

## **Rethinking Foreign Aid Effectiveness in Africa: The Role of the Ethic of Care**

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### **Abstract**

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*In as much as direct foreign investments in Africa have grown in the last decade, foreign still continues to play a central in Africa's development against the prediction of some scholars. However, the long history of foreign aid ineffectiveness is still unresolved. Although a plethora of research show normative ethics such as the ethic of justice and development ethics have been applied in the management of foreign aid in Africa, little scholarly effort has been directed into dissecting how the application of the ethic of care can positively impact the management of aid in continent. In an effort to bridge this gap, we conducted a literature review of the application normative ethics in the management of foreign aid in Africa. The review indicated that the ethic of care can be an additional normative ethics tool that can help in increasing foreign aid effectiveness in Africa.*

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### **Introduction**

The effectiveness of foreign aid in Africa has been a subject of debate for many years (Mawdsley, Savage, & Kim, 2014; Mkandawire, 2010; Samy, 2010; Shleifer, 2009; Wamboye, 2014). Proponents of foreign aid often argue that aid is an essential catalyst that will move African countries from poverty to prosperity and subsequently into developed economies or middle income countries (Ekanayake, & Chatrna, 2010; Pronk, 2001; Wright & Winters, 2010). Indeed, some empirical studies have indicated that aid to African countries both increases growth and reduces poverty (McGillivray, 2000). Once seen as a sleeping giant, Africa is now described as rising and more hopeful continent (Mahajan, 2011; Sandefur, 2013). For example, Real GDP rose by 4.9 percent a year from 2000 through 2008, more than twice its pace in the 1980s and '90s (Leke, Lund, Roxburgh, & Wamelen, 2010). Increased secondary-school enrolment, decline of malaria related deaths, reduced HIV infections, and surging private-investment inflows are some of the indicators that reveal exponential growth in the continent. Life expectancy across the continent has also increased by about 10% in the last decade. Additionally, some foreign aid experts have pointed that foreign aid plays a critical role in promoting democracy, human rights, and good governance (Shleifer, 2009; Mkandawire, 2010; Samy, 2010, Wamboye, 2014). Political reforms largely championed by foreign aid supported nonprofit organizations have facilitated the emergence of democratic governments in Benin, Cape Verde, Ghana, Mali, Senegal, and Kenya, among others (Kaufmann, Kraay, & Mastruzzi, 2009; Mindry, 2001; Otiso, 2003).

Opponents of foreign aid, on the other hand, see it as a failed enterprise (Mawdsley, Savage, & Kim, 2014; Moyo, 2009; Shleifer, 2009). These critics contend that foreign aid is an unmitigated political, economic and humanitarian disaster, which perpetuates corruption, poverty, dependency, and props up dictators that do nothing to alleviate the suffering of their populations (Moyo, 2009; Riddell, 2007). In support of their view, they point at numerous empirical studies that have found no beneficial effects of foreign aid (Moyo, 2009; Shleifer, 2009). For this group, current growth in African countries is a product of capitalism. For example, Shleifer (2009) and Moyo (2009), some of the outspoken critics of foreign aid, have called for cutting off the flow of aid by asserting that pro-market policies are far more important and beneficial to African countries than the billions of dollars of foreign aid. They argue that developing countries will experience increased economic growth if they embrace market policies and institutions.

This view is reinforced by China and India's increased investments in Africa which have seen the continent realize massive infrastructural projects that are transforming the economic landscape of many countries (Lagerkvist, 2009).

Criticism against foreign aid notwithstanding, there appears to be a general consensus among foreign aid advocates that increased and sustained flow of foreign aid is needed to help poor countries takeoff into self-sustained growth (IMF and World Bank, 2005; UNDP, 2005). Our view, based on literature review and experiences, is that foreign aid plays and will continue to play a significant role in the development process of African countries for many decades to come. Today foreign aid accounts for 11 percent of Africa's development resources (Adefuye, 2006; Cheng & Shi, 2009; Go & Page, 2008; Loxley & Sackey, 2008; Natsios, 2006; Therien, 2002). In other words, almost all countries in Africa rely on foreign aid and without it some of them might completely collapse. For example, Egypt's security apparatus may collapse without the support of the United States (U. S.). Furthermore, countries such as the Democratic Republic of Congo, Ethiopia, and Tanzania (Table 1) rank among the top ten highly indebted countries which depend on foreign aid to meet budgetary obligations. Table 2 shows top 10 multilateral donors to Africa.

**Insert Table 1 Here**

**Insert Table 2 Here**

As the need for foreign aid continues, so is the long unsettled question of how to make foreign effective. The following questions then arise: What should be done to ensure development aid to Africa is an effective enterprise? The aim of this article is neither an attempt to bridge the gap between defenders (e.g., Moyo, 2009; Shleifer, 2009) and critics of foreign aid nor is it to challenge the wisdom of their positions. The purpose of this article is to discuss the ethic of care as a useful normative framework that provides valuable moral elements and perspectives (Held, 2004; Robinson, 2010; Shimola, 2007), which we believe can be used to evaluate and enhance the effectiveness of foreign aid in Africa. In the next sections of this article, we chronicle the roots of normative ethics in the management of foreign aid, discuss the ethic of care and its key characteristics, and finally make recommendations on the use of ethic of care as a useful normative framework for enhancing foreign aid effectiveness.

### **Normative ethics**

Many studies have documented the application of normative ethical theories to practical problems in many fields (Crocker, 1992; Goulet, 1997; Held, 2004; Kalis, 2010; Robinson, 2010; Shimola, 2007). Normative ethics, which is the study of ethics, is concerned with criteria of what is morally right and wrong. Within foreign aid context, normative ethics includes the creation of moral rules that have direct implications for the use of aid by individuals and institutions. Although normative ethics provides good frameworks to explain the performance of aid in Africa and how to increase its effectiveness, most attention has been paid to other factors such as the (1) role of neocolonialism and how strategic interests of former colonial powers supersede development priorities of former colonies, (2) the hostile political climate which impedes development, and (3) the international donor community practices that are often in conflict with the needs of the continent. Very little attention has been directed to understand the role of the ethic of care in increasing the effectiveness of foreign aid in Africa.

**Insert Figure 1 Here**

### **The Evolution of Ethics in the Management of Foreign Aid in Africa**

Three major normative perspectives (i.e., economic, ethic of justice, and development ethics) are of particular importance in discussing the emergence of the ethic of care as a possible normative solution to the problems associated with aid ineffectiveness.

#### **Economic Perspective**

For many years, foreign aid was solely seen from an economic standpoint. The economic approach, which was inspired by the success of the Marshal Plan in Europe, was prevalent during the earlier independence years of African countries (Crocker, 1992; Goulet (1997). In this approach, development programs were evaluated based on factors that determined economic growth such as competition, trade, technology, and political structures. Goulet (1997, p.1160), one of the leading 19<sup>th</sup> century development scholars, summed this approach thus:

After Second World War development was viewed as a straight forward economic problem: a matter of identifying and quantifying the composition of economic growth packages. Growth targets would be planned, resources mobilized to reach them, and the institutional apparatus for investing, financing, managing, and producing activated.

The economic development perspective to foreign aid was later greeted with criticism as it became clear that economic progress in the developing world, particularly in Africa, was disappointing (Brown, 2001; Santiso, 2002). For example, (Crocker, 1992; Sen, 1990, 1985) argued that the economic model of development focused only on growth but not the happiness or the wellbeing of the people. The overemphasis on economic growth as a measure of development was seen as increasing extreme inequalities between developed and developing countries. Due to sustained criticism of the economic approach, economists and foreign aid policy makers shifted their focus to the values of development in developing countries. In support of this policy shift, scholars such as Goulet (1975) and later Sen (1985,1990) argued that for foreign assistance to become more effective, the moral dimension of its theory and practice must be addressed with the same fervor as the scientific and policy components. This paradigm shift eventually led to the rise of ethics in development as a normative basis for the management of foreign aid supported development programs in the developing world, particularly Africa (Crocker, 1992; Goulet, 1996).

### **Ethic of Justice**

The ethic of justice is one of the dominant perspectives that bilateral aid policy makers and managers often use to guide their decision-making process. The ethic of justice was postulated by Kohlberg (1984) who argued that the moral development of individuals progresses through three levels, namely: pre-conventional, conventional, and post-conventional (Clark, 2002, Kohlberg; 1984). Kohlberg argued that the pre-conventional level of moral reasoning is the least mature. At this stage, a person is egocentric and is more oriented into obeying the rules to avoid punishment. At the conventional level, a person is concerned with greater social order and reciprocity. In addition, the person is oriented toward fairness to others, respect of rule of law, and respect of the rights of others. At the post conventional level, which is deemed to be the highest level of moral development, the moral agent is not only guided by the law or other moral standards of the prevailing system but also has the capacity to identify what is wrong or right (Kohlberg, 1984). In addition, at the post-conventional level, justice is universal.

The ethic of justice is oriented toward fairness, which is often demonstrated by reciprocity. The ethic of justice also seeks to protect individual rights either through reciprocity or a logical assessment of individuals' rights or claims. Additionally, the ethic of justice invokes absolute standards of judgments, which are based on abstract impartial evaluations or considerations. Proponents of the ethic of justice argue that foreign aid is justified because it is a fair response to address the unambiguous inequalities and injustice that exist in developing countries (Clark, 2002). However, the ethic of justice is often criticized for its abstractness thus rendering it inadequate to deal with the "practical side of survival and development in poor countries" (Clark, 2002, p. 835). For example, Africans need farming and technical skills among others that would have immediate impact on their livelihood.

### **Development Ethics**

Development ethics is a product of the social change paradigm (Astroulakis, 2010; Crocker, 1998; Goulet, 1975) which advocates for equality, dignity, and self determination of humanity as well the alleviation of human misery or poverty in developing countries. Goulet (1997) contends that the goal of development ethics is to make development decisions and actions humane as well as keeping hope alive. Development ethicists argue that people who are the beneficiaries of development must be at the center of development processes for meaningful progress to be achieved. Simply put, within the development ethics framework, economic development is a means to human wellbeing (Clark, 2002; Crocker, 1992). Development ethics heavily borrows heavily from Sen's theory of freedom-based human capabilities, which states that personal wellbeing is achieved when people are able to exercise freedom of choice and functioning (Clark, 2002; Crocker, 1998; Ransome, 2010; Sen, 2000). According to Crocker (1998), the emergence of development ethics led to a parlance where development was understood as an increase of people's capabilities and functionings such as their capacity to live long, prevent diseases, experience good health and well-being, and avoid the ignominies of poverty. In other words, development ethicists repudiated the conventional discourse that identified economic growth and industrialization/modernization as the core metrics of development.

Contrary to the ethic of justice under which development is evaluated based on universalistic principles (e.g., justice, autonomy, beneficence), development ethics is tailored to respond to the normative challenges of development that are unique to the settings where development takes place. For example, development ethicists are strong proponents of homegrown solutions that meet the needs and aspirations of aid recipient countries and their populations. Additionally, development ethics establishes criteria (i.e., life sustenance, esteem, and freedom) for specifying when the ends of development have been or can be identified in case they already exist.

Development ethics is also concerned with enabling the donor community to develop morally sound and efficient strategies or means to achieve the stated ends of development. Today, development ethics has taken root, especially in the United Nations (UN) led development programs. Indeed, development ethics is credited for the creation of the Human Development Index (HDI), an initiative of the UN, which is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living. The HDI recognizes and underscores that people and their capacities should be the ultimate criteria for evaluating the development of a country, not economic growth alone (Clark, 2002; Crocker, 1998; Goulet, 1997). Although, development ethics has immensely contributed in the norming of development programs, particularly in Africa, there still remain challenges in achieving aid effectiveness. For example, even though development ethics encourages the involvement of aid recipients in development processes, it does not provide a useful definition of the relationship between the donor and the aid recipient. Moreover, development ethicists do not agree as to what good societal development encompasses (Crocker, 1998). The

Even with the increased use of development ethics and the ethic of justice in the management of foreign aid in Africa, development outcomes have continued to fall short of expectations (Adefuye, 2006; Cheng & Shi, 2009; Go & Page, 2008; Loxley & Sackey, 2008; Natsios 2006; Therien 2002). This state of affairs leads to questions whether development ethics and the ethic of justice are effective as normative bases for improving the performance of foreign aid, particularly in Africa. In view of this dilemma, below we discuss the ethic of care as well as make recommendations regarding its adoption as an integral normative strategy whose aim is to increase the effectiveness of foreign aid in Africa.

### **The Ethic of Care and Foreign Aid Effectiveness**

The ethic of care has emerged as a major perspective in today's moral discourse, in large part due to the frustration with the traditional normative ethics approaches that are seen as perpetuating global inequalities and vulnerabilities (Engster, 2004, Held, 2004). The ethic of care is based on care, which Fisher and Tronto defines as "a species of activity that includes everything that we do to maintain, continue, and repair 'our world' so that we can live in it as well as possible" (Fisher & Tronto, 1990: p.40). Care is embedded in the concreteness of circumstance where it is tangible or real or fact that can be experienced rather than existing in abstract form. Care is also an activity or a moral issue that one can be actively engaged in (form (Noddings, 1984; Puka, 1991; Held 2004; Gilligan, 1993; Cohen, 1998).

The ethic of care has however been characterized as feminine because traditionally caring is female-gendered where women were primary caregivers in the family or the community (Gilligan, 1993; Silk, 2000, Simola, 2003). Early critics of the ethic of care argued that the ethic of care can only be relevant in the acts of benevolence as opposed to beneficence that is more "appropriate for private moral relations" (Engster, 2004, p.113) but not for institutional relations. Cole and Coultrap-McQuin (1992) argued that "though it might work well in the context of private relationships, the ethic of care may not be easily applicable to a public arena of decision-making (p.6)." Taylor (1998) empirical study that compared the ethic of justice and the ethic of care applicability on economic policy seemed to lend credence to those who argued that the ethic of care cannot be applicable to public policy. Taylor's study results indicated that unlike the ethic of justice, it will be uneconomical to apply the ethic of care to a large population or global institutions. However, it is important to note that although Taylor was apprehensive about the application of the ethic of care in public policy issues, **he** did not think that the ethic care cannot impact policy but worried about how it can be applied in a more economical sense.

More recently however, consensus has been growing among advocates and critics that the ethics of care is relevant to a variety of discourse, including international policy just as other strands of ethics (Held, 2004; Robinson, 2010, Simola, 2007; Zembylas, 2010). Zembylas (2010, p. 235) points that:

The ethic of care has gone beyond its earliest formulations through feminist ethics (Held 2004). Smith (1998, 2000), one of the recent critics of mainstream thinking on the ethic of care, makes a useful distinction that shows how theorizing about the ethic of care has progressed over the years. Smith's distinction is between benevolence, or *caring about* others, and beneficence, or *caring for* others. Caring about others is merely the desire to do good or expression of sympathy and concern; caring for others goes a step further and focuses on doing good or showing active kindness, providing support for their emotional and physical needs and well-being.

Tronto (1993) disputes the thinking that the ethic of care cannot be applied universally; Tronto instead sees the strength of the ethic of care being its ability to address both particular and universal moral issues:

To meet one's caring responsibilities have both universal and particular components. On the one hand, it requires a determination of what caring responsibilities are, in general. On the other hand, it requires a focus upon particular kinds of responsibilities and burdens that might assume because who, and where, we are situated. (Tronto 1993, 137)

In support of the application of the ethic of care in global issues, Simola (2007) argues that mainstream ethical strands such as the ethical of justice have made poor countries fear that they are being exploited by developed countries in the name of globalization. Simola concludes that the ethic of care may be the answer to this friction because it will facilitate "voice (especially among those traditionally excluded); attending to the subjective experiences of others; engendering trust; and creating win-win solutions (144)." The ethic of care is an antithesis of the ethic of justice that embodies abstractness and is averse to particularity in favor of universality even when peculiar circumstances should be taken into account.

Similarly, Held (2004, p.145) argued that the ethic of care is the most suitable moral basis for dealing with matters of international development because it espouses "understanding the importance of cultivating relations of trust, listening to the concerns of others, fostering international cooperation, and valuing interdependence." The ethic of care is deemed to be more responsive to peoples' needs than, for example, the ethic of justice because it encourages listening to the stories of others, which leads to understanding and empathizing with the situation of others, developing trust with those in difficult situations, and actively getting involved in empowering them to attain self-fulfillment (Hankivsky, 2004; Held, 2004; Cohen, 1998).

The foregoing arguments show that if the ethic of care is applied in international aid management practices, the chances of the aid meeting the needs of aid recipients would increase significantly. Moreover, the ethic of care can guide personnel implement foreign aid sponsored projects in more effective ways. Indeed, a substantial number of people who work as agents of the donor community come into contact with actual beneficiaries of foreign aid. These donor agents include doctors, rehabilitation counselors, nurses, social workers, engineers, and administrators. If these agents are guided by the ethic of care, they are likely to be sensitive to the dignity, cultures, and priorities of development assistance beneficiaries thus making foreign aid more effective.

In the following section we discuss how the ethic of care can contribute to: (1) building congruent donor-recipient relationship, (2) donor understanding of the recipients so as to work harmoniously with them, (3) building trust between donors and recipients, and (4) empowerment of recipients to manage aid resources effectively. The ethic of care can contribute towards the fostering of good international relations and more particularly, the strengthening of the management of foreign aid in Africa. Within the ethic of care framework, it is possible for the donor community and aid recipients can enter into a caring relationship, a paradigm shift that may help entrench a more respectful partnership between donors and recipients as opposed to the currently the donor-recipient relations that is perceived to be master-dependent (recipient) relationship.

### **Building Congruent Donor-recipient Relationship**

For many years, the relationship between foreign aid donors and recipients has never been well defined (Crocker, 1992). Often the donor-recipient relationship is characterized as that of a benevolent master (donor) with a stick and carrot who rewards a servant (recipient) that behaves well. This relationship is epitomized by donor designed aid conditionalities that aid recipient countries must meet before aid is disbursed. For example, the 1980s World Bank and IMF Structural Adjustment Policies (SAPs), which demanded that foreign aid recipient countries embrace free market policies or privatize public services as a condition for receiving aid, undermined the developing countries' socioeconomic conditions (Banerjee & Rondinelli 2003; Brown 2005; Chege 2001).

More recently, the donor community has imposed condition-based aid for Rwanda, Uganda, and Malawi, which have starved critical sectors such as health and education much needed resources thereby negatively affecting the most vulnerable populations, especially women, children, and people with disabilities in those countries (Atingi-Ego, 2005; Brown 2005; Held 2004; Poku 2006). The failures of SAPs and other condition-based aid in Africa illustrate the inadequacy that underlies ethical decision-making in issues related to aid delivery in the continent.

What could have been the result if the ethic of care was integrated in making decisions about SAPs? While research is needed to answer this question, we can plausibly argue that the consequences would have been positive or, at a minimum, less severe precisely because the ethic of care would have required the donor community and aid recipients to engage in caring decision making process that will not adversely harm their interdependent and mutual relationship. In other words, the donor community would have listened to the concerns of recipients' fears of losing their only access to primary health care or basic education, and thus pursue mutually agreed courses of action, possibly, leading to better outcomes.

Supporting international relations based on strong relationships, Hall (2004, p. 417-418) argues that "a culture of caring about the right set of goals and outcomes can be more powerful and systemic influence" than contractual relationships. When the donor community and aid recipients understand that their cooperation is based on caring relationship characterized by mutual respect, opportunities will be opened that will allow aid to be directed toward priorities of developing countries. This kind of relationship will inevitably, from our perspective, lead to increased foreign aid effectiveness. Congruent relationships must be based on the principles of the ethic of care, which recognizes that relationships of dependence and interdependence are healthy because no society is completely independent and/or self-sustaining.

### **Understanding of Recipients**

One of the reasons why aid has not made a significant impact in Africa is because most donors do not understand the conditions and circumstances of aid recipients (Killick, 2005; Poku, 2006; Pronk, 2001; Reutlinger, 1999). This is partly because most aid agencies recruit staff from their countries of origin who have limited knowledge about the needs and circumstances of the aid recipients (Killick, 2005; Martens, 2005). Another reason is that donors duplicate programs developed in their countries without taking into account the unique political, socioeconomic, and cultural conditions of recipient countries (Crocker, 1992; Killick, 2005; Martens, 2005; Pronk, 2001). As a result, donors often invest their resources where they achieve the least. This ends up alienating recipients from projects that are supposed to benefit them (Beck, 1994; Cassen & Associates, 1994; Killick, 2005). In addition, it creates recipient resistance and mistrust in the donor-recipient relationships.

The ethic of care however has the potential to promote donor understanding of the recipients' unique settings and cultures thus enabling the donor community to direct development aid in a manner that is responsive to recipients' settings and priorities. To ensure that foreign assistance is directed into the right use and reduction of friction between donors and recipients, there is need for the donor community to learn more about the recipients' socio-economic, political, and cultural settings (Killick, 2005). For example, aid agencies' staff should be trained to be culturally competent on the cultures of aid recipients to enable them to be sensitive and responsive to those cultures. Cultural competence has been defined as a set of congruent behaviors, attitudes, and policies that converge in a system, organization, or among professionals and allows that system, agency, or those professionals to work effectively in cross-cultural settings (Cross et al., 1989; Jalali, 2013). The ethic of care predicates that donors must take deliberate steps to become culturally and linguistically competent in order for them to engage in a development process that is politically and culturally sensitive to the needs of the cared-for hence gain wide acceptance. Recipients who feel that their contributions are valued are likely to own the projects supported by development aid which will translate to successful outcomes. Beck (1994, p.9) calls this effort: stepping into "one's own personal frame of reference in the others...considering the other's point of view, his objective needs, and what he expects of us." Once the donor community understands the recipients' conditions, they are likely to invest aid where it achieves the most (Beck, 1994; Gilligan, 1987; Lancaster, 2000).

### **Trust between Donors and Recipients**

Another factor that impedes the performance of aid is distrust between donors and recipients (Brown 2005; Harrigan, 2007; Harrigan, Wang, & El-Said, 2006; Killick 2005; Mieth 2008). Donor distrust of recipients is usually a consequence of internal and external factors. Internal factors include: (a) widespread corruption, (b) mismanagement of foreign aid and other resources, (c) political interference in development projects, and (d) white elephant projects that characterize donor supported projects in Africa.

The Angloleasing and Goldenberg corruption scandals in Kenya, for instance, have strained relationships between donors and Kenya's political elite (Brown, 2001; Brown, 2005). Cases of mismanagement of foreign assistance funds intended for the HIV/AIDS projects in Uganda are well documented (Atingi-Ego, 2005; Tangri & Mwenda, 2006). External factors include: (a) donors challenging the recipients' integrity and capacity to put aid in its intended use; (b) the donors' lack of acknowledgement or appreciation of the efficacy of recipients' traditional knowledge in aid management; and (c) donors tying aid to their strategic interests. Scholars such as Pronk (2001), who once served as Netherlands Minister for Economic Development, have observed that donors use aid to pursue their interests (e.g., military cooperation) that oftentimes collide with development objectives and priorities of African countries. Donor motives that underlie foreign aid generally include (a) the desire to be present in the development process; (b) the need to steer the development process; and (c) the need to subordinate the development process to the donor's objectives (Pronk, 2001).

The ethic of care, however, offers promise of a starting point by providing a moral basis through which the donor community can build trusting relationships with recipient countries (Beck, 1994; Gilligan, 1987). Held (2004, pg.150). One of the hallmarks of the ethic of care is its ability to foster a trusting relationship. Trust, in most cases, leads to genuine partnerships where experiences, expertise, and knowledge of parties involved are acknowledged, appreciated, and utilized for the common good. If the donor community makes the ethic of care one of their ethical bases of their relationships with recipients, they are likely to trust that recipients can contribute meaningfully in all aspects of the aid process. This is because trust that will prevail in the relationship would allow recipients and donors to learn from each other, to value and validate traditional knowledge and experiences, and to share responsibilities for success or failure of aid projects. Given that the ethics of care underscores the importance of building trusting relationships between different groups, it is perhaps the most suited to develop mutually beneficial relationships between donors and recipients.

Moreover, in a trusting relationship, donors and recipients seek to work together as equal and resourceful partners (Camdessus, 2001; Held, 2004; Killick, 2005; Mayeroff, 1995). Some donors who have recognized the role of trust in achieving aid effectiveness have started to re-evaluate their aid policies with a view of increasing the involvement of aid recipients in the management of aid (Killick, 2005, Santiso, 2002). For example, Britain, in its 1997 White Paper that stipulates the country's current aid policy, announced that it will "move away from relationship based on conditionality in favor of more even-handed partnerships involving mutual recipient-donor responsibilities" (Killick, 2005, p. 67). Currently, Britain supports increased local ownership of aid supported projects, policy dialogue, and mutual agreements with its African partners. This is because Britain has recognized that where trust exists, recipients are able to participate in decision-making process thus taking ownership of the projects supported by foreign aid. As a consequence of this policy, African governments that benefit from Britain's aid have the requisite autonomy to ensure that aid supported programs and projects yield the best outcomes (Killick, 2005).

### **Empowerment of Recipients to Manage Aid Effectively**

Empowerment is one of the central tenets of the ethics of care. Empowerment is defined as the process of enhancing the capacity of individuals, groups, or institutions to gain more control over themselves and their spaces (McWhirter, 1994; Poku, 2006; Sales, 2007). The ethic of care posits that that people who share common aspirations need each other to attain empowerment. It thus goes without a doubt that empowering aid recipients would not only signify a change in the traditional relationship between the donor and aid recipients, but would also acknowledge the critical importance of shared governance and responsibility. Empowerment of foreign actors would inevitably lead to renegotiation of roles – in some cases role reversal may occur. Indeed, the espousing the empowerment approach would help donors to overcome their own fears regarding the potential of aid recipients to not only to be trusted leaders in aids management decision-making arena. Furthermore, donors that embrace the empowerment framework would start seeing recipients as potential contributors to the success of aid who needs to be trained to increase their capacity to play their role effectively. On the other hand, recipients need to recognize that they are equal partners in the aid management process but would play the role better if they have the necessary tools. These tools would include skilled labor, better aid management policies, and accountability.

An effective empowerment framework should address the following:

- Recipient skill development such as communication, project management, and budgeting to strengthen their capacity to better manage aid.

- Recipient awareness of power dynamics affecting foreign aid management to focus on equipping aid recipients with the tools to analyze their social, economic, and political context with a view to understanding factors that influence development choices such as the amount of aid to be allocated, projects to benefit, and management of those projects. The ability of the recipients to understand power issues that dictate foreign aid management would help them to influence the direction of aid management.
- Recipients to share the management of aid with donors: this process involves encouraging aid recipients at all levels to freely participate in the processes of aid utilization decision making process (e.g., identification of priority areas, resource allocation, monitoring and evaluation) and other accountabilities.
- Recipient support of the empowerment of others: already empowered recipients are encouraged to advocate for all other members of the society to be equally empowered in order for them to play a meaningful role in development programs. This effort is hinged on the principle that every person has a right to understand and participate in the development processes that affect him or her. More especially, extra effort should be made to ensure that marginalized groups such as women and people with disabilities are fully included in all development processes.
- Recipient development of a sense of identity: contrary to earlier development approaches that sought to kill group identity on the basis that African cultures were retrogressive (Goulet, 1975; Killick, 2005), an empowerment approach must nurture a sense of recipient identity and validate traditional knowledge of aid recipients. Recipients who have strong identity tend to be confident, accountable, and actively involved in development projects.

When groups or individuals are empowered, they have the propensity to make informed choices that transform those choices into desired actions and outcomes. It is therefore our expectation that empowering aid recipients would address a myriad of capacity building obstacles that have been associated with the ineffectiveness of foreign aid in Africa.

### **Conclusion**

Several scholars predicted that the increase of foreign investment in Africa, especially from China, will diminish the role of aid in the continent. On the contrary, foreign aid is and will continue to be a major factor in the continent's development. Unfortunately, aid ineffectiveness still remains an obstacle that has continued to stymie the outcomes of aid in the continent. Foreign aid still goes to waste through corruption, mismanagement and many other factors. Many solutions have been advanced with a view to help make aid become more effective, but little has been achieved. We acknowledge that foreign aid ineffectiveness in Africa is a complex issue that is caused by a myriad of factors. Our review of literature showed that among the problems facing foreign aid in Africa is the inadequate or lack of suitable ethical practices in the management of foreign aid. The continued reliance of the ethic of justice and development ethics and related measures seem to be inadequate to address aid ineffectiveness thus the need to explore other solutions. Although the ethic of care is a relatively new paradigm, its core elements such as that it attends to particularity, allows people to tell their story, and values interdependence; offers promise as potentially supplemental normative framework that can enhance the effectiveness of foreign aid thus should be given a chance.

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## Appendix

Table 1  
Top 10 ODA recipients in Africa: USD million, receipts from all donors, net ODA recipients

Country	2011	2012	2013	3-year Average	% of all recipients
1. Democratic Republic of the Congo	5 534	2 859	2 572	<b>3 655</b>	7%
2. Ethiopia	3 539	3 261	3 826	<b>3 542</b>	7%
3. Tanzania	2 446	2 832	3 430	<b>2 903</b>	5%
4. Kenya	2 482	2 654	3 236	<b>2 791</b>	5%
5. Egypt	414	1 807	5 506	<b>2 576</b>	5%
6. Mozambique	2 085	2 097	2 314	<b>2 165</b>	4%
7. Nigeria	1 769	1 916	2 529	<b>2 071</b>	4%
8. Cote d'Ivoire	1 436	2 636	1 262	<b>1 778</b>	3%
9. Ghana	1 810	1 808	1 331	<b>1 650</b>	3%
10. Uganda	1 578	1 655	1 642	<b>1 642</b>	3%
11. Other recipients	28634	27819	28093	<b>28182</b>	53%
<b>Total ODA recipients</b>	<b>51728</b>	<b>51343</b>	<b>55793</b>	<b>52955</b>	<b>100%</b>

Source: Organization for Economic Co-operation and Development (OECD): Development aid at a glance statistics by region (2015).

Table 2  
Top 10 Multilateral donors to Africa: USD million, net disbursements

Country	2011	2012	2013	3-year Average	% of all multilaterals
1.EU institutions	6 037	7 141	5 973	<b>6 384</b>	33%
2.IDA	4 739	4 712	6 072	<b>5 174</b>	26%
3.Global Fund	1 534	2 173	2 523	<b>2 077</b>	11%
4.AfDF (African Dev. Fund)	2 147	1 788	2 180	<b>2 038</b>	10%
5.IMF (Concessional Trust Funds)	1 057	837	512	<b>802</b>	4%
6.GAVI	517	596	860	<b>658</b>	3%
7.UNICEF	484	407	472	<b>454</b>	2%
8.Arab Fund (AFESD)	285	293	271	<b>283</b>	1%
9.IFAD	173	287	280	<b>246</b>	1%
10.UNDP	221	224	217	<b>220</b>	1%
Other Multilaterals	1 187	1 264	1 234	<b>1 228</b>	6%
<b>Total ODA recipients</b>	<b>18381</b>	<b>51343</b>	<b>55793</b>	<b>52955</b>	<b>100%</b>

Source: Organization for Economic Co-operation and Development (OECD): Development aid at a glance statistics by region (2015).

Table 3  
Ethical Frameworks Continuum in Foreign Aid

<b>Economic Perspective</b>	<b>Ethic of Justice</b>	<b>Development Ethics</b>	<b>Ethic of Care</b>
<ul style="list-style-type: none"> <li>• Trade conditions</li> <li>• Political structures</li> <li>• Competition</li> <li>• Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Abstract</li> <li>• Universality</li> <li>• Fairness</li> <li>• Individual considerations</li> </ul>	<ul style="list-style-type: none"> <li>• Equality</li> <li>• Dignity</li> <li>• Self-determination</li> <li>• Alleviation of human misery/poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Real situations/concreteness</li> <li>• Relational</li> <li>• Trust</li> <li>• Listening to others' stories</li> <li>• Values</li> <li>• Interdependence</li> <li>• Values emotions</li> </ul>