

**Whose Public Action?
Analysing Inter-sectoral Collaboration for Service Delivery
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**Discussion Paper 2: Comparative Report on Cases of
NSP-State Relationships in India**

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Comparative Report on Cases of NSP-State Relationships in India

1. Introduction

1.1 This section provides a comparative analysis of the State-NGO relationship in the sanitation, health care and education sector based on emerging trends in the case studies. Historically, not-for-profit, non-state providers have been in existence in the health and education sector in India since centuries and have been associated with the notion of charity. These have been the traditional 'voluntary' organisations, dependent on the munificence of rulers and landlords, which over centuries grew into more structured 'professional' Non- Government Organisations, dependent on a variety of donors, including the State, to whom they are accountable in terms of agreed deliverables and outcomes. However, considering the low priority accorded to sanitation by both the community and State, the presence of NGOs in the sanitation sector has been a much more recent phenomenon that emerged in the early 1980s, when the State started to address the poor conditions in both the rural and urban areas. Another possible, but as yet unexplored factor, could also be the fact that facilitating the provision of sanitation services required technical skills and experience, which is generally not found amongst the NGOs. The State itself was compelled to address issues of sanitation due to a variety of factors including the growing evidence of the impact of poor sanitation on health and poverty and its global commitments to bring about equity in access to water and sanitation services. Within the sector, State- NGO partnership in *urban sanitation* is even more recent. As such, while there are a sizable number of NGOs in partnership with the State in the health and education sector, there are relatively fewer NGOs in urban sanitation. The range of coverage of the former two sectors in terms of sub sector issues is also far wider.

1.2 In the context of India it also needs to be remembered that though the NGOs have been playing a critical role, albeit, at varying levels across the three sectors, post Independence, the State continues to be the major provider and controller of services. Infact, it was only from the mid 1980s that the State began to make concerted efforts to engage with the voluntary or NGO sector through wider policies and programmes (Nair, 2007). These efforts have intensified in recent years, so much so that the sector now merits a separate cell within the Planning Commission of India (Voluntary Action Cell) and a national policy statement that aims to '...encourage, enable and empower an independent, creative and effective voluntary sector, with diversity in form and function...' (Planning Commission, 2007). This state of acceptance of the role of NGOs itself has evolved through a long process wherein NGOs as well as externally funded programmes have also exerted some pressure on the State to look at alternative mechanisms, including public –private partnerships.

1.3 The three NGOs in this study – Shelter Associates (Shelter), Doorsteps School (DSS) and Karuna Trust (the Trust) emerged during this period of comparative liberalisation and growing efforts to institutionalise the State- NGO relationship.

2. Organisations

2.1 While the Trust and DSS emerged almost at the same time in the later part of the 1980s, Shelter, was set up some years later in the early 1990s, closely following the events of the International Water and Sanitation Decade, which had brought water and sanitation into the global agenda in a big way for the first time. The three organisations thus not only have experience ranging from 15-18 years, but have also been interacting with the State since almost the time of their inception.

Commonality of vision

2.2 All three NGOs owe their origin to the specific vision of an individual or a small group of individuals. And in all cases the vision itself has been influenced by the personal experiences as well as professional skills and interests of the individuals. While, there is evidence that the Trust has been influenced to some extent by the teachings of a Hindu philosopher, in all cases it is the prevailing inequitable distribution of resources and services that have compelled these organisations to intervene. The professional skills on the other hand have enabled the founders of the organisations to be focused and target specific sub- sectors like sanitation within urban housing, primary health care within the health sector and out of school children within education. It has also enabled them to provide specialised technical inputs. For instance while Shelter benefits from the urban planning and architectural qualification of its founder members, the Trust is managed by a core team that includes doctors. And perhaps this is also a key factor why both these NGOs have sustained while many with lesser technical skills have phased out of the sector.

2.3 Commonality of vision in terms of equity and rights of the marginalised communities are visible as explicit statements of all the three NGOs. Thus, while DSS talks about the 'right' of all children to be in school and Shelter about the dignity of human beings and the equitable distribution of resources, the Trust's vision is an equitable model of health care and empowerment of the marginalised communities. Moreover, all three have chosen to work with the excluded sections of the community and while the poor and marginalised are the overall focus, the constituencies have been further defined in terms of out of school children and women in the slums or tribals and other marginalised communities living in remote settlements deprived of adequate health care services. Significantly, the NGOs do not limit their goals to equity but also focus on 'empowerment' of their constituency, in a way implying that sustainability of equitable services and benefits is dependent not only on improving the systems but also on enabling the communities to access the services. On the other hand the State, across sectors, has the dual mandate to provide for all households, irrespective of social or economic class, but with special focus on the poor and the marginalised. It is here that the broad agendas of the State and the NGOs meet across sectors, creating space for establishing a relationship.

2.4 Community is central to the approach adopted by all three NGOs who utilise various forms of community based organisations to achieve their goals of equity and empowerment. While, Shelter almost always works in partnership with its CBOs with an understanding that such a partnership is 'critical' to achieve its goals, DSS has a clearly tangible presence in each of the community that it works, wherein the guardians of the children are its target. In the case of the Trust however, project guidelines mandates that all activities are initiated and sustained with the consent of the constitutionally founded

CBO (Community Based Organisations, i.e. the Panchayat Raj Institutions (PRIs). It needs to be added here that although, Constitutional Amendments require that all the three services of water and sanitation, health care and elementary education be delivered through a decentralised process with the local bodies playing a critical role, so far its operationalisation has been limited to some activities in the rural areas. Therefore, almost across all sectors the PRIs are relatively more involved than the urban local bodies, and is one of the reasons perhaps that the Trust has been more effective in institutionalising the participation of the communities.

2.5 Similarly, 'good governance' is also either a defined mission statement or is implicit in the work culture and ethos of the three NGOs. While it is an indisputable and clearly stated element of the Trust's value systems and strategy- perhaps to some extent influenced by the teachings of Hindu philosophers- DSS indicated that cumbersome procedures and corruption was the primary reason for its reluctance at time to enter into a funding relationship with the State. Similarly, Shelter too made sure that it was not pushed into a position where it had to compromise with its value system. Interestingly, while corruption in the sector was a significant part of the discourse with the Trust, it was relatively less so with DSS and Shelter. The Trust's relatively larger pre occupation with corruption is perhaps partially because of the fact that the health sector in India is rated as the most corrupt, next only to the police, and because the leader of the Trust itself has targeted corruption in the sector as one of his agenda.

Approach and features of public action: from direct interventions to advocacy

2.6 The three NGOs began their activities independent of the State. However, at various points of time they consciously began to define their need to work with the State, although the reasons for establishing a relationship with the State as well as the levels and natures of interactions vary from NGO to NGO. For Shelter it is to ensure that the State is able to deliver according to the needs and aspirations of the community, for which it attempts to, establish a tripartite relationship; for DSS interactions with the State becomes necessary to ensure that it is able to retain the children in school. For the Trust on the other hand it stemmed from a realisation that by working with the State it would be able to avoid setting up parallel systems and thus utilise the resources more effectively. These differences are not due to the dynamics within the different sectors but are the results of the varying perceptions of the three NGOs: both Shelter and DSS were more focused on direct interventions, with influencing the State being a secondary objective, while for the Trust advocating to influence government policy and reforms was a key objective. This is perhaps one of the reasons why the Trust has a State wide spread – and even beyond the State- while DSS is confined to parts of the city of Mumbai. Shelter, on the other hand has been able to make some impact at the Urban Local Body level and is currently negotiating with other ULBs. What thus, emerges is different organisational strategies, however, with direct service delivery as a key component and via media of public agenda across the sectors.

2.8 At the same time, the experience of the NGOs indicates that whatever the position they adopt vis a vis the State, they cannot avoid engaging with the State at some point of time and at some level. One of the critical points is at the time of scaling up through direct interventions or through advocacy. The engagement however, can be formal or informal.

2.9. Within the above framework, by and large the activities are single focus: out of school children in the case of DSS and housing and sanitation in the case of Shelter. On

Even the Trust which does appear to have moved towards an integrated model, continues to focus on the delivery of health services as its core activity.

Structure

2.10 The Trust, Shelter and DSS are similar by virtue of their legal status and constitution, although each of them has been established under varying Acts operational in their respective States. Besides, the same legal certifications from the central government not only allows them to access external funds but also exempts them from payment of income tax as they are graded as non- profit making institutions. This gives them some support in fund raising and conservation of resources.

2.11 All the three NGOs are characterised by a small core team, many of whom have been with the organisation for relatively long years, while DSS and the Trust also have a large team at the operational level because of the intensity of their interventions. The profile of the core team varies from NGO to NGO, depending on the skills and capacities required. Thus, while the core team in the Trust also consists of doctors, Shelter and DSS have staff that is professionally trained in community development. At the community level, the profile of the teams tend to get more general and based on experience rather than professional qualifications. They are also generally from the local area. In the case of the Trust however, by definition, the staff in the PHCs have to be qualified as doctors and nursing staff or para medics. Interestingly it was observed that attrition amongst professionally qualified staff at the implementation level is high. Relatively low remunerations and insecurity of jobs is the primary reason for this.

2.12 Overall the leadership is in the hands of one individual. In the case of DSS however, there is a sharing of authority at a policy level. The Board in each case is relatively passive, and a second line of leadership is not very visible. However, in all cases at the operational level there is complete freedom to take decisions and innovate and activities are performed with little interference from the leader. While all the three leaders related well to the project areas and the community, it appeared to be more so in the case of DSS, perhaps because the team leader was located in the city itself. The decision making and communication process within each organisation is more verbal- apparently to facilitate quick action. While this level of involvement of the team leaders indicates a hands on approach, it also indicates a tendency to delegate at operational levels ones the programme is on track.

Donor funding provides autonomy to negotiate and innovate

2.13 Funds from individual and institutional donors from both within the country and outside has allowed each of the NGOs to innovate. Even in the case of the Trust, where the State funds account for almost 60 percent of the budget, it is the additional resources that it is able to generate, that adds efficiency and effectiveness to its interventions. It also allows the organisations to sustain even when it is directly engaged with the State. While, DSS clearly stated that raising other than government funds was not a major issue, Shelter was still at a struggling stage because of two apparent reasons: firstly, as an organisation it was younger than the other two and more importantly, unlike health and education, not only are there fewer institutional donors who are ready to take up sanitation as an issue, but the presence of individual donors is almost non- existent.

3. Conditioning factors

Wider institutional factors

3.1 The agenda of the State across the three sectors is conditioned by the policies of the Central government. These policies are in turn operationalised at the State level through budgetary provisions and national programmes. Both primary education and health care have received relatively more attention in terms of development of comprehensive policies and country wide campaign strategies (Sarva Shiksha Abhiyan and National Rural Health Mission). In the case of urban sanitation, it is only as late as in 2007 that the Central government initiated a process of drafting a national policy and also recommended that the States do the same. As a result the agenda and the strategies in the education and health sector appear to be relatively more evolved than in urban sanitation. However, as technically all the three sectors in the study fall under the purview of the State sector, the specific policies of the respective States as well as the capacities of the State and its ability to generate resources have also influenced the sectoral agenda to some extent and variations across States and sectors can be observed.

3.2 Another significant factor is that the agenda is also influenced by the nature of the agency that is responsible for its implementation. A decentralised system like the ULBs, responsible for a relatively limited geographical area and population, as well as organically positioned closer to the community has greater scope for shaping its own agenda within the larger State mandate as compared to a rigid and centralised departmental channel, managing an entire State. On the other hand the ULBs themselves have varying capacities, dependent on a multiplicity of factors, including the vision and political resilience of the Municipal Commissioner, the strength of the elected representatives and of course the capacity to raise resources. Hence, within a State, variations in the functioning of the various ULBs are also visible.

3.3 The NGOs in the study on the other hand have evolved their agenda on the basis of their individual goals and value systems. However, in all cases, early on in their existence they were compelled to engage with the State, either informally or through funded and time bound projects, in order to take their agenda - of both ensuring sustainability as well as to scale up tested models - forward. The decision to engage with the State is also influenced or facilitated by the existing policies and environment, especially at the level of the States and its agencies. Thus, Shelter was able to develop a strategy based on a conducive NGO partnership environment that existed then within the Municipal Corporation of Pune and subsequently engage with the Sangli Municipal Corporation because of a similar environment. Similarly, DSS initiated and evolved its activities at a time when the Bombay Municipal Corporation had introduced the concept of community participation and development into its educational activities. It is also clear that subsequently, as the policies of the State agencies evolved and NGO participation became more defined, changes were effected in the nature of NGO strategies and level of their engagement with the State.

Immediate and proximate factors

3.4 Corruption, fiduciary issues and cumbersome procedural requirements have variously influenced the agenda of both the State and the NGOs. Corruption in the government agencies appears to be more large and entrenched where procurement of supplies are involved, like in the case of the health sector, although evidence of its

presence in various forms is visible across sectors. At the same time the fact that the NGOs themselves have not been above board in the handling of funds, has led the State to institute stringent measures for selection and monitoring. This is obviously less evident in sanitation because of the relatively low levels of NGO engagement in the sector. The combined result of this environment has been that while NGOs like DSS are somewhat reluctant to engage with the State, an NGO like the Trust (led by its Chief Functionary) has deliberately chosen to address these issues through its own interventions and through influencing policy. A common strategy, increasingly being advocated across the sectors by both the State and the NGOs to address these issues is the involvement of the community through institutional structures and overall empowerment.

3.5 Donor funds allow the NGOs to both innovate and negotiate with the State, and as such have helped the NGO carry its agenda forward across sectors. In most cases donors have been relatively liberal in allowing the NGO to chart its own course of action within an agreed objective framework. NGOs in turn have been able to use the donor funds strategically to add on to government interventions and to demonstrate new models. Engagements with external donors have also had an impact on the agenda of the State, and have been responsible for the introducing the participation of the other stakeholders like the community and NGOs, to a significant extent, across the three sectors. The donors have been a mix of individual and institutional donors who are largely flexible on the strategy adopted by the NGO.

3.6 Another commonly perceived mechanism for influencing the government are networks of like minded organisations. However, in all the three sectors in the study, networks do not appear to have played a significant role and as such have not influenced the agenda of the organisations. Either the NGOs have kept out of any kind of networks or have only temporarily come together in an informal manner over some specific issue. Where networks do exist, (like in the case of the Trust which is part of a network), the influence of the network on the agenda of the organisation is negligible.

4. Evolution and dynamics of the relationship between state and NGO

4.1 In all the three sectors in the study, both the modern State and the NGOs initiated activities independent of each other, with no planned intent to directly engage with each other. Subsequently however, points of informal interactions emerged and were formalised as contractual partnership at various points of time within each sector when the need and opportunity arose. Although the need to interact appears to have been more compelling for the NGO than the State the former was able to engage with the State because of facilitating factors across all the three sectors, ranging from as localised a trigger as a 'champion' in a decision making position in the State to an overall conducive policy environment, and almost always supported by funds from internal and external donors. The State has thus played a critical role to the extent of 'allowing' a state of partnership to be established.

4.2 The nature of the first formal engagement between the State and the NGO is somewhat similar across sectors, with, in all cases, the NGO being one of the partners in a larger project. Infact, the NGO necessarily had to mould its activities around a pre-designed State project, but with considerable scope to strategise interventions in its own

way. In the case of the Trust, the impact of its work with leprosy prompted the Department of Health and Family Welfare(DH&FW) to contract its services under an on going Leprosy eradication programme, very soon after the Trust was established. A vertical disease eradication programme, it had scope for engaging NGOs for specific activities. The focus of the contractual partnership was the entire district and the duration of the formal engagement was a period of one year. In the case of DSS, it took almost seven years before the relationship between it and the BMC was formalised, again within a city wide project that was launched around that time and had adequate provisions to engage NGOs. And like the Trust, the activities were initially limited to a single school. Shelter, on the other hand had already participated with the State on two housing projects for almost three years before it was invited to participate in a city wide community sanitation project by the PMC.

4.3 Both Shelter and DSS have confined their engagements with the State to a limited number of Municipal Corporations. While this was the result of the NGO's own goals and capacities, it is also perhaps partially influenced by the structure and jurisdictions of the different State agencies that the NGOs are engaged with. Both DSS and Shelter largely interact with ULBs, a unit of local self governance, independent in its own right in terms of delivery of services, but responsible for a single urban area whereas the Trust's contract is with a State level body (although it implements at a sub- regional level). Working with each ULB, thus becomes a separate exercise in negotiation and coordination, which the NGO may not be able to handle, given its relatively small resources. Besides, the nature of the ULBs also differ and while Shelter is able to talk on almost equal terms with Sangli Miraj Kupwad Municipal corporation(SMKMC) and interacts on a daily basis, it finds it more difficult to strike a chord with a large and complex set up as the Pune Municipal Corporation. Similarly, although DSS has a good working relationship with the Education wing in the BMC the frequency of its interactions is minimum and limited. In the case of the Trust, although the Zilla Panchayat (rural local body) has to give initial approval for transferring the management of the PHCs to the NGO, the contracts and modalities are centralised at the State level and also influenced by the State. On the other hand the State wide presence of the Trust is also the result of its own goal to set up models of PHC management across districts and thus influence the State policy, whereas, both DSS and Shelter appear to have relatively limited ambition in this direction.

4.4 Then again, while sanitation is the responsibility of the ULB health is delivered through a departmental structure. In the case of education in urban areas, although there are schools run by the ULBs, in most States the level of activity is relatively low and it is the State that plays a major role. However, Mumbai has historically been an exception and the ULB has been expending substantial amount of funds in education and running a large number of schools. But lessons from the Mumbai ULB do not necessarily get institutionalised across the State.

4.5. There are certain similarities between the NGOs across the three sectors in their perception about the purpose of the relationship with the State. While all are concerned – albeit to various extent- about setting up viable models of improved service delivery with the participation of the community, most of them irrespective of sectors, are also determined to facilitate the better use of State resources. Some like the Trust choose to participate with the existing State structures as it does not believe in setting up parallel facilities. This would lead to the conclusion that the NGOs across sectors chose to work in partnership with the State in order to improve the quality of service delivery, facilitate

the State to respond proactively to the needs of the community and ensure that there is equity in distribution of services, rather than merely support the State with additional resources. Infact, in all cases partnership with the State is thought to be mandatory to scale up interventions and additional resources have been used strategically to demonstrate models.

4.6 The State agencies on the other hand, irrespective of the sector and the type of agency, are unanimous in perceiving the NGOs primarily as a via media for ensuring participation of the community and reaching out to remote settlements. As such they are willing to allow the NGOs to innovate- at times with visible reluctance- within the agreed framework as long as it does not imply additional resource allocation from the State or necessitates major re-negotiations in roles and responsibilities.

4.7 However, the extent to which the NGO is able to integrate its own strategies into the partnership is largely dependent on the clarity of its own vision and its credibility in the sector, often represented by its leader. Across sectors, NGOs have been able to achieve greater manoeuvrability in the relationship wherever the credibility of the specific NGO and the power of its leader has been well established. Thus, while Shelter, through its commitment, transparency and ability to deliver has been able to negotiate with the SMKMC to contract out construction to a third party, experiment with individual toilets wherever feasible, etc., DSS has been able to convince the BMC to exclude components like the mid- day meal- with which concept the former disagreed in principle- out of its contract. In the case of the Trust, on the other hand, the flexibility to innovate appears to be larger, primarily because of the critical position of the leader, who happens to be a key influencing factor at the State as well as the national level. In the case of all the three NGOs, the current leadership was first generation and hence it was not possible to assess the possible impact of a change in leadership on the relationship.

4.8 The NGOs, again irrespective of the sector, have also been able to take up a negotiating position because a significant part of the innovations are funded from its own resources. Infact, in the case of both Shelter and DSS the partnership did not entail any budgetary commitment from the State in the initial years. Thereafter, while Shelter and SMKMC entered into a co-financing arrangement, with the later indicating a willingness to progressively increase its share of the funds, DSS began to receive funds from BMC under its School Support Programme, while for all additional activities it generated its own resources.

4.9 It is further observed that in a situation where the NGO has a monopoly or is one amongst a limited number of players, it is better able to influence the State and negotiate to incorporate its own agenda in the partnership. The monopolistic situation itself comes about because either there is a dearth of NGOs in the sector or the State agency itself is reluctant to experiment with new NGOs having reached a level of 'comfort' with a selected few. This is one of the reason why Shelter has been able to hold its own with the SMKMC in Sangli. In the health sector on the other hand, although there are relatively larger number of NGOs engaged in various activities, the Trust is one of a few NGOs who has been able to not only sustain but expand in the area of PHC management. As mentioned earlier, additional donor funds together with a strong leader, has enabled the Trust to perform, where many others have failed and thus, attain a status of near monopoly.

4.10 The relationship in all the three sectors have been formalised on the basis of contracts, with the contracts being generally brief in content and direction and not very explicit in terms of outcomes. Most of the clauses pertain to the management and monitoring of the funds, although in the case of the Trust details of staff salary and structure, etc. also have been provided in a separate project document. The contract documents mostly refer to specific policy/programme documents which in turn outlines the commitments while a standard deed is issued as a contract. However, it is worth noting that as the experience with partnership grows the contracts have become more defined in the case of both the urban sanitation and the health sector. While Shelter and the Trust, because of their individual positions within the Sector, were able to influence the drafting of the contracts, for DSS the relationship was established on the basis of a standard format, giving approval to its proposal (again on a standard format) application and indicated the duration of the project as well as the school to be covered.

4.11 The relationship between the NGO and the State was different at the operational and decision making level, especially in the case of health and education, where the NGOs had to deal with a large State agency with several layers of authority and levels of functionaries. However, no specific pattern in the relationship could be observed. Thus, while in education the NGO appeared to not only have established a considerably good rapport with the operational staff but also used this as a platform to enter into a formal relationship with the State and scale up its activities, in the health sector, the NGO had an overall better empathy with the State functionaries, while there were palpable tensions at the operational level. In the case of Shelter, the small size of the ULB in terms of manpower, ensured that the NGO could strike a chord with both the senior officials at the decision making level, the implementing officers as well as some of the elected representatives. The fact that in both sanitation and education, the engagement with the NGO did not in any way impinge on the authority and the interests of the functionaries at the implementation level was a critical factor for the relative acceptance of the partnership. On the other hand, the transfer of management of PHCs to the NGO appears to have severely upset the mostly personal agendas of government staff- ranging from the need to relocate to other PHCs to an infringement on opportunities to make additional income through illegal sale of services, drugs, etc.

4.12 However, difficulties in the release of funds and general procedural hurdles were a common theme cutting across the sectors.

4.13 A feature, again common to all the three cases, was the limited technical support provided as well as monitoring on part of the State, primarily because of assurance of good quality of work and a sense of trust. It was also the pressure of work on the State agencies, which led them to largely ignore the NGO managed activities. This was more evident in the case of sanitation and education, the former perhaps because of the small scale and spread of the activities, and the later because of a belief that the NGO was equipped and committed to deliver according to expectations. This lack of attitude was also perhaps triggered by the pressure of work on the Head Teachers and the supervisory staff who already had a large volume of work and was willing to let long established NGOs to work without much interference. In the case of health, the fact that the NGO managed PHC was one of a group in the sub region and had to adhere more strictly to the mandatory monitoring and reporting requirements meant relatively frequent interactions with the supervisory levels. However, here there was a strong tendency to view the PHCs managed by the NGO as being organically outside the purview of the

State monitoring system. A distinct sense of 'them' and 'us' hence existed and was palpable in some districts than others.

4.14 There are very few instances where the State appears to have made concerted attempts to improve the relationship with the NGOs per se across the three sectors. And whenever attempts have been made it has generally been at the instance of an individual within the system. Thus, while the Municipal Commissioner of Pune set a trend by conceptualising and nurturing NGO involvement in the provision of community sanitation blocks in the city, more recently the Additional Municipal Commissioner of Mumbai set up a dedicated one stop cell to facilitate NGO participation in primary education. However, while the Pune project went down hill the moment the Commissioner moved out of the city, the NGO cell is currently looked at with suspicion by some— as a means to control the NGOs rather than facilitate smoother functioning.

5. Conclusion

5.1. The comparison across sectors indicates that while varying kinds of partnership have been strategised across the three sectors and the nature of NGOs as well as the State agencies involved also varies across sectors each works largely on its own terms. While, in a relationship the NGO does adjust to the broad project framework established by the State, it does not appear to make any major compromise on its own value systems, goals and strategies. It negotiates for space through the credibility of its work supplemented by its own funds. The NGOs in this study, unlike many others, have the advantage of being able to raise additional resources, and have used this to demonstrate viable models.

The NGOs have not set out to establish parallel structures to the State, but in fact have been aiming to either improve the system or supplement its efforts. The NGOs have been able to further their own agenda in all cases through their relationship with the State, although the extent of influence on the State itself is varied, depending on the level of engagement as well as the goal of the NGO. Hence, except in the health sector, the partnership has not lead to major policy level change, because while on one hand the NGO had not factored such a goal into its strategy and on the other the State has no apparent system to learn from lessons in partnership. The State, in many cases also does not appear to perceive the value of the NGO beyond its better ability to interact with the communities. Even here the NGOs' ability is valued more as a means to fulfil targets than bring about actual empowerment and improved access and use of facilities and resources. What is of more concern is that the concept in many cases has not percolated down to the level of the functionaries, thus making partnership a bigger challenge.

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Annex: Description of Cases - India

SHELTER ASSOCIATES AND THE SANGLI-MIRAJ-KUPWAD MUNICIPAL CORPORATION: AN EVOLVING RELATIONSHIP

This case study looks at the relationship between Shelter Associates, an NGO based in the western Indian State of Maharashtra and the Sangli Miraj Kupwad Municipal Corporation (SMKMC). Shelter Associates has been working in the urban housing sector since 1993 and adopts a rights based approach, centered around empowerment of women from the communities. Led by a professionally qualified architect, Shelter's major interventions so far have been in the cities of Pune and Sangli, where it has been implementing slum rehabilitation and community sanitation projects, in partnership with the respective Municipal Corporations. SMKMC is a small Corporation with a population of a little over half a million and created in the late 1990s.

The NGO and the Municipal Corporation have together been implementing a community led sanitation project since 2001. The project is a unique partnership between multiple agencies: the SMKMC, an urban local body of the State, the combine of Shelter Associates and Baandhini- a community based women's group- and Cities Alliance, a World Bank initiative on empowering cities to become independent partners in development and governance. While, Shelter – with funding support from Cities Alliance- is responsible for community mobilization and facilitating construction, SMKMC provides necessary approvals, space for toilets and ensures oversight of activities. An interesting feature is the inclusion of a technical NGO, advocated by Shelter, to undertake the actual construction activities, within the framework of an agreed design and cost framework. Although, initially SMKMC had no budgetary commitment, with Shelter contributing 80 percent of the cost of facilities and the community providing the remaining 20 percent, in subsequent projects, SMKMC not only began to share the cost on an equal basis with Shelter, but indicated a willingness to increase its share of funds, if necessary. The outputs of this partnership has been both community and individual toilets, with the former being maintained by the community.

The case study traces the trajectory and dynamics of the relationship at multiple levels and attempts to define the process through which it evolved into a situation of horizontal co- production. It concludes that the relationship is a result of a combination of factors including the specific attributes of a small urban local body(ULB), 'champions' in the ULB, the monopoly of the NGO backed by its commitment and quality of work, as well as the existing policies and programmes that have triggered and facilitated the establishment of an effective working relationship between the ULB and the NGO.

DOOR STEP SCHOOL AND THE BOMBAY MUNICIPAL CORPORATION: A MUTUALLY CONVENEINT RELATIONSHIP

Door Steps School (DSS) and the Bombay Municipal Corporation (BMC) have been working together ever since the establishment of the NGO in the late 1980s. DSS, set up by two professional social workers, started operations in one of the poorest cluster of slums in Bombay, populated by migrant workers. Its objective was to get out of school children in the primary and pre- school levels into mainstream schools. In the process it

entered into a progressively expanding relationship with the Bombay Municipal School system. The Bombay Municipal Corporation, itself has been a pioneer in community development and partnership with NGOs in the field of education. Like DSS, BMC also attempts to cater to the migrant population and runs a large network of primary schools, in several languages, besides non- formal centers.

Initially informal and limited to interactions with a single school, over the years the DSS-BMC relationship has been concretised within a multiple project framework- School Support Programme and Non Formal Education- wherein DSS is one amongst several other NGOs in partnership with the BMC. Though the nature of interventions continued to be the same after formalisation of the relationship, the cost of running the NFE centers was largely met by BMC, with DSS investing additional funds in order to bring in innovations to enhance the quality of teaching and thereby retention in schools. Now DSS looks at two comprehensive strategies: community based interventions as well as school support activities to reach its goal, and within this framework, formal engagement with the State is becoming more crucial. DSS is now of the view that the work of the NGO and the State is complimentary and should be designed as such.

The study looks at the overall impact of the intensity of relationship between the two organisations at various levels, the influencing factors and the response to the recent attempts of BMC to apparently facilitate public –private partnership. It also takes note of the admittedly ‘convenient’ arrangement between the NGO and the BMC and concludes that the relationship has elements of both horizontal –co-production and vertical contract, depending on the type of project. It specifically illustrates the case of an NGO which is able to take its agenda forward, even within the constraints of a regimental State led programme structure.

KARUNA TRUST AND DEPARTMENT OF HEALTH AND FAMILY WELFARE GOVERNMENT OF KARNATAKA: MANAGEMENT OF PRIMARY HEALTH CARE CENTERS

This case study focuses on the relationship between Karuna Trust, a Bangalore based NGO, and the Directorate of Health and Family Welfare (DH&FW), Government of Karnataka. The Trust has been almost exclusively working in the health care sector for the past two decades, with primary health care as its core function and a major focus on remote tribal population. DH&FW, on the other hand is one of the wings of the multilayered State Department of Health and Family Welfare and is specifically responsible for promotive, preventive and curative care. The study attempts to unpack the relationship through an analysis of a pioneering partnership programme, wherein the Trust has been entrusted with the task of managing a selected list of government Primary Health-Care Centers (PHCs) in the State. Although the partnership is part of State wide programme that was launched to pilot the concept of public- private partnership in the management of primary health care, very few such partnerships have emerged since the programme was launched in 2000.

The relationship between the Trust and DH&FW is closely linked to the influencing position of the founder and leader of the Trust, who is not only a member of several nodal decision making committees at the State and national level, but also heads many of them, including a central Task Force of Public- Private Partnership. In spite of this, the study indicates that the Trust is continuously facing challenges, especially at the implementation level, primarily due to a perception of threat on the part of the district and

lower level officials. Corruption in the health sector is also a road block in the smooth functioning of the partnership and hence the Trust vigorously promotes good governance as one of the most important factors in improving the health services. The relationship reflects a horizontal collaborative model, although based on a loosely structured contract. An even though both the contractual clauses and monitoring is relatively more detailed than that in the case of education and sanitation, the NGO has managed to introduce several innovations and improvements in the performance of the PHC.