were awarded to Haitian firms.**
• Only 15 percent of food aid to LDCs is purchased locally; large inflows of free food aid can disrupt and damage the local agricultural economy.

• In 2009, out of a reported $8.6 billion in untied contracts awarded in LDCs, only four percent was won by local firms from those countries.

• In 2013, only 0.2 percent of reported humanitarian funding was channeled directly to national and local NGOs.

5. Provide cash to the poorest.

How much of aid budgets goes to direct cash transfers for vulnerable citizens? Are these cash transfers equitable and consistent over time? The evidence in support of cash transfers to the poor in developing countries is impressive in terms of reducing poverty, increasing demand for services and stimulating the economy. Cash transfers also enable people to access health and education facilities. A cash transfer feasibility study in Haiti interviewed potential beneficiaries, who reported that they most needed money or work to send their children to school. While cash transfers are not a panacea, they provide a tool through which governments and donors can directly empower the poor. By funding cash transfer programs, donors also help to reinforce the social contract between the state and its most marginalized citizens—a goal of many development programs. Out of a total of $25 billion spent in humanitarian aid in 2014, between $1.2 and $1.5 billion, or five to six percent, involved cash programing.

• In Haiti, where no permanent cash transfer program exists, studies on remittances—which are comparable to cash transfers—show that families spend over 75 percent of funds received on basic items, such as food, utilities and clothing. In 2010, aid channeled as cash transfers was reported to be less than 0.78 percent of total aid.

• A four-country (Ecuador, Niger, Uganda and Yemen) study comparing cash transfers and food aid found that 18 percent more people could be assisted at no extra cost if everyone received cash instead of food.

• In Somalia, 35 percent of food aid budgets went to beneficiaries, compared to 85 percent of cash transfer budgets.

6. Apply evidence-based standards that offer the best outcomes, using the best science to shape program implementation.

When designing programs in poor countries, are the commonly accepted standards of care applied? When it comes to people’s welfare, there should not be separate standards of care for rich and poor countries. Often concerns about cost and implementation drive decision-making with regard to standards of care. The accompaniment approach takes a holistic view of any development project—a practice that may require greater and more varied resources than any one organization can offer. But limited resources should not be an excuse for lowering standards. When evidence shows that an intervention is of pragmatic value, donors should fund activities that apply it or at least aspire to reach it.
• In 1990s as part of its HIV treatment work in Haiti, Partners In Health introduced the drug AZT to their prenatal clinic—just as they would have done in a United States clinic—and noticed thereafter a sharp increase (from 15 to 20 percent to over 90 percent) in the number of women seeking free voluntary counseling and testing during pregnancy.

7. Support regulation of non-state service providers.

How much of aid funds for service provision goes to grantees or contractors that are not regulated by any arm of the recipient country? In any given developing country there are hundreds (if not thousands) of operating NGOs, most of them acting as service providers. Donors need to support national and local governments in their role as stewards over service provision, and to ensure that their grantees and contractors align their work with the government’s priorities. When non-state service providers work outside the regulatory loop of governments, they run the risk of being duplicative, inequitable and unaccountable to the communities that they serve. An increase in state regulation can lead to better efficiency in service delivery.

Beginning in 1998, the government of Rwanda articulated priorities for aid management through its Vision 2020 policy. It required all donors to channel funds in support of the strategy and to rebuild government systems, institutions and processes by investing in them. The government utilized the right to decline aid that was not aligned with the national strategy or had high transaction costs or conditionalities; NGOs that were unwilling to work in accordance with the government’s plans were at times asked to leave the country. What were the results? Between 2005 and 2010 more than a million Rwandans were lifted out of poverty as the proportion of the population living below the poverty line dropped from 77.8 percent in 1994 to 58.9 percent in 2000 and 44.9 percent in 2010. Life expectancy climbed from 28 years in 1994 to 56 years in 2012 as mortality associated with HIV disease fell by 78.4 percent (the greatest reduction in the world during that timeframe). Between 1995 and 2011, the country’s maternal mortality ratio fell by 59.5 percent, and child mortality saw the steepest declines ever recorded, plummeting from 275 deaths per 1,000 live births to 54 deaths per live births (See Figure 4).

Figure 4: Population-Adjusted Morality Rates in Rwanda, 1990 to 2011
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*For the bibliography and additional materials, please visit:*

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