

'linear planning' notwithstanding, ICACBR has assisted in the establishment of CBR centres and trained their personnel; it has provided support and advice for the creation of occupational therapy and physical therapy university courses; in order to develop a health policy sensitive to the needs of the disabled, it has worked with the local government, and particularly with the BiH Ministry of Health; and finally, it has provided overall management, logistics, and secretariat support for CBR projects (ICACBR 1999). Moreover, while the ICACBR exhibits the style of organisation that governments supposedly prefer – technical expertise, developed management systems, and cost-efficiency – it is not clear that this is the *result* of ICACBR's association with CIDA. In other words, the *correlation* of these characteristics in both institutions does not necessarily lead to the conclusion that CIDA's preferences *caused* ICACBR to adopt a particular organisational structure.

Second, in contrast to the expectations of the mainstream literature, ICACBR seems to have a relatively high degree of independence from donor influence in terms of defining its values and strategies. Indeed, an important aspect of ICACBR's agenda has been its ongoing public criticism of the limitations of CIDA's six basic principles which ignore the effects of disability in the peacebuilding process (ICACBR 1997).²⁵ In other words, despite its financial dependence on CIDA, this NGO takes seriously its lobbying and advocacy role.

Finally, in terms of evaluation, ICACBR relies on both qualitative, descriptive, and quantitative measures of its programmes. Qualitatively, student feedback on questionnaires is used to reform university courses; descriptively, techniques are used to indicate the status of policy discussions with local health officials; and quantitatively, indicators of program output and efficiency have been adopted, including the numbers of centres established; the number of students trained; etc (ICACBR 1999: 16-23). Research and project evaluation are key components of the CBR program, indicated by the existence of 'research' and 'evaluation' groups that have published prolifically in both areas (ICACBR 2000a; ICACBR 2000b).

3. Re-evaluating the Literature – A Way Forward?

Three limitations in the mainstream literature can be drawn from the preceding analysis. First, a number of the critiques of government funding of NGOs have questionable empirical grounding. Despite both CARE Canada and ICACBR receiving a substantial portion of their operational budgets from CIDA, differences in their level of autonomy from the state suggest that 'government funding' alone is not a sufficient explanatory variable. Instead of treating all NGOs as homogenous entities, further *systematic* research is necessary to determine the extent to which factors like size, purpose and institutional affiliation make a difference.

Second, some of the solutions offered for problems that are identified in the mainstream literature, such as with evaluation methods, are not constructive either in theory or practice. Fowler, for instance, argues that the typical 'blueprint' approach is inadequate because it

²⁵ In its Foreign Policy Paper, the ICACBR states that "...divergent priority accorded to disability issues...is ultimately reflected at the funding level: the recent CIDA Strategy for Health discussion paper fails to mention disability. We contend that technical assistance, development, emergency humanitarian, as well as peace building and development research priorities must also reflect the disability dimension" (ICACBR 1997: 56).