



Medical Humanitarianism of Turkey's NGOs: A "Turkish Way?"

Alternatives: Global, Local, Political
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DOI: 10.1177/0304375418754404
journals.sagepub.com/home/alt



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Abstract

This article investigates to what extent Turkish humanitarian nongovernmental organizations (NGOs) are able to alleviate human suffering as the ultimate goal of medical humanitarianism. To answer this question, the study investigates the efficiency of Turkish humanitarian NGOs in general with a specific focus on Uganda. It explores how their aid surfaces on the ground, to what extent it is aligned with country needs and priorities, the extent to which these initiatives help to strengthen or improve existing health systems, Turkish NGOs' criteria for aid, and the challenges they face. Turkish NGOs' distribution of medical aid is aligned with country needs and priorities, and their initiatives help strengthen and improve existing health systems. However, their sustainability is threatened by challenges of overreliance on voluntarism and lack of sufficient expertise, capacity, and funding.

Keywords

medical humanitarianism, Turkey, Africa, Uganda, humanitarian NGOs

International humanitarian nongovernmental organizations (NGOs) have been playing increasingly important roles as agents of humanitarianism, particularly since the end of the Cold War. The recent literature unveils the roles of humanitarian NGOs emboldened by additional capacity and opportunities in the international humanitarian scene.¹ Scholars such as Pfeiffer suggest that the shift in the role of humanitarian NGOs is based on the belief that NGOs have a comparative advantage in conducting these operations vis-à-vis states.² One specific field in which humanitarian NGOs are active is medical humanitarianism, which may roughly be defined as delivering medical services in crisis settings in order to improve health conditions.³ The humanitarian NGOs play major roles in medical interventions, including providing rapid intervention and relief work, logistics, emergency services, and relief for basic needs.⁴

As such, humanitarian NGOs' involvement in health promotion on a global scale, though limited in size compared to the role of states, has also provided them a place within the architecture of the global health scene. Alonso and Bruga similarly argue that, to some extent, humanitarian NGOs in the developing world compensate for the failure and inability of states and health-oriented

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international organizations to provide medical care.⁵ In an ideal world, states would support health services within a functioning and sustainable health system. However, the situation in the developing world, in particular in conflict and disaster areas, is far from this picture, and humanitarian NGOs have become a viable substitute for states in an increasing number of cases.⁶

The emergence of new state actors as humanitarian agents has turned the humanitarian space into a plural actor environment. A number of peripheral countries, such as Turkey, have transitioned from being aid recipients to donor states.⁷ Turkey's humanitarian model uses a multitrack approach that promotes the involvement of both state and nonstate actors such as businesses and NGOs. Among those, NGOs are becoming increasingly visible in Turkey's humanitarian model. Turkey has an emerging and expanding international humanitarian NGO community that has been active in the humanitarian theatre over the past two decades.⁸ Although their share in Turkey's overall aid spectrum is still relatively low compared to the state's, Turkish NGOs are active in many fields, among which medical humanitarianism is growing.

This idea of new actors in humanitarian space has come under scrutiny by some critics who argued that NGOs promote Western, liberal, and market-oriented order in the developing world.⁹ Critical scholars argue that there may be many negative consequences to humanitarian NGO activities on local health systems, and some challenge the notion that humanitarian NGOs provide comparative advantages in service delivery. They focus on the lack of coordination, duplication of support programs, creation of parallel projects, erosion of planning processes, the pulling of quality service providers out of routine, creation of false promises, failure of service delivery, and ethical problems, among others.¹⁰

This study will examine the role of Turkey's international humanitarian NGOs play as agents of medical humanitarianism. It will investigate the medical practices of Turkish NGOs in Uganda as an exemplary health intervention in Africa, the region and country in which Turkish aid is most concentrated after the Middle East.¹¹ In this sense, about thirty Turkish NGOs have so far delivered some sort of aid to Uganda ranging from large-scale, long-term projects such as hospital renovations or training courses to one-time projects such as distributing food during Muslim holidays.¹² Against this backdrop, the article aims to understand to what extent Turkish humanitarian NGOs are able to alleviate human suffering as the ultimate goal of medical humanitarianism. In order to unfold this discussion, the study will investigate the efficiency of the medical humanitarianism of Turkish NGOs in Uganda. It will explore how Turkey's humanitarian NGOs present and justify their interventions in the perceived humanitarian space, how their medical humanitarianism operates in their health interventions, and their modes of interaction with the National Health Systems (NHS) and local NGOs.

Method

A multimethod approach was employed in this qualitative research in order to achieve a robust and generalizable analysis.¹³ Our approach is an amalgamation of the literature review and field research, which both consider new data and validate/question the existing knowledge in the study of humanitarian interventions. This research is interested in understanding the international health aid methods of Turkey's humanitarian NGOs and how their interventions can contribute to humanitarianism at large. It adopted a research design consisting of two sets of data in order to uncover the functions of Turkish humanitarian NGOs' medical humanitarian interventions in different contexts.

The first set of data was obtained through in-depth, semistructured interviews with high-level humanitarian NGO representatives in Istanbul and Ankara in March 2015 in order to better understand Turkish NGOs' own assessments of how medical aid surfaces on the ground. The participants were chosen from a list of humanitarian NGOs that pursue continuous medical humanitarian operations outside Turkey's borders in a number of countries with an active health aid agenda. The

majority of the interviews with Turkish NGOs (apart from two follow-up interviews in 2016) were conducted prior to research visit to Uganda in order to have a grasp of their activities before going into their field of operation. Some participants have been cited as anonymous upon request in order to be able to disclose as much information as possible.

The second set of data was collected through in-depth, semistructured interviews conducted during two field trips to Kampala, Uganda, on January 18–26, 2015, and September 11–15, 2015. Local partners of Turkish NGOs such as Pearl Humanitarian Relief and local authorities such as the Deputy Undersecretary of the Ministry of Health were interviewed. For selecting interviewees, Turkish humanitarian NGOs and the Uganda Ministry of Health helped to identify a list of NGOs taking part in Turkey's health interventions in Uganda. Additionally, there are interviews with other potential NGOs in this category. The research also benefits from the observations and field notes taken during visits to medical sites, faculties of medicine, and talks with medical personnel, NGO members, and relevant academics in both visits.

Surfacing of Medical Humanitarianism

The medical activities of Turkish NGOs bear similarities with their humanitarian interventions in a number of countries across Africa and Asia. Projects range from conducting cataract and other surgical operations, contributing to capacity building, human resources and development, and improving existing facilities and medical schools. Turkey's medical humanitarianism is a growing international practice as described by Mahmoud El-Gazzar, Chief Physician at Kibuli Muslim Hospital in Uganda. He stated, "Turkey does not have a big share in the medical sector in Uganda, but its role is likely to grow."¹⁴ Independent from the size of their health interventions, the projects of Turkish humanitarian NGOs are generally well received by beneficiaries, local partner NGOs, and health authorities.¹⁵

Turkish NGOs run short-, medium-, and long-term medical projects in their target countries. Short-term visits constitute an important area that relies on activities such as health screening, psychological rehabilitation, or vaccine immunization, among others. A general trend among NGOs is to begin with a short-term project and expand to medium- and long-term ones depending on their capacity and the conduciveness of the environment. For instance, the Alliance of International Doctors (AID) began its operations with short-term medical visits and now plans to extend its operations by providing medical equipment and training courses through exchange programs between Uganda and Turkey. It also aims to open hospitals in the future. So far, they have distributed insecticidal nets in Dokolo, one of the most affected Ugandan cities by malaria, refurbished and provided equipment for a mother-child health unit in Bweyogerere, and have been running a cataract campaign with the Humanitarian Relief Foundation (IHH) at Kibuli Muslim Society Hospital, which has so far helped 500 patients.¹⁶

Another important pillar, which has a long-term impact, is capacity building activities such as training and education of medical and administrative personnel, offering programs that raise public awareness and are regarded as a way to improve human capital in the provision of health services.¹⁷ For instance, Doctors Worldwide and the Turkish Cooperation and Coordination Agency (TIKA) have extended substantial aid to the Faculty of Medicine at the Islamic University, Kampala. Doctors Worldwide has donated textbooks, sent professors from Turkey to Kampala to teach at the faculty, and provided coordination between the university and Turkey's official aid bodies.¹⁸ NGOs also train local doctors during their campaigns, which fosters capacity building, ownership, and the sustainability of aid.¹⁹

Male circumcision operations constitute another strand of activities that have both religious and health impetus. While circumcision is regarded as a compulsory practice in Islam, NGOs also consider it important for health, especially as a preventive measure against Sexually Transmitted

Diseases such as HIV/AIDS. For instance, representatives of Doctors Worldwide underlined that, according to World Health Organization, male circumcision can prevent HIV/AIDS by up to 60 percent.²⁰ However, despite these circumcision campaigns, neither Turkish NGOs nor the state has robust programs on HIV/AIDS in Africa or elsewhere, contrary to their Western counterparts.

As a noncommunicable disease, cataracts constitute an important field of activity in Africa for many of the NGOs. For instance, IHH has so far conducted about 90,000 cataract surgeries across Africa and has recently established a division dedicated only to cataract campaigns.²¹ While Turkish NGOs conduct cataract surgeries in Uganda as well, the percentage of cataract cases in the country is relatively insignificant at less than 1 percent. In contrast, mental health diseases are spread across 13 percent of the population and hearing impairment across 1 percent. These are areas largely unexplored by Turkish NGOs. The only mental health treatments that have been conducted by Turkish NGOs were during short-term visits, which are likely to prove insufficient since mental health treatments require long-term commitment. This is an indication that the activities conducted by the NGOs are in parallel with the expertise of their own medical personnel. Furthermore, there is a general perception among a majority of Turkish NGOs that in Africa any kind of aid is needed and welcome.²²

As such, the cataract, circumcision, and Kurban campaigns come to the fore, *inter alia*, as important opportunities for reaching out to a mass number of people in a relatively short period of time. These campaigns significantly increase the visibility of these NGOs. NGOs also conduct activities that they consider as “complementary to health,” such as distributing meat parcels during *Kurban bayramı* (Eid al-Adha). In addition to its religious importance, red meat is considered important for its health benefits such as being a source of vitamin B12.²³ Regarding the complementary activities, a representative of the Turkish Red Crescent contends that improving conditions of health necessitates more than direct medical interventions.²⁴ Haji Abdul Fatah Katende of Makerere University indicates that the Turkish Kurban campaigns in Uganda reach out to almost half of the urban population. He also underlines that Turkish NGOs are careful in distributing the parcels directly to the people without discriminating between Muslim and non-Muslim communities.²⁵ Other complementary activities include drilling water wells as a source of clean water, running orphanages where NGOs can supervise the health of children, and distributing clothes and food supplies. The orphanages mostly operate as primary and secondary schools under the control of national authorities.²⁶ As an example, IHH covers the costs of taking care of 68,000 orphans in fifty-two countries and reaches out to help more than 500,000 orphans for their seasonal needs.²⁷

Interaction with the Existing Health System

Uganda has three different health-care systems. First is the NHS, which is, in principle, free across the country. However, in practice, it is hardly free, and there are problems concerning the quality of the services provided. Second is the health units mainly run by NGOs that are missionary led in nature and are semiprivate. They tend to cover the cost of their operations and provide free services to those who cannot afford them. The third category provides the highest quality and is also the most expensive, private clinics and hospitals. The fact that there is no free, accessible, nationwide health-care system creates a gap for international humanitarian NGOs to fill. Overall in Uganda, while public funds account for 15 percent of the national health system, private funds account for 49 percent and international NGOs and donors for 36 percent. Uganda's Health Policy Advisory Committee regulates the work of international NGOs. Undersecretary of the Uganda Ministry of Health, Asuman underlines, “We welcome health NGOs, but they need to present their projects to the committee to become a part of it. For the government this is good because it means all the development partners are working together.”²⁸

Turkish humanitarian NGOs tend to avoid working through health authorities in countries of operation, which is also the case in Uganda. This is largely due to the negative experiences Turkish humanitarian NGOs have had in other countries.²⁹ For instance, a representative of Beşir Foundation indicates, “Despite our careful attention to local conditions, we still face a number of obstructions by authorities. For example in Arakan, state authorities arrested one of the employees of a partner NGO, which affected our work.”³⁰ AID also indicated that one difficulty Turkish humanitarian NGOs face is receiving accreditation from national authorities for their health interventions.

As such, Turkish NGOs prefer to be registered on the NGO board of the Ministry of Internal Affairs as a legal requirement but keep minimal contact with authorities. This, nevertheless, is not to mean that Turkish NGOs claim to substitute the state. On the contrary, the NGOs seem to be aware of their limits, and many of the interviewed NGO representatives highlighted that stability and environments conducive to their projects are important for them to be able to conduct sustainable projects. As such, Turkish NGOs underlined the importance of having a state authority and good governance for the efficiency of aid. They attribute themselves a complementary rather than a substituting role vis-à-vis state power.

The tendency of Turkish NGOs to operate independent from the authorities is visible in their interactions with the Turkish state as well. Unlike many Western humanitarian NGOs, the majority of Turkish NGOs do not receive any funding from the state or international donors and rely significantly on donations from individuals.³¹ Those who do collaborate with state institutions, such as TIKA or the Ministry of Health, receive funding for specific projects rather than direct funding. For instance, Doctors Worldwide assisted the Islamic University in Uganda, while IHH assisted the Muslim Youth Assembly to garner support for their projects from TIKA.³²

Turkish NGOs collaborate with local actors such as their local partner NGOs, hospitals, or health units. A representative of the Uganda Muslim Youth Assembly indicates, “We are involved in nationwide campaigns to deal with issues like AIDS control. Turkish NGOs help us in the provision of health services, materials for health units, and capacity development assistance to increase our capabilities in taking action in the public health system.”³³ He also notes that the projects they pursue in cooperation with Turkish NGOs are supplementary to those by the NHS.³⁴ The Uganda Muslim Youth Assembly also runs a health unit in Kampala with the help of the IHH and the AID. Turkish NGOs contend that working through local partners benefits both themselves and their local partners. While they utilize the know-how of partner NGOs to identify local health problems, facilitate their operations, and learn about local cultures, partner NGOs use the funds and expertise of Turkish NGOs.³⁵ In some cases, Turkish NGOs also helped local NGOs to transport some patients to hospitals in Turkey if there were no possible treatments available in Uganda or elsewhere.

Criteria for Aid

Turkish NGOs argue that the only criterion for receiving Turkish health aid is to be in need of help. A representative of Kutup Yıldızı Foundation argues, “Our only concern is to deliver aid to those in need. Other than this, there is no condition necessary. We help people in difficult situations without any regard for the issues of ethnicity, language, or religion.”³⁶ A representative of Cansuyu Foundation similarly points out, “There are problematic regions in the Middle East and Africa, among others. They demand from us what they need the most. We assess the demands and deliver the aid with the help of our volunteers.”³⁷ A representative of the Uganda Muslim Youth Assembly argues that Turkish NGOs deliver “health services to the communities in need, and every one of them automatically receives the aid.”³⁸ A representative of Pearl Humanitarian Relief responded, “There are some places that are populated predominantly by Muslims. However, even if we target only Muslims, there are also non-Muslims who demand our help. In such circumstances, we do not discriminate and help them all.”³⁹

As evident from the interviews, although Turkish NGOs claim not to discriminate during the actual delivery of the aid, they tend to target Muslim communities in the countries they operate. The fact that they deliver aid predominantly in Muslim-populated areas is justified by Turkish NGOs on few grounds. Firstly, they refer to their religious obligations for charity to alleviate the suffering of their fellow Muslim brothers in distant geographies. As such, the idea of *ummah*, or global Muslim community, plays an important role in their motivations.⁴⁰

Secondly, there is a perception among many of the NGOs that the communities that suffer the most in target countries are usually Muslim as a result of discrimination against them. They maintain that, in Uganda, for instance, the Christian communities already receive significant aid from Western donors, while Muslims remain unreached. The third argument is based on donor sensitivities. An anonymous interviewee from a Turkish NGO argued that religion is the main driver for charity in Turkey. By referring to Turkey's low ranking in the World Giving Index,⁴¹ he noted, "Unfortunately, Turkish people tend to do charity more when there is a religious reward attached. I think this is the main reason why many of the NGOs have to run campaigns with religious themes and increase their activities significantly during Ramadan or Kurban when Muslims are obliged to do charity." As such, donors are more willing to donate for religious activities such as Kurban, circumcision, building mosques, or opening Quran courses, which then in turn leads NGOs to channel funding from these campaigns to other ones that receive less donations but can be more vital for human survival.

In terms of funding projects conducted with local partners, Turkish NGOs refrain from delivering direct funds and instead prefer to supply materials or personnel, which was criticized by some partner NGOs. According to Hakim Sendagire, Dean of Habib Medical School at Islamic University, direct funds are necessary to reach out to communities with the least amount of access to health services outside urban areas; however, Turkish humanitarian NGOs are not open to this kind of cooperation.⁴² In a similar vein, the representative of Pearl Humanitarian Relief mentions the delay in Turkish humanitarian NGOs' responses and provision of funds for projects.⁴³

Another criterion for Turkish NGOs is to ensure the security of their personnel. While some of the choices of humanitarian NGOs are determined by their capacity or expertise, others are determined by the conditions on the ground. As a result, they tend to choose countries where they do not have to operate under high security risks or in other politically/administratively problematic environments. For instance, the Deniz Feneri Foundation cites security risks as a limiting factor for their operations, if not a reason for total abandonment of their activities.⁴⁴ A representative of AID similarly notes, "We established a health center for Somali refugees in the Dadaab in 2011. There were serious security problems, and a member of our team got attacked. As a result we moved our operations to Uganda, which offers a safer environment."⁴⁵ In this regard, Uganda constitutes a safe environment for Turkish NGO operations. A representative of Yardimeli Foundation similarly maintains that security and an environment conducive to administrative tasks are the two criteria they look for in their operations.⁴⁶ As a result, humanitarian NGOs prefer to operate in countries like Uganda that allow considerable ease and freedom to implement their projects.

Challenges and Problems

There are several challenges Turkish NGOs face while conducting their activities in different parts of Asia and Africa that, *inter alia*, affect their efficiency. While some of these challenges surface due to their own institutional flows, others are the results of the dynamics on the ground. In terms of their own institutional flows, the NGOs underlined problems such as their lack of sufficient expertise, capacity, funding, and overreliance on voluntarism rather than professionalism. Many of these NGOs are relatively new in the humanitarian scene, and as such, they lack sufficient experience and professional capacity.

As argued by the representative of AID, there is a tendency among Turkish people to consider voluntary activities as leisure rather than as responsibilities that require serious, long-term commitment. The culture of voluntarism still needs to improve in Turkey. Turkish doctors taking part in health interventions lack expertise on certain diseases in Africa. Furthermore, as argued by a representative of Pearl Humanitarian Relief, language comes to the fore as a major barrier for these NGOs since many of them do not speak English, let alone African languages. Volunteers must operate through translators, which affects efficiency.⁴⁷

The issue of funding can be an obstacle for Turkish NGOs since they rely heavily on individual donations. While they are aware that their independence depends on not receiving funds from the government, some of them argue that they might have to seek such funding at one point to ensure the continuation of their activities and to be able to conduct larger projects. For instance, a representative of AID underlines that humanitarian projects require a very high level of funding, and it is too difficult to collect the required amount of money only from individual donations. As such, they are now considering applying to the Ministry of Health in order to pursue common projects.⁴⁸ The lack of sufficient funding for further institutionalization or improvement in their conduit may lead Turkish NGOs to seek state funds and more involvement with state mechanisms.

A representative of AID drew attention to the absence of a culture of cooperation among Turkey's humanitarian NGOs, which also affects efficiency. He argues that NGOs try to conduct every operation by themselves rather than seeking the expertise of other actors. As an example, he notes the following:

There is a problem of mismanagement of available funds in humanitarian operations. For example, one NGO built a hospital but failed to manage it. Hospital management is a totally different area. There are different resources at our disposal, but we fail to cooperate amongst each other to be able to make good use of them.⁴⁹

Another challenge is the lack of coordination and duplication of activities, which is often a result of the lack of sufficient predeployment assessment. This is significant in humanitarian operations in terms of ensuring efficiency.⁵⁰ For instance, El-Gazzar underlines this common problem:

Someone has to coordinate the activities of Turkish humanitarian NGOs. We do not want them to duplicate activities. It is a waste of time, energy, and funds. Maybe we need one local coordinator to coordinate activities with principles, plans, and a common timetable.⁵¹

With respect to the dynamics on the ground, a number of Turkish NGO representatives highlight the difficulty of maintaining projects without considerable progress in health provisions in target countries. A representative of Yardimeli Foundation states, "There is a need to develop mechanisms of problem solving at the local level. Otherwise you spend three months or a year working to help them and then go back to your country. Your endeavors simply end."⁵² A representative of Doctors Worldwide warns of the possibility of leaving a mess behind and unfulfilled expectations after the conclusion of humanitarian interventions. As such, the representative emphasizes the importance of working on "a sustainable improvement of the health system, which requires careful management of resources and the coordination of activities."⁵³

In a number of cases, problems occur due to lack of efficient management of the activities with the local partner NGO. While working through local partners may be seen as a way of empowering local actors, it may result in problems such as overreliance on them with respect to their local expertise. For instance, the existence of a local partner may eliminate the need to invest in learning local dynamics, culture, or language. One such example is given by a representative of AID, who

indicates that local partners may sometimes point out their own clans as target beneficiaries of aid. As such, it seems important to strike a balance in order to ensure the efficiency of the aid.

Conclusion

Turkey's medical humanitarianism emerged as part of the development of its wider humanitarian NGO sector, which has been more or less a recent phenomenon in the last two decades. Turkey's humanitarian NGOs pursue multiple activities in a number of countries ranging from Africa to Asia. They do not have an agenda of specialization and prefer to preserve a flexible and amorphous structure. Among all, there is only one humanitarian NGO, Doctors Worldwide, which specializes in medical aid. However, even Doctors Worldwide also pursues various other humanitarian activities ranging from providing emergency aid to running orphanages. As such, medical humanitarianism constitutes only one strand of the overall activities of Turkey's international humanitarian NGOs.

In terms of the first research question—how Turkish humanitarian NGOs present and legitimize their interventions—their perceived motives to deliver medical aid are to ensure the well-being of people in need of health aid, the betterment of their immediate and surrounding environment, and the improvement of their quality of life through the provision of health services. The idea is to provide medical aid for the alleviation of suffering, without any reservation to people and geographies in need, while preserving neutrality. As also argued by Chandler,⁵⁴ there has been a recent shift from this perspective to a more engaged solidarity and advocacy-oriented medical humanitarianism. The core of this new practice is to consider health aid as a fundamental human right. Turkish NGOs' medical humanitarianism corresponds with this new perspective, as it assumes that it is the moral obligation of health actors to help alleviate the pain and suffering of those who reside in different geographies. Despite their argument that their only criterion is to be in need of help, this research demonstrates that the security risks on the ground, accessibility to the zone of operation, accreditation, funding, human resources, and religious links come to the fore as some of the elements that shape the choices of Turkey's humanitarian NGOs.

Turkey's humanitarian NGOs claim that their health aid and overall humanitarian activities take a different approach than traditional international humanitarian NGOs. However, their overemphasis on the argument of difference may be an attempt to actually avoid shouldering of negative memories of mainstream Western humanitarianism in Africa. Turkish humanitarian NGOs tend to comply with international law, local regulations, and, in general, moral principles of humanitarianism. In addition, they express that their line of ethical concerns is intrinsic in their humanitarian action and attempt to indicate this in their work and grassroots involvement. The interviews conducted in Uganda reveal a certain level of acceptance of this claim on the ground.

Concerning the second research question—how the medical humanitarianism of Turkey's humanitarian NGOs surfaces on the ground—there is no geographic limitation to Turkey's humanitarian NGOs in their health interventions. They operate in distant parts of Africa, Asia, and Latin America, motivated to deliver health aid to countries across a wide geography. The local situation matters in this: administrative difficulties and the security situation play a discouraging role in choosing where to locate operations. However, Turkish NGOs reconsider their planning once the conditions change in favor of intervention. In this geographic imagination of humanitarianism, although priority is given to communities with a Muslim-majority population, their activities are not exclusive to Muslims. Turkish humanitarian NGOs also tend to engage more with small-scale, benign diseases in short-term projects rather than large-scale malignant diseases that require a long-term and more dedicated approach. This may be suggestive of their risk-averse approach as well as lack of expertise and capacity with respect to more serious health issues such as AIDS or Ebola. In the case of

Uganda, unlike their Western counterparts, Turkish NGOs tend to operate through local partners rather than having a permanent presence on the ground.

In terms of the third research question—what are the modes of interaction with local actors—while Turkish humanitarian NGOs prefer to work closely with local NGOs in their health interventions, they tend to avoid dealing with the NHS if possible. They consider dealing with the NHS as a hindrance and prefer to intervene in the countries that have an NGO-friendly NHS atmosphere. Turkish NGOs are also aware of their limitations and do not claim to be substitutes for the state. Rather, they play complementary roles within the existing health system. Both the representatives of Turkish humanitarian NGOs and their local partners underlined that while Turkey's humanitarian NGOs do not directly contribute to the NHS, their aid indirectly improves local health in general. Turkish humanitarian NGOs fulfill their legal and procedural necessities and keep minimal contact with local authorities. Despite their search for autonomy from other international humanitarian NGOs and the NHS, they develop alliances, partnerships, and joint initiatives with local NGOs. Furthermore, they engage in the planning and implementation of the projects. The more they appeal to the people on a grassroots level, the more they feel comfortable in their humanitarian interventions. In this sense, they are more prone to work with local authorities where they are elected or appointed rather than the national authorities.

This article concludes that there is a growing role of humanitarian NGOs in Turkey's medical humanitarianism. Turkish humanitarian NGOs play minor roles in the improvement of the health situation in target countries and do not have a substantial impact on the overall health systems. The scope of the projects and their relative newcomer position provide them an opportunity for autonomous action. Their claim for difference finds a small but receptive audience. However, they are likely to give up autonomy and difference once their interventions evolve into larger-scale and longer-term projects. In the future, Turkish humanitarian NGOs will likely face the necessity to reconsider their wide geographical scope of interventions and define an operational humanitarian space in which they can effectively function and deliver. The progress over the past decade has been substantial, as humanitarian NGOs have been ambitious in project implementation. However, it is still early to speak about a solid and well-presented Turkish way of medical humanitarianism. Further and comparative research would certainly help to expand the literature on Turkey's humanitarian NGOs and evaluate the country's other emerging roles in global humanitarianism.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Notes

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12. Many of these NGOs are rather new and small scale. Among them, only Doctors Worldwide, IHH, Turkish Red Crescent, Diyanet Foundation, Deniz Feneri, Aziz Mahmud Hüdayi Foundation, and Cansuyu Foundation have overall annual budgets that are above US\$5 million. Among the Turkish NGOs that operate in Uganda, Doctors Worldwide, IHH, Turkish Red Crescent, Alliance of International Doctors (AID), Tüm Afrika'nın Dostları Derneği, Time to Help, Sağlık Mensupları Derneği, and Avrupa Yetim Der conduct medical operations. See Umut and Yıldız, *2014 Activity Report*, 54.
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16. Charities Aid Foundation, *World Giving Index 2014: A Global View of Giving Trends* (Kingshill, UK: Charities Aid Foundation Report, 2014).
17. NGOs such as Foundation for International Cooperation and Solidarity and Doctors Worldwide are among the NGOs that carry out such activities.
18. Interview with Doctors Worldwide representative in correspondence with the author, Istanbul, March 17, 2015.
19. NGOs such as Yardimeli and Kutupyıldızı are among the ones that carry out such activities.
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23. Interview with Doctors Worldwide representative in correspondence with the author, Istanbul, March 17, 2015.

24. Interview with Turkish Red Crescent representative in correspondence with the author, Ankara, May 25, 2015.
25. Interview with H. A. F. Katende (professor of conflict resolution and head of center for religious and peace studies, Makerere University), in correspondence with the author, Kampala, January 22, 2015.
26. Interview with Yardimeli Foundation representative in correspondence with the author, Istanbul, March 20, 2015.
27. Interview with IHH Humanitarian Relief Foundation representative in correspondence with the author, Istanbul, May 30, 2015.
28. Interview with L. Asuman, Undersecretary of the Ministry of Health, in correspondence with the author, Kampala, January 22, 2015.
29. Interview with Doctors Worldwide representative in correspondence with the author, Istanbul, March 17, 2015; Interview with AID representative in correspondence with the author, Istanbul, March 17 and May 20, 2015.
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32. Interview with H. Sendagire (dean, Habib Medical School of Islamic University) in correspondence with the author, Kampala, March 25, 2015.
33. Interview with Uganda Muslim Youth Assembly representative in correspondence with the author, Kampala, January 21, 2015.
34. Ibid.
35. Interview with Cansuyu Foundation representative in correspondence with the author, Istanbul, March 19, 2015.
36. Interview with Kutup Yıldızı Foundation representative in correspondence with the author, Istanbul, March 20, 2015.
37. Interview with Cansuyu Foundation representative in correspondence with the author, Istanbul, March 19, 2015.
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44. Interview with Deniz Feneri Foundation representative in e-mail correspondence with author, March 26, 2015.
45. Interview with AID representative in correspondence with the author, Istanbul, March 20, 2016.
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47. Interview with Pearl Humanitarian Relief representative in correspondence with the author, Kampala, January 20, 2015.
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