

## **Whose Public Action?**

*Collaboration between state and non-state providers of basic services in Pakistan*

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### 1. Anatomy of a buzzword: 'public-private partnership'

An outcry of outrage went through official Pakistan in May 2006. The Failed State Index 2006 Pakistan, an index compiled by "The Fund for Peace" rated Pakistan as number nine amongst the world's top ten failed states. The index is built on a set of twelve indicators that include progressive deterioration of public services (Fund for Peace, 2006).

Although Pakistan's constitution guarantees that the state shall provide basic necessities of life (Islamic Republic of Pakistan, 1973), the government doesn't do a good job in keeping this constitutional promise. The provision of basic services in Pakistan is woefully poor and a major obstacle to human development in the country. Of all the school-going age children in the country, 40% do not attend school or have no school to go anyway. A low participation rate at primary level combined with high drop-out rates has contributed to a low national literacy rate (Finance Division, 2006). About half of the rural population does not have access to safe drinking water; and basic health units (BHUs) are found in less than a fifth of villages in Pakistan (Federal Bureau of Statistics, 2002). Apart from poor coverage, the quality of basic services also leaves much to be improved. In 2005, an evaluation of students' performance in various districts of Punjab demonstrated that only 6% of them were able to score more than 50% in math tests. Even their teachers didn't perform much better. The gaps in provision of health-care, education, and access to safe water are wide between rural and urban areas, between the female and male population.

The stance that the provision of basic services, such as the provision of primary education, health-care as well as basic water and sanitation (W&S) to its population are core functions of the development state is contested by a neo-liberal paradigm in particular, stressing inefficiency of state provision of essential services, by funding bottlenecks, as well as by the lack of accountability of many states in the South to their citizens. One solution advocated is increased involvement of the private sector, in the form of privatisation or public-private partnerships (PPPs). PPP stands for collaboration between these sectors and often involves some contractual arrangement between the public and private entities including some degree of joint decision-making and innovative interaction. The argument for PPPs is generally based either on imposing competitive pressure on all publicly-financed providers or on the pragmatic approach that partnership with private sector can bring additional resources and capacity to an under-resourced public sector. By its proponents, it is assumed to improve efficiency by lowering costs and increasing quality and effectiveness of service and can help improve access to underserved population of underprovided services (Qadir, 2003). PPPs include a wide range of options including public sector's financing, contracting out or procuring of services and other forms of co-operation (Qadir, 2003). In the context of this paper, the notions 'partnership', 'collaboration', 'interaction', 'interface' etc. are used interchangeably and without normative load regarding the desirability and success of the relationship between public and private partners.

As will be detailed in the following sections, in Pakistan as in other countries in the region, the promotion of PPPs has been spearheaded by multi-lateral donors, such as the World Bank and the Asian Development Bank (ADB). Core national policy and planning documents, such

as the recent Five-Year Plans, the Social Action Programme (SAP), the Poverty Reduction Strategy Paper (PRSP) I and the Medium Term Development Framework (MTDF) 2005-10 mention and emphasise the role of the private sector and collaborations between state and private actors in national development (Planning Commission, 2005; Ghaus-Pasha, Pasha and Iqbal, 2002; Planning Commission, 2001).

In co-operation with the University of Birmingham, the Sustainable Development Policy Institute (SDPI), Islamabad attempts to assess the anatomy of such state/non-state collaborations in the provision and delivery of basic services in Pakistan. Basic services are understood as the provision of primary education and health-care as well as basic W&S, especially of those targeted at the poor (IDD, 2005). It is recognised here that actors within the state are not homogenous. Different tiers of the government with possible different relationships and incentives will therefore be addressed. Geographically, we concentrate on Pakistan's four provinces, the Islamabad Capital Territory (ICT), the Federally Administered Tribal Areas (FATA) and the Provincially Administered Tribal Areas (PATA)<sup>1</sup>. Non-state providers (NSPs) encompass an even wider array of actors, from for-profit companies, via different types of non-governmental organisations (NGOs), community-based organisations (CBOs), to philanthropic and faith-based organisations. Amongst others due to the heterogeneity of actors involved, collaborations between state and NSPs can take multiple forms. They are assumed to be located at a continuum from contracts to co-production. Whereas co-production is characterised by an evolving, more equal partnership, flexibility, and joint financial and other contributions, a contractual relationship would be more rigid, vertical (sub-ordinated) with the state being the financier (Batley, 2006).

This research builds on previous work at the University of Birmingham on the role of NSPs of basic services in Pakistan (Batley et al., 2004). As a first step in this comprehensive research, this paper reflects a literature survey and interviews with selected key informants (Table A1) on collaboration between state and NSPs. It aims to give an overview over what is available on the scale and types of joint state-NSP activity in service delivery and its funding sources, different forms of relationship in which they engage with government in service delivery and how this has changed historically, and government and donor policies affecting this. In section 2, the changing paradigms for the role of the state in Pakistan's development as well as the legal and policy framework for collaboration between state and NSP of basic services are outlined. Sections 3 to 5 introduce the primary education, health-care and basic W&S sectors in Pakistan to the reader, focusing on projects and programmes that are examples of government and NSP collaboration in the provision of these basic services. Section 6 identifies types of and interactions in collaborations across sectors and attempts a preliminary assessment of factors that encourage PPPs in basic services provision in the context of Pakistan. The paper concludes with an outlook for future research (section 7).

## 2. The myth of the development state in Pakistan

For the longest period of its existence since the partition of the Indian subcontinent in 1947, the Pakistani army has been involved in running the affairs of the country and has repeatedly dismissed elected governments (Ahmar, 2004). Even during periods of civilian government, the generals have exercised political influence through the intelligence apparatus. Partly due to the role of the military and partly because of their own weakness, Pakistan's political

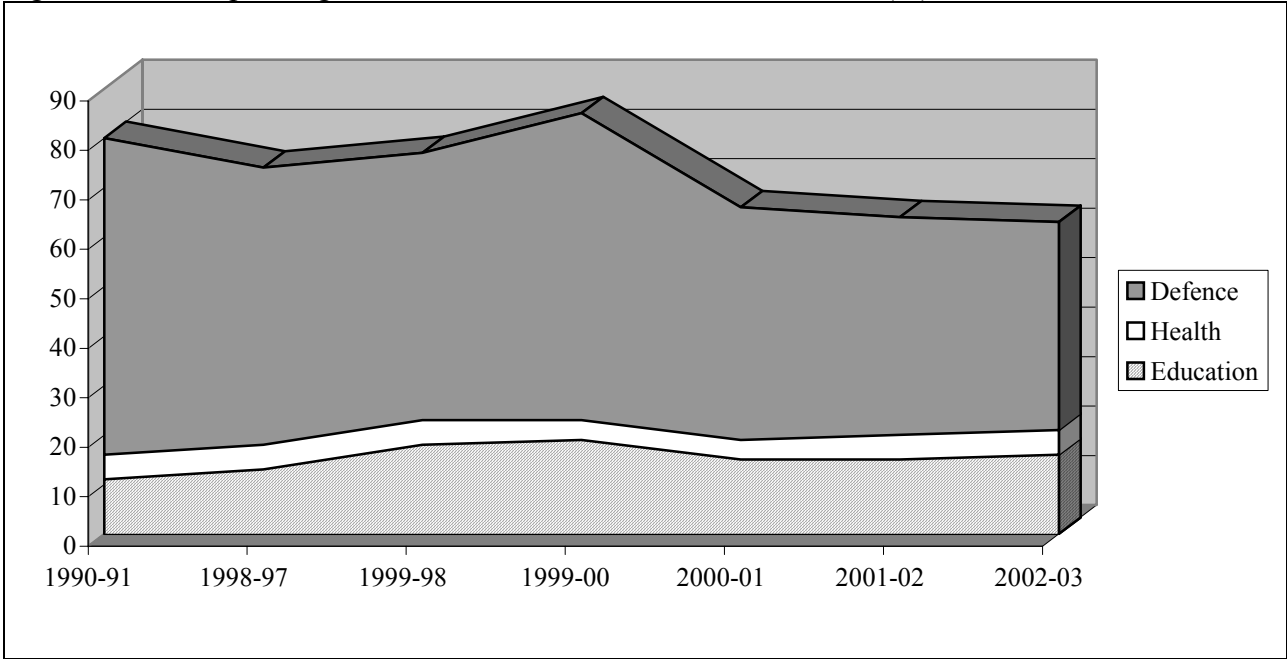
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<sup>1</sup> This implies that some of the collaborations established in the disputed territories of the Federally Administered Northern Areas (FANA) and Azad Jammu and Kashmir (AJK) remain outside the scope of this paper.

factions have often found it difficult to co-operate with one another or to submit to the rule of law. As a result, Pakistan is far from developing a consistent form of government, with persisting political polarization along three major, intersecting fault lines: between civilians and the military, among different ethnic and provincial groups, and between Islamists and secularists (Haqqani, 2005).

National priorities as expressed in government spending on various areas reflect a priority of national security over human development (Figure 1).

Figure 1: Public spending education, health and defence, 1990-2002 (%)



Source: Federal Bureau of Statistics (2004)

Defence spending represents a fifth of the 2006-07 budget, representing a hike of 4% over last fiscal year’s revised expenditure (Ministry of Finance, 2006). These figures do not include military expenses of the Defence Production Division, Civil Aviation, procurement of new weapon systems and pensions (Masood, 2006a).

In the salient features of the budget 2006-07, primary education is not even mentioned (Ministry of Finance, 2006). A recent illustrative example for the ranking of national priorities is the rejection of the Indian offer to provide helicopters for rescuing and providing relief to the victims of the earthquake on October 8, 2005 immediately after the disaster due to national security concerns (Krishnan, 2005). A wide range of observers agree that military rule in Pakistan is one reason for the lack of progress in the country’s development.

Whereas under the democratic leadership of Zulfikar Ali Bhutto (1970-1977), a large programme of nationalisation was introduced, military rule in Pakistan took a largely liberal stance vis-à-vis the for-profit private sector. General Musharraf who assumed power in 1999 through a military coup is often praised by the business community for doing away with a number of bureaucratic hurdles for doing business and thus paving the way for macro-economic recovery.

However, not for profit organisations (NPOs) did not always encounter a conducive environment, in particular if they engaged in advocacy and political mobilisation. Since the

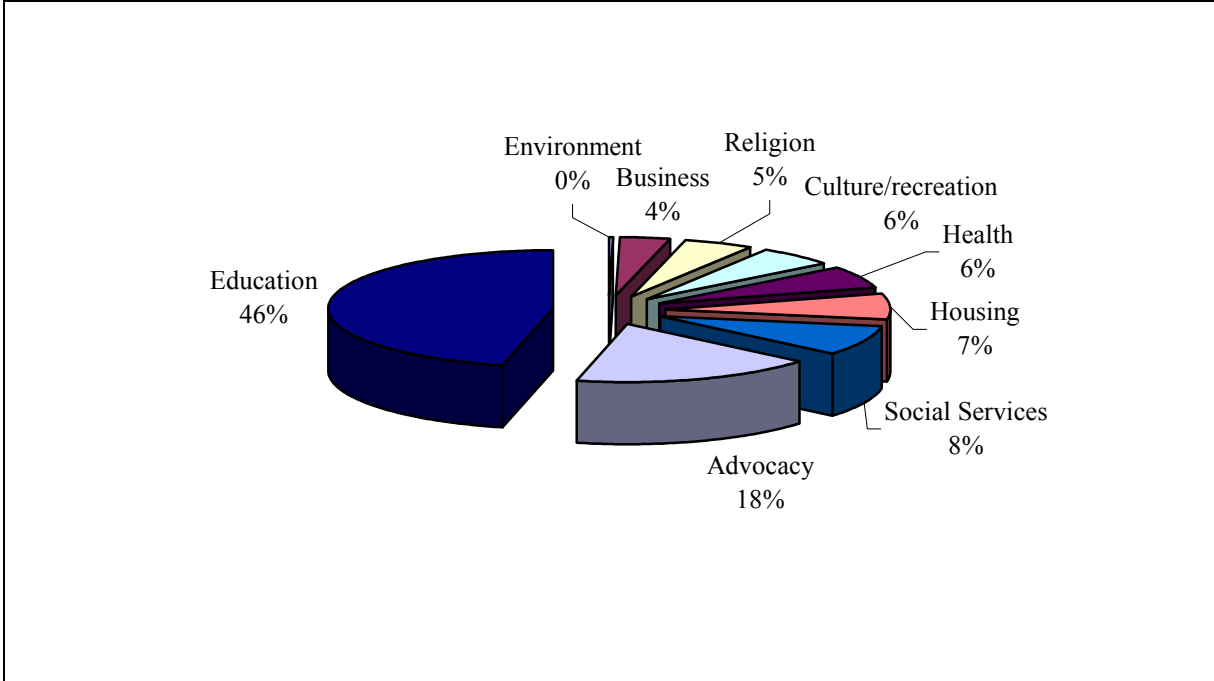
1990s, significant differences in the government's attitude towards political and social advocacy-related NPOs and those engaged in welfare and service providing roles can be identified. Generally, the attitude appears to be supportive of NPOs engaged in welfare and service provision and antagonistic towards those that are engaged in advocacy (Ghaus-Pasha, Pasha and Iqbal, 2002). The year 2005 provided strong illustrative examples for this hostility. After a series of high-profile rape cases, women and human rights organisations and their representatives faced limitations to their freedom of expression and movement with the stated objective to stop them from creating a bad media projection of Pakistan (HRCP, 2006).

A second dimension reflecting the attitude of the state towards NPOs are these organisations' funding sources. Some domestic NPOs are supported out of acceptance that the government fails to reach out to rural areas, a prominent example being the establishment of CBOs through the National Rural Support Programme (NRSP). Access to foreign funding for NPOs means more liberty to take up sensitive issues and less control through the government. Resultantly, those NPOs face a more hostile environment (Ghaus-Pasha, Pasha and Iqbal, 2002).

There are two major types of fiscal incentives for NPOs in Pakistan. Charitable contributions by corporate entities or individuals are tax deductible. With the Finance Act of 1997-98, the ceiling for such contributions has been increased both for individuals and corporate entities. Apart from that there are duty exemptions for import of equipment for charitable organisations as well as support in kind, e.g. as subsidised provision of land and lower tariffs of public utilities (Ghaus-Pasha, Pasha and Iqbal, 2002). Yet, the public sector contributes only 6% of cash revenues of the not for profit sector in Pakistan (Ghaus-Pasha, Jamal, and Iqbal, 2002). Most of these contributions are in the form of small grants rather than as collaborations (Ghaus-Pasha, Pasha and Iqbal, 2002). For oil and gas companies, the law stipulates that they have to contribute a certain proportion of their income for community development.

The history of PPPs in Pakistan dates as far back as independence, especially in education (Ahsan, 2003). Ghaus-Pasha, Pasha and Iqbal (2002), for example, mention grants given to non-government schools in budgets prior to the nationalisation policies of the early 1970s. The 1990s have seen the growth of the not for profit sector catalysed by a return to democracy, deregulation and privatisation, the process of globalisation and the emergence of international coalitions of civil society organisations as well as the deterioration of the financial position of the government (Ghaus-Pasha, Pasha and Iqbal, 2002). Whereas the constitution guarantees in Article 38 that the state shall provide basic necessities of life, NPOs are heavily involved in basic services provision, in particular in the areas of education and health. Civil society organisations are expanding. Ghaus-Pasha, Jamal and Iqbal (2002) estimated 45,000 organisations to work in Pakistan. Most of them (46%) of organisations reported education as their main activity. Organisations working in the health sector are relatively few (6%) (Figure 2).

Figure 2: Non-profit organisations in Pakistan by sector, 2000 (%)



Source: Ghaus-Pasha, Jamal and Iqbal (2002)

The policy framework for involvement of the private sector in basic services provision has been largely conducive since the 1990s. Starting with the 7th Five-Year Plan and the SAP in 1993, the role of NPOs have been explicitly recognised and emphasised. Under the Social Action Programme, catalysed by the World Bank and other donors, the government launched the Participatory Development Programme with the objective to deliver social services through tripartite partnerships between the government, the private sector as represented by NPOs, and beneficiary communities. Yet, institutional problems and governance issues led to more emphasis on “brick and mortar” development and less on sustained improvement of outcomes. Resultantly, the avowed goals of stakeholder and private sector participation remained mostly elusive (Qadir, 2003).

The PRSP I 2001-04 was formulated with the objective to pool poverty reduction efforts at the federal, provincial, and district levels, and across various ministries, departments, and divisions (Planning Commission, 2001). It acknowledges that local ownership was missing in the context of the SAP. It puts special emphasis on cultivating PPPs for improving human development outcomes. Strengths of NPOs at the grassroots level are perceived in raising consciousness about rights and responsibilities, capacity building, and poverty reduction through basic services delivery. As will be described in the following, at the provincial and national level, NGO’s are also contributors to policy formulation, planning and research. According to the PRSP I, the government’s appreciation of these contributions is reflected by the institutionalised support to NGOs through a range of government ministries, including the Ministry of Women Development, Social Welfare and Special Education. It also finds expression in financial support through the national council for Social Welfare and the National Zakat Foundation and similar bodies in provincial governments (Planning Commission, 2001).

Amongst others, the recently initiated devolution of power in Pakistan can be seen as one attempt to stimulate PPPs. The Local Government Ordinance (LGO) 2001 transferred a substantial amount of power to the lower tiers of government. It lays down that 25% of the district budget can only be spent with the community, represented through Citizen

Community Boards (CCBs). 80% of a project total they suggest is to be paid by the local government (International Crisis Group, 2004).

The MTRF 2005-10 gives much space to PPPs (Planning Commission, 2005). Yet, implicitly, it only refers to the private sector in terms of for-profit actors and not to NPOs. The private sector's perceived greater efficiency and financial capacity are perceived as the main advantages of entering such collaborations. That way, resources can be freed for human development. The document specifically mentions the enhancement of citizens' knowledge and skills and provision for their basic health needs as the state's "core business". This implies a lesser role for PPPs in these areas. Although the sectors explicitly mentioned as candidates for private involvement do not include basic services, the document states that for other sectors like road, water distribution, and sewerage etc. there is also room for privatisation (Planning Commission, 2005).

Initiatives such as the President Task Force on Human Development exemplify the government's positive attitude towards PPPs. The task force's objective is the establishment of PPPs in education, health and micro-enterprise development. The task force itself represents a collaboration of various types of state and non-state actors.

The government's lenient stance towards privatisation clashes with opposition from vocal civil society organisations. The proposed privatisation of the Karachi Water and Sewage Board (KWSB) was opposed by concerned citizens, trade unions, CBOs and NGOs. A ruling of the Sindh High Court stopped the process (Khan and Ali, 2003). The planned privatisation of Lahore's water supply faces similar opposition (Rosemann, 2005).

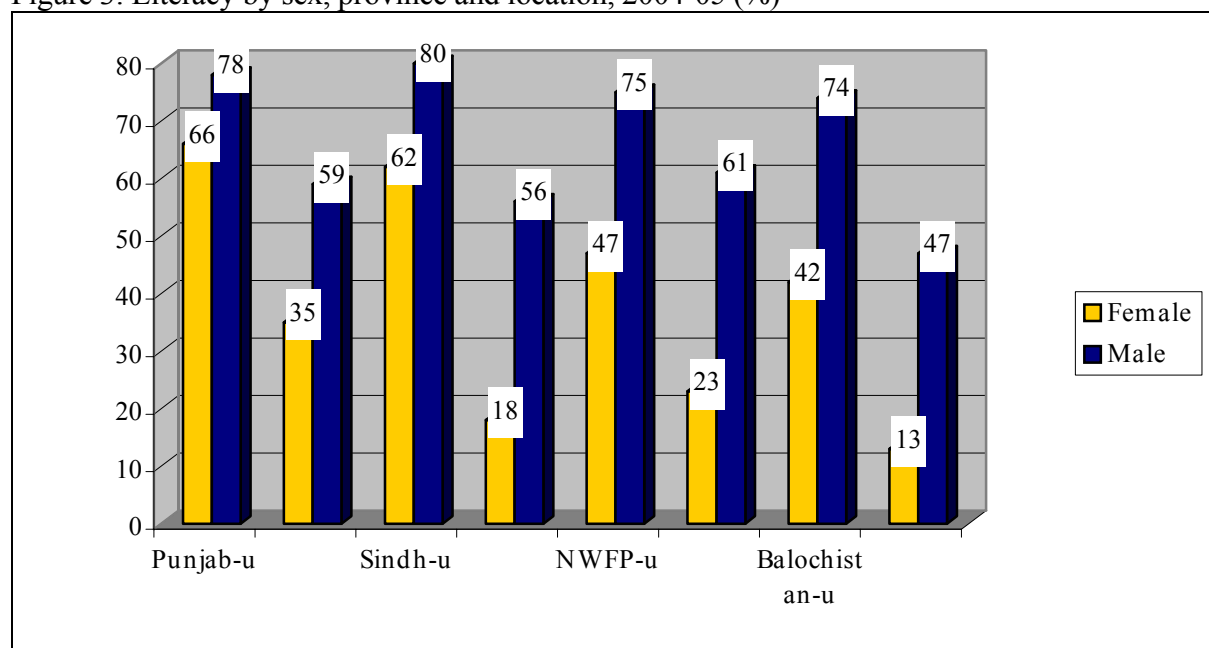
### 3. Collaboration for provision of primary education

#### 3.1 Primary education in Pakistan – overview and outcomes

In Pakistan, the education system is organised into five levels. The primary level encompasses grades one through five; the middle level refers to grades six through eight; and grades nine and ten culminate in matriculation. Intermediate classes, i.e. grades eleven and twelve, lead to an F.A. diploma in arts or F.S. science; and university programs lead to undergraduate and advanced degrees. Preparatory classes (*kachi*, or nursery) were formally incorporated into the system in 1988 with the Seventh Five-Year Plan. About 48% of total education expenditures are allocated on primary education, allocations for secondary and university/college education amount to 27% and 14%, respectively. The largest part of the federal expenditure on education is allocated for university/college education (53%). However, in all the four provinces priority has been given to the primary education in terms of allocation of education expenditures (Finance Division, 2005).

Literacy is a typical outcome of primary education. Pakistan has one of the lowest literacy rates in the region, currently estimated at about 51.6 % (2002). They are compounded by wide gender and inter-provincial disparities (Figure 3).

Figure 3: Literacy by sex, province and location, 2004-05 (%)



Source: Federal Bureau of Statistics (2005)

Note: u=urban, r=rural. The figures to the right of the urban data are rural data for the same province.

Literacy ranged from 80% among urban male population of Sindh to 13% among the rural female of Balochistan. In absolute terms the number of illiterates in ten plus age group is 51.8 million. It is recognized that a low participation rate of about 57% at the primary school level combined with high inefficiency rate estimated at 45% drop-outs in the public sector, has contributed to a low national literacy rate. The GoP acknowledges that the lack of effective community participation contributes to this dismal situation and indicates openness for more collaboration in this respect (Finance Division, 2006).

Table 1: Gross enrolment rate at the primary level (age 5-9) by sex, province and location (excluding *kachi* classes), 2004-05 (%)

	Female	Male
<i>Urban</i>	100	107
Punjab	108	111
Sindh	94	103
NWFP	84	100
Balochistan	86	101
<i>Rural</i>	68	89
Punjab	82	96
Sindh	44	70
NWFP	62	92
Balochistan	41	79

Source: Finance Division (2006)

Around 200,000 institutions including formal primary schools, *Masjid Maktab* Schools<sup>2</sup> primary sections of middle and secondary schools, *Deeni Madaris*<sup>3</sup>, private sector schools and non-formal basic education schools cater to the needs of primary age group children (Ministry

<sup>2</sup> Schools using mosques due to lack of alternative school buildings.

<sup>3</sup> Religious schools.

of Education, 2004). They employ about a million teachers and staff. It is estimated that there were about 18,000 private primary level schools with an enrolment of 5.8 mio. children in 2003-04. Two thirds of the students live in urban areas, less than half of them (about 43%) are girls (Ministry of Education, 2005a).

With a 25% share in NPO sector employment, primary education is the dominant activity regarding employment. Most of their revenues come from fees and user charges. It is estimated that during 1999-2000, the primary education sector received a poor 1.8% of the government's funding for NPOs (Ghaus-Pasha, Jamal and Iqbal, 2002). The network of private schools is expanding fast. Their number in 2000 amounted to a more than ten times increase in their numbers since 1983. While new enrolment has taken place in both schools, a relatively greater increase in the private school gross enrolment rate (GER) suggests a shift of children from public to private schools. The private school GER increased by 33% during 2001-02 to 2004-05 as compared to only 15% increase in the government school GER (Finance Division, 2006).

The majority of private schools caters to lower and middle class income groups with a quality that is not very high on average but is comparable to public schools and that growing competition is leading to reduction in school fees. Private schools display better gender outcomes both because these are mostly co-educational institutions and also since they mostly recruit female teachers (Qadir, 2003)

### 3.2 Government and donor policies in primary education

Pakistan's education sector is being administered at the provincial level with an oversight and coordination at the federal level. However, as per the LGO 2001, responsibility of the delivery and the management of education have shifted to the district. On the one hand, decentralization has given increased autonomy over the provision of education at the district level and has encouraged local level institutions, such as School Management Committees (SMCs). On the other hand there are major disparities in capacity in different districts across Pakistan (Finance Division, 2006; Ministry of Education, 2005b).

The promotion of primary education with special emphasis on girls' education, good governance, community participation and PPPs through NGOs was emphasised in the SAP. Almost 60% of the education-related funds from 1993-98 were earmarked for primary education (Ahsan, 2003).

The National Education Policy (NEP) 1998-2010 aims at eradication of illiteracy through formal and informal means for expansion of basic education through community involvement. This involvement should take the form of school administrative committees, village education committees (VECs), and parent-teacher associations (PTAs) (Ahsan, 2003). A participatory approach is thus at the centrepiece of the policy. Adult women and working children are special foci of the policy (Ministry of Education, no date).

The Education for All (EFA) initiative refers to the commitment to achieving universal education by the year 2015 adopted in the Dakar Framework for Action of the World Education Forum 2000. Pakistan is signatory to the framework. Pakistan's EFA National Plan of Action (NPA) has been developed by the Ministry of Education in 2001 with support from the United States Agency for International Development (USAID). Its objectives are integrated in most relevant policy documents such as the Education Sector Reforms (ESR) (2001- 2005). The ESR build on the 1998-2010 NEP and EFA goals through 2015. The PRSP I recognizes the role of PPPs in the provision of education and refers to the significance of

state-NSP collaboration as spelled out in the ESR (Planning Commission, 2001). Both the SAP and PRSP I are thus integrated in the ESR (Ministry of Education, 2004).

Overall, the ESR Action Plan 2001-05 has proposed to enhance allocation for education to 4% of gross domestic product (GDP) from the level of 2.11% of GDP in 2002-03. The NPA goals stipulate that the target of Universal Primary Education (UPE) for males would be achieved by the year 2010 and in case of females by 2015. With reference to the third Millennium Development Goal (MDG), they propose to eliminate gender disparity in primary and secondary education by 2015. The sector-wide order of priorities of the ESR and EFA Action Plans are primary education, adult literacy and early childhood care and education (ECCE).

New programmes and actions initiated to achieve the UPE target inter alia include the opening of primary schools; both formal and non-formal establishment of community primary schools in FATA, FANA, AJK and ICT and rehabilitation of existing primary schools. A School Improvement Programme that aims at making primary schools more functional by providing missing facilities such as, electricity, drinking water, boundary walls and other basic amenities in order to decrease drop out rates is one focus of the ESR. Local participation shall be strengthened through an enhanced role of PTAs and SMCs in the formulation, implementation and monitoring of school development plans (Ministry of Education, 2004). Collaborations between these associations and the public school management at the local level will be described in sub-section 3.3.

Provincial and district level EPA plans were developed. At the district level, NGOs were included in this process. Nationally, private actors such as private schools, NGOs, communities, and *Deeni Madaris* are part of the EFA Forum besides the government.

Starting in the mid-1990s, the government has formally acknowledged a lack of necessary resources and expertise to effectively address and rectify low education indicators justifying an enhanced involvement of the private sector (Finance Division, 2006). Amongst other things, the ESR describes a role shift for the Government of Pakistan (GoP) from being a mere provider to a facilitator and financier of the education opportunities. A wider spectrum of civil society organisations including international and national development NGOs are addressed to help deliver basic social services. Interestingly, support from the military is explicitly mentioned here. According to the ESR, PPPs can include public or government financing of services; public contracting out of services (such as the training of government teachers to a private institution, or community-parent mobilization to an NGO), or procuring of services, ranging from textbook design to reform of an examination system. More informal arrangements are considered PPPs as well, for example, the active participation of private sector institutions in policy dialogue and planning processes (Ministry of Education, 2004).

The role of NSPs is seen in the design and implementation of innovative operations, as well as in their monitoring. The improvement of the quality of education is another area where partnerships with the private sector, including NPOs and corporate partners are sought. The forms of PPPs mentioned in the plan are the provision of grants and soft loans through restructured Education Foundations, school management by NGOs through formal adoption, community public partnerships for school upgradation, as well as joint ventures, and leasing (Ministry of Education, 2004). Some of these are described in sub-section 3.3. Incentives to be provided to the private sector include provision of land for free, on lease or at concessional rates, partial exemption of income tax to private sector institutions' staff, as well as non-commercial rates for their utilities consumption (ILO, 2002). According to an official in the Ministry of Education, these incentives might actually be the only aspect of the policy

taken seriously by the government. Otherwise, in reality no funds were made available to the Ministry for PPPs (Iqbal, 2006).

The MTDF 2005-10, formulated by the Planning Commission, encompasses a number of the objectives mentioned in the NEP and ESR such as the commitment to reduce gender disparity, to enhance quality of education through teachers' capacity building and to strengthen PPPs. It adds others, such as the *madaris* reform to bring them into the mainstream of the education system and the strengthening of Educational Management Information System. Regarding PPPs in the education sector, the MTDF 2005-10 emphasises the role of regulation and monitoring to ensure minimum standards of curricula, physical and teaching environment (Planning Commission, 2005)

The establishment of Education Foundations (EFs) at the national and provincial level since 1991 have played the role of an important catalyst for collaborations with the private sector in primary education. Their main objective is to raise enrolment and the quality of education through PPPs as well as support for students, teachers, and private sector institutions (NEF, no date a; PEF, no date) Whereas the National Education Foundation (NEF) focuses its attention on the ICT, FATA, FANA and AJK, the provincial EFs concentrate on the respective province. However, their geographical realm of action is not defined very strictly. The Sindh Education Foundation (SEF), for example, has supported enhanced coverage and quality of primary education in Balochistan (SCSPEB, 2003)

The largest donors in the area of education are the World Bank and the ADB with a funding volume of United States Dollar (USD) 625 mio. and USD 339 million, respectively (Finance Division, 2006)<sup>4</sup>. Their respective programmes have national coverage. Both emphasise the role of the private sector and of PPPs in the education sector. This is reflected in their lending.

The World Bank supports the Punjab Education Service Delivery Reform with a large loan. The second tranche of USD 100 was approved in March 2005. Support for PPPs are one focal area of the programme. They are being developed through the Punjab Education Foundation as well as through support for School Councils (SCs) to strengthen parental participation in school affairs. (World Bank, 2005). Similarly, loans from the International Development Association (IDA), a World Bank branch, supports school improvement in the other three provinces, such as the 'Balochistan Education Support Project' (BESP) referred to below (World Bank, no date).

About 3.5% of ADB funding is allocated to the education sector (ADB, 2006). In addition to its funding for primary education in the context of the SAP, the ADB has supported primary education projects with special emphasis on education for girls, improving the service delivery by providing assistance for teacher training projects and contributed to skills development by financing technical and vocational education projects (ADB, 2006). Some of the projects that involve collaboration between public and private actors are described in the following sub-section.

USAID's education program in Pakistan began in 2002. It includes both basic and higher education, and is geographically concentrated in underserved districts of Sindh and Balochistan provinces, and in the FATA. (USAID, 2006b). Until 2007, the USAID plans to support the ESR effort with a funding volume of USD 71.5 mio. Besides the development of school improvement plans in rural areas of Balochistan and Sindh, school reconstruction and

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<sup>4</sup> World Bank funding covers the period between fiscal year (FY) 2004-2007. ADB funds are provided for the period between 2002-2009.

refurbishment in FATA, national policies for literacy, information communications technology, and ECCE will be developed and implemented. PPPs are prioritised amongst their areas of operation (USAID, no date). Their state partners include government bodies from the Federal Ministry of Education via two provinces and the ICT to nine districts. Private partners are US-based NGOs (INGOs) such as Research Triangle Institute (RTI), an organisation focusing on policy research and training in various sectors related to international development and the Academy for Educational Development, Children's Resources International, The Aga Khan Foundation, and Associates in Development (USAID, no date). Some of the projects they initiated will be referred to in the next sub-section.

### 3.3 The state-NSP interface in primary education provision

As outlined above, the education sector is characterised by comparatively advanced policies regarding state-NSP interaction for the provision of primary education. This sub-section now explores, in how far this space is translated into actual collaborations.

A wide range of state and non-state actors are involved in primary education provision, leading to a variety of forms of the state/non-state interface. Also, the types of education-related services provided vary. Multiple organising principles for collaborations are thus possible. Here, as well as in the respective sub-sections on collaborations in primary health-care and basic W&S provision, the main private partner involved in service delivery is the entry point for organising the sub-section. Implicitly, it is assumed that different types of NSPs get involved in different areas of collaboration. This choice also reflects a negative selection. In many collaborations encountered, state actors at various levels are involved. Their division of responsibilities, and, thus, to determine who is actually in charge and who determines the agenda is hard to gauge from project documents. In particular in the context of the recent devolution of power, that has substantially restructured Pakistan's bureaucratic set-up, the levels formally in charge and those actually in power may differ substantially. Similarly, the form of relationship between the state and NSP of primary education between co-production and contracting out cannot be determined easily. Resultantly, this organising principle cannot be applied at this stage of the research, either.

#### *NGOs*

Most of the examples for collaboration between the state and NGOs in primary education we encountered aimed at increasing the coverage of the population with schooling. The EFs are involved in a number of such efforts.

The 'Community Support Rural School Programme' (CSRSP) is the largest programme NEF has introduced through which it operates 260 community primary schools at grass roots level, promoting basic education in rural areas. It is a tripartite partnership among NEF, local NGOs and the CBOs, with NEF providing funding and training. The NGOs act as facilitators and CBOs run and manage the schools. 46 local NGOs and CBOs are partners of NEF. Another 350 schools were established in FATA in 2005, where the programme is supported by a grant from the Royal Norwegian Government through NORAD (Finance Division, 2006; NEF, no date b).

The BEF, for instance, would finance new community schools in rural areas of Balochistan, in the context of the BEF project. The project aims at promoting PPPs to improve access to quality primary education, for girls in particular. One of the criteria for community selection is that there is no girl's school within a 2-km radius. The programme has started in June 2006 with a USD 22 million soft loan from the IDA, a World Bank branch. NGOs implement the project. Their role involves community mobilisation, to facilitate the selection of the Parent Education Committees (PECs), and to provide support for the establishment and monitoring

of the community schools. A CBO in the form of the PEC would manage and supervise the community schools (World Bank, 2006).

Since 2005, the NEF and PEF have provided funding for local institutions, such as the Open Society Institute (OSI) in Lahore that combine awareness-raising campaigns with the provision of education vouchers. The target groups of NEF's programme are poor and marginalized communities in selected union councils of ICT, Southern Punjab and FATA, whereas the PEF concentrates on slums in Lahore. The NEF project obtained funding from the World Bank (NEF, no date d, PEF, no date).

PEF has made an arrangement with OSI to design the Education Voucher System (EVS) for low income households. The EVS is a subsidized/free education initiative for urban slum children. All households of the urban slums are eligible to obtain such vouchers (The Hope, 2006). The PEF also provides financial assistance per child enrolled to NSP-run schools in two districts of Punjab assuming better quality of primary education can be achieved in private schools at lower costs. The co-operating NSPs are *Mufad-e-Niswan* Trust (MNT), *Bunyad*, and Co-operation for Advancement, Rehabilitation and Education (CARE). Whereas MNT is a Karachi-based for improvement of women's social and economic conditions, CARE is engaged in providing education to under-privileged communities of Pakistan. *Bunyad* is an NGO particularly focussing on enhancement of girls' school attendance (Shah, Bari and Ejaz, 2005).

The Community Support School Upgradation Programme involves handing over government schools to private sector for operation of upgraded schools to higher level in the afternoon shift. This is an alternative way to increase outreach of primary schooling. The premises are thus public, the management private in this arrangement. The contract allows the private party to utilise the premises besides giving other incentives while the private party has to pay the utility bills for the school for both shifts and has to deposit 10% of its gross income to the school fund. So far, 6,890 such upgraded schools have opened in Punjab with over 50,000 students enrolled. Most of them are girls' schools. The programme is being replicated in the North-West Frontier Province (NWFP).

Through their 'Child Labor Education Programme' (CLEP), the SEF has tried to reach out to working children that are deprived of the opportunity to engage in educational activities due to the lack of facilities accessible to working and street children. Their partner organisation is the Child Development Center (CDC), Karachi. In order to provide an accessible educational facility, catering to the needs of working children, the CDC is open twelve hours daily for six days a week and there are no tuition fees. The demand for their facilities is reported to be high, reflected in surpassing of targeted enrolment rates at CDC. Parents and employers of participating children as well as the greater community have been mobilised by CDC and are now involved and supportive of the programme. Since 2001, the programme is in the process of integrating health with education (SEF, no date b).

Besides increased outreach, the EFs also support infrastructure development for primary education through combined grants and loans for not for profit private schools, their so-called 'Grant-In-Aid Programme'. 50% of the cost of opening new primary schools are provided by the private sector, NGOs and CBOs, and the remaining 50% are provided by the Government both as grants and loans. Besides, 25% of the recurring cost will be met by the sponsor and 75% by the government for a period of five years. The NEF, in particular, targets urban slums and rural areas and supports initiatives such as the purchase of additional furniture, construction of additional classrooms, provision of boundary walls and construction of toilets (NEF, no date e, SEF, no date c).

Infrastructure development is one amongst several aspects of the EFs 'Adopt a school' programme. This programme, established in 1997, aims at reviving and revitalising of ailing government primary schools through coordination and mobilization of parents and community. Apart from education, health aspects, such as drinking water, toilets etc., are also addressed through linkages with the government and private organisations. Adoption brings together the stakeholders in education, i.e. Federal Directorate of Education, parents, teachers, and children who work together in collaboration with the adopters. Adopters are a wide range of actors, from NGOs, CBOs, concerned individuals, via international charity organisations, retired teachers to the armed forces. They take on the responsibilities of the schools' management and running. They have access to funds in consultation with the School Management Committee (SMC) and the Federal Directorate of Education. The adoption is undertaken through a formal contract between the adopter and the Directorates/Departments of Education (NEF, no date f; SEF, no date d).

About 500 schools have been handed over to NGOs under this scheme where the NGO is providing technical assistance and other support to improve service delivery and quality through a collaborative process that aims at sustainable improvement. In Sindh alone, the 'Adopt a school' programme is operating in nine districts of Sindh and cater to approximately 35,000 students (Qadir, 2003; SEF, no date d; Human Resources Development Recommendations, 2002). However, according to one key informant, the programme under the NEF has apparently ceased to exist (Sheikh, 2006).

In Punjab, CARE has adopted 140 government schools within urban Lahore and rural areas in the vicinity of the city, and manages them independently. CARE schools provide education up till matriculation, after which deserving students are given scholarships for a college education (Shah, Bari and Ejaz, 2005). The Center for Advanced Studies (CAS), a chain of schools in Karachi, successfully took over the management of several public schools (Zaidi, 2006).

These schemes have also displayed problematic aspects. There have been clashes between the school management and the SMCs. Principals have been unhappy with the intrusion of the SMCs. Reasons for the breakdown of SMCs were structural. School principals have certain responsibilities by law, the SMCs are on top of this. They are monitoring teachers without the power to sanction. At the same time, the principal is not provided with incentives to collaborate (Nayyar, 2006).

ADB initiated a related Primary School Quality Improvement project in Southern Punjab in 1998, where high dropout rates result from the system of tenant farming. Amongst other aspects, it involves upgrading of shelterless schools into multi grade schools; the development of pilot educational programs to attract and retain students. Whereas the Ministry of Education and the provincial Department of Education are the state partners involved in the implementation of the programme, NGOs are involved in order to ensure community participation (ADB, 2005d).

Capacity building is another area where collaboration takes place. In the abovementioned BEP project, NGOs are providing trainings to public school teachers, PECs, other NGOs involved and the BEF staff in order to improve education quality (World Bank, 2006). The NGO Sabawon has trained over 2,000 teachers of public primary schools in the Child-to-Child approach in education in NWFP and Punjab besides forming and strengthening of 300 PTAs (Sabawon, 2004).

The 'Decentralized Elementary Education Project' in Sindh, funded by ADB, has assisted districts seeking assistance to upgrade district education offices facilities and provide training to better manage and administer schools since 1998. Schools are encouraged to work in collaboration with SMCs to ensure school attendance and a healthy learning environment (ADB, 2005c).

Similarly, encouraging community involvement in school management through training is supported by RTI. The objective is to make SMCs in the target districts functional. This is expected to decrease teacher absenteeism, make school administration more accountable and improve the quality of education. The project is funded by a USAID grant (RTI, 2005).

Roles are reversed in NEF's capacity building programme for its partners in the CSRSP programme. It aims to provide partner NGOs and CBOs with the capacity to ensure and promote participation of NGOs and CECs in designing, execution and monitoring of community driven educational initiatives. Improvement of service delivery and financial sustainability after NEF's support has been withdrawn are underlying objectives. The training workshops focus on issues such as financial management, community participation, school development and understanding about the roles and responsibilities of all stakeholders in CSRSP (NEF, no date c).

Policy and institutional development have been other areas of state/NSP interaction. *Idara-e-Taleem-o-Aagahi* (ITA), an NGO trying to promote an equitable education system, initiated the formation of the Alliance for Education Development (AfED). AfED is a network of seven organisations that include both NGOs and public partners such as the SEF and the NEF with a shared philosophy and set of agreed strategies to promote the cause of education development in Pakistan and the region. AfED has been involved in the development of the District Education Plans under Education Sector Reforms Assistance (ESRA) Programme funded by USAID and managed by RTI (ITA, no date).

The Teachers Resource Center (TRC), an NGO dedicated to the improvement of school education in Pakistan, for example, has developed the national ECCE curriculum with support from donors such as USAID, United Nations Children's Fund (UNICEF), and the ADB (Hunzai, 2006, Ministry of Education, 2004). Such collaboration in the area of curriculum development is rare, though, according to one key informant (Nayyar, 2006). TRC has also been engaged to provide support to all partners in various areas, especially in teachers' training and classroom material development. The Ministry of Education has expressed interest to replicate this programme nationally.

### *CBOs*

Whereas the EFs mostly work through NGOs, the 'Khushal Pakistan Programme' collaborates with CBOs directly. Launched in 2003, the programme is aimed at income-generating public works in sectors such as gas, electricity, roads, telecommunication, education, health, sanitation and water supply. For the financial year 2005-2006, the Federal Government had allocated Rs. 4.42 billion to the programme. So far, 11,435 schemes have been completed (Ministry of Local Government and Rural Development, 2006). A sum of Rs. 9 billion has been released to the districts through provincial governments. Schemes are selected at the district level through community participation. The state in the form of various executing agencies - from Pakistan's Water and Power Development Authority (WAPDA) via Public Works Departments (PWDs) to District Coordination Officers (DCOs) - acts as financier of community-based development initiatives. It has an obvious focus on infrastructure development or improvement, a 'brick and mortar' approach. Amongst others, it has resulted in the construction of 2,746 repair and operationalisation of schools until 2001 (Planning Commission, 2001).

The Community Supported Schools Program (CSSP), initiated by the SEF in 1998, engages communities to establish schools for female education and facilitate a participatory development process. SEF facilitated the communities to establish VECs. These VECs represent the community and parents of the students enrolled in each school, and play the role of managers, strategic planners and policy makers for the schools. Building the capacity of the VECs is one of the foremost concerns of the CSSP, therefore, ongoing institutional development support is provided to the VECs and to the schools.

In 1998, the World Bank sanctioned a USD 2.7 million loan for establishment of the CSSP. The thrust of the program was the development of communities through educational initiatives in order to empower them and make them self-sustainable. After one and half year support from the World Bank, the Sindh Education Department entered into a contract with SEF to establish 100 community schools under the technical and monitoring support of the Sindh Education Department and complete participation of communities. Until now the CSSP is being supported by the Sindh Education Department.

In order to address health related issues of the beneficiaries the CSSP has integrated a health education program within the schools' curriculum. This has resulted in increased enrolment and retention rates of students and enhanced relevance of education amongst communities. Currently, the CSSP is operational in 5 districts of Sindh, and caters to the educational needs of approximately 4,000 children (SEF, no date).

Finally, the recent move towards decentralisation with the LGO has led to community involvement in education initiatives on a much larger scale. About 30% of ESR funds are planned to be utilized through CCBs.

#### *For-profit organisations*

Whereas collaborations between philanthropic organisations and state providers of primary education appear to be rare, some for-profit actors get involved in the provision of schooling as part of their corporate social responsibility (CSR) strategy. As mentioned above, oil and gas companies in Sindh and Balochistan are legally bound to use part of their income for community development purposes (Anjum, 2006). Another example is Engro Chemicals. As part of their CSR strategy, they support schools and get involved in infrastructure development (Masood, 2006b). With USAID encouragement, eight Pakistani corporations contributed financially to improve 70 public schools benefiting nearly 10,000 students (USAID, no date)

One aspect of the abovementioned BEP is the establishment of new private fellowship schools to promote access to low-fee quality private education in semi-urban and rural areas. The Fellowship School Programme in Balochistan with replication in Sindh involved subsidies for newly established private schools as well as the participation of various bodies – from the Directorate of Primary Education via the education NGO Society for Community Support for Primary Education Balochistan (SCSPEB) and Balochistan Education Foundation (BEF) to community-based Education Committees - in the establishment, administration and monitoring of the schools. The programme lasted from 1994 to 1998 in Balochistan. A replication in Sindh was initiated in 1997 (Ministry of Education, 2003).

Under the BEP, new schools would be established if there are at least 50 children not attending any school, and no government primary school or any other girls' school exists in a 1-km radius. Each school receives a per student subsidy from BEF (World Bank, no date) .

#### 4. Collaboration for the provision of primary health-care

#### 4.1 Primary health-care in Pakistan – overview and outcomes

According to the Economic Survey 2004-05, Pakistan's health services are characterised by three main problems, namely the rural and urban divide in terms of facilities, the low utilization of medical facilities and last but not least big gaps in the national health services (Finance division, 2005). The medical coverage provided in the public health sector in the country consists of 946 hospitals, 552 Rural Health Centers (RHCs), 5,290 BHUs and 4,554 dispensaries (Finance Division, 2006)<sup>5</sup>. A total of 95,000 lady health workers (LHWs) are working in the rural areas and urban slums (Finance Division, 2006)<sup>6</sup>. As obvious from Table 2, they are capable of covering only a minority of the population. Overall utilization of the public health sector is no more than 30% (Planning Commission, 2005).

Table 2: Selected public health-care facilities by province (% of villages)

	<i>Punjab</i>	<i>Sindh</i>	<i>NWFP</i>	<i>Balochistan</i>
Government dispensary	11	16	11	19
Basic Health Units	18	11	33	12
Lady Health Worker	16	3	21	2

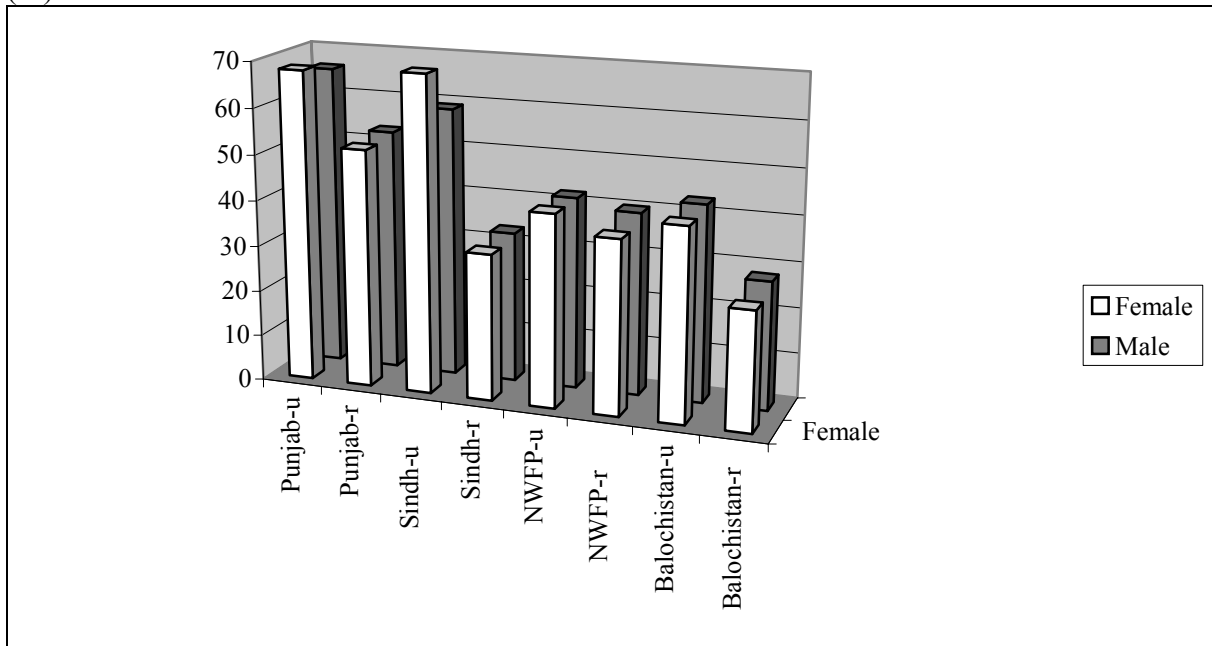
Source: Federal Bureau of Statistics (2002)

The quality of health-care provision is impaired by the fact that many doctors are not registered with Pakistan Medical and Dental Council and yet practicing in hospitals and clinics. Since the majority of doctors and hospitals are located in cities and towns, the rural population has much lower access to health facilities (Figure 4). They get care from private practitioners, *hakims*, and homoeopaths, while minor ailments are treated by the people themselves.

<sup>5</sup> A BHU is provided to serve a population of about 5,000 to 10,000. An RHC provides medical cover to a population of 10,000 to 50,000.

<sup>6</sup> LHWs have a minimum of eight years of education and are residents of the locality in which they are working.

Figure 4: Immunized children aged 12 – 23 months, by sex, locality and province, 2004-05 (%)

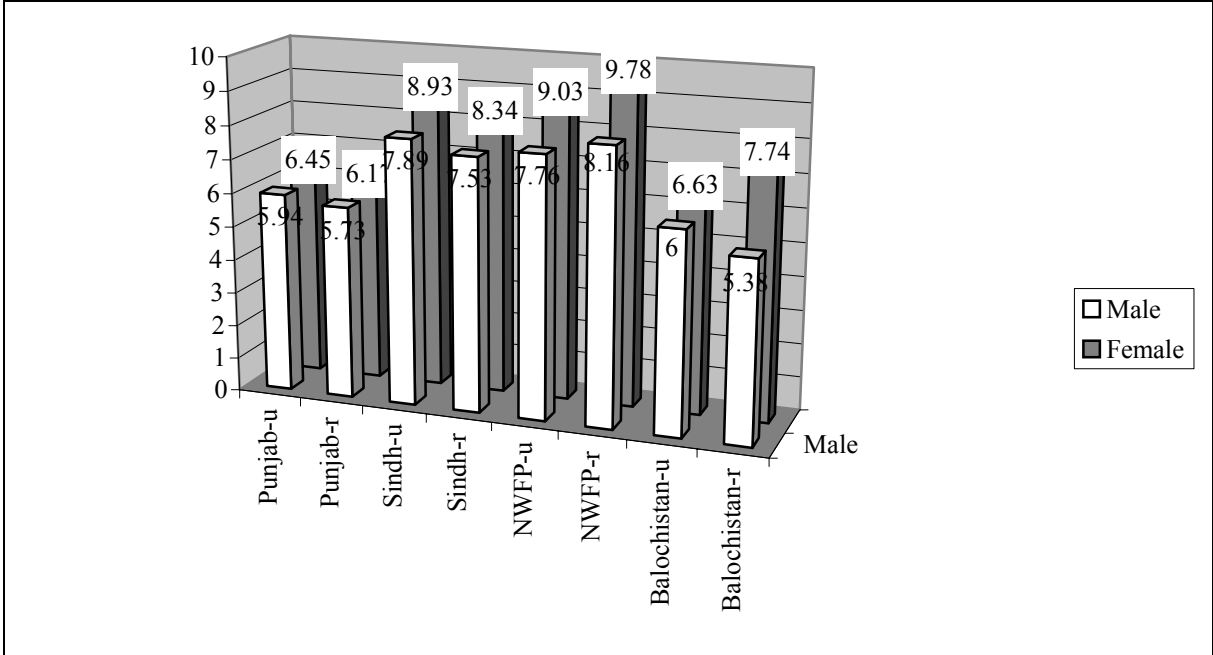


Source: Federal Bureau of Statistics (2005)

Note: Children who reported having received full immunization who also have an immunization card, expressed as a percentage of all children.

The private sector plays a major role in provision of health. About 80% of the population access private health facilities (Qadir, 2003). The for-profit private sector is by far the most important provider of the health services, accounting for up to 60% of the total expenditures on health. The recently completed census on the private sector health facilities shows some 42,700 private facilities. By far the largest number of these are clinics and chemist shops (69%), and medical stores (27%). 550 private hospitals were also counted. Government doctors simultaneously provide services in the private sector. With this range of privately provided health-care, the poor as a whole benefit less from this for several reasons. These establishments are located overwhelmingly in urban areas, and hence difficult to access. Taking all establishments together, only 27% are in rural areas (Planning Commission, 2005). Primary healthcare is provided by about 6% of Pakistan's NPOs (Figure 2).

Figure 5: Population sick or injured during last two weeks, 2004-05 (%)



Source: Federal Bureau of Statistics (2005)

The mentioned gaps are reflected in health outcomes (Figure 5). The rural population suffers under the lack of health-care facilities and displays a larger propensity for illness. The rural-urban disparities are compounded by gender gaps. Women and girls are more vulnerable to injuries and sickness. These outcomes are linked to women and girls’ relatively poor access to health services, comparatively higher workload and low nutritional status – all mediated by prevailing gender norms (Siegmann and Sadaf, 2006). Amongst others, they lead to complications of pregnancy and childbirth, which are the leading cause of death and disability among women of reproductive age. Maternal mortality ratio for Pakistan ranges between 340-700 per 100,000 live births (UNFPA, 2006).

4.2 Government and donor policies in primary health-care

Improvement of primary health-care was one of the focal areas of the SAP and PRSP I. For improvement of health outcomes the PRSP I states that it is necessary to institute public-private partnership by transferring un- and underutilized health facilities to NGOs, local bodies, and to the for-profit private sector (Planning Commission, 2001).

Pakistan is a signatory to the MDGs. Three out of eight MDGs are directly related to health sector including reduce child mortality, improve maternal health, combat HIV/ AIDS, malaria and other diseases. To translate this commitment into action a number of initiatives in public sector programmes have been undertaken. The most notable ones include the Women Health Project, National Nutrition Project, Reproductive Health Project, Special Immunization Activities, and National Maternal and Child Health Programme 2005-2011 (Ministry of Health, 2005).

The Ministry of Health announced the National Health Policy 2001 in December 2001. It identified ten key areas in which interventions are being carried out for the next ten years. For example, the GoP initiated the National Programme for Family Planning & Primary Health-care (PHC) with the objective of addressing PHC problems in the community and providing promotive, preventive, curative and rehabilitative services to which the entire population has effective access. The World Health Organisation (WHO) provided technical and policy support for the programme. In this approach, health-care is implemented at the community

level. The programme is primarily achieved through a cadre of LHWs. At the current strength, the programme ensures primary health-care coverage to more than half the population. Different public health programmes like malaria control, tuberculosis control, Maternal and Child Health/Family Planning, Expanded Programme on Immunisation (EPI), Control of Diarrhoeal Disease and Acute Respiratory Infection are integrated into PHC. So far, the strategy has been implemented in five districts. These areas include addressing inadequacies in primary and secondary health-care services, the reduction of widespread prevalence of communicable diseases, as well as bridging basic nutrition gaps in the target population. It accords priority attention to the primary and secondary sectors of health to replace the earlier concentration on tertiary care. The National Health Policy explicitly mentions the role of the private sector. Examples for potential NSP involvement include the contracting out of dysfunctional BHUs and RHCs and NGO support for awareness raising (Ministry of Health, 2001). However, some of these national programmes, such as malaria control, tuberculosis control, and HIV/AIDS control, are implemented through collaborations of state and non-state health-care providers (Finance Division, 2006) that will be described in more detail in sub-section 4.3.

A number of donors are supporting health-care-related activities in Pakistan. The World Bank, USAID, ADB, the WHO, and UNFPA are amongst the largest ones. The ADB-assisted ‘Devolution of Social Services Project’ aims at facilitating the administrative devolution of social services, improve social sector financing and service provision, and encourage public-private partnerships (ADB, 2005a). WHO’s assistance focuses on health policy development, communicable as well as non-communicable disease control as well as improvement of the health of women and children. They as well stress the need to forge partnerships in health-care provision (WHO, 2006b)

USAID is currently involved in a six-year health programme with a volume of USD 191 million. The USAID programme began in 2003 and includes activities to improve maternal and newborn health services, strengthen the fiscal and administrative management of service delivery at the provincial and district levels, prevent major infectious diseases, and increase access to clean drinking water. Private sector franchising is used to increase availability of subsidized modern contraceptives. In the context of this programme, USAID is working in underserved rural and urban districts within Sindh, Balochistan, Punjab, NWFP, and the FATA (USAID, 2006a).

#### 4.3 The state-NSP interface in primary health-care provision

The primary health-care sector is probably the one that currently shows the liveliest experimentation with state-NSP collaboration.

##### *NGOs*

As suggested in the NHP, the major instance of state/non-state collaboration in the area of primary health-care in Pakistan has been in contracting out of health services. These include handing over of government facilities, such as BHUs, RHCs and hospitals, to NGOs. The World Bank has played the role of a catalyst for such contracting out. Apart from the provision of funding and technical support, they organised training workshops on PPPs in the provision of healthcare regionally and – recently – nationally to which key stakeholders from the public and private sector were invited.

In a pilot initiative, the Government of Punjab transferred administrative and financial management of 104 BHUs in district Rahim Yar Khan to the Punjab Rural Support Programme (RSP), an NGO. Many of the Punjab RSP staff members involved in the project were former bureaucrats decreasing the distance between state and NSPs (Lashari, 2006).

Clusters of three BHUs each are formed and a doctor employed by the Punjab RSP visits each BHU on a two day per week rotation cycle. Whereas overall utilization of the facilities' increased, poorer patients and those living far from the BHU were reached to an insufficient degree (World Bank, 2006). Another problem related to the relationship between the public and private partner was the loyalty of the doctor to Punjab RSP, that is his/her employer, whereas at the same time, the medical officers are supposed to report to the Executive District Officer (EDO) health (Lashari, 2006).

The decision to replicate the pilot in other districts of the country has been taken recently. The Ministry of Industry and Special Initiatives (Special Initiatives Wing) will be responsible for the implementation.

Other examples of contracting out of the management of facilities for primary health-care include the co-operation between Rural Support Programmes Network (RSPN) and the district government of Badin for a Thalassemia centre, funded by USAID and a local sugar mill (USAID, 2005), a public Mother and Child Hospital in the District Shikarpur, Sindh whose management is handed over to a private practitioner (Lashari, 2006), and sharing of a RHC in Karachi with Baqai Medical College. In Sindh, BHUs are managed by an NGO – Health and Nutrition Development Society (HANDS). A Memorandum of Understanding (MoU) was signed between the provincial government and HANDS. According to this, infrastructure provision was the responsibility of the government and HANDS took over the facilities management (Lashari, 2006; Qadir, 2003).

UNFPA support has contributed to enhancing the capacity of the Government and NGOs to deliver quality reproductive health services. Amongst others, with their support five NGOs, including the Family Planning Association of Pakistan, the Pakistan Voluntary Health and Nutrition Association, the All Pakistan Women's Association, the *Behbud* Association and Marie Stopes International have trained health service providers and community workers and have provided RH/FP services in the areas of their operations (UNFPA, 2003).

The 'Community-Based Reproductive Health' project funded by Canadian International Development Agency (CIDA) has similar objectives. It aims at improving access to and utilization of a broad range of reproductive health services at the community level. Family planning and comprehensive reproductive health services are brought to women in rural areas from six bases in Faisalabad, Gilgit, Islamabad, Karachi, Lahore and Peshawar. Both state and private partners are involved in the programme that has lasted from 2000-2006, such as the Planned Parenthood Federation of Canada (PPFC) and the Family Planning Association of Pakistan (FPAP) (CIDA, 2006).

The 'Roll Back Malaria' (RBM) Initiative that Pakistan joined in 1998 spells out partnerships with international and national government and NGO partners as one of the pillars of malaria transmission control (Finance Division, 2006). The programme intends to help reduce the incidence of malaria by 50% by the year 2010. It is implemented by the Ministry of Health in 43 high-risk districts is supported by the WHO, the United Nations Development Programme (UNDP) and the World Bank. The distribution of subsidized insecticide treated bed nets for the protection of high-risk groups in highly endemic areas has been started in nine districts. Four NGOs including NRSP, Green Star, HealthNet International (HNI) and The Asia Foundation (TAF) are involved in the collaboration (Finance Division, 2006).

TAF has also initiated a collaborative programme funded by the Global Fund for AIDS, TB and Malaria (ATM) on tuberculosis control. The directly observed treatment (DOTS) programme for control of tuberculosis is another PPP that aims at increasing coverage with

and quality of health-care services. In collaboration with the National TB Control Program, twenty districts all over the Pakistan are covered by the initiative. The private partners of TAF are NGOs who mobilize the community, raise awareness about TB, identify cases, and refer them to the nearest public health facility. EDO health and *nazims* at the district level as well as the provincial TB control programmes are the public partners in this project (Isa, 2006; Qadir, 2003). Apart from TAF, other NGOs are involved in the tuberculosis control programme. They include the Abaseen Foundation, Aga Khan Foundation, Association for Social Development, Marie Adelaide Leprosy Center, Mercy Corps International, Pakistan Anti-TB Association amongst others (WHO, 2006a).

The government has implemented its HIV/AIDS Control Programme since 2003. In 2003, it secured a loan from the World Bank for the prevention of HIV/AIDS in Pakistan. Parts of this programme have to be implemented by NSPs. Guidelines for partnerships with the private sector have been developed (Finance Division, 2006). The National Aids Control Program is the main implementing agency of the project. For NGOs to get involved in service delivery, a competitive process has been followed. The collaborations mostly started recently and focus on high risk groups for HIV/AIDS such as female sex workers, injecting drug users, truck drivers, homosexuals etc. (Baig, 2006; World Bank, 2003).

In a few areas, NGOs were involved in collaborations for policy development. Heartfile has as its mission to catalyse change within the health sector in Pakistan through technical and policy support. In a tripartite partnership with the Ministry of Health and the WHO, Heartfile developed a National Action Plan for the prevention and control of non-communicable diseases, such as cardiovascular diseases, in Pakistan (Qadir, 2003). The responsibilities of the Heartfile regarding this project were the planning, governance, service delivery etc. (Nishtar, 2006). Heartfile has begun implementing the above mechanism towards improving public and private programmes aimed at reducing non-communicable diseases in Pakistan. According to Heartfile's president the main issues for NGO in engaging with the government are management problems and mistrust (Nishtar, 2006).

Also, The Network for Consumer Protection, an NGO engaged in advocacy for consumers' rights in the areas of health and water and sanitation and the Ministry of Health collaborated in the formulation of tobacco-related legislation (Edmonson, 2006).

### *CBOs*

Due to the close linkages between social and economic interventions and health outcomes, the WHO has initiated a multi-sectoral 'Basic Development Needs' programme in the poorest portions of society. The programme aims to provide a better quality of life through an integrated socio-economic development approach. Here, communities are involved in the provision of primary health-care as well as various line departments of the Ministry of Health (WHO, no date). The sectoral heads of the district governments collaborate with CBOs, which in turn are supported by inter-sectoral collaboration of various line departments. With the support of a Global Fund for ATM grant, the programme is implemented in seven districts of Pakistan, namely in two districts each of Punjab and NWFP and one each in Sindh, Balochistan and AJK. In this programme, communities form small CBOs and then get involved in activities covering a wide range of activities from health-care in a narrow sense, via W&S, basic education, women development, skill development to micro-credit schemes. Their tasks range from planning and management, to funding of some of the programme components, such as community-based mother and child health centres. Recently, the Ministry of Health has started the replication of this programme in 24 other districts of the country (Zaman, 2006).

### *For-profit sector*

The improvement of the quality of primary health-care services is the objective of the ‘Community Midwives’ project. Under this initiative, one thousand private midwives were trained, involving both the Ministry of Health and the provinces. Apart from the training, performance incentives are given to the midwives. It is planned to scale this up to 10,000 persons (Shahdoul, 2006).

Similar to philanthropic organisations who would, for example, sponsor equipment for public hospitals (Suleri, 2006), private companies from other sectors sometimes get involved in the provision of primary health-care as part of their CSR strategy. In the context of the Basic Development Needs programme in Dadu, Sindh, the WHO has also established a collaboration with an oil company active in the region. They have become involved in social uplift activities through the Basic Development Needs programme. Health centres as well as education institutions have been established. They provide primary health-care services to the local population and hold health camps every month (WHO, 2004).

Involving the District Government Toba Tek Singh and a large textile manufacturer, communities with poor access to health-care services living in far off villages of the District Toba Tek Singh are provided with mobile BHUs. In 2005, the mobile centre has started delivering services to the communities. Both the district government and the business partner contribute to the costs of the project. However, by far the largest share is provided by USAID (USAID, 2004)

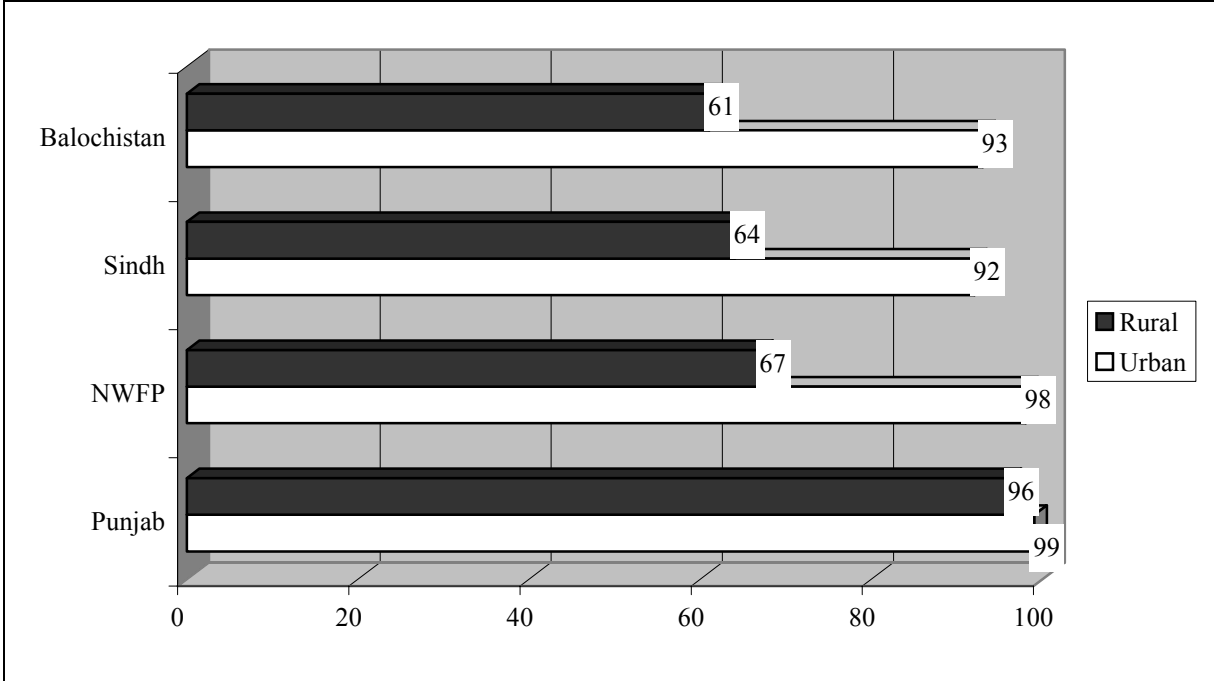
Procter and Gamble is a prominent example for a for-profit company that educates young mothers about baby care practices, immunization and vaccination and teaches 5-9 years old children about basic hygiene habits. These activities are then employed in the company’s marketing (Procter and Gamble, 2003).

## 5. Collaboration for the provision of basic water and sanitation

### 5.1 Basic water and sanitation in Pakistan – overview and outcomes

‘Clean Drinking Water for All’ by 2015 is the target of a new initiative of the GoP that will be outlined in more detail below. In Pakistan, today, reality is far from this goal. According to the Planning Commission (2005), 65% of the population has access to safe drinking water of which 80% in urban areas and 55% in rural areas.

Figure 6: Safe drinking water coverage by province, 1999 (% of population)



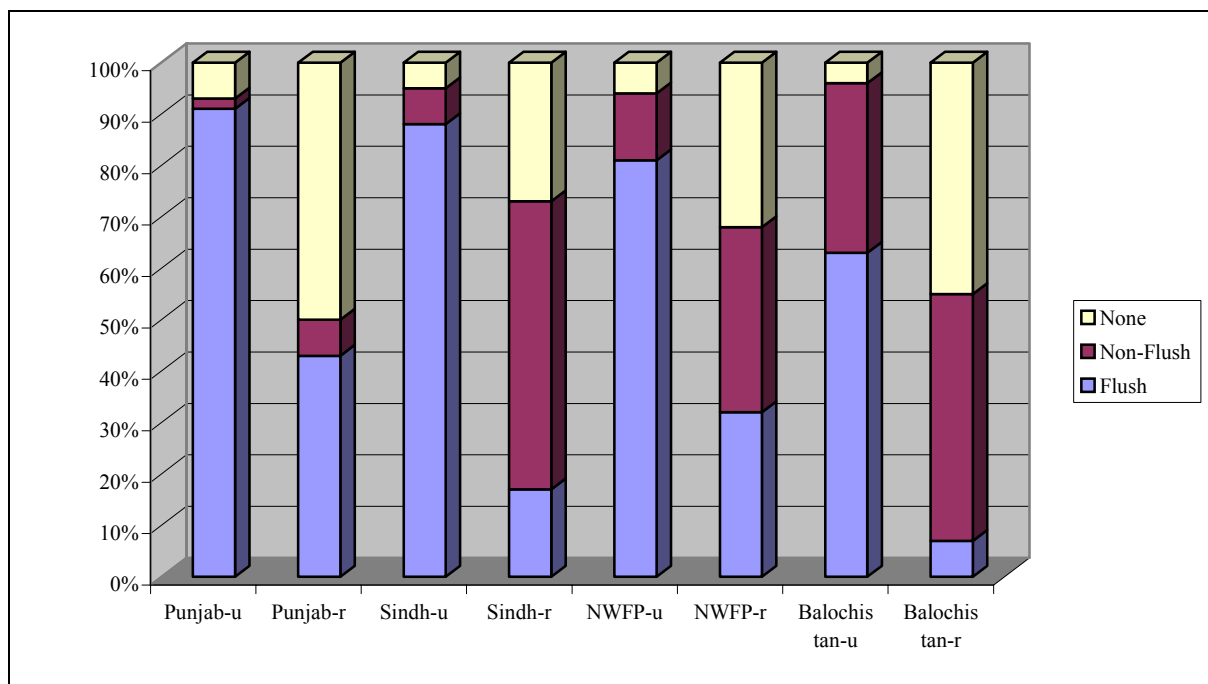
Source: IDC (2002)

Notes: Zaidi (1997) stresses the lack of comparable statistics on access to safe water in Pakistan due to inconsistent definitions and resulting methodologies. He also points out that the high coverage of the population with safe drinking water in Punjab seems to be an over-representation as a large number of the schemes are not operating.

Access to safe drinking water is poorest in rural Balochistan (Figure 6) Brackish groundwater is a problem in many regions that is why the population resorts to rainwater harvesting both for domestic and irrigation purposes. In Sindh and Balochistan, 62% of the area is underlain with groundwater displaying Total Dissolved Solids (TDS) of more than 3,000, which is extremely hazardous (Kahlow, 2004)<sup>7</sup>.

Figure 7: Type of toilet used by households, by province and region 2004-2005 (%)

<sup>7</sup> A TDS of 80-420mg/l are seen as the acceptable range for human consumption.



Source: Federal Bureau of Statistics (2005)

Notes: u=urban, r=rural. The figures to the right of the urban data are rural data for the same province.

Proper sanitation facilities are available to only 42% of the total population, with significant gaps between rural and urban areas (65% in urban areas while 30% in rural areas (Planning Commission, 2005). They are reflected in Figure 7. Whereas flush toilets are common in urban areas of all provinces, a considerable proportion of the rural population has to do without any sanitation system and uses agricultural land for defecation. However, even in urban locations, open drains are the most common form of sewage (Federal Bureau of Statistics, 2005).

The W&S sector is largely a government responsibility. In the provision of W&S, the government in the form of municipal services at the *tehsil*, *taluka* (Sindh), district (Baluchistan) level is the main player. In urban areas, the city district governments have specialized agencies for the provision of water supply and sanitation, such as Water and Sanitation Agency (WASA). The Devolution Plan, launched by the Pakistani Government in 2001, established elected local governments. As per the Local Government Ordinance 2001, W&S are assigned to *tehsils*/towns, save for the case of city districts, which case the district is responsible (Shahid, 2005).

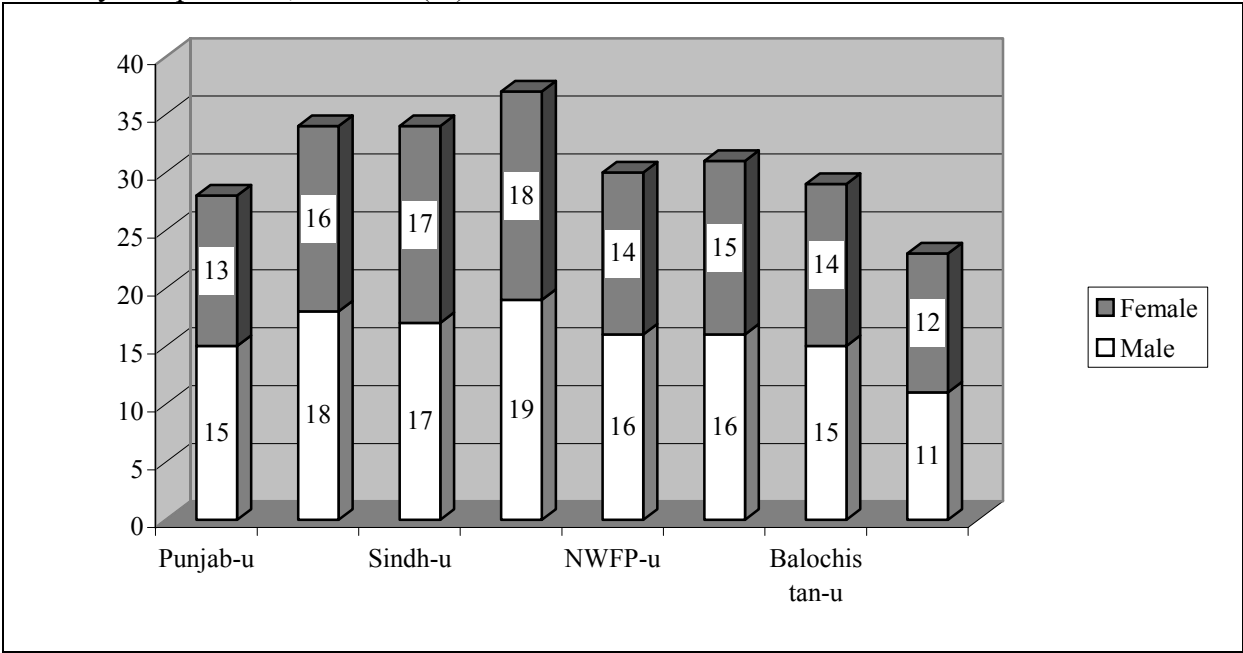
However, in Pakistan's largest city, Karachi, the KWSB does not even manage 20% of the sewerage system. The rest is managed by private actors such as the Karachi Municipal Corporation, District Municipal Corporation, Cantonment Boards, co-operative housing societies, builders and the people themselves (Hasan, 1997).

Consolidated spending (federal and provincial) on water supply and sanitation has decreased over the last years, both in nominal terms and as percentage of GDP. Expenditures on water supply and sanitation have come down from Rs. 6.3 billion in 1995-96, at 0.30% of GDP, to Rs. 4.5 billion, 0.13% of GDP in 2000-01. As a result, extension in public water supply and sanitation facilities have failed to keep pace with the growing needs of the rising population (Planning Commission, 2001).

Particularly in rural areas, gaps in water supply are filled by women’s work in particular. Women can be regarded as the world’s “unofficial water managers” (Seaforth, 2004), implying that their crucial contribution to water supply and management is rarely acknowledged. This also holds true in the Pakistani context. Many of women’s domestic work routines include water-related tasks, such as cleaning the house, household sanitation, washing clothes, and last but not least fetching water, often from distant places. This is despite the socio-cultural restriction of women’s movement in the context of ‘*purdha*’, i.e. the practice of female seclusion (ADB, 2000). However, they are hardly represented in management schemes for domestic water supply and sanitation (Khan, 1998).

The combination of poor coverage with and quality of water supply and sanitation has severe consequences for national health. In Pakistan, 25-30% of all hospital admissions are connected to water-borne bacterial and parasitic conditions, with 60% of infant deaths caused by water infections (Memon, 2004). The most common water-related diseases in Pakistan are diarrhoea, cholera, typhoid, hepatitis, dysentery, kidney stones, malaria, and skin diseases (Khan, 2002). The diarrhoea rate in Pakistan is second highest amongst 31 Asian countries. One third of under-five deaths are owing to diarrhoea (Qutub, 2004). According to some estimates, more than 10,000 people die annually of renal infection due to polluted water.

Figure 8: Children under five suffering from diarrhoea during the past 30 days, by sex, locality and province, 2004-05 (%)



Source: Federal Bureau of Statistics (2005)  
 Notes: u=urban, r=rural. The figures to the right of the urban data are rural data for the same province.

In urban areas, the gaps in the supply with safe water are partially filled by water tankers, such as the Rangers in Karachi, a para-military force. Some religious groups are providing services related to W&S, for example handpumps in Tharparkar (Masood, 2006b). Private sector involvement in the W&S sector can take the form of civil society organisations extending water pipelines to certain *mohallas* with government consent. INGOs such as ActionAid, Islamic Relief, and Oxfam are also involved in setting up drinking W&S schemes. They often concentrate on backward areas and marginalized communities, such as refugees.

Community involvement in rural WSS started through the Aga Khan RSP (AKRSP) in 1982. Decentralised, community-based schemes were taken up in national water-related policies described below since the mid-1990s. Later, the NRSP and the provincial RSPs adopted the method. Key to the approach was the involvement of the beneficiary communities themselves through contributions in cash and kind. During the past eight to ten years, the involvement of NGOs has increased substantially, in particular in rural areas. The RSPs and the AKRSP are important private actors here (Batley et al., 2004).

## 5.2 Government and donor policies in basic water and sanitation

W&S is a stepchild of the GoP: It is nowhere at fully home. Whereas the Ministry of Environment is in charge of urban water supply and sanitation, it was the Ministry of Water and Power that developed the Draft National Water Policy. Both the Ministry of Health, Ministry of Science and Technology and Ministry of Environment are involved in developing standards for drinking water quality.

In the areas of domestic water supply in Pakistan, the policies of past two decades were characterised by a move towards more participatory and privatised approaches W&S.

Under the SAP, introduced by the government in 1993-94, a uniform policy was developed by each of the provincial and area governments that called for the involvement of user communities in rural W&S services. According to it, rural water supply and sanitation schemes were being prepared in consultation with user groups who were required to take over the operation and maintenance (O&M) of these schemes after completion (Ministry of Water and Power, 2002). Zaidi (1997) highlights that some of the schemes had been handed over to the communities despite their resistance to the idea based on the belief that a government agency rather than village water committees would be a better manager of a water supply scheme. Schemes were constructed with little social sensitivity for the needs of the rural communities. The resulting inappropriate design of the schemes without consideration of the needs of the potential users was identified as a main reason why the scheme handover to communities has failed. The drop in coverage with safe drinking water in all provinces from 1995 to 1999 (IDC, 2002) at least does not indicate an improvement during the period of SAP implementation.

As mentioned above, in urban areas, there is so far hardly any involvement of communities or the private sector in development and management of water supply and sanitation facilities (Ministry of Water and Power, 2002) This might change in near future. The Ten Years Perspective Plan (2001-2011) mentions the privatisation of water distribution in selected large cities as an answer to low recoveries of user charges (Qutub, 2004). The MTFD's vision for Pakistan's water sector focuses on water management for irrigation purposes. However, it encompasses catering to the increasing demands for drinking water supplies „in a cost effective manner“. One of the constraints for the development of the water sector as identified in the MTFD 2005-10 is a lack of participation of the private sector. Increased involvement of the private sector is thus mentioned as one of the objectives of the water policy (Planning Commission, 2005). The Privatisation Commission of the Government mentions ground and surface water resources as a potential target sector for future privatisation (Privatisation Commission, 2004; Ministry of Water and Power, 2002).

Currently, Pakistan is developing a National Water Policy. The Draft National Water Policy prioritises access to water to meet domestic water demand. It also envisions the reduction of public spending in urban and rural domestic water through effective and enforced charges for water services. The draft policy sees a greater role for private sector involvement in the provision of urban and rural water supply (Ministry of Water and Power, 2002). On an

operational level, the goals for the rural and urban water supply sectors as defined in the Ten Years Perspective Plan (2001-2011) include the provision of safe drinking water from 53 to 75% of the rural and from 83 to 96% of the urban population by the year 2011 (Ministry of Water and Power, 2002). Despite these ambitious objectives, the funds allocated to achieve these goals are modest. About 3% of the Public Sector Development Programme is allocated to the implementation of them as compared to about 20% of investment in the area of hydropower generation (Ministry of Water and Power, 2002).

Realising the threat poor water quality poses to development in Pakistan in general and human health in particular, the Federal Government has recently initiated a programme 'Clean Drinking Water for All'. About Rs. 8 billion are to be spent on more than 6,000 water filtration plants installation all over the country until December 2007. It is targeted to provide 93% of the population with access to clean drinking water until 2015 (Finance Division, 2006). Private companies are involved as contractors for the supply and installation of filtration plants.

Donor influence through funding and policy dialogue in the area of W&S is significant, albeit less than in the area of irrigation and water storage. The ADB is the biggest lender in the W&S sector, especially in Punjab. An ongoing programme is the 'Water for All' initiative with an overall duration from 2001-2015. Pakistan is one of the focus countries for the project. Objectives include the improvement and expansion the delivery of water services, a move towards integrated management of water resources as well as the improvement of governance and capacity building (ADB, 2003). Under the 'Water for All' initiative, ADB currently runs two programmes that focus exclusively on W&S. Some multi-sectoral projects also include W&S components (Farrukh, 2006).

W&S is a component of USAID's programme on basic health with a duration of five years, from FY 2003. In terms of lending volume, it certainly receives most attention. More than two-thirds out of total budget of USD 21,050,000 is earmarked for W&S. USAID explicitly formulates the encouragement of greater community (public) and private sector participation for improved water access and sanitation for all as a programme aim.

The Swiss Agency For Development and Co-operation (SDC) in co-operation with the World Bank is involved in a W&S programme in Pakistan, focusing on NWFP. In 2005, the programme's second phase was initiated. SDC contributes CHF 1,175,000 to strengthen the relevant government levels responsible for W&S provision. This will be achieved via advocacy at the National and Provincial levels, system development and capacity building through trainings and networking. Share international experiences and technical input relating to W&S. Previously, the agencies jointly established the Community Infrastructure Project (CIP) that will be discussed below (sub-section 5.3). As compared to its involvement in irrigation management, apart from the CIP, the World Bank is hardly involved in W&S (Qamar, 2005).

### 5.3 The state-NSP interface in basic water and sanitation

Despite the courting for private sector involvement in policy documents related to the W&S sector, as compared to primary education and health-care, this area of basic services shows least dynamism regarding collaborations of state and NSPs for service provision. The technical expertise and financial capital required in this sector might have a distinguishing role to play.

*NGOs*

In the urban context, the Orangi Pilot Project (OPP) has become a role model for collaboration between organised communities and public providers in the area of W&S, facilitated by an NGO.

Orangi is the largest squatter camp in Karachi with an estimated population of over 1.2 million. Like other slums, Orangi faces severe problems of health, sanitation, education, housing, and unemployment. Government-provided facilities, such as roads, water supply network, electricity, and some schools and hospitals, proved insufficient to solve the problems of the dwellers. In order to address them, late Akhtar Hameed Khan, a renowned social scientist, launched the OPP in 1980. It functions as a research NGO, which helps people solve their problems by providing social and technical assistance. OPP identifies activists among the residents at the lane level, provides training and technical details, further guidance and supervision and helps to simplify designs so that they are affordable and can be technically implemented locally. Moreover, the project strengthens the position of women in the communities by encouraging participation in community affairs.

The project enables low-income families to construct and maintain an underground sewerage system with their own funds and under their own management as the project's 'internal development' component. OPP's 'external development' component comprises of a trunk sewer and/or the development of a culvert in a natural drain and treatment plants or lagoons and marine outfalls. External development cannot be undertaken by the people and is the government's responsibility. After the municipality's initial hesitation to pick up the work done by the communities, the government adopted the OPP model. Now, OPP is also involved in policy advice, helping the City Government in their W&S planning (Zaidi, 2006). The OPP model is being replicated in seven cities in Pakistan and in some other developing countries as well. The replication has been through CBOs, NGOs and government agencies amongst others through the *Anjuman Samaj Behbood* (ASB) in Faisalabad as mentioned below (Siegmann and Shehzad, forthcoming, Zaidi, 2000; Hasan, 1998).

The NWFP CIP for public sanitation mentioned above was initiated in 1996 through funding by the World Bank and SDC. The project upgrades basic infrastructure in about 90 low-income urban and rural communities through the provision of water supply, storm water drainage, flood protection, streets and footpaths, sanitation, and solid waste management. The project relied on co-operation between communities and contractors who would construct physical infrastructure. Apart from the upgrading of W&S infrastructure, a second programme component included community development, for instance, in the areas of health and hygiene. NGOs and UNICEF were responsible for the implementation of this aspect. The government counterpart before the devolution of power was the Provincial Planning and Development Department. The communities were provided with funds by CIP and had to contribute to the capital costs (World Bank, 2003; Hosain, Samina and Akbar, 1998). After the devolution of power plan, CIP developed relationships with the newly established CCBs (Ashraf, 2006).

The DfID-funded Community Infrastructure Initiative Project (CIIP) has linked the *Sarhad* RSP (SRSP) with *tehsil nazims* and union councillors in 11 districts of NWFP in the area of W&S (DfID, 2005). SRSP has been commissioned as the lead contractor for project implementation, including needs assessment, community development and organisation, support for planning and implementation of W&S systems as well as technical support for capacity building in the municipal bodies (Batley et al., 2004). It outsourced some of these tasks to smaller NGOs. Community mobilisation led to the establishment of CBOs in selected union councils (SRSP, no date). In 2005, the programme was followed up by a Rural Water and Sanitation Supply Project (DfID, 2005).

The interaction between NSPs and the TMA Jaranwala in Faisalabad district are examples for the catalytic role of pro-active individuals in forging collaborations between public and private partners for the provision of basic W&S. The TMA's progressive *nazim* has introduced a number of joint initiatives in W&S. A local NGO, ASB has facilitated the construction of lane sewers with community groups from low-income areas together with the municipal authority. Also, the municipality is directly co-operating with CBOs and for-profit NSPs. For example, for those community groups who construct their own lane sewers, other infrastructure improvement will be publicly provided (Batley et al., 2004).

Some ADB-initiated multi-sectoral rural livelihood projects involve service delivery in W&S with the support of NGOs. The focus of the 'Sustainable Livelihood in *Barani* Areas' project is on improving the economic livelihood and quality of life of the population of dryland (*barani*) areas not served by canal irrigation in rural Punjab. Amongst others, the project includes the provision of local infrastructure, such as W&S. The GoP-funded Agency for *Barani* Area Development is the public partner of the collaboration. NGOs are involved in social mobilization and community training. The work as social organisers who work with the union administrations, villages, and district agencies. (ADB, 2005b). Similar projects are implemented in NWFP bringing together the SRSP and the *Barani* Development Office (Brinkerhoff, 2003).

The Development Trust for Community Empowerment (DTCE) is a NPO, funded by UNDP. The trust's ambitious mission is to create an enabling environment for citizen participation and community empowerment in all unions of Pakistan by 2009. In order to achieve this, DTCE is facilitating the formation of CCBs, with the support of Union Councils and their Monitoring Committees. That way DTCE's activities also raise demand for PPPs in basic services delivery, with concentration on W&S supply. Although the DTCE is an independent body, there are informal links with the government. For example, DTCE's chairman is also chairman of National Reconstruction Bureau (DTCE, no date).

### *CBOs*

Whereas ten years back, the GoP had little trust that CBOs without public technical and financial support could be capable partners in the provision of W&S (The Local Government and Rural Development Department Government of Azad Jammu&Kashmir and Multi-Donor Support Unit, 1995), the play an important role in PPPs in the sector now.

The Punjab Community Water Supply and Sanitation Sector Project (PCWSSP) initiated in 1995 and completed in 2002, is one of the W&S-focused projects the ADB has supported. It targets villages with brackish groundwater. 1,600 rural water supply schemes are to be built under the PCWSSP, of which half have been executed by the PHED (Dawn, 2006). The funding volume encompasses about USD 16 billion until 2007. Besides an ADB soft loan, the Punjab government and the local communities provide smaller shares of the project costs. Whereas communities are participating in these schemes, NGOs are not involved in. Rather than involving NGOs for social mobilisation, the government used its own staff (Farrukh, 2006; ESCAP, 2003).

The Khushal Pakistan Programme selects sc W&S schemes are at the district level through community participation. Amongst others, it has resulted in the construction of 1,145 water supply schemes until 2001 (Planning Commission, 2001; Ministry of Local Government and Rural Development, 2006).

Last but not least, apart from these efforts to upgrade W&S infrastructure and thus to improve coverage of the population, under the devolution plan, CCBs are heavily involved in projects related to W&S. Nation-wide, there are about 22,000 CCBs that have developed about 7,000 projects so far. Of the 3,000 in which DTCE is involved, about 60% are in W&S (Oquist, 2006).

#### *For-profit providers*

A tri-partite collaboration for drinking water supply, involving both for-profit NSPs and CBOs, is described in Batley et al. (2004). Due to the frequent water shortages in Karachi the city administration decided to supply drinking water for the quarter of Orangi is provided by water tankers. They are operated by the Rangers. Community committees make their water tanks available or got involved in building new community tanks.

In Jaranwala, the TMA's *nazim* has implemented a policy that allows donkey cart water vendors who provide drinking water to those households that are not yet connected to pipes to fill their containers at public tube wells free of cost until universal coverage with piped connections has been achieved (Batley et al., 2004).

## 6. Types and dynamics of state-NSP collaboration

### 6.1 Objectives of collaboration

A core set of objectives of state-NSP collaboration in basic services delivery relates to improving aspects of service provision, such as coverage, quality and infrastructure, as well as to raising demand for them.

Improvement of service coverage is of greatest importance in primary education and basic W&S. It involves mainly the local level, both on the public and private side. A majority of the projects initiated by CCBs with the support of (mainly) district governments are new and improved W&S schemes (Oquist, 2006). In newly established public Community Supported Schools and CSRSPs, CBOs act as school managers.

The improvement of service quality is highly relevant both to the education and healthcare sectors. The way to get there often passes management reform, capacity building, and incentives. For example, the management of public institutions at the local level such as BHUs, RHCs as well as primary schools has been contracted out to NPOs. Private school teacher training by the provincial semi-autonomous EFs as well as training and financial incentives given to private mid-wives for better performance through a programme of the Ministry of Health have the same objective of service quality improvement.

Particularly in primary education and basic W&S, set-up or upgrading of infrastructure is the first step for improvement of service coverage and quality. For example, the CIP I described above has led to the physical establishment of new schemes in 90 communities in NWFP. According to a project evaluation, it has also led to a decrease in the incidence of illnesses by 50% on average in the targeted communities (World Bank, 2003). The 'Adopt a school' and grant programmes the EFs run jointly with CBOs, for example, have a strong infrastructural component.

Other interactions between private and public actors are not so closely related to service delivery, and can be considered 'peripheral' collaborations. They include joint institutional and policy development and collaborative funding.

Collaborations between state and private partners in institutional and policy development have taken place across sectors. Heartfile, an NGO takes a lead role in the tripartite development of the National Action Plan for the Prevention and Control of NCDs and health promotion in Pakistan. The AfED network that includes both NGOs and public partners has been involved in the development of the District Education Plans. The TRC, an NGO for education improvement, for example, has developed the national ECCE curriculum. OPP acts as an advisor the Karachi City Government on W&S issues.

Again, both in primary education and healthcare, raising demand for services is one objective of collaboration between state and NSPs. Social marketing of contraceptive use through joint ventures of the Federal Ministry of Population Welfare and NGO, as well as awareness raising regarding the importance of education through NGOs that receive support from the NEF are examples for such demand-raising efforts. It is not encountered often, though, probably due to the inherent criticism of failed government policies.

Access to funding for NSPs has been facilitated by the EFs in the area of primary education, in the form of grants, vouchers, and loans. The Khushal Pakistan Programme has provided loans for community-based W&S projects and the LGO has catalysed local government grants for CCBs in all areas of basic services delivery, but with a heavy stress on infrastructure for W&S. The role of donors is significant in this enhanced access to financial resources (Khan, 2006; Farrukh, 2006).

In policy and project documents in all sectors, alleviation of poverty is a stated cross-cutting target. Gender equality and women and girls' empowerment play a large role in collaborations for primary education. Key informants have questioned the relevance of these objectives for the project reality on the ground (Ashraf, 2006; Lashari, 2006). Shoaib Sultan Khan, chairman of the RSP Network, assumes poverty alleviation to be impossible without partnerships between the government and NSPs. In contrast, participants at the same 2003 RSPN-DfID workshop in Bhurban found that most PPPs lack a pro-poor approach and lead to social exclusion. The poorest of the poor are normally socially excluded, they lack confidence and information, they live in difficult to access areas, and are unable to pay for services (RSPN, 2003).

## 6.2 Forms of public-private interaction

Regarding the forms of state and NSP collaborations in basic services delivery, so far little can be said about the relationship in terms of power relations. In-depth qualitative research is likely to help identifying these. In the context of a weak civil society like in Pakistan, some observers assumed the government to be the more powerful actor, creating or limiting space for collaboration. Even a collaboration is commonly perceived as a government project (Farrukh, 2006). A 'contractual' relationship, in the sense that responsibilities and rights of each partner are being clearly defined, is seen as the more equal and potentially successful relationship (Baig, 2006). The difficulties mentioned in the pilot of contracting out of BHUs in Rahim Yar Khan district as well as in the 'Adopt a school' programme might serve as examples.

Regarding the formality of the arrangement, one can assume the study to be biased towards more formal, contractual arrangements. According to one key informant, a contractual, hierarchical form of interaction is the common way the government looks at the private sector (Nishtar, 2006). Although informal understandings exist where, for instance NGOs get technical advice from district government officials in their project planning and

implementation (Edmonson, 2006; Masood, 2006b), such relationships are hardly documented.

Some observations regarding the division of labour and interactions between state and NSPs can be summarised (Figure A1).

The most common types of state/non-state collaboration for the provision of basic services engage at least two of the following actors: NGOs, CBOs, and, obviously, the state in some representation, are involved. Across sectors, the government is directly or indirectly often the funder of service delivery as well as the provider of infrastructure, such as in the case of schools and BHUs. NGOs as well as CBOs are more commonly found in the role of managers of these facilities. NGOs in particular have strengths in community mobilisation and capacity building. Examples presented above include the RSPs' role, and OPP.

Some informants described NGOs as catalysts, bridging the cultural gap between the government and community (Masood, 2006b; Mujahid, 2006). This gap refers to the distance between government policies, procedures and language and the community needs and capacities. The inclusion of the community is described as being alien to the government. NGOs would, for instance, come with male and female social organisers and an engineer and find out about the community's development priorities. A participatory process would start and create the basis for local ownership. In contrast, if the government embarks on a project, they often rely on lists of local counterparts from political representatives (Farrukh, 2006).

Another gap exists between the government and NGOs. There is a wide disparity in power and other (first and foremost financial) resources between the state and NGOs. Whereas collaboration may lead to enhanced access to these resources for the NGO, with the state partner giving up resources. At the same time they are aware of their dependence and vulnerability vis-à-vis the government, leading to mistrust. The provision of funds by a donor may at least ensure that financially, both the public partner and the NGO benefit.

The private for-profit sector is hardly involved in collaborations. If the collaboration is part of a CSR strategy, companies would contribute funding, such as in the cases of Procter and Gamble and others. Alternatively, companies would act as contractors with clearly defined obligations. The provision of water filtration plants for drinking water supply may be an illustrative example.

### 6.3 Factors of success and failure for collaboration

Theoretically, observers were of the opinion that collaboration can work as each partner has a set of complementary core competences. The government has access to bureaucratic and technical resources whereas NGOs are good in needs assessments and swift in decision-making. The for-profit private sector, finally, has access to financial capital (Masood, 2006b). In practice, though, most key informants described collaborations as a difficult relationship. Informants with an academic background in particular emphasised that 'partnership' or 'collaboration' were euphemisms for the observed interaction between the state and NSPs (Baig, 2006; Nishtar, 2006; Zaidi, 2006), if not myths (Saigol, 2006). This assessment was partially associated with the perceived fear at the level of the (previously) implementing public actor to lose power and other resources. Donor involvement may thus be catalytic in many of the cases described above. If a third party provides resources then both the state and the NSP may gain in terms of access to funding. This assessment may hold true in particular for NPOs with less access to financial resources. Molinas (1998) describes this as decentralised local agents being trapped in a prisoner dilemma type of coordination failure, which can be resolved through some form of non-local hierarchy. The controversy over decision-making power may remain, though.

Participants of an RSPN-DfID-organised workshop in Bhurban in 2003 identified the following issues in PPPs. They saw the need to emphasise the social responsibility of the state as well as for community empowerment. The crucial role of participation is exemplified by the experience of the PCWSSP outlined earlier. In the government-led approach, community mobilisation failed (Farrukh, 2006; ESCAP, 2003). Consequently, participants suggested that all collaboration contracts should include structural safeguards for participation through organised communities. The absence of quality standards for private sector service delivery, and the need to clarify the roles for each of the partners were perceived as another area that causes tension. A suggested solution to this problem is a specific framework to translate PPP policy into practice (RSPN, 2003).

The assessment of the LGO is ambiguous in this respect. Whereas some observers see the greater autonomy of the district governments as a potential for greater public-private partnership (Zaman, 2006; Qadir, 2003), others point at the continued political interference, e.g. through MNAs, and the lack of technical capacity and interest at the local level (Ashraf, 2006; Farrukh, 2006).

A bureaucratic attitude as well as procedures on the side of the state partner is another bottleneck for successful collaboration. The attitude of the government, its culture, leads to the abovementioned gaps and discourages partnerships (Khan, 2006; RSPN, 2003). Sharing responsibility and decision-making evokes fears of loss of power. Even in cases where the government initiates projects under inclusion of a private partner, such as a jointly run primary school, the implementing government officials at the local level would often not be co-operative. Awareness raising is thus necessary on both sides given the fact that experience with PPPs and of other alternate delivery mechanisms is comparatively new in Pakistan. The relevant actors, particularly policy-makers at federal, provincial and district levels including both bureaucrats and politicians need to be sensitised to the prospects, policy options and best practices of PPPs (Qadir, 2003).

According to Ghaus-Pasha, Pasha and Iqbal (2002), collaboration between actors with different comparative advantages as outlined above requires transparency. Unless, for instance, the selection of contractors for delivery of services is based on an objective, transparent bidding process the seemingly clear contractual relationship will be flawed to the detriment of the service consumers. For the Participatory Development Programme, launched under the SAP, no selection criteria on procedures were published. Although private sector firms were invited to submit proposals and several firms prepared and submitted proposals, all were rejected.

Social capital in the form of trust, norms, and networks (Grootaert, 1998) is identified as an important factor of success or failure of collaboration. In an environment with few structural incentives for the government to join hands with the private sector for basic services delivery, personal contacts and initiative matter. For instance, a progressive *nazim* or pro-active bureaucrat in the provincial planning commission makes a big difference rather than the department itself. There is a 'downside of social capital' (Portes and Landolt, 1996) as well. It may also lead to rent-seeking retired government officials who form their own organisations or enter NGOs in order to benefit from their contacts within the government. One key informant perceived this as a major problem. He summarised: "Bureaucrats enter the development sector, the good people leave for abroad." (Ashraf, 2006).

## 7. Outlook

### 7.1 Research questions

Based on the discussion in the previous section, in particular, some building blocks for conceptual frameworks to analyse the interaction between state and non-state actors in the delivery of basic services can be summarised.

Struggles for power appear to lie at the core of difficulties that collaborations in basic services provision face. The state and its various representatives is generally not motivated to share power, in terms of access to resources (financial, decision-making etc.) within a collaboration. However, the legal and policy framework increasingly forces them to, e.g. through the legal framework (LGO) and donor influence. The NSP, in many cases, assumes to gain power in collaboration. A conceptualisation of power, possibly capable to encompass multiple nodes of power, is therefore a minimum requirement for a useful framework to be applied to future research.

Another issue that needs reflection are incentives. State and non-state actors face very different incentive structures, both monetary and non-monetary. To explain and predict form, success or failure of collaboration, these incentive structures need to be analysed. Principal-agent theory focuses on incentive structures and thus obviously covers this criterion. However, in the context of the relationship we try to understand, it also has severe shortcomings. Other than in theory, the government as ‘principal’ more often than not is not the driving force behind objective setting for better service delivery, whereas in many cases the private partner is. This is particularly the case if the private actor is an NGO, charity or CBO, which, for reasons of ideology or self-interest, want better services delivery.

A related issue is the role of social capital in determining the success or failure of collaboration. In the context of Pakistan, where formal institutions (outside the military), contract as well as law enforcement are weak, the role of inter-personal relationships, access to formal and informal networks increases. They might catalyse ‘state-society synergy’ (Evans, 1996) but may also exclude potentially successful actors who are not part of the networks. To conceptualise the role of social capital is therefore another building-block for the analysis of state/non-state collaboration in basic services provision.

This implies that the research aims and questions as outlined in the research proposal and the ‘Guidance note for stage 1’ are highly relevant for the situation found in the Pakistani context. They explicitly take up the issues of power and incentives in the state-private interaction for basic services delivery.

We suggest to explicitly using the degree of poverty/of being underserved with the service in question in case study selection as the mentioned power struggles and incentive structure gain a special importance in the context of resource scarcity.

### 7.2 Case study selection

Some of the criteria for case study selection as discussed during the project workshop in March 2006 included the type of states and tiers as well as actors within the state, the type of NSPs, the type of partnership, the service sector under consideration as well as possibly a differentiation according to rural versus urban location and a special poverty focus as this makes the research policy-relevant. It was also discussed to concentrate on larger programmes and on cases that have a substantial history to be analysed (Batley, 2006).

In the case of this Pakistan case study, at this stage of the research not sufficient information is available about the most important aspect of the study, namely the forms of state/non-state collaborations as defined in section 1. Similarly, in many collaborations encountered, state actors at various levels are involved. Their division of responsibilities, and, thus, to determine who is actually in charge and who determines the agenda is hard to gauge from project documents. In particular in the context of the recent devolution of power that has substantially restructured Pakistan's bureaucratic set-up the levels formally in charge and those actually in power may differ substantially.

In terms of criteria for case study selection, this implies that the following criteria can/should be considered:

- type of NSPs
- service sector

A concentration on large programmes, as discussed during the project workshop in March 2006, may be considered. The discussed concentration on multi-sectoral projects/programmes appears not to be feasible due to their less common occurrence. Additionally, in order to address the poverty focus of the study, we suggest to

- focus on service provision in rural and
- comparatively poor areas

From the examples presented in the paper, we assume that a geographical focus on

- Balochistan (district(s) to be identified) or
- Southern Punjab

may be feasible. NGOs as well as CBOs are involved in collaborations with the state in the provision of primary education, primary healthcare, and basic W&S in these regions. Balochistan ranks significantly lower on all human development indicators than the other provinces (NHDR, 2003). For mainly political reasons, such as the on-going civil war in the province and the global 'war on terrorism', both the *GoP* as well as international donors have re-oriented development efforts to the most backward province. Balochistan's poor infrastructure may be considered a disadvantage in terms of research efficiency. Southern Punjab represents the poorest region within the most populated province.

### *Abbreviations*

ADB	Asian Development Bank
AfED	Alliance for Education Development
AJK	Azad Jammu and Kashmir
AKRSP	Aga Khan Rural Support Programme
ASB	<i>Anjuman Samaj Behbood</i>
ATM	AIDS, TB and Malaria
BEF	Balochistan Education Foundation
BESP	Balochistan Education Support Project
BHU	basic health unit
CARE	Co-operation for Advancement, Rehabilitation and Education
CAS	Center for Advanced Studies
CBO	community-based organisation
CCB	Citizen Community Board
CDC	Child Development Centre
CIDA	Canadian International Development Agency
CIIP	Community Infrastructure Initiative Project
CIP	Community Infrastructure Project
CLEP	Child Labour Education Programme
CSR	corporate social responsibility
CSRSP	Community Support Rural School Programme
CSSP	Community Supported Schools Programme
DCO	District Coordination Officer
DfID	Department for International Development
DOTS	directly observed treatment
DTCE	Development Trust for Community Empowerment
ECCE	Early Childhood Care and Education
EDO	Executive District Officer
EF	Education Foundation
EFA	Education for All
EPI	Expanded Programme on Immunisation
ESR	Education Sector Reforms
ESRA	Education Sector Reforms Assistance
EVS	Education Voucher System
FANA	Federally Administered Northern Areas
FATA	Federally Administered Tribal Areas
FP	Family Planning
FPAP	Family Planning Association of Pakistan
FY	fiscal year
GDP	gross domestic product
GER	gross enrolment rate
GoP	Government of Pakistan
HANDS	Health and Nutrition Development Society
HNI	HealthNet International
ICT	Islamabad Capital Territory
IDA	International Development Association
IDD	International Development Department
ILO	International Labour Organisation
INGO	international non-governmental organisation
ITA	<i>Idara-e-Taleem-o-Aagahi</i>
KWSB	Karachi Water and Sewage Board

LGO	Local Government Ordinance
LHW	lady health worker
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MNT	<i>Mufad-e-Niswan</i> Trust
MoU	Memorandum of Understanding
MTDF	Medium Term Development Framework
NEP	National Education Policy
NGO	non-governmental organisation
NPA	National Plan of Action
NPO	not for profit organisation
NRSP	National Rural Support Programme
NSP	non-state provider
NWFP	North-West Frontier Province
O&M	operation and maintenance
OPP	Orangi Pilot Project
OSI	Open Society Institute
PATA	Provincially Administered Tribal Areas
PCWSSP	Punjab Community Water Supply and Sanitation Sector Project
PEC	Parent Education Committee
PHC	Primary Health-care
PPFC	Planned Parenthood Federation of Canada
PPP	public-private partnership
PRSP	Poverty Reduction Strategy Paper
PTA	Parent-Teacher Association
PWD	Public Works Department
RBM	Roll Back Malaria
RHC	Rural Health Centre
RSP	Rural Support Programme
RSPN	Rural Support Programmes Network
RTI	Research Triangle Institute
SAP	Social Action Programme
SC	School Council
SCSPEB	Society for Community Support for Primary Education Balochistan
SDC	Swiss Agency For Development and Co-operation
SDPI	Sustainable Development Policy Institute
SEF	Sindh Education Foundation
SMC	School Management Committee
SRSP	<i>Sarhad</i> Rural Support Programme
TAF	The Asia Foundation
TDS	Total Dissolved Solids
TMA	<i>tehsil</i> municipal authority
TRC	Teachers Resource Center
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
USD	United States Dollar
VEC	Village Education Committee
WAPDA	Water and Power Development Authority

WASA	Water and Sanitation Agency
WHO	World Health Organisation
W&S	water and sanitation

### *Bibliography*

- Ahmar, M. (2004): The myth and reality of sacred cow. In: Dawn, May 11, 2004.
- Ahsan, M. (2003): An analytical review of Pakistan's educational policies and plans. In: Research Papers in Education 18 (3), 259–280.
- Asian Development Bank (ADB) (2006): ADB Projects in Pakistan. Available at: <http://www.adb.org/PRM/projects.asp#sector>.
- ADB (2005d): Primary School Quality Improvement. Available at: <http://www.adb.org/Documents/Profiles/PPTA/30208012.ASP>.
- ADB (2005c): Decentralized Elementary Education Project (Sindh). Available at: <http://www.adb.org/Documents/Profiles/LOAN/30208013.ASP>.
- ADB (2005b): Sustainable Livelihood in Barani Areas Project (formerly Barani Dev III). Available at: <http://www.adb.org/Documents/Profiles/LOAN/34331013.ASP>.
- ADB (2005a): Country Strategy and Programme Update 2006-2008. Islamabad. <http://www.adb.org/Documents/CSPs/PAK/2005/CSP-PAK-2005.pdf>.
- ADB (2003): Water for All. The Water Policy of the Asian Development Bank. Manila. Available at: <http://www.adb.org/Documents/Policies/Water/water-policy.pdf>.
- ADB (2000): Women in Pakistan. Country Briefing Paper. Available at: [http://www.adb.org/Documents/Books/Country\\_Briefing\\_Papers/Women\\_in\\_Pakistan/women\\_pakistan.pdf](http://www.adb.org/Documents/Books/Country_Briefing_Papers/Women_in_Pakistan/women_pakistan.pdf).
- Batley, R. (2006): Note of team workshop, 27-29 March 2006. Internal note. Birmingham.
- Batley, R., Hussein, M., Khan, A. R., Mumtaz, Z., Palmer, N., Samson, K. (2004): Non-state providers of basic services. University of Birmingham. Available at: <http://www.idd.bham.ac.uk/service-providers/downloads/stage-2/NSP%20Pakistan%20team%20report.pdf>.
- Brinkerhoff, J. (2003): Donor-funded Government-NGO Partnership for Public Service Improvement: Cases from India and Pakistan. In: Voluntas: International Journal of Voluntary and Non-Profit Organisations 14 (1), 105-122.
- Canadian International Development Agency (CIDA), (2006), Community-Based Reproductive Health. Available at <http://www.acdi-cida.gc.ca/CIDAWEB/acdicida.nsf/prnEn/JUD-328225-HB3#8>.
- ESCAP Virtual Conference (2003): Punjab Community Water Supply and Sanitation Project. Available at: [http://www.unescap.org/drpad/vc/conference/bg\\_pk\\_56\\_cwssp.htm](http://www.unescap.org/drpad/vc/conference/bg_pk_56_cwssp.htm).
- Dawn (2006): 800 rural water supply schemes completed. In: Dawn, April 18, 2006. Available at: <http://www.dawn.com/2006/04/18/nat38.htm>.
- Department for International Development (DfID) (2005): Pakistan – Water and sanitation services in a devolved government system. Presentation at 31<sup>st</sup> WEDC International Conference Kampala, Uganda. Available at: <http://www.dfid.gov.uk/pubs/files/max-benefits-wands.pdf>.
- Development Trust for Community Empowerment (DTCE) (2006): DTCE Board of Directors. Available at: <http://www.dtce.org.pk/DTCE/index.htm>.
- Evans, P. (1996): Government Action, Social Capital and Development: Reviewing the Evidence on Synergy. In: World Development, 24 (6), 1119-1132, 1996.
- Federal Bureau of Statistics (2005), Pakistan Social and Living Standards Measurement Survey (PSLSM) - 2004-05. Islamabad. Available at: <http://www.statpak.gov.pk/depts/fbs/statistics/pslm2004-05/pslm2004-05.html>.

Federal Bureau of Statistics (2004): National Accounts of Pakistan - Rebasing From 1980-81 to 1999-2000. Islamabad. Available at: [http://www.statpak.gov.pk/depts/fbs/publications/rebase\\_national\\_accounts/rebasing\\_national\\_accounts.html](http://www.statpak.gov.pk/depts/fbs/publications/rebase_national_accounts/rebasing_national_accounts.html).

Federal Bureau of Statistics (2002): Pakistan Integrated Household Survey (PIHS) Round IV: 2001 - 2002. Islamabad. Available at: <http://www.statpak.gov.pk/depts/fbs/statistics/pihs2000-2001/pihs2000-2001.html>.

Finance Division, (2006): Economic Survey 2005-06. Islamabad. Available at: <http://www.finance.gov.pk/survey/home.htm>.

Finance Division, (2005): Economic Survey 2004-05. Islamabad.

Fund for Peace (2006): Failed State Index 2006. Available at: <http://www.fundforpeace.org/programs/fsi/fsindex2006.php>.

Ghaus-Pasha, A., Jamal, H. and Iqbal, M. A. (2002): Dimensions of the nonprofit sector in Pakistan (Preliminary Estimates). Karachi. Available at: <http://www.pcp.org.pk/pdf/John%20Hopkins%20-%20Nature%20and%20dimensions%20of%20the%20nonprofit%20sector%20in%20Pakistan.pdf>.

Ghaus-Pasha, A. Pasha, H. A. and Iqbal, M. A. (2002): Nonprofit Sector in Pakistan: Government Policy and Future Issues. Karachi. Available at: <http://www.pcp.org.pk/pdf/John%20Hopkins%20-%20nonprofit%20sector%20in%20Pakistan%20-%20Government%20policy%20and%20future%20issues.pdf>.

Grootaert, Christiaan, (1998): Social Capital: The Missing Link?, World Bank, Washington DC.

Haqqani, H. (2005): The United States and Pakistan: Navigating a Complex Relationship. Presentation before the US Commission on International Religious Freedom, June 30, 2005. Available at: [http://www.carnegieendowment.org/files/haqqani\\_testimony\\_07-2005.pdf](http://www.carnegieendowment.org/files/haqqani_testimony_07-2005.pdf).

Hasan, A. (1997): Working with Government. Karachi.

Hosain, M., Samina, T. and Akbar, M. (1998): Community Selection and Responses: A study of Issues and Solutions. The NWFP Community Infrastructure Project. Islamabad.

Human Resources Development Recommendations (2002): Education Sector Reforms Action Plan 2001-2004 – Pakistan: Key Features of the ESR. Available at: [http://www.logos-net.net/ilo/195\\_base/en/init/pak\\_1.htm#21](http://www.logos-net.net/ilo/195_base/en/init/pak_1.htm#21).

Human Rights Commission of Pakistan (HRCP) (2006): State of Human Rights in 2005. Islamabad. Available at: [http://www.hrcp-web.org/ar\\_home\\_05.cfm](http://www.hrcp-web.org/ar_home_05.cfm).

*Idara-e-Taleem-o-Aagahi* (ITA) (no date): Alliance for Education Development (AfED). Available at: <http://www.itacec.org/afed.htm>.

International Crisis Group (2004): Devolution in Pakistan: Reform or Regression? Islamabad/Brussels. Available at: [http://www.crisisgroup.org/library/documents/asia/south\\_asia/077\\_pakistan\\_devolution.pdf](http://www.crisisgroup.org/library/documents/asia/south_asia/077_pakistan_devolution.pdf).

Innovative Development Consultants (IDC) (2002): Safe Drinking Water Supply, Sanitary Latrines Coverage and Waste Management in Pakistan, Desk Review and Meta Analysis. Lahore.

International Development Department (IDD) (2005): Whose public action? Unpublished research proposal. Birmingham.

International Labour Organisation (ILO) (2002): Education Sector Reforms Action Plan 2001-2004 – Pakistan. Available at: [http://www.logos-net.net/ilo/195\\_base/en/init/pak\\_1.htm#21](http://www.logos-net.net/ilo/195_base/en/init/pak_1.htm#21).

Islamic Republic of Pakistan (1973): The Constitution of the Islamic Republic of Pakistan. Islamabad. Available at: <http://www.pakistan.gov.pk/law-division/publications/constitution.pdf>.

Kahlow, A. (2004): Environmental Profile of Natural Water Bodies of Pakistan. In: National Environmental Consulting (Pvt.) Ltd./Pakistan Institute for Environment Development Action Research (PIEDAR) (eds): Proceedings of the National Workshop on Water and Sanitation and Exposition 2004, Islamabad, June 10-12, 2004. Islamabad, 11-16.

Khan, F. and Ali, M. (2003): Privatization of Water- A basic resource for life. Available at: <http://www.jubileesouth.org/news/EpZZZZkFuEofpAgAIB.shtml>.

Khan, S.R. (ed.) (2002), State of the Environment Report for Pakistan, SDPI, Islamabad.

Khan, S.R. (1998): Rural Water Supply Scheme Sustainability in Pakistan: A Comparative Institutional Analysis. SDPI Monograph Series No. 3. Islamabad.

Krishnan, A. (2005): Politics takes precedence in Pakistan earthquake coverage. In: AsiaMedia, October 24, 2005. Available at: <http://www.asiamedia.ucla.edu/article.asp?parentid=32184>.

Lashari, T. (2004): Pakistan's National Health Policy: Quest for a Vision. Islamabad. The Local Government and Rural Development Department Government of Azad Jammu&Kashmir and Multi-Donor Support Unit (1995): Community Management in Rural Water Supply and Sanitation Systems. Proceedings of the National Workshop on RWSS Systems, Mirpur, Azad Jammu and Kashmir, March 28-30, 1995. Islamabad.

Masood, A. (2006): Pakistan Increases Defense Budget. In: ????. Available at: <http://www.arabnews.com/?page=4&section=0&article=83313&d=6&m=6&y=2006&pix=world.jpg&category=World%2>.

Memon, Y. (2004): Ecological Demands of Water in Pakistan, in: National Environmental Consulting (Pvt.) Ltd./Pakistan Institute for Environment Development Action Research (PIEDAR) (eds), Proceedings of the National Workshop on Water and Sanitation and Exposition 2004, Islamabad, June 10-12, 2004. Islamabad, 11-16.

Ministry of Education (2005 a): School Education Statistics 2003-04. Islamabad.

Ministry of Education (2005 b): District Profile of Public Schools. Academy of Educational Planning and Management, Ministry of Education. Islamabad.

Ministry of Education, (2004): The Road Ahead: Education Sector Reforms Action Plan 2001-02 – 2005-06. P&D Wing, Ministry of Education. Islamabad. Available at: <http://www.moe.gov.pk>.

Ministry of Education (2003): Quality of Primary Education in Pakistan. Islamabad. Available at: <http://unpan1.un.org/intradoc/groups/public/documents/APCITY/UNPAN020045.pdf>.

Ministry of Education (no date): Educational Policy 1998-2010. Available at: <http://www.moe.gov.pk/edupolicy.htm#10>.

Ministry of Health (2005): Annual Report of Director General Health: 2002-2003. Bio - statistics Section / PHC Cell. Islamabad.

Ministry of Health (2001): Health Sector in Pakistan: An Overview of the Health Sector: The Way Forward. Islamabad. Available at: [http://lnweb18.worldbank.org/sar/sa.nsf/Attachments/Pak-NHP/\\$File/Pak-NHP.pdf](http://lnweb18.worldbank.org/sar/sa.nsf/Attachments/Pak-NHP/$File/Pak-NHP.pdf).

Ministry of Finance (2006): Salient Features of the Federal Budget 2006-07 (Part-II). Islamabad. Available at: [http://www.finance.gov.pk/budget/2006\\_07/salient\\_feature.pdf](http://www.finance.gov.pk/budget/2006_07/salient_feature.pdf).

Ministry of Local Government and Rural Development (2006): Overview of Rural Development Programmes. Available at: [http://www.pakistan.gov.pk/ministries/ContentInfo.jsp?MinID=41&cPath=614\\_617&ContentID=3264](http://www.pakistan.gov.pk/ministries/ContentInfo.jsp?MinID=41&cPath=614_617&ContentID=3264).

Ministry of Water and Power (2002): Pakistan Water Sector Strategy. National Water Sector Profile, Vol. 5, Office of the Chief Engineering Advisor/Chairman Federal Flood Commission, Ministry of Water and Power, Government of Pakistan. Islamabad. Available at: <http://www.waterinfo.net.pk/pdf/vol5.pdf>.

Molinas, J. R. (1998): The Impact of Inequality, Gender, External Assistance and Social Capital on Local-Level Cooperation. In: World Development 26 (3), 413-431.

National Education Foundation (NEF) (no date f): Adopt-a-School Program. Available at: [http://www.nef.org.pk/program\\_adopt.htm](http://www.nef.org.pk/program_adopt.htm).

NEF (no date e): Grant-In-Aid Program. Available at: [http://www.nef.org.pk/program\\_grant.htm](http://www.nef.org.pk/program_grant.htm).

NEF (no date d): Enhancing Participation in Education through Innovative Schemes for the Excluded and Vulnerable. Available at: [http://www.nef.org.pk/program\\_enhancing.htm](http://www.nef.org.pk/program_enhancing.htm).

NEF (no date c): In-Service Teachers Training Program. Available at: [http://www.nef.org.pk/program\\_ist.htm](http://www.nef.org.pk/program_ist.htm).

NEF (no date b): Community Support Rural School Program. Available at: [http://www.nef.org.pk/program\\_csrsp.htm](http://www.nef.org.pk/program_csrsp.htm).

NEF (no date a): About NEF. Available at: [http://www.nef.org.pk/about\\_nef.htm](http://www.nef.org.pk/about_nef.htm).

Planning Commission, (2005): Working Draft: Medium Term Development Framework 2005-10. Islamabad.

Planning Commission (2001): Pakistan: Interim Poverty Reduction Strategy Paper (I-PRSP), Policy Division, Finance Division, Poverty Reduction Cell, Planning Commission, Government of Pakistan. Islamabad.

Portes, A. and Landolt, P. (1996): The Downside of Social Capital. In: The American Prospect 7 (26). Available at: <http://www.prospect.org/print/V7/26/26-cnt2.html>.

Privatisation Commission (2004): Our Vision and Upcoming Transactions. Islamabad. Available at: <http://www.privatisation.gov.pk/about/vision-goals-program.htm>.

Procter and Gamble, (2003): Corporate Responsibility. Available at: [http://www.pg.com.pk/com\\_cry.shtml](http://www.pg.com.pk/com_cry.shtml).

Punjab Education Foundation (PEF) (no date): Punjab Education Foundation. Available at: <http://www.pef.edu.pk/>.

Qadir, A., (2003): Public-private partnership; The Pakistan experience. In: RSPN (2003): Private Public Partnerships for the Delivery of Basic Services in Pakistan. Islamabad. Available at: <http://www.idd.bham.ac.uk/service-providers/Literature.htm#General%20-Pakistan>.

Qamar, U. (2005): Pakistan: Evolution of World Bank Assistance in the Water Sector. World Bank Country Water Resources Assistance Strategy Background Paper No. 18. Islamabad.

Qutub, S.A. (2004): Sanitation and Hygiene in Pakistan. In: National Environmental Consulting (Pvt.) Ltd./Pakistan Institute for Environment Development Action Research (PIEDAR) (eds): Proceedings of the National Workshop on Water and Sanitation and Exposition 2004, Islamabad, June 10-12, 2004. Islamabad, 38-45.

Rosemann, N. (2005): Financing the Human Right to Water as a Millennium Development Goal. In: Law, Social Justice and Global Development 2005 (1). Available at: [http://www2.warwick.ac.uk/fac/soc/law/elj/igd/2005\\_1/rosemann/](http://www2.warwick.ac.uk/fac/soc/law/elj/igd/2005_1/rosemann/).

Rural Support Programmes Network (RSPN) (2003): Private Public Partnerships for the Delivery of Basic Services in Pakistan. Islamabad. Available at: <http://www.idd.bham.ac.uk/service-providers/Literature.htm#General%20-Pakistan>.

Research Triangle Institute (RTI) (2005): Education Sector Reform Assistance (ESRA) Program. Quarterly Progress Report 9, January-March 2005. Available at: <http://esra.rti.org/esra/projectReports/index.cfm?fuseaction=detail&ID=10>.

Sabawon (2004): Resourcing Gender Equality and Education on the Ground. Learning of Sabawon in Schools of Pakistan. Available at: <http://k1.ioe.ac.uk/schools/efps/GenderEducDev/SABAWON%20paper.pdf>.

Seaforth, W., Why Water is a Women's Issue?, United Nations Center of Human Settlements (UNCHS) (Habitat), Nairobi. Available at: <http://www.unhabitat.org/HD/hdv6n3/waterawomenissue.htm>.

Shah, G. H., Bari, F. and Ejaz, N. (2005): The Role of NGOs in Basic Education. NGO Pulse Report. Lahore. Available at:  
<http://www.sedc.org.pk/portal/sedc/documents/PulseReportEdu.pdf>.

Shahid, K. (2005): Drinking Water and Sanitation Sector: Review of Policies and Performance and Future Options for Improved Service Delivery. World Bank Country Water Resources Assistance Strategy Background Paper No. 8. Islamabad.

Siegmann, K. A. and Sadaf, T. (2004): Gendered livelihood assets and workloads in Pakistan's North-West Frontier Province (NWFP). In: Troubled Times. Sustainable Development and Governance in the Age of Extremes. Karachi, 25-43. Available at:  
[http://www.nccr-pakistan.org/publications\\_pdf/Gender/Siegmann\\_Sadaf\\_SDC04.pdf](http://www.nccr-pakistan.org/publications_pdf/Gender/Siegmann_Sadaf_SDC04.pdf).

Siegmann, K. A. and Shehzad, S. (forthcoming): Pakistan's Water Challenges: A Human Development Perspective. SDPI Working Paper Series. Islamabad.

*Sarhad* Rural Support Programme (SRSP) (no date): Communities, District Governments and Civil Society: Community Physical Infrastructure Initiative Project (CIIP). Peshawar.

Sindh Education Foundation (SEF) (no date d): Adopt-a-School Program. Available at:  
<http://www.sef.org.pk/AASP.asp>.

SEF (no date c): Sindh Education Foundation. Available at:  
<http://www.sef.org.pk/Default.asp>.

SEF (no date b): Child Labor Education Program. Available at:  
<http://www.sef.org.pk/CLEP.asp>.

SEF (no date a): Community Supported Schools Program. Available at:  
<http://www.sef.org.pk/CSSP.asp>.

Society for Community Support for Primary Education in Balochistan (SCSPEB) (2003): Organizational Overview. Quetta. Available at:  
<http://www.scspeb.sdnpk.org/Overview%20May03.doc>.

The Hope (2006): Promotion of Quality Education through Public Private Partnership. Available at:  
<http://www.pef.edu.pk/CLIP/The%20Hope.pdf>.

United Nations Development Programme (UNDP) (2003): Pakistan National Human Development Report 2003. Islamabad. Available at: <http://www.un.org.pk/nhdr/nhdr-pak-2003.pdf>.

UNFPA (2006): Summary of Project: Promoting Interventions for Safe Motherhood (PRISM). Available at: <http://www.un.org.pk/unfpa/PAK-01-P01-01-P01.htm>.

United Nations Population Fund (UNFPA) (2003): Country programme document for Pakistan. Available at: [http://www.unfpa.org.pk/7CP\\_pak.pdf](http://www.unfpa.org.pk/7CP_pak.pdf).

United States Agency for International Development (USAID) (2006b): Education - background. Available at: <http://www.usaid.gov/pk/education/index.htm>.

USAID (2006a): Health. Available at: <http://www.usaid.gov/pk/health/index.htm>.

USAID (2005): USAID Helps Combat Genetic Blood Disease. Available at:  
[http://www.usaid.gov/pk/health/news/050620\\_genetic\\_blood/index.htm](http://www.usaid.gov/pk/health/news/050620_genetic_blood/index.htm).

USAID (2004): Mobile Basic Health Unit, District Toba Tek Singh. Available at:  
<http://www.rspn.org/sidp/file.asp?a=approve>.

USAID (no date): USAID Data Sheet Primary Education and Literacy. Available at:  
<http://www.usaid.gov/policy/budget/cbj2006/ane/pdf/pk391-003.pdf>.

World Bank (2006): Partnering with NGOs to Strengthen Management An External Evaluation of the Chief Minister's Initiative on Primary Healthcare in Rahim Yar Khan District, Punjab. Islamabad.

World Bank (2005): Pakistan: World Bank Approves US\$100 Million to Enhance Quality and Access to Education in Punjab. News Release No:2005/398/SAR. Available at:  
<http://www.worldbank.org.pk/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/PAK>

ISTANEXTN/0,,contentMDK:20419533~menuPK:293057~pagePK:141137~piPK:141127~theSitePK:293052,00.html.

World Bank (2003): Project appraisal document on a proposed credit on the amount of SDR20.2 million and grant in the amount SDR 6.7 million to the Government of Pakistan for the HIV/AIDS Prevention Project. Available at: [http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2003/05/16/000012009\\_20030516110831/Rendered/PDF/25109.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2003/05/16/000012009_20030516110831/Rendered/PDF/25109.pdf).

World Bank (no date b): Project Information Document Balochistan Education Support Project. Available at: [http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2006/04/03/000104615\\_20060403090312/Rendered/INDEX/Project0Inform1raisal0Stage0April03.txt](http://www-wds.worldbank.org/servlet/WDSContentServer/WDSP/IB/2006/04/03/000104615_20060403090312/Rendered/INDEX/Project0Inform1raisal0Stage0April03.txt).

World Bank (no date a): Building Better Schools in Pakistan. Available at: <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTEDUCATION/0,,contentMDK:20019263~menuPK:282391~pagePK:64020865~piPK:149114~theSitePK:282386,00.html>.

World Health Organisation (WHO) (2006b): National Health and Health Development Situation. Available at <http://www.whopak.org/pakprofile.htm>.

WHO (2006a): Tuberculosis (TB). Available at: [http://www.who.int/tb/publications/global\\_report/2005/annex1/en/index13.html](http://www.who.int/tb/publications/global_report/2005/annex1/en/index13.html).

WHO (2004) Report on Biannual Performance 2002 –2003. Islamabad. Available at: <http://www.whopak.org/Publications%20&%20Reports/Biennial%20Report%202003%20-%202004.pdf>.

WHO (no date): Basic Development Needs (BDN). Available at: <http://www.un.org.pk/who/who.htm>.

Zaidi, S. A. (2000): Transforming Urban Settlements: The Orangi Pilot Project's Low Cost Sanitation Model, City Press. Karachi.

Zaidi, S.A. (1997): The Rural Water Supply and Sanitation Sector in Pakistan: Policy, Institutions and Prospects. Revised Final Report for WaterAid. Karachi.

Figure A1: Roles and interactions in collaborations for basic services provision

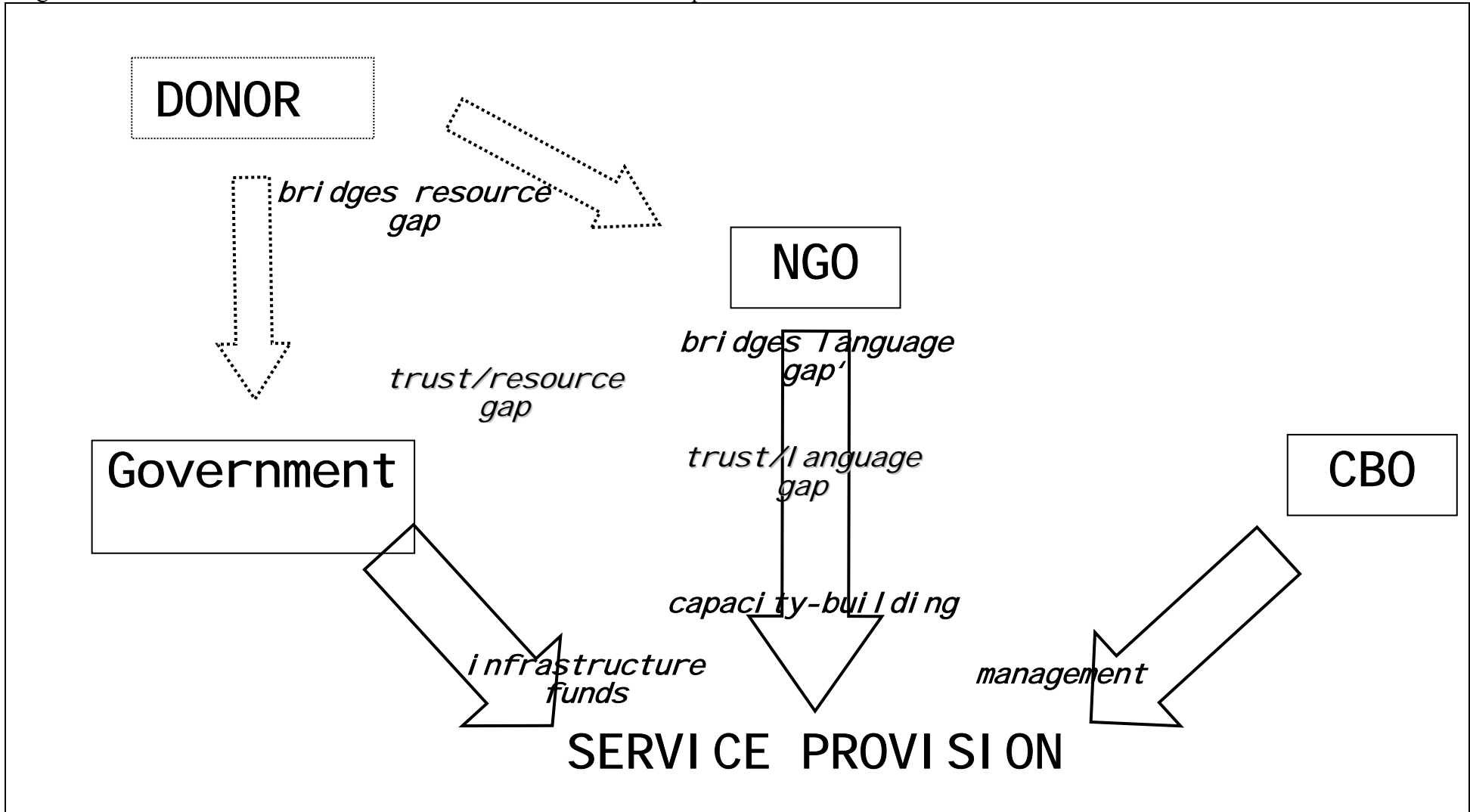


Table A1: List of key informants

<i>Name</i>	<i>Designation</i>	<i>Organisation</i>	<i>Area</i>	<i>Interview date</i>
Mr. Aimal Khan	Advocacy Coordinator	SDPI	Basic services	May 24, 2006
Dr. Abid Suleri	Assistant Executive Director	SDPI	Basic services	May 25, 2006
Mr. Akbar Zaidi	Development consultant		Basic services	June 12, 2006
Mr. Anjum Masood	Manager Field Operations Team	DTCE	Basic W&S	May 31, 2006
Mr. Waseem Ashraf	Manager Field Operations	DTCE	Basic W&S	May 31, 2006
Mr. Raza Farrukh	Project Implementation Officer	ADB	Basic W&S	June 1, 2006
Mr. Manzoor Rehman	Senior Project Implementation Specialist	ADB	Basic W&S	June 1, 2006
Dr. Paul Oquist	Technical Adviser	DTCE	Basic W&S	June 5, 2006
Dr. A. H. Nayyar	Visiting Fellow	SDPI	Primary education	April 17, 2006
Dr. Syed Fayyaz Ahmad	Joint Education Advisor	Ministry of Education, Planning & Policy Wing	Primary education	May 26, 2006
Mr. Zaheer Iqbal	Assistant Education Advisor	Ministry of Education (ESR Program)	Primary education	June 1, 2006
Colonel Khalid Ahmad	Personal Secretary Minister of Education	Ministry of Education	Primary education	June 2, 2006
Dr. Rubina Saigol	Country Director	ActionAid Pakistan	Primary education	June 14, 2006
Dr. Shafqat Shehzad	Research Fellow	SDPI	Primary healthcare	May 25, 2006
Dr. Talib Lashari	Consultant Health Policy	Ministry of Health	Primary healthcare	May 26, 2006
Dr. Khushhal Khan Zaman	National Professional Officer, PHC	WHO	Primary healthcare	May 30, 2006
Dr. Ahmad Shadoul	Medical Officer Child and Adolescent Health (CAH)	WHO	Primary healthcare	May 30, 2006

Table A1: List of key informants (continued)

<i>Name</i>	<i>Designation</i>	<i>Organisation</i>	<i>Area</i>	<i>Interview date</i>
Mr. Qadeer Baig	National Manager	Pakistan National AIDS Consortium	Primary healthcare	June 1, 2006
Dr. Sania Nishtar	President	Heart file	Primary healthcare	June 2, 2006
Ms. Jane Edmonson	Head Healthcare	DfID	Primary healthcare	June 6, 2006
Dr. Ahmad M. Isa	Senior Medical Officer	The Asia Foundation	Primary healthcare	June 16, 2006
Dr. Saadia Younas	Medical Officer	National Centre for Human Development	Primary healthcare	July 24, 2006

Table A2: List of potential key informants

<i>Name</i>	<i>Organisation</i>	<i>Area</i>
Mr. Shahid A. Salim	Federation of Chambers of Commerce and Industry	Basic services
Ms. Shehnaz Wazir Ali	Centre for Philanthropy	Basic services
NN	NRSP	Basic services
Mr. Nadeem	PPAF	Basic W&S/basic services
Mr. Arif Hasan	OPP/Urban Resource Centre	Basic W&S
Mr. Zulfiqar Umar	DfID	Basic W&S
Mr Sahfiq Durrani	PAK-CDP	Basic W&S
Mr. Zakaullah	PAK-VDP	Basic W&S
Mr. Sardar Ayub	AKRSP Chitral	Basic W&S
Mr. Zafarullah	CIP II	Basic W&S
Mr. Raja Rehan	World Bank	Basic W&S
Ms. Zehra	World Bank	Basic W&S
NN	Al Khidmat Foundation	Basic W&S
NN	UNICEF Peshawar	Basic W&S/primary healthcare/
Mr. Steve Prosingham	DfID	Primary education
Ms. Nargis Sultan	DfID	Primary education
Mr. Fazal Manan	NWFP Directorate of Education	Primary education
Ms. Ali Begum	Frontier Education Foundation (PEF)	Primary education
Mr. Anwar Kemal	Anjuman Baraiat Talim	Primary education
Ms. Sajida Vandal	NCA	Primary education
Dr. Syed Fayyaz Ahmad	Ministry of Education, Planning & Policy Wing	Primary education
Mr. Shahid Ali Khan	Ministry of Education Project Wing	Primary education

Table A2: List of potential key informants (continued)

<i>Name</i>	<i>Organisation</i>	<i>Area</i>
Dr. Saleem	Ministry of Education Project Wing	Primary education
Dr. Ashfaq	Ministry of Health	Primary healthcare
Dr. Aslam Khan	Ministry of Health	Primary healthcare
Dr. Asma Bokhari	Ministry of Health	Primary healthcare
Dr. Karam Shah	Ministry of Health	Primary healthcare
Dr. Haroon Jehangir	Ministry of Health	Primary healthcare
Dr. Salim	Ministry of Health, Rural Community Health program	Primary healthcare
Dr. Mubashar	UNFPA	Primary healthcare
NN	Action Aid Pakistan	Primary healthcare
Dr. Shakeel	PRSP	Primary healthcare
NN	Health and Nutrition Development Society (HANDS)	Primary health-care
Dr. Inham-ul-Haq	World Bank	Primary health-care
Dr. Talat	EDO Health, District Gujrat	Primary health-care
Dr. Bilu	WHO Representative	Primary health-care
Prof. Zenat Iesani	MCH at District Shikarpur , Sindh	Primary health-care
NN	Procter and Gamble	Basic services
NN	Chenab Textile Mill	Primary health-care

Table A3: List of state/non-state collaborations in basic services delivery

<i>Programme</i>	<i>Sector</i>	<i>State actor</i>	<i>NSP</i>	<i>Location(s)</i>	<i>Form of collaboration</i>	<i>Source of funding</i>
Community Support Rural School Programme (CSRSP)	Primary education	NEF	NGOs, CBOs (Community Education Committees)	FATA, FANA, AJK, ICT		NORAD
Balochistan Education Support Project	Primary education	BEF	NGOs, CBOs (PECs), for-profit NSPs	Balochistan		World Bank
Education Vouchers	Primary education	NEF		ICT, Southern Punjab, FATA		World Bank
Education Voucher Scheme	Primary education	PEF	NGO (OSI)	Slums in Lahore		
Financial Assistance per child enrolled basis	Primary education	PEF, District Government	NGOs (MNT, Bunyad, CARE), private schools	Two districts of Punjab	Formal	
Community Support School Upgradation Programme	Primary education	District government	NSPs	Punjab, NWFP		
Child Labour Education Programme	Primary education	SEF	NGO (Child Development Center)	Karachi	Formal	
Grant-in-Aid and Loan Programme	Primary education	EFs	NGOs, CBOs	Urban slums (NEF)		
Adopt a School Programme	Primary education	EFs, Federal Directorate of Education	NGOs (CARE, CAS), CBOs, charities	National	Formal	

Table A3: List of state/non-state collaborations in basic services delivery (continued)

<i>Programme</i>	<i>Sector</i>	<i>State actor</i>	<i>NSP</i>	<i>Location(s)</i>	<i>Form of collaboration</i>	<i>Source of funding</i>
Primary School Quality Improvement Project	Primary education	Ministry of Education, Punjab Department of Education	NGOs	Southern Punjab	Formal	ADB
Decentralized Elementary Education Project	Primary education	District education offices	NGOs	Sindh		ADB
Encouraging community involvement in school management	Primary education		INGO (RTI)			USAID
Development of district Education Plans	Primary education	SEF	NGOs, (AfED)	Sindh	Co-production	USAID
ECCE curriculum development	Primary education	Ministry of Education	NGO (TRC)	National	Contracting	USAID, UNICEF, ADB
Communities Supported Schools Programme	Primary education	SEF, Sindh Education Department	CBOs (VECs)	Five districts of Sindh		World Bank
Public school improvement	Primary education		Private companies (CSR)			USAID
Fellowship School Programme	Primary education	BEF	NGO (SCSPEB), CBOs	Balochistan, Sindh		World Bank
Initiative for Primary Health care	Primary healthcare	District Government	Punjab RSP	District Rahim Yar Khan	Horizontal, formal	

Table A3: List of state/non-state collaborations in basic services delivery (continued)

<i>Programme</i>	<i>Sector</i>	<i>State actor</i>	<i>NSP</i>	<i>Location(s)</i>	<i>Form of collaboration</i>	<i>Source of funding</i>
Establishment of Thalassaemia centre	Primary healthcare	District Government	RSPN	District Badin		USAID
Mother and Child Hospital	Primary healthcare	District Government	Private practitioner	District Shikarpur		
Joint management of RHC	Primary healthcare	District Government	Baqai Medical College	Karachi		
Joint management of BHUs	Primary healthcare	District government	NGO (HANDS)	Various districts Sindh	Horizontal, formal	
Training of health service providers	Primary healthcare		NGOs (FPAP, PVHNA, APWA, MSI)			UNFPA
Community-Based Reproductive Health	Primary healthcare		NGO (FPAP), INGO (PPFC)			CIDA
Roll Back Malaria Initiative	Primary healthcare	Ministry of Health	NGOs/INGOs (NRSP, Green Star, (HNI), TAF)	National in 43 districts		WHO, UNDP, World Bank
TB Control Program	Primary healthcare	Ministry of Health, District Government	INGO (TAF), NGOs			Global Fund for ATM
HIV-AIDS Control	Primary health-care	National AIDS Control Programme	NGOs, CBOs, For-profit provider		Formal, vertical	World Bank
Non Communicable Diseases Control	Primary healthcare	Ministry of Health	NGO (Heartfile)	National	Contracting, formal	WHO

Table A3: List of state/non-state collaborations in basic services delivery (continued)

<i>Programme</i>	<i>Sector</i>	<i>State actor</i>	<i>NSP</i>	<i>Location(s)</i>	<i>Form of collaboration</i>	<i>Source of funding</i>
Tobacco-related legislation	Primary healthcare	Ministry of Health	NGO (The Network for Consumer Protection)	National		
Community Mid-wives	Primary healthcare	Federal and Provincial Ministries of Health,	For-profit providers			WHO
Mobile BHUs	Primary healthcare	District Government	Private company (CSR)	District Toba Tek Singh		USAID
Awareness-raising hygiene	Primary healthcare		Private company (CSR)	National		
OPP and its replications	Basic W&S	City government	NGO (OPP), CBO	Karachi, seven other urban locations	Horizontal, formal	
Community Infrastructure Project (CIP)	Basic W&S/multi-sectoral	District government	NGOs, CBOs/CCBs	NWFP	Vertical, formal	World Bank, Swiss Development Co-operation
Community Infrastructure Initiative Project (CIIP)	Basic W&S	District Government	NGO (SRSP), CBOs	11 districts of NWFP		DfID
PPPs Jaranwala	Basic W&S	TMA	NGO (ASB), CBOs, private vendors	Jaranwala		
Community tanks	Basic W&S	City administration	CBOs	Karachi		

Table A3: List of state/non-state collaborations in basic services delivery (continued)

<i>Programme</i>	<i>Sector</i>	<i>State actor</i>	<i>NSP</i>	<i>Location(s)</i>	<i>Form of collaboration</i>	<i>Source of funding</i>
Punjab Community Water Supply and Sanitation Sector Project (PCWSSP)	Basic W&S	PHED	CBOs	Punjab	Co-production	ADB
Khushal Pakistan Programme	Multi-sectoral	Various government agencies	CBOs	National		
CCBs in basic services provision	Multi-sectoral	<i>Tehsil</i> /district government	CBOs (CCBs)	National	Formal	
Basic development needs	Multi-sectoral	District government, Ministry of Health	CBOs, private companies (CSR)	Two districts of Punjab, NWFP, one each in AJK, Balochistan, and Sindh, nationally replicated in 24 districts		WHO, Global Fund
Sustainable Livelihood in <i>Barani</i> Areas	Multi-sectoral	Agency for Barani Area Development	NGOs	Punjab, NWFP		ADB
Community Empowerment	Multi-sectoral	Union councils	NGO (DTCE), CCBs	National		UNDP