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Discussion Paper 5: Cross-sector Identification of Conditioning Factors and the Nature of Relationships

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Cross-sector Identification of Conditioning Factors and the Nature of Relationships

Introduction
The purpose of this paper is to provide a basis for further cross-country and cross-sector analysis by identifying the key findings of two aspects of our country research:

(i) the 'conditioning factors' that affect government-NSP relations (a) generally, (b) at programme and (c) at case level. The paper briefly describes the factors and then compares them in tables, based on examination of the country history, programme and case papers;
(ii) the nature of the organizational relationships operating at case level. The paper briefly describes the relationships and then compares them in tables, based on the case papers.

The paper does not present the analysis but attempts to identify key features.

The questions
i). The research question that addressed 'conditioning factors' was:
"What are the factors that condition agendas of public action?"

This was explored at the general (macro) country level, then at programme (meso) level, and then is the specific (micro) case studies.

General (macro)
There are some macro-level (i.e. beyond the particular case) institutions that are likely to affect the way that organizations operate, define their agendas and influence their relationships. These may be somewhat similar across sectors, but may well affect them differently. The factors used in this part of the study were: the political régime type (e.g. closed and exclusive or open and inclusive); political control at different levels of government; policy and legal frameworks and stability within which NGOs/VOs operate; the role of donors in influencing national policies; the organization of the NGO/VO sector; the history of relations between government and NSP;
Evidence: Based on Country History and Programme papers

Factors at programme level (meso)
These are factors that directly relate to government relations with NGO/VOs in the programme areas we have studied. By setting the framework of constraints and opportunities within which NGO/VOs operate, they condition organizations' room for manoeuvre. How far are they governed by policy objectives and standards? With what level of government do they connect? On whom are they financially dependent? How do NGO/VOs engage with government and what range of NSPs is involved?
Evidence: Based on Country Programme papers

Factors specific to cases
All the above factors are likely to apply at this level but in addition factors that might influence or condition the agendas of particular organizations are the commitments of founders if these are still relevant, the personal networks of leaders, more institutional networks between non-state providers, the sources of funding and their implications for

the organizations' commitments and accountability, and the degree to which they are linked or accountable to particular communities.
Evidence: Based on Country Case Studies

ii). The research question that addressed 'organizational relationships' was:
"What is the influence of organizational forms on relationships?"

The case studies explored the organizational form that relationships take, how these affect the interests/agendas of parties, and how the parties exercise strategy to shape the relationship.

This paper focuses on identifying:
- The level of government at which NSPs engage
- Whether the relationship is shaped jointly or imposed
- The organizational form of relationship
- Whether the relationship as practised conforms with intentions
- The influence of actors on the relationships' evolution

1. Macro-conditioning factors: the general political and policy environment

This section does not attempt to do more than indicate some leading factors.
Common factors across countries:

- Pre-colonial history of religious based philanthropy
- Response to colonial power in voluntary associations which went on to underlie political organization for and after independence
- Legislation covering registration: Societies Registration (1860) and Trust Act (1882) and, in India and Bangladesh, receipt of foreign donations
- Absorption of voluntary leaders into state administration, e.g. in India at independence and in Pakistan under Musharraf
- Emergence in the 1980s of NGOs as a recognized 'sector', often with direct or indirect foreign-funding and with a development rather than relief/charity agenda. Much of this sector is perceived by researchers and commentators as professionalized, committed to donor agendas and detached from the grassroots
- Contention and mistrust characterize the relationship of governments with NGOs and VOs (particularly those with a political or advocacy mission), although all three countries now have policy commitments to partnership.

India:

The state is in charge. It sets the parameters of the relationship of NGOs, incorporating, limiting (particularly under the 1975-77 'emergency') and defining the role of NGOs and the private sector, but shifting in the 1980s and 1990s towards more liberalization and partnership. Most NGOs maintain an ambivalent relationship with government, seeking funding or engagement but concerned about compromising their autonomy where the state has a decisive position. Decentralized government creates opportunity for local level engagement. Donors are not as central as in the other countries, providing limited funding and increasingly through government.

Pakistan

Policy instability and changing relationship with VO/NGOs result from changes in regime and in the balance between military, religious and external forces. Suppression of left/liberal/advocacy movements gave way to support for welfare NGOs, then takeover by state of education organizations; periodic support or control of FBOs. In the 1990s commitment to partnership with NGOs and the private sector grew under donor influence, particularly through the Social Action Programme. Musharraf's government strengthened the commitment to public-private partnership and decentralization, brought NGO figures with donor connections into government and created space for experimentation in new forms of service provision. Donors have supported decentralization and NGO involvement in service delivery.

Bangladesh

NGOs grew as an autonomous sector in response to disaster and with strong donor support and funding. They became major providers of basic public services, on their own account but also as implementers of national policies, and influential on local and national 'non-party' politics. NGOs have split on political lines, and government has taken action to limit NGOs associated with opposition. The state attempts to regulate and control access to funds, but at the same time to incorporate NGOs into policy dialogue and planning at all levels of government. Donors, often organized in consortia, and INGOs have a major role in influencing policy and as funders of NGOs directly and (increasingly) through government.

Table 1.1: Macro-conditioning factors for NGOs and VOs

	Political inclusion	Political centralism	Policy stability	Donor influence	Plurality of NGO/VO sector	Posture of NGO/VO sector versus state
India	Stable and plural political environment creates opportunity for NGPA. Opposition to advocacy countered by strong civil society movement.	Power is increasingly decentralized. Most NGO engagement is at state and municipal level.	Continuous policy of govt leadership and incorporation of NGOs, but shift to PPP. Variation between states and municipalities on policy of NGO collaboration.	Relative unimportance, except in piloting experiment and as counter source of funding.	Plural and competitive backed by multiple funding sources. Some united under umbrella associations.	Possibility of selective association with levels of govt, strategically adjusting degree and form of engagement, and doing advocacy and/or welfare.
Pakistan	Disputed power base creates uncertainty about who is in/out (left, liberal, religious groups). Strong opposition to left/liberal advocacy by government	Power is centralized, and decentralization policy is ambiguous creating little opportunity for sustained local policy.	Instability and uncertainty depending on current influences, but broad shift to PPP.	Key role in legitimating and channelling funding to liberal causes.	Relatively fragmented, except when brought together under banner of donor projects.	Need for close association with central power and donors on a personal or incorporated (GONGO) basis; or to approach govt from own strong power and funding base
Bangladesh	Alternating military/party power base. Politics of exclusion by those in power. Political polarization extends into splits between major NGOs. NGO role disputed by left and religious groups.	Power is centralized, but decentralization creates new opportunity for local government engagement. NGOs are formally engaged with government at all levels.	Stable and growing policy support for NGOs strongly influenced by donors. Policy of collaboration is countered by practice of wilful goverment regulation and control.	Donors and INGOs have had a key role in supporting a 'shadow government' of large NGOs and in organizing consortium funding.	Large and multiple, but organized through sub-contracting by big NGOs, donor consortia, and umbrella associations.	Big NGOs and umbrella associations have high level of autonomy, subject to political alignments. Funding dependence for smaller NGOs creates contract culture. Preference for donor contracts.

2. Meso conditioning factors: the environment at programme level
2.1 Factors affecting contracting out of primary health care centres to NSPs

India:
Health policy emphasis on predominant role of state, though with more decentralized responsibility, especially for PHC, from 1980s under the National Health Policy and 7th plan. Local bodies became responsible for primary health care centres in the mid-1990s under the 73rd and 74th constitutional amendments. Private and NGO health care delivery, mobilization and awareness promotion grew in the 1980s in response to the failure of state services. From 1980, the allocation of government subsidies and grants to NGOs has grown under succeeding national plans. However, the presence of NGOs as health providers is very variable between state, but generally scarce and dependent on donor or government funding. A national level 'mother NGO' programme was funded by GOI from mid-1980s to support local NGOs providing mother and child health services in collaboration with local government. From the mid-1990s, there has been growing policy emphasis on PPP in hospitals and clinics and on the contracting of NGOs to manage government primary health care centres in recognition of weak and under-funded government provision. There are few cases of contracted out management of primary health care centres funded by state governments together with the resources of participating NGOs in Andhra Pradesh, Rajasthan and Karnataka.

Pakistan:
Primary healthcare has been a priority under all government plans, but under-funded. Improvement of PHC became a priority under the mid-90s Social Action Plan and Poverty Reduction Strategy, when policy was adopted to engage in partnership in service provision with NGOs and private organizations. The main longstanding case of this sort of collaboration with government is the operation of clinics by the Family Planning Association. The Musharraf government (1999-) enhanced commitment to the policy of contracting out services, with the encouragement of the World Bank and donors. A policy commitment was made to hand over all basic health units to the management of the Pakistan Rural Support Program, a quasi-government NGO, beginning with 11 districts of the Punjab. Although it was supposed to be a model for the country, the experiment lost the support of the Punjab provincial government and the BHUs are supposed to be returned to the government in 2008.

Bangladesh:
PHC and community clinics have emerged as the core focus of health care. NGO involvement in primary health care and immunization grew up in the 1970s and was then consolidated with strong funding and influence by donors in the 1980s onwards. NGOs and other civil society organizations have been involved both in the making of policy and in its implementation. A broad policy framework is provided in the Health and Population Sector Strategy (1998) which focuses on the least advantaged, coordinates donor support and spells out principles of government-NGO collaboration. Under HPSS, an 'essential service programme' accounting for 48% of the MOH's expenditure provides PHC at sub-district (upazila) level in rural areas. DFID established the Bangladesh Health and Population Consortium to channel funds and capacity-building to NGOs delivery of child, maternal and family services, including to several contracted to manage government PHC centres. A donor funded Urban Primary Health Care Project supports partnership agreements between municipalities and NGOs contracted to provide primary health care in slum areas of 6 cities. An elaborate administrative structure links government at national, city and ward levels with the several implementing NGOs.

Table 2.1: Meso-conditioning factors affecting NSP management of primary health care centres

	Strength of government policy framework	Main level of government at which NGOs engage	Funding source for NGO management of government PHCs	Form of NGO engagement	Range of NSPs involved
India	PHC is a govt priority within the system of health care planning. There is a policy commitment to private/NGO management but practice is scarce.	State and local levels. Context of decentralized hierarchy of health delivery.	Government together with NGOs' own funding. USAID support at outset.	Contract for management of government PHCs.	Very few and isolated cases of NGO management of PHCs in a few states.
Pakistan	Ditto	District and provincial level. Context of decentralization of health delivery.	Government	Contract for management of government PHCs.	Only one GONGO.
Bangladesh	PHC is a govt priority. Strong policy framework including for NGO management of PHCs. Extensive practice.	All levels but main point of engagement is upazila and municipality. Context of decentralized hierarchy of health delivery.	Donors via government	Contract for management of government PHCs.	Multiple NGOs.

2.2 Factors affecting NSP support for primary and non-formal education

India:
Programmes of non-formal education for out of school children were initiated by some state governments in the 1970s; then adopted in a central scheme for educationally backward areas from 1978-9. By 2000, more than 303,800 NFE centres were funded by the national government – with states receiving 60% and NGOs 100% assistance. Donors funded additional centres directly. Lessons from the latter led to revision of the government's programme from 2000 and consolidation of government and donor funding in one programme under the SSA (EFA). This offered alternative paths into regular education for children with different backgrounds, with VO/NGO centres being funded 100% and funding for state-run centres shared 75:25 between central and state governments. Collaboration varies between 3 models where state or municipal government (i) seek support of large established education NGOs to make inputs (curriculum, training, management etc) to pilot projects which are then rolled out on a contract basis with state funding, (ii) create an NGO as a 'special purpose vehicle', (iii) create an autonomous body to contract small NGOs to run NFE centres or to collaborate with independently funded NGOs that develop teaching materials and modules. NGOs have varying degrees of dependence on government funding, but in general government sets the framework within which they operate.

Pakistan:
Commitment to the universalization of primary education has been a key policy objective since Pakistan's foundation. Partnership with NGO/CBOs in state programmes grew with the donor-funded Social Action Program in the 1990s. Two main non-conventional strategies for achieving this have been (i) support for non-formal teaching and literacy programmes since the late 1970s. This was spurred by the international EFA agenda, and consolidated in the current government's Non-Formal Basic Education Programme which plans to establish 82,000 schools with community contributions, NGO facilitation, and donor/government funding, and (ii) support for the improvement of government schools by private promoters (mainly material support) and NGOs (school management and/or community mobilization). These programmes have a mix of funding by national and provincial governments, and donors through government and NGOs. Devolution to local government backed by donors has enhanced opportunities for NGOs as both the makers and implementers of policy.

Bangladesh:
Since the 1980s NGOs have been important actors in the education sector, particularly in adult literacy and non-formal primary schooling. The latter includes three main modes of provision – NGOs may act independently with direct donor funding, as 'franchisees' of a large NGO's programme (principally BRAC's Educational Support Programme which supports 624 NGOs in running 5500 schools). All aim to qualify children for transfer to regular government schools. Spurred also by the EFA agenda, the government declared a compulsory primary education programme in 1992, including an Integrated NFE Programme. A directorate of non-formal education was established in 1995 in the Ministry of Primary and Mass Education, mainly to contract NGOs. Allegations of mismanagement led to DNFE's closure in 2003 and revival in 2006 as the Bureau of Non-Formal Education. Matching the government's organization is an umbrella association, the Campaign for Popular Education, set up in 1991 to represent the approximately 700 NGOs involved in education and to engage in policy advocacy. Government and donors have also used CAMPE as a point of contact with NGOs.

Table 2.2: Meso-conditioning factors affecting NSP support for government primary education

	Strength of government policy framework	Main level of government at which NGOs engage	Funding source for NGO support of schools or NFE centres	Form of NGO engagement	Range of NSPs involved
India	Elaborate framework for bringing out of school children into education with consolidated state/donor funding.	State and municipal governments	Government/donor funding combined under SSA (EFA) programme and allocated to government and NGO centres. Also direct donor funding of NGOs.	Ranging from (i) informal collaborative agreements to (ii) contracts to provide specific inputs to government centres or to run them.	Multiple small and large NGOs under different wings of government-funded programmes. Coordination units between NGOs and state or local government exist.
Pakistan	Policy framework for NFE is national & comprehensive – including govt's and NGOs' own NFE programmes. Engagement of NGOs in school management is a small part of larger school improvement programme.	Govt NFE: national ministry of education and districts. School management: national ministry of education, provincial education fund and districts.	Govt NFE: govt funding, and donor funding though govt and NGOs. School management: govt core funding plus NGO-raised funding from donors (USAID, UNESCO) and philanthropists.	Govt NFE programme: MoU to training and monitoring School management: MoU to run schools for set period before transfer back to govt.	Govt NFE: multiple mainly small NGOs plus two large ones. School management: local NGOs, Rural Support Programme and one major NGO.
Bangladesh	Policy framework covers government involvement in primary education and NFE, including contracting NGOs to implement govt NFE. But the large independent NGO NFE sector is outside this framework, contributing to difficulties in transfer of children to govt schools.	Contractual relations with national government (BNFE). Operational relations with district and upazilla.	Government NFE programme: donor funding via government. Also direct funding by (consortia of) donors and INGOs to NGOs for their own NFE programmes.	Contracts for implementation of government NFE programme.	Multiple large and small NGOs – though the largest operate own programmes rather than contract from government. Independent umbrella association of NGOs.

2.3 Factors affecting NSPs in community-based urban sanitation

India:
Sanitation has been a relatively low priority in government expenditure and planning. The International Water and Sanitation Decade (1980-1990) gave it more prominence in government and among donors, especially for rural areas. Urban sanitation has attracted far less government and donor attention. Slum sanitation schemes through the 1980s and 1990s have tended to be based on latrine construction associated with high cost, poor maintenance, and non-responsiveness to community needs. The 10th Plan (2002-07) advocated a more comprehensive approach to urban sanitation, engaging state and local government, NGOs and communities, and linking community awareness programmes with subsidized investment. Two national programmes ('urban infrastructure and governance' and 'urban basic services to the poor') were created in 2005, but there is still no national sanitation strategy. Strong cases of slum sanitation programmes, with community involvement, have depended on the initiative of some states and cities, involving local NGOs in different roles. Most of these have been supported by international and bilateral donors; funding mechanisms are not standardized, but involve funding of the state or municipal government and/or direct funding to NGOs.

Pakistan:
As for India, sanitation (particularly urban) has received low national priority and has also suffered from divided responsibility between ministries and across levels of government. The IWSD gave the sector more prominence, backed up by a donor-funded review in the late 1980s. The response was again focused mainly on rural areas. The current government supports PPPs (including NSPs and communities) in the water and sanitation sectors, giving grants for community-managed schemes. The World Bank has encouraged the government to adopt the Bangladesh CLTS model, which has been initiated in one province (NWFP). There are two home-grown cases of CLTS where large NGOs work in partnership with local governments, small NGOs and communities: the Tareeqi Foundation in Balochistan and the Orangi Pilot Project (OPP) in Karachi. Both have been replicated: the first with UNICEF and then federal government support in Balochistan; the second by invitation of other partnerships of NGOs with city government. The OPP rejects foreign-aided projects and works on the basis of contributions in kind (component sharing) from regular city government programmes, community contributions, specific inputs by donors, and its own activities (social and technical guidance) funded by a foundation and voluntary contributions. This model has recently been adopted in a new national sanitation strategy.

Bangladesh:
Like India and Pakistan, Bangladesh has a history of giving low priority to sanitation, but it has made recent advances that now make it an international model. A National Policy for Safe Water Supply and Sanitation in 1998 recognized the need not only for investment but also for behavioural change and the involvement of communities, NGOs, private sector, government and political representatives in achieving this. Implementation was weak but the preparation of the second PRSP in 2003 gave an opportunity to WaterAid Bangladesh to mobilize community organizations, local and international NGOs, government and donors in a review of the sanitation sector and its prioritization in the revised PRSP. Government budgetary allocations were increased and a National Sanitation Task Force (of government, NGOs and donors) set up for the PRSP campaign then took on the task of developing a National Sanitation Strategy (2005) for

achieving 100% sanitation by 2010 through the involvement of all the stakeholders. A National Advisory Committee with several task forces was set up to coordinate government actions from national to ward level. Policy supports the involvement of NGOs which had piloted the CLTS model. The approximately 700 national and local NGOs that are involved meet together in an apex body, the NGO Forum.

Table 2.3: Meso-conditioning factors affecting NSP support for community sanitation

	Strength of government policy framework	Main level of government at which NGOs engage	Funding source for NGO support for community sanitation	Form of NGO engagement	Range of NSPs involved
India	No national framework but specific funding lines. Integrated community sanitation programmes have depended on specific state or municipal level initiatives.	State and municipal governments.	Mainly government and donor-funding through government, but also own resources.	Contract, MOU or agreements.	Few NGOs are involved in urban sanitation: one INGO (WaterAid), one national (Sulabh), but mostly local ones.
Pakistan	Ditto	Provincial and municipal governments.	Ditto, but the OPP component sharing model avoids donor-led projects.	Contracts and agreements, or (for OPP) informal agreements.	Few NGOs are involved in urban sanitation: two large local NGOs (OPP and Tareeqi Foundation) and small local NGOs that respond to opportunity.
Bangladesh	Strong recently and linking all levels of government with NGOs.	All levels in policy making but mainly district and city levels in implementation.	Mainly donor funding through government, but also direct donor funding to NGOs.	Contracts and agreements.	Multiple large and small NGOs. NGO Forum acts as apex organization.

3. Conditioning factors directly affecting specific cases, and types of relationship

3.1 Conditioning factors affecting specific NSPs managing primary health care centres, and types of relationship

India, Karuna Trust
Conditioning factors: The Trust was founded in 1986 and continues to be led and managed by its inspirational founder. Strongly rooted in his initial concern with the tribal population of a sub-region of the State of Karnataka, it has broadened to greatly extend its services (beyond the health sector) and populations served including in other states. The founder works across the boundaries of state and NGO, maintaining a position as vigilance officer in the office of the GoK Ombudsmen for a period of 2 years, and being on many state and national advisory boards. Starting by informally supporting State PHCs, in the early 1990s the Trust itself saw the opportunity to participate in a State programme of PHC improvement funded by donors (mainly the WB) initially on an experimental basis in the sub-region where it already worked and then progressively more widely. Its current management of 25 primary health centres or units (with one in each district out of 2200 PHCs in the State) is largely funded (90%) by the State of Karnataka (with donor funding) but the Trust has to contribute 10% and to top up extra facilities. 57% of the Trust's total funding is from state and national governments for specific contracts, 27% from donors and users again for specific services, and 15% from personal and company grants used to upgrade PHC services. The policy environment is positive for the work of the Trust. The Trust's founder was himself a member of a national task force for the formation of the current 11th Plan that recommended PPP in health but where the partner organizations would take on some of the risk (i.e. cost) as in the Karnataka model. The Karnataka State health policy recognizes the 'critical role' of the private sector and NGOs and of community involvement. At State level, the Trust also influences policy on the NGO side through its participation in the Society for the Coordination of Voluntary Agencies. To the extent that there is resistance to NGO management of PHCs, it has been at the level of district, sub-district and PHC staff.

Organization of relationship: The relationship with government is built on personal trust in the founder progressing from informally supporting government PHCs in a particular locality, to engaging with the state and national governments as an adviser. The Trust has delimited its role in two ways: first to act on a pilot basis rather than taking on long term commitments to running services for the State, and second to avoid seeing itself in a relationship as contractor (though it is) so much as being in an 'alliance' with government. As it has advanced from informal relationships to an insertion into governmental policy processes, the Trust has been able both to create opportunities for its engagement and to influence the terms of contracts with the State and donors, for example deciding the location of PHCs it would take on. The first allocation of a PHC to the Trust was done as an 'order' by the State; this then led to formalization of an elaborate contract for further PHCs taken on by the Trust and other NGOs.

Pakistan, Punjab Rural Support Programme
Conditioning factors: Punjab Rural Support Programme is part of a country-wide network of RSPs established by government in 1998 as semi-autonomous agencies to counter the growing access of NGOs to donor funding. The PRSP was founded with an endowment of Rs500 million from the Punjab government and has successfully accessed donor funding: to donors it offers the advantage over regular NGOs that it is

well networked with government (senior officials sit on its board and are seconded to work for it) and can operate on a large scale. The core role of the RSPs is to motivate and organize community self-help; the idea that the PRSP should take over the management of the basic health units was not part of its regular mission. Instigated by a senior Punjabi politician and supported by the provincial chief minister in 2003, PRSP first took over 104 BHUs in one district and then extended to 11 other districts. Although it was evaluated very positively by the World Bank, greatly increased the use of local health services and received support from provincial and district politicians, the scheme was opposed from the outset by senior provincial officials. The chief minister withdrew his support in 2007 when it became apparent that the credit was going to his political rival (now a federal minister) and the scheme was abruptly closed. Until that happened, the PRSP operated successfully using its networks within the provincial government to bring in seconded staff and facilitate the programme. Good performance could not ensure the scheme's survival against deep official opposition.

Organization of relationship: The transfer of management responsibility was based on a formal contract that gave PRSP control of the existing budget and staff of the BHUs with freedom to assign them as it wished; only PRSP's own management costs fell to it. The 5-page contract contained only a brief statement of the roles of the parties and the outputs expected of PRSP. Detailed working practices emerged from continuous interaction between the PRSP' programme manager and provincial and district officials. PRSP offices were located within the district government offices to facilitate connections and reporting systems. Community support groups consisting of local political, business and professional people were also important in monitoring each BHU's performance. However, ultimately the functioning depended on networks of political influence and cross-over staff at provincial level. The contract is in the process of being terminated as the political alliances changed, and the provincial government and PRSP are drawing apart leaving little long-term impact on either.

Bangladesh, Population Services and Training Centre
Conditioning factors: PSTC was originally set up in 1978 by the Ministry of Health to support the involvement of NGOs in a family planning programme funded by USAID. From 1994, it was converted to an NGO but at first remained under government tutelage. Even when it acquired a fully separate identity, PSTC continued to perform the same role for government: leading a federation of 58 health NGOs, focusing on family planning and primary healthcare, and having a general mission of promoting coordination between government, NGOs and donors. However, it was now expected to raise other sources of revenue including by charging fees: 87% of its funding comes from donors or donors through government, and 13% from fees. As more donor funding is passed through government, NGOs feel increasingly obliged to take on government contracts. A large national organization (398 staff or whom 84% are support staff), PSTC is headed by an executive director who is a salaried employee, groomed for the post by the founding director. The Urban Primary Health Care Project was launched in 1997 as the Health and Population Sector Strategy was being finalized; they shared a commitment to PPP in health service delivery. ADB funded UPHCP and created an elaborate structure under which all primary health care in the major cities would be contracted out to NGOs but under the guidance and oversight of government. The first phase covered a population of 6 million; the second phase from 2005 extended this to 10 million with funding also from other donors.

Organization of relationship: The allocation of contracts for the management of health care centres is done on the basis of competitive tendering. Contracted NGOs are managers of 'partnership areas' in the major cities, extended under phase 2 to large towns; PSTC won the tender for Dhaka. NGOs deliver the service while government allocates the funding, coordinates and monitors. With the expansion under phase 2, the bidding process, contractual terms and bureaucratic oversight became more elaborate, more uniform and rigid; this may be partly also due to the fact that the project director and his team were medical officers in the first phase but administrators in the second. The organizational structure was replicated with more decentralized supervision arrangements and more local government bodies brought into the supervising structure. Though the relationship was officially described as a 'partnership' under the second phase, it actually became more legalistic and adversarial. Supported by donors, government sees itself as properly applying contractual terms and avoiding informal deals. PSTC feels trapped in a one-sided relationship where NGOs have to contribute their own resources as if they were partners, are held strictly to their obligations but without any profit incentive, and government fails to meet its obligations.

Table 3.1.1: Conditioning factors in specific cases of NSP management of primary health care centres

	Commitment of founders	Personal networks of leaders	Networks of NSPs	Alternative funding sources and accountability	Proximity to needs/demands of community
India – Karuna Trust	The founder and his commitment remain fundamental. However, the initial commitment to particular communities has extended to a more general commitment to the principles of PPP and community involvement	Personal networks of the leader at local, state and national level have been crucial to both creating and responding to opportunities for the extension of the Trust's work at state and national level.	The Trust is engaged with networks of voluntary agencies at State level but does not depend on these for its influence. In fact it tends to carve the path that some of the others may follow.	Since the mid-1990s the Trust has become largely dependent on State funding (drawing on external donor funding). It also works directly under contract to donors and has a small amount of untied independent funding. Even where it is dependent on contract funding, this is largely on the Trust's terms.	The Trust is founded on commitment to a particular tribal population of a region of Karnataka to which the founder often returns, but as it has expanded its reach the Trust's commitment has become to the principle of community engagement.
Pakistan – Punjab Rural Support Programme	There was no founder on PRSP's side. The programme was an exceptional case that depended on political instigation that PRSP took on because it is effectively part of government.	Personal political networks at provincial and district level underlay the programme and its failure. Operationally it depended on networks of officials across the boundaries of PRSP and government.	PRSP is not part of any network except that of RSPs nationally. It is regarded by NGOs as an invader of their domain.	PRSP has a core provincial government grant endowment which gives it a high degree of autonomy – subject to a board including prominent government officials. It also has ready access to donor-funded contracts and has a record of effective implementation.	Although PRSP is not itself accountable to any community, it promotes community managed projects. The BHUs it managed were monitored by local (elite) community support groups.
Bangladesh – Population Services and Training Centre	PSTC's purpose has been made and modified by government. It is now expected to be self-financed and oriented to the health needs of the poor.	The organization has strong relations with government and with donors, but essentially as a client network rather than support network.	PSTC leads a federation of dependent NGOs, and also competes with other NGOs for new work including under UPHCP.	PSTC is heavily dependent on donor funding, mainly channelled through government and tied to specific contracts. Accountability is to government and donors.	PSTC works in communities of the poor but the terms of its relationship with communities is defined by funders.

Table 3.1.2: Organization of relationships in specific cases of NSP management of primary health care centres

	Main level of government at which NSPs engage	Relationship is shaped jointly or imposed	Organizational form of relationship	Conformity of relationship with intended form	Influence of actors' strategies on evolution
India - Karuna Trust	State government but also (for PHC adoption and operation) district and sub-district, and (in policy making) national government.	The relationship has been strongly influenced by the founder of the Trust by his position on both sides of the government/NGO fence. The Trust has a distinct role but within an agenda shared by the State.	Initially informal agreements to support government PHCs, then a simple government order to transfer the first PHC to the Trust, and then formal 5-10 year contracts. The latter have a strong relational element – both in how they came about and how they operate.	The contractual terms are nominally those of a vertical relationship, but the relationship itself is more one of a horizontal joint venture – or even as is sometimes felt at district level that the verticality is inverse.	Much has depended on the influence of the founder to see and develop opportunities for evolution. The broad strategy in relations with government has been of cooperation in an alliance, where the Trust seeks to bring about a more social rather than purely medical model of PHC.
Pakistan – Punjab Rural Support Programme	District officials and mayors for operational approval and support. The provincial chief minister for approval in principle.	The BHU proposal was instigated by a senior Punjabi politician with PRSP's support. The contract was relatively open and shaped by interaction by PRSP, district and provincial officials.	Each agreement with a district to take over management of their BHUs was based on a vertical contract that defined roles and responsibilities. But this was fleshed out on a relational basis.	The contract and its relational aspect operated as intended. It broke down when its basis in a temporary political alliance ended and contracts were suddenly withdrawn.	The PRSP's implicit strategy was to respond to political expectations that it adopt the BHUs, and to maintain maximum freedom to manage the BHUs effectively, whilst maintaining networks of support in provincial and district governments. Provincial government officials awaited the political fallout and demise of the scheme.
Bangladesh – Population Services and Training Centre	National government for contracts and funding, but all levels in implementation	The relationship was originally based on consultation, but has evolved in directions determined by government – perhaps backed by donors.	The Urban PHC project is managed on the basis of strict vertical contracts, although in the first phase there was a relational element.	The vertical contractual terms are strictly imposed by government, although government is felt not to respect its own obligations.	The evolution has been led by government and donors. NGOs feel powerless to transform the relationship because they increasingly depend on government.

3.2 Conditioning factors affecting specific NSPs supporting primary education or NFE, and types of relationship

India, Door Step School

Conditioning factors: BMC itself has constructed a positive policy environment for collaboration with NGOs, although there are current concerns among some NGOs about BMC's attempt to coordinate its relations with NSPs through a PPP cell. The concern, not shared by DSS, is that unifying procurement may turn NGOs into mere contractors. BMC also has an MOU for partnerships with NGOs through an NGO Council. The Education Department of BMC is itself structured as a single window to facilitate relations with NGOs. Door Step School was founded in the late 1980s and its two founders remain the leaders of the organization and retain strong commitment to community focus, collaboration with BMC and piloting very specific cases (but eschewing advocacy); core staff are also of long duration. They have built up relations of trust with school and BMC staff, which depend on personal rather than institutionalized relationships. DSS collaborates with other NGOs in a number of forums or coalitions to coordinate NGO activity. For the first 15 years DSS focused on one school in a specific port community, working with DSS's own funding. Financial support is received from multiple individuals, a bank, family trust, donors and national NGOs; this gives independence in relations with BMC. From 2001, DSS entered discussions with government to enter into funded contracts to provide NFE – with BMC but funded first by the State Government and then by GOI. Funds were received from 2003 but DSS has had to make projects viable by contributing its own funds.

Organization of relationship: The relationship is built on trust through long term involvement with a particular school and the BMC staff that are necessary to DSS's inputs and permission to operate. BMC and the school staff the extra funding, the technical and teaching support and the close links with the community that DSS brings. For many years the relationship was informal, facilitating links between the school and parents. From 1992 DSS graduated to supporting children in school classes. Under BMC's school adoption programme by which DSS and other NGOs take on complete responsibility for schools but with continued paying the basic budget, NGOs have to request permission and be approved by BMC which then issues an 'approval letter'; this is due to be formalized in an MoU. The government NFE programme has drawn DSS into formal contracts with BMC, by which services are provided in return for funding; DSS sought to end this relationship after 3 years but BMC urged it to remain engaged. Most important aspects of the relationship remain informal but formal commitments are becoming more prevalent in the various government led programmes (school adoption and NFE) in which DSS is now engaged.

Pakistan, Idara-Taleem-o-Aagahi

Conditioning factors: The policy environment for NGO engagement in supporting state primary education is benign. The Musharraf military government brought NGO leaders into key positions of influence; PPP is one of the main reform strategies for service delivery including education; donor support for the government's decentralization programme has encouraged experimentation in alternative forms of service delivery. The founder of ITA was associated with these trends as an ex-UNESCO staff member who became adviser to the Minister of Education where she had some responsibility for the Education Sector Reform programme that embraced engagement with the private and NGO sectors. The Whole School Improvement Programme (WSIP) – under which government schools would be revitalized through PPP - was one result; ITA was well

positioned to support its implementation, taking over the management of over 400 schools as well as running its own donor-funded NFE schools often in government buildings. Based on a group of friends and family, ITA was formed in 1998 and was registered in 2000 one year after the founder became an adviser to the government. It has funding from philanthropic donations (private and corporate) as well as contracts with government and donors, but its leadership is well aware that trends in aid are towards the channelling of funding via government. The leader brings skill and experience of national and international systems to her capacity to network with government and donors – overcoming suspicion, and shaping policy as well as implementing it. Familiarity with government is important not just in terms of personal support but also of knowing how government systems work.

Organization of relationship: The strategy is to support government rather than to rival it, working with officials at all levels, and negotiating rather than confronting. Government hands over management of its schools and teachers; ITA brings in additional financial resources and professional support. The government initially saw the WSIP simply as a means to bring in private resources, but ITA negotiated to extend its role before it would accept involvement. It enters into very formal agreements with district governments for the adoption of schools, and now even provides a service to develop government capacity to formulate MoUs. The formality of the contract is important not only to give ITA formal permission to take over schools but also to reassure government. ITA studiously avoids imposing risks (whether financial or commitments that may be difficult to implement) on government. But in terms of project design and implementation, ITA is then in charge.

Bangladesh, Friends in Village Development in Bangladesh
Conditioning factors: FIVDB grew up and works almost exclusively in Sylhet. Its focus was initially agriculture and livelihoods but its major long-term commitment is to basic education for adults and children; it also operates in other sectors as opportunities and demands evolve. FIVDB was formed in 1981 by international voluntary service workers, one of whom has been director throughout, while at least one other is still a staff member. A senior management team was created in 1997 at the suggestion of Christian Aid, one of its core funders. It has several other 'supporting partners' – bilateral donors and INGOs. FIVDB is still 48% funded from its own sources, generated mainly by its micro-finance services programme. Since 1994, secure external sources of relatively untied aid have been giving way to contracts with donors and, increasingly, with government. Since 1998, FIVDB has been directly contracted by DFID to run a Child Education Programme of community primary schools. However, it has become important for NGOs to demonstrate willingness to take on government contracts. FIVDB is one of 20 NGOs currently contracted by government to deliver its Hard to Reach Children (HTR) programme of non-formal education in Sylhet and Dhaka. The HTR programme, funded by UNICEF, has been managed by a government bureau since 1999. The policy environment is difficult and characterized by distrust. Government is opposed to NGOs setting up primary schools that 'rival' the government system and refuses formal recognition, though BRAC schools have received this. However, there are informal contacts between FIVDB and government officials at local level and some government textbooks are allocated freely. HTR's first phase was closed under charges of corruption and mismanagement between the bureau and some of the 214 NGOs that won contracts. The second phase from 2005 tightened up eligibility criteria, the bidding process and the management of the contracts.

Organization of relationships: Historically FIVDB has sought to work with government, avoiding political stances, and operating with independent funding based on fees for micro-financial services and untied donor and INGO funding. However, the relationship with government and donors is changing. Government no longer registers FIVDB's own schools and refuses to recognize them as equivalent to state primary schools. It now increasingly deals with FIVDB and other NGOs as contractors to provide services under its own 'hard to reach children' NFE programme, treating them as 'just contractors', hired to deliver and held strictly to account to a letter-of-the-law interpretation of a very vertical contract – without any relational element except at the level of very informal relations at district and sub-district level. FIVDB's counter-strategy is to try to draw the external funder (UNICEF) into a supervisory role. For FIVDB, the comparison is with the much more flexible, trustful and relational contract it has with DFID under the Child Education Programme.

Table 3.2.1: Conditioning factors in specific cases of NSP support or primary education or NFE

	Commitment of founders	Personal networks of leaders	Networks of NSPs	Alternative funding sources and accountability	Proximity to needs/demands of community
India – Door Step School	Founders' leadership and commitment to their own agenda remain strong, but (a) the agenda is largely shared with BMC and (b) the activities of DSS have evolved.	Personal networks are regarded as most important, particularly at school level but also at middle and high levels of BMC.	Coalitions of NGOs exist to coordinate in specific areas and there is an NGO Council. On the other hand, govt programmes involving multiple NGOs have led to greater rigidity in terms.	DSS has many alternative own sources and has often subsidized schools and government. Funding sources are wide ranging and give DSS freedom to set its own agenda. But DSS now also seeks government funding.	DSS has been strongly linked to a specific community. Its community links have been fundamental in its role of bringing children into school and are valued by BMC and teachers.
Pakistan - Idara-Taleem-o-Aagahi	The founder remains pre-eminent, but the commitment is not ideological so much as to work with current trends in funders' agendas.	The leader's national and international networks are fundamental in shaping policies and opportunities. Networking by staff at district level is also important	ITA is a prominent member of a S. Asian alliance of education NGOs. Nationally, it sets the agenda for NGOs rather than running with the pack.	ITA has untied philanthropic funding as well donor and government contracts. Reports are carefully made to funders, but their large number seems to allow ITA considerable freedom.	School community groups are set up but in order to mobilize school attendance and to monitor performance, not to make demands or participate.
Bangladesh – Friends in Village Development	Founders remain engaged; commitment to Sylhet and employment of Sylhetis remains. But the activities have changed in response to donors and now government's demands.	To the frustration of its staff, FIVDB keeps a 'low profile' with regard to other NGOs and senior government officials. It networks mainly with long-standing funders and with government officials at local level.	Networks of NSPs seem unimportant by comparison with relations with donors and now government.	Own funding from fees remains important (48%) but reliance on untied aid from 'supporting partners' is giving way to contract funding and therefore accountability for outputs to donors and government.	The link to the Sylhet division remains important for the location of projects and recruitment of staff, but contracting is driving FIVDB from its grassroots base.

Table 3.2.2: Organization of relationships in specific cases of NSP support of primary education and NFE

	Main level of government at which NSPs engage	Relationship is shaped jointly or imposed	Organizational form of relationship	Conformity of relationship with intended form	Influence of actors' strategies on evolution
India – Door Step School	School and ward level but also at higher levels of BMC,	The relationship evolved by interaction between DSS, a school and local officials. DSS has now made a step jump to bidding for work from GOI.	Mainly based on informal agreements but also permissions and more recently formal MoUs and contracts. Trust built on relationships and acknowledged expertise underlies these agreements.	The relationship broadly operates as agreed but there are concerns about new more formal arrangements for BMC coordination. DSS has been prepared to enter these because it has confidence that they will be operated sensitively by BMC.	DSS is said to have had the primary influence on the evolution of the relationship at least for the first 15 years. The strategy is to stick to DSS's basic agenda, win credibility, give credit and slowly extend its involvement.
Pakistan - Idara-Taleem-o-Aagahi	The leader undertakes advocacy at national level and negotiates programmes at provincial and district level. Operational matters are between ITA staff, district government and teachers.	The relationship is shaped by ITA's careful interweaving of influencing policy, negotiating contracts in an unthreatening way, and then being free to implement. ITA seems to be dominant.	School adoption is based on formal MoUs framed as contracts. However, much also depends on the cultivation of relationships, and building the impression that government is in charge.	Reports are made against contract terms. However, it could be argued that MoUs give ITA more control than was originally anticipated.	Government's strategy is to bring in NGO resources. ITA's strategy is to support government rather than to rival it, working with officials at all levels, and negotiating rather than confronting.
Bangladesh – Friends in Village Development	On the HTR programme, operational relationships are at local (division and district) level, but selection is managed at central (BNFE) level.	Formal relationships in the HTR programme are imposed by central government. NGOs have little voice by comparison with donor contracts.	On HTR, this is a pure vertical contract where, however, the govt seems to be free to ignore its obligations.	The first phase of the HTR was based on vertical contracts but with a relational (corrupt?) element. The second phase was tightened, and surprised NGOs with its mechanical literalism.	FIVDB's recent strategy has been to engage with govt contracts by necessity, but the hope is to bring donors back, at least in an oversight role.

3.3 Conditioning factors affecting specific NSPs supporting community-based sanitation, and types of relationship

India, Shelter Associates

Conditioning factors: Shelter was set up in 1993 in Pune by three architects/planners. One of these, the director, has remained; she is solely responsible for key decisions and negotiations about projects and funding, but is legally accountable to a board of trustees. A team of 15 professionals (architects, social workers, GIS experts and community workers) has a high level of operational responsibility. Shelter retains its original commitment to supporting slum communities' own demands for housing and basic services and working in partnership with local government and the communities. Its specific contributions are in fund raising, poverty mapping and community mobilization/advice. They have avoided directly doing construction, preferring to support local enterprises and local self-help groups (baandhani). Shelter first worked on resettlement and sanitation projects in Pune, but then moved principally to Sangli where the policy environment was more conducive and lessons of experience could be applied. The State of Maharashtra is a 'trend-setter' in its engagement with NGOs and in promoting basic sanitation; and Sangli Municipal Corporation, more than Pune, has provided a continuous commitment to these approaches and to working with Shelter. Most of Shelter's funding comes directly from international donors and from projects funded by donors and central government. It was initially able to access foreign funding by its association with SPARC, a Mumbai based NGO, but then developed sustained relationships with certain donors (USAID, CIDA and Cities Alliance).

Organization of relationship: Whereas in Pune the Shelter team's relationship was narrowly based on a particular deputy municipal commissioner, in Sangli it has grown into one of confidence, at different levels of the municipal corporation – the mayor, several council members, four succeeding municipal commissioners, and particularly the municipal engineer. On the one hand, Shelter effectively brings donors' and the State's attention and funding to benefit Sangli Municipal Corporation's commitment to slum upgrading; on the other, donor support has allowed Shelter and local self-help groups to insist on their own terms of engagement (Shelter's approach and communities' engagement and rights to services). Shelter has entered into formal contracts with the donors but only in one project with the municipal corporation to share the costs of construction. However, the donors have indirectly managed the link between Shelter and the corporation, funding them separately and requiring each to play its part in a joint project. Shelter and the municipal corporation are also joint contractors of a local enterprise that undertakes latrine construction, and Shelter has brought the community (Baandhini) into this as a witness of the contract.

Pakistan, Orangi Pilot Project-Research Training Institute

Conditioning factors: OPP was set up in 1980 to serve a low-income settlement in Karachi by supporting community initiatives, mobilizing local resources and building partnership with government. OPP-RTI was created in 1988 specifically to facilitate solutions to local sanitation problems in a model that has come to be know as 'component sharing' where the community takes responsibility for building local infrastructure while the city authorities make trunk connections. The model has now extended from Orangi across the city, and to 12 other cities where OPP-RTI facilitates partner NGOs. Among the background factors that gave rise to the model were the rapid expansion of slums settlements in Karachi and inadequate attempts to regularize them in the 1960s and 70s, the founder's previous experience in the Bangladesh Comilla project,

the grant of an endowment by a banker, the recruitment of left political activists who were already working in Orangi, and the failure of large-scale infrastructure investment projects. Drawn from those ranks, the current leadership took over on the founder's death two years ago and retains his principles: (i) operating as a team with low wages, mainly living in and with the office in Orangi, (ii) building on community knowledge and organizations, and providing technical support for their development, (iii) working with and making no charges to government agencies, (iv) refusing contracts from donor agencies, and accepting funds only from trusted partners (e.g. WaterAid). The policy environment was antagonistic to community-based solutions but OPP has transformed the attitude of the Karachi City District Government and the Water and Sewerage Board, and influenced the national sanitation policy.

Organization of relationship: The relationships with the community and with city government were developed over years of demonstration of good faith and technical competence. The basis of understanding is that the community is best informed about local problems and that government has responsibility for solving them; OPP's role is to facilitate community organization and develop technical solutions, and then to work with KCG and KWSB to implement them based on component sharing. OPP does not maintain any formal written agreement or contract with government; these are not necessary because there is no flow of funds but also they are considered undesirable because they create rigidities and undermine trust. The OPP director meets the directors of these organizations fortnightly; OPP and local government staff interact daily and often work in joint teams.

Bangladesh, Unnayan Shahojogy Team
Conditioning factors: UST was created in 1985 when the executive director left VERC (the originator of the community-led sanitation approach) in order to create a less bureaucratic and women-focused organization. The founder passed the directorship to a colleague in 2004 but remains head of the executive board. UST has its principal funding from WaterAid (funded by DFID) and has become increasingly dependent on it (84% of funding in 2006) as direct donor contributions and contracts to small NGOs (26 staff) have declined and funding is increasingly channelled through government. The founder is regretful of the need to seek government contracts. UST's major activity is in community sanitation under contract to WAB but working in the framework of government policy (itself greatly influenced by WaterAid and other NGOs) and with local government institutions. On WAB's guidance, UST has, at least for this project, broadened its attention from women to the community as a whole. There is a clear national framework for sanitation policy which is committed to NGO participation, although there is some difference between two institutions of government (MLGRD and DPHE) about the degree of NGO involvement in the 'software' of sanitation. UST's role is basically to raise awareness of sanitation and to organize communities to deliver in partnership with district and sub-district government. Its principal points of formal and informal contact on the CLTS programme are with local leaders and officials, and with local sanitation task force committees. It is also part of the NGO Forum, an apex organization that builds members' capacity. However, it appears that UST is otherwise in competition for funding with other NGOs.

Organization of relationship: This is a case where the principal organizational relationship is between an INGO and an NGO (1999-2009 through phases), but where both are committed to working in the framework of government policy and with local government institutions. However, UST is also directly contracted by the national

government under another sanitation project funded by UNICEF. The case study compares the experience where the government contract is vertical, highly detailed in its specifications (e.g. on budget allocations, staff numbers and recruitment process), applied rigidly without scope for adjustment, and beset by slow payment by government. The first agreement with WaterAid (1999-2003) was based on an MoU between WaterAid HQ, its local office (WAB) and UST set out in two pages a basic understanding that was more a matter of guidance than a binding document. The second MoU (2003-09) was more comprehensive and specific but is still applied flexibly and payment is prompt. Moreover, it builds in the requirement that UST work within the framework of national sanitation policies and strategies

Table 3.3.1: Conditioning factors in specific cases of NSP support for community-based sanitation

	Commitment of founders	Personal networks of leaders	Networks of NSPs	Alternative funding sources and accountability	Proximity to needs/demands of community
India – Shelter Associates	The founders' commitment to community empowerment remains strong, but only one of the three founders remains, and operational leadership is spread.	The remaining founder manages relations beyond the two municipal corporations – mainly with donors and the State government. Local personal relations are important operationally.	Shelter keeps a low external profile. Some other NGOs have been critical of its community approach, including its original NGO supporter (SPARC).	Shelter is mainly funded by foreign donors and is technically accountable to them, as well as formally to its own trustees. However, interaction with Sangli MC is based on personal relationships, trust and reciprocity.	Shelter has worked only in Pune and Sangli and its approach depends on close working with specific slum communities in defining needs and service types, and in construction.
Pakistan – Orangi Pilot Project	The principles of operation emerged through experience and are maintained by the team that worked with the founder.	The important networks are of personal relations between OPP staff, the community and local government agencies at all levels.	OPP is a leading member of the Urban Resource Centre linking NGOs involved in water and sanitation.	OPP-RTI avoids contract funding. Its main source is an original endowment which pays its own costs from interest, and donations from a few partner INGOs.	OPP is rooted in Orangi, with its office based there and many of its staff recruited from and/or living in the community. The basic principle is to support local community demands.
Bangladesh - Unnayan Shahojogy Team	The founder is still present but not operationally involve. The original commitment to women's organization has had to be adjusted in light of donor's requirements.	UST operations depend on good personal relations with district and sub-district staff. At central level the leadership maintains informal relations with the MLGRD and WAB. However, networking beyond the job in hand does not seem to be a feature.	Networks of NSPs seem unimportant by comparison with relations with donors and now government.	UST is highly dependent on WaterAid. That relationship also requires 'accountability' to government policy.	UST works in 399 villages of 29 unions in six districts – with just 26 staff. It seems that it engages with communities but is not rooted in them.

Table 3.3.2: Organization of relationships in specific cases of NSP support for community-based sanitation

	Main level of government at which NSPs engage	Relationship is shaped jointly or imposed	Organizational form of relationship	Conformity of relationship with intended form	Influence of actors' strategies on evolution
India – Shelter Associates	The main operational contact in Sangli is with the engineer. The support of municipal commissioners and councillors is important.	Shelter has contributed to shaping the relationship with the corporation and the donors, especially as its credibility has grown.	Shelter and Sangli corporation separately make vertical contracts with funders who require that each supports the other. Informal relations of mutual trust underlie this. One example of a 'joint venture' contract with the corporation. Shelter encourages co-production with communities.	Formal relationships operate as agreed, but the reciprocity between NGO and municipal officials extends the relationship to operating as a team. E.g. Shelter has covered Sangli's financial shortfalls.	Shelter learned from its Pune experience to make a collaborative relationship with Sangli MC at all levels. It has also shaped agreements by asserting its own desired role and agenda.
Pakistan – Orangi Pilot Project	OPP staff engage at all levels with Karachi government and water and sewerage board	The relationships with the community and local government have been shaped over time by experience of joint working.	Relationships with the community and government are based on trust and continuous interaction. They are flexible 'relational contracts'. OPP promotes co-production between government/community.	The nature of relationships is established but their purpose emerges and changes over time as demands and tasks change.	The long-term strategy of OPP has been to build the confidence of government and community based on its technical credibility, community base and commitment to low cost solutions.
Bangladesh - Unnayan Shahojogy Team	The main operational contact is with union and ward sanitation committees and CBOs. Approval of government (DPHE and MLGRD), upazilla and union governments is essential.	MoUs with WaterAid are shaped and applied in consultation. Contracts with GoB are imposed and applied strictly.	The relationships with WAB and with GoB are both essentially vertical: UST has to deliver outputs in return for funding. But the WAB agreement is also relational, whereas the contract with government expressly avoids relational compromise.	Both agreements work in the intended way. The WAB agreement has been made more specific but allows adjustment to changing circumstances. The GOB contract is applied without compromise.	UST has not influenced evolution of the relationships. Its agenda is shared with that of WAB, but its dependence requires it to accept new terms. Organizational survival dictates a move to government contracts.