A gateway for capacity development

Capacity.ORG

Partnerships for service delivery

ORGANISATIONS, NETWORKS AND INITIATIVES

This section offers a selection of organisations, networks and initiatives concerned with capacity development. A more extensive list can be found at www.capacity.org.

Building Partnerships for Development (BPD) in Water and Sanitation
The BPD is an international cross-sector network focused on improving access to safe water and effective sanitation for poor communities. The members conduct action research to assess how partnerships can contribute to the delivery of water and sanitation services, provide direct project support, and bring together organisations to promote dialogue around water and sanitation issues.
www.bpd-waterandsanitation.org

Public-Private Partnerships for Water Supply and Sanitation
The initiative, between two Swiss government agencies and the reinsurance company Swiss Re, focuses on enabling successful PPPs in water supply and sanitation projects in order to promote overall water sector development. The goal is to assist private and public actors (including small-scale providers) by proposing formal approaches for good water governance in PPP projects.
www.partnershipsforwater.net

Global Knowledge Partnership (GKP)
The GKP is the first multi-stakeholder network promoting innovation and advancement in knowledge for development (K4D) and ICTs for development (ICT4D). GKP brings together public sector, private sector and civil society organisations with the goal of sharing knowledge and building partnerships in these fields.
www.globalknowledge.org

partnerships.nl
This website offers information about the involvement of Dutch stakeholders in international partnerships in order to stimulate debate in the Netherlands. A 'partnership' is defined as a voluntary agreement between stakeholders (international organisations, governments, businesses, NGOs, research institutes) who work towards a common goal and therefore share the risks, responsibilities, resources, competencies and benefits.
www.partnerships.nl

UNDP–Allianz micro-insurance initiative
UNDP has partnered with Allianz, an insurance company, and the German Agency for Technical Cooperation (GTZ), to assess the demand for micro-insurance in India, Indonesia and Lao PDR. It is hoped that micro-insurance products will benefit low-income groups by reducing their vulnerability, encouraging local entrepreneurs and improving livelihoods.
http://knowledge.allianz.com/en/partners

Global Campaign for Education
The Global Campaign for Education promotes education as a basic human right, and mobilises public pressure on governments and the international community to fulfil their promises to provide free, basic education for all people, particularly for children, women and disadvantaged sections of society.
www.campaignforeducation.org

Practical Action: Nairobi Urban Poverty Partnership Project
In this project, Practical Action (formerly ITDG) coordinated and supported groups and organisations working to upgrade slum areas in Nairobi, Kenya. A diverse range of partnerships were established, ranging from individuals and community groups to national organisations. The project helped to strengthen institutional capacities and develop linkages between them, and to collect and disseminate information on urban upgrading.
www.practicalaction.org

UNDP Anti-poverty Partnership Iniziatives (AAPI)
APPI-supported initiatives combine bottom-up and top-down approaches to produce policy changes that will promote local development. The bottom-up approach involves participatory, integrated human development planning in selected areas, financed by national and international stakeholders. The top-down approach includes advocacy, training and advice to national and local authorities. All activities are linked through international thematic networks.
http://appi.nazioniunite.it

Feedback from the field

Contribution of social capital to the success of projects

I am involved in an anti-poverty programme that has reached the end of its first phase. During the phase that has been completed, I developed a method that would allow us to monitor and evaluate the impact of the programme on the capacities of local organisations. However, only the reference situation (baseline) was established. The evaluation of the impact that could have been achieved in 2007 will now not take place due to changes in the institutional landscape in my country, Burkina Faso.

At the same time, the government is working with the World Bank to finance the second phase of the programme. The Bank has requested that we now carry out an evaluation of the impact of the first phase of the programme on 'social capital', and elaborate a method that will permit the establishment of the reference situation for the next phase. Because the concept of 'social capital' is new to our country, I would very much like to make contact with some knowledgeable specialists who would be willing to share their experiences in this area of activity.

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Readership survey

The *Capacity.org* team recently conducted the first readership survey to find out what readers think of the magazine and the website. Here we highlight some of the results of the survey.

Almost all respondents (96%) found *Capacity.org* 'useful', 92% rated the content 'good' to 'very good', and 88% thought the writing style was 'just right'. The majority of readers take more than a passing glance at the magazine, with nearly 70% saying that they read all or most of the articles, and take action afterwards. More than 60% said that they download and save information, and almost half (45%) pass on that information to someone else. With regard to the *Capacity.org* website, 80% of respondents found the news section useful, 76% liked the resource corner, and 72% found the archive very accessible. Also of interest was the finding that while 53% of respondents make use of one of the three channels available (print, download or website) to obtain information, a significant proportion (41%) use two or more.

What do readers think we could do to improve *Capacity.org*? On balance, many felt that the articles are too brief, and would like the events section to be strengthened.

The *Capacity.org* team wishes to thank all readers who took part in the survey, and is now working to address the weak points they identified. We will keep you posted on the changes in future issues. Watch this space!

Heinz Greijn,
Editor in Chief

Future issues

Future issues of *Capacity.org* will explore the following themes: accountability, incentives and motivation, and fragile states. If you would like to contribute articles on any of these themes, please contact us at editor@capacity.org.

Cover photo: An MSF doctor and a local doctor discuss an X-ray in the Buhiga hospital, Burundi.
Ian Berry/Hollandse Hoogte

Partnerships for service delivery: what makes them tick?

Issue 27 of *Capacity.org* addressed the roles of networks and partnerships in capacity development. To take the discussion one step further, and make it more concrete and specific, this issue focuses on the role of partnerships in the delivery of basic services. Achieving the Millennium Development Goals will remain but a pipe dream unless effective systems are realised for the delivery of services such as education, healthcare, microfinance, communications, water and sanitation, etc., which often require collaboration between various kinds of actors. Can partnerships offer solutions that will help to improve access to basic services? If they can, what does it take to make partnerships work, and to grow the capacities not only of individual actors, but also of the relationships between them?

There is a lot of rhetoric around the issue of partnerships. In the development context, the term is often used as a synonym for the wish to maintain equitable relationships between donors and recipients, concealing the very real power differences between them. In the feature article, 'Engaged or divorced?'(page 4), Professor Richard Batley notes that in many countries governments pay lip service to the idea of partnerships, but in practice they rarely collaborate with non-state service providers. Thus the benefits of partnerships that are assumed in theory are rarely realised in practice, which only adds to the suspicion that they are little more than hype.

Despite the rhetoric, there are good arguments in favour of partnerships in the delivery of basic services, as we demonstrate in this issue of *Capacity.org*.

Partnerships can lead to more effective and efficient use of financial resources that may otherwise be spread over different organisations with little coordination and minimal effect. At the local level, such organisations include local governments, deconcentrated line ministries, NGOs, faith-based organisations and grassroots self-help groups. Successful partnerships, such as the Puntland Health Partnership Programme in Somalia (page 11), have overcome long-standing barriers due to compartmentalisation and have started to collaborate across organisational boundaries, resulting in improved access to basic services.

As well as being effective in the 'direct' delivery of services, partnerships can also be good for establishing a 'service environment' that is more coherent and sustainable. Godfrey Jjooga Ssebukulu shows how in Uganda the microfinance sector had developed with donor support, but had reached its limits (page 7). In order to be sustainable in the long term, microfinance institutions had to commercialise their operations. A transformation of these institutions into a coherent, regulated system was needed at the national level. For this to succeed, donors, the government and microfinance institutions had to work in partnership.

Partnerships can also bring together sources of knowledge and expertise that complement each other and thus foster improvements in service delivery. By working together, the various actors involved in decentralised health service delivery in Mali have overcome the initial friction, and are now contributing the knowledge and skills that are indispensable for health facilities to function well (page 8). Another example of complementarity of expertise is the public–private partnership involving Ericsson, Mobitel and UNHCR in Tanzania (page 12). They have set up a mobile communications network that is expected to support the many organisations providing emergency services for thousands of refugees.

Making a partnership work is an art that requires virtues and conditions that are not always available in abundance. Just a few of the many highlighted in this issue include alignment of ambitions and interests, mutual trust, transparency, clear objectives and inspiring leadership. In the guest column, Professor Alan Fowler argues that more attention needs to be paid to the role of facilitation in developing effective partnerships that are most likely to produce results on the ground.

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Message from the Editorial Board

The Editorial Board is happy to introduce our new Editor in Chief, Heinz Greijn, who replaces Evelijne Bruning. We wish to thank Evelijne for the excellent job she has done in getting Capacity.org into its current form since the publishing partnership between ECDPM, SNV and UNDP was launched in 2005. We received excellent feedback on the last issue on monitoring and evaluation. With Heinz we aim to continue and grow our ability to provide varied, in-depth information around capacity development topics that will be of interest to a broad set of development practitioners.
Jan Ubels, on behalf of the Editorial Board

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Governments and non–state service providers

Engaged or divorced?

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In many countries non-state providers play a vital role in the delivery of basic services. Based on research in six countries, Richard Batley assesses how governments could work in partnership with non-state providers and promote better services for poor communities.

Governments in many countries are failing to provide adequate public services, particularly for poor communities. Some may recognise the importance of non-state providers to fill the gaps, and the need to collaborate in order to improve services, but are governments creating a supportive environment in which partnerships can succeed? To answer this question, researchers led by the University of Birmingham, UK, have examined a wide range of providers of health, education, water and sanitation services in six countries – Bangladesh, India, Malawi, Nigeria, Pakistan and South Africa.

Non-state providers of basic services, which include for-profit firms, local entrepreneurs, individual practitioners, community and faith-based organisations and NGOs, have a lot to offer. In the six countries covered by the research non-state providers of services to poor communities are important in all but South Africa, where the private sector serves a small, wealthy segment of the population.

In Nigeria and Malawi, Christian missions provide around 60% and 37% of healthcare services, respectively. Faith-based organisations run the majority of schools in Malawi. In the Asian countries the patterns are similar. Non-state providers predominate in the health sector. In the water and sanitation sector, they serve largely the poor and those living in areas beyond the reach of public systems, whereas in the health and education sectors they offer services to a broader range of consumers. In all countries except South Africa, non-state health and education services are used by the poor as well as the rich.

While the quality of services can vary considerably, it is wrong to assume that the poor choose to use non-state providers simply for want of access to public services. Surveys in Pakistan show that users are more satisfied with non-state healthcare, education and water supply systems than with public services. Also, in Nigeria many users prefer non-state health providers because they are often more convenient, more considerate and cheaper than state-run services.

The policy environment

Partnerships require, at a minimum, a policy environment that enables non-state providers to get established and function. Most governments have now formally adopted policies that endorse non-state service provision. Yet in practice there is frequently little support for such initiatives. Many non-state providers operate in an uncertain environment in which policies are frequently changed, or their legal position is unclear. Their relationship with government is frequently beset by ambivalence and mutual mistrust, built on histories of policy change and rivalry. Underlying this is a real struggle for 'territory' and for control over scarce financial resources.

In the six countries there have been many changes in the policy environment. Nigeria and Pakistan have seen the most drastic changes – from state takeover, through public service decline and the growth of private providers, to the advocacy of partnerships (see box, right). At the other extreme is South Africa, where post-apartheid governments have been largely successful in strengthening state-run public services, while also encouraging non-state providers to operate as an adjunct to the public sector in delivering services to the poor.

The following sections outline the ways in which governments in the six countries engage with the non-state sector in policy dialogue, in the development of regulatory frameworks, and in facilitating and contracting non-state service providers.

Policy dialogue

Donors, the World Bank and UN agencies have long advocated the need for partnerships between governments and non-state providers since they can play complementary roles in improving access to and the quality of services. Associated with this is formal 'policy dialogue' in which all stakeholders participate in the development of legislation, standards, regulatory and support systems. Donor-inspired policy instruments such as poverty reduction strategies, the Education for All

Non-state providers serve largely the poor and those in areas beyond the reach of public systems.

Ian Berry/HH

agenda, and sector-wide approaches at national level have created frameworks for more open policy dialogue.

The country studies show that opportunities for formal dialogue have indeed increased. In practice, however, these new, more open encounters are often limited, in three ways. First, they tend to take place at the policy design stage rather than in continuous interactions during implementation. Second, the involvement of non-state providers in such dialogue is often restricted. Third, they typically include large NGOs with the capacity to represent themselves, or those acting as advocates for the rights of the poor. In many cases, large NGOs have taken advantage of donor processes to initiate dialogue and to lobby for influence. Some service providers have set up umbrella associations to represent their interests, but local-level community organisations and entrepreneurs are rarely, if ever, represented.

But even where the formal dialogue remains limited, it can be argued that the promise of partnership and of participation in policy formulation has contributed to a restructuring of the non-state sector's relations with government, excluding some but creating new levels of organisation among others. There are some positive cases of high-level policy dialogue and national consultation processes, but these are

exceptions. There is little evidence that high-level planning has influenced the implementation of policy on the ground.

Regulatory frameworks

Regulation provides the basis on which non-state service providers are prohibited, permitted or encouraged to operate. Broadly, there are two sorts of regulation: those that seek to suppress non-state activities, and those that promote more efficient operations. The research found a complex reality. Governments may argue for partnership while deploying regulations that are suppressive, yet those regulations are rarely actually applied. This creates a realm of uncertainty in which non-state providers operate without security or incentives to invest.

Systems for monitoring and controlling the quality of performance of service providers are largely absent in all the countries surveyed, except South Africa. More common are entry standards that restrict formal permission to operate, and therefore also access to markets, subsidies and donor funding. But they rarely set a practicable basis for assessing operational performance. Those non-state providers that are approved are then able to operate without regard to the quality of their services, while the unapproved continue to operate in any case. However, the case studies did find some positive cases of government regulation, and some effective alternatives to it, including external accreditation, franchising and community control.

Facilitating non-state providers

There are few examples of government support for non-state providers through, for example, finance, training, technical advice, or mobilisation of communities. Where such facilitation does function effectively it is often funded by donors, and operated not by governments but by large NGOs. This is not surprising, given that most non-state providers operate in spite of or in the absence of government.

While undertaking this study, the researchers met widespread puzzlement on both sides at the idea that government might facilitate the development of the non-state sector. Non-state providers tend to regard governments with distrust and scepticism, while governments usually feel that any available funding or support should go to state-run services.

In numerous cases where donor support has been channelled through the government to NGOs or community organisations, resentment has grown on both sides. State agencies resent being obliged to part with the funds, while the recipient organisations fear that the funds are being badly managed or at risk of being diverted. Nevertheless, there are some cases where government support has helped non-state providers to deliver services to poor communities, without donors taking the lead.

Relations between governments and non-state providers

In many countries the relations between state and non-state service providers have gone through similar stages:
• During the colonial period Christian missions set up hospitals and schools for the indigenous population, while the colonial administration provided health and other services for the elite.
• After independence, many new governments took over public water supply and sanitation systems. They also expropriated private and faith-based schools (Bangladesh, Nigeria, Pakistan) or incorporated them through state funding (Malawi).
• In the 1980s public services deteriorated as state funding declined, forcing users to look elsewhere. A new sector of private, community or NGO providers emerged to fill the gaps.
• Since the 1990s many governments have at least formally recognised the case for 'partnerships' with NGOs and the private sector, backed by donors. In Nigeria and Malawi churches may re-adopt and fund schools and hospitals. In Pakistan, some schools have been handed back to their former owners and faith-based organisations are being encouraged to take on new roles as service providers.

NGOs as mediators

• In the Orangi pilot project in Karachi, Pakistan, public utility companies provide large sewers, while a local NGO supports community groups in the development of low-cost sanitation systems. This successful model has now been replicated in poor urban areas throughout the country.
• In Bangladesh, BRAC (a national NGO) offers a non-formal primary education programme for the poorest children (particularly girls), which operates largely independently of government. Both directly and through subcontracted local NGOs, BRAC also supports community-managed education centres, recruits and trains teachers and monitors their performance.
• In India, the Self-Employed Women's Association (SEWA) offers community-based health insurance for the poor by mediating between communities and insurance companies.

In Malawi, for example, the government has maintained a relationship of mutual support with the Christian mission hospitals.

Overall, however, the evidence from the six country studies indicates that large NGOs are better able than government to support service provision at the local level, especially where this involves community contributions to the construction or management of facilities. Some NGOs have been able to build up long-term relationships of trust with communities. Donors have often chosen to fund services through NGOs following bad experiences with funding through government. In the Asian countries, large national NGOs often act as mediators between donors or government and communities by working through affiliated local organisations, or have piloted forms of service delivery that have then been adopted and replicated by government (see box above).

Contracting non-state providers

In all countries, the types of contracts or agreements that are relevant to all service sectors range from loose to tight, from hierarchical to collaborative, in which the non-state provider may be financially autonomous or dependent. Once again, positive experiences are rather scarce.
• *Loose but hierarchical arrangements,* where the government contracts a non-state provider under unclear terms. These have sometimes led to cheaper, improved services, but without adequate oversight.
• *Loose, collaborative agreements,* where the roles of the government and non-state providers are supposedly complementary, but their obligations are unclear. These tend to engender mistrust and instability in service provision.
• *Tight contractual agreements,* which formalise the obligations and responsibilities

of government and other providers. These can work if there is mutual trust between the partners, and sufficient monitoring capacity.

• *Collaborative partnerships,* where the government and non-state providers are equal partners, with clearly assigned roles, and make separately funded contributions to service provision. These may take the form of joint ventures, based on formal agreements (a memorandum of understanding or contract) between organisations, or co-production arrangements, based on informal agreements between service providers and communities. Such partnerships are most likely to be sustainable, since they can be scaled up and replicated by additional collaborative partnerships, rather than creating new organisations.

Improving collaboration

Relying on non-state providers of basic services is often a fact of life for people in developing countries, both poor and not so poor. In some respects, donors' concerns about 'scaling-up' seem a little off-track. Non-state providers already fill much of the gap in terms of the quantity, if not the quality, of services. Until governments can provide more comprehensive and better public services, what needs to be improved is the level of collaboration between them and other providers.

It is not enough for donors to seek policy statements from governments indicating their readiness to collaborate with the non-state sector. Such statements are easy to make. In practice, formal dialogue typically involves large NGOs at the level of policy design. The direct providers of services to the poor – community organisations, small NGOs and entrepreneurs – are usually excluded. What is missing is effective engagement between governments and the non-state sector at the

operational level. It is at this level that the history of distrust and rivalry usually frustrates policy intent.

While there are cases of effective (pro-service) regulation by government, the general lessons are that it can only work where regulators have adequate information, the capacity to enforce standards, and no incentive to suppress non-state providers, and where providers have incentives to comply. Regulation is desirable only when it is slimmed down and redirected from controlling service inputs to monitoring and supporting the quality of outputs. Efforts to raise awareness and improve the capacity to regulate in this positive sense are essential. Alternatives to government regulation, particularly where capacity and understanding are limited, include external accreditation, contracted out regulation, offering local service franchises to NGOs and private firms with a reputation to defend, and community monitoring.

Governments can create a facilitating environment for non-state providers at a very broad level by providing stable legal frameworks and access to subsidies. But when it comes to working with communities and reacting sensitively to local realities, the more likely model is of large NGOs mediating between government/donors and local NGOs/ community organisations, and offering technical support to the latter.

Tight contractual arrangements between government and non-state providers present challenges to government's capacity for contract design and implementation. They also tend to rule out the local and informal providers that are often most important to poor communities. On the other hand, over-loose partnerships create confusion and conflict about roles and responsibilities. Collaborative partnerships – joint ventures

involving government and non-state providers, and co-production agreements between providers and users – present the possibility of clearly stating the roles of the partners without subordinating one to the other. They would allow the scaling-up of organised service provision, not by creating new organisations, but by developing replicable models of effective collaboration. <

Links
• Bangladesh Rural Advancement Committee (BRAC): www.brac.net/education.htm
• Development Research Centre on Citizenship, Participation and Accountability: www.drc-citizenship.org
• Governance and Social Development Resource Centre, Service delivery: www.gsdrc.org/go/topic-guides/service-delivery
• Self-Employed Women's Association (SEWA), Vimo SEWA insurance: www.sewainsurance.org

Further reading
• *Public Administration and Development,* 26(3), special issue: Non-state Provision of Basic Services, guest editor Richard Batley.
• N. Ahmed and M. Sohail (2003) Alternate water supply arrangements in peri-urban localities: Awami (people's) tanks in Orangi township, Karachi. *Environment & Urbanisation,* 15(2).
• R.A. Batley and G.A. Larbi (2004) *The Changing Role of Government: The Reform of Public Services in Developing Countries.* Basingstoke: Palgrave.
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• D. Moran and R.A. Batley (2004) *Literature Review of Non-state Providers of Basic Services.* IDD, University of Birmingham, UK.
• E. Ostrom (1997) Crossing the great divide: Coproduction, synergy and development, in P. Evans (Ed.) *State-Society Synergy: Government and Social Capital in Development.* Research Series no. 94, University of California at Berkeley.
• Pakistan Planning Commission (2003) *Between Hope and Despair: Pakistan Participatory Poverty Assessment.* FATA Report.
• Republic of South Africa (2000) *A Strategic Framework for Delivering Public Services through Public–Private Partnerships.* Department of Finance.
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Governments and non-state providers can play complementary roles in improving access to and the quality of services.

A donor partnership supporting microfinance in Uganda

Transforming financial services

The microfinance sector in Uganda reached a critical point in the late 1990s. A transformation was needed to ensure its sustainability. Since no donor could go it alone, the transformation became a collaborative effort.

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The microfinance sector in Uganda reached a critical point in the late 1990s. Various donors had supported the expansion of the sector by providing grants for capacity building, technical assistance and loan capital amounting to more than US$ 40 million. By 2003 there were about 1500 microfinance institutions in Uganda.

As grants for loan capital dried up, it became clear that in order to improve and extend services, microfinance institutions would have to restructure and commercialise their operations to attract private capital. Drawing on the lessons learned in other countries, particularly in South America and Asia, the donors worked together to transform the larger unregulated microfinance institutions into regulated financial institutions so as to integrate them into the mainstream financial system. Regulation by the Bank of Uganda would enable these institutions to mobilise voluntary savings from the public and use the funds to make loans to their clients.

Preparations for reforming the microfinance sector began in 1998/9, although the need for transformation became urgent in mid-2003, when the Ugandan parliament passed an Act establishing a new type of institution, called a microfinance deposit-taking institution (MDI). The Act also set a time frame for prohibiting intermediation of compulsory savings (minimum savings required from clients before accessing a loan), which had previously been the major source of loan capital for most microfinance institutions. The MDI Act 2003 also disallowed non-licensed institutions from making loans using compulsory savings.

Effective coordination

It was clear that transforming the microfinance sector in Uganda would require massive capacity building at regulatory, board, management and operational levels. It was also necessary to upgrade the infrastructure, establish systems and controls, and prepare a regulatory framework, as well as to identify new sources of loan capital. In view of the magnitude of the task, effective coordination among donors was essential. By working towards a common objective, they indeed succeeded and the first MDI, FINCA Uganda, was licensed on 25 October 2004.

Although there had been some informal coordination of microfinance transformation, led by USAID's Urban Support for Private Enterprise Expansion and Development (SPEED) programme, the Transformation Steering Committee (TSC) was formalised only in November 2004. The roles and responsibilities of the new partners, including the government's Microfinance Outreach Plan and major development partners – the UK Department for International Development (DFID/FSDU), GTZ/Sida (Financial System Development programme, FSD) and USAID (rural SPEED) – and the criteria for selecting funding and non-funding members, were stipulated in a formal letter of mutual understanding.

Challenges

Over time, other members have joined the committee, including the Bank of Uganda, and EU and World Bank projects in the sector. The members meet quarterly to review progress and to address new challenges as they arise. The TSC set out to manage over US$ 2.5 million committed by its funding members, to be used for technical assistance, upgrading management information systems, acquiring communications equipment, and upgrading branch infrastructures.

The TSC has so far assisted two institutions – the Uganda Finance Trust, which became a licensed MDI in October 2005, and Faulu Uganda, which is now finalising its licence application. Effective coordination requires a secretariat with skilled staff and resources. It also demands transparency among the members through sharing project documents, work plans and results.

The TSC has faced several challenges, including the underutilisation of grant funding for post-transformation activities due mainly to procurement guidelines, which the grantees deemed were too stringent and the process too slow. There have also been shifts in government policy away from a microfinance sector led by the private sector, to a member-based, public good approach. Today, the committee's most urgent challenge is to formulate a way forward in view of the impending expiry in 2007 of several funding members' projects, including DFID's FSDU, USAID's rural SPEED, and the EU's SUFFICE

The new face of microfinance in Uganda.

programme.

All of these challenges, however, have provided invaluable lessons in adapting public sector/donor procurement procedures to the practices used in the private sector, in particular to ensure accountability in the use of grants, and empowering grantees to take charge of the procurement process. <

Links
- Association of Microfinance Institutions of Uganda (AMFIU): www.amfiu.org.ug
- Consultative Group to Assist the Poor (CGAP): www.cgap.org
- DFID Financial Sector Deepening Project Uganda (FSDU): www.fsdu.or.ug
- European Union, Support to Feasible Financial Institutions and Capacity-building Efforts (SUFFICE): www.suffice.or.ug
- GTZ/Sida Financial System Development (FSD) programme: www.gtz.de/en/praxis/6007.htm
- Ugandan Ministry of Finance, Microfinance Outreach Plan: www.mfoutreach.org
- USAID Rural Savings Promotion and Enhancement of Enterprise Development (SPEED) programme: www.speeduganda.org

Further reading
- R. Goodwin-Groen et al. (2004) *Uganda Microfinance Sector Effectiveness Review.* Consultative Group to Assist the Poor. www.cgap.org/publications

Encouraging collaboration between ministries and local government

Partnerships for health in Mali

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In Mali the devolution of health service management to local governments led to friction at all levels, and the inefficient use of resources. An action research programme has helped the emergence of effective partnerships for local healthcare delivery.

Multiparty democracy was installed in Mali in 1991 following a popular revolt. The loss of public confidence in the government's capacity to promote equitable development also prompted the decision of the new government to decentralise.

One of the consequences of decentralisation was that, by law, communes became responsible for public health and the provision of basic services, including the funding, construction and operation (equipment and personnel) of community health centres. Throughout the Ministry of Health, this transfer of responsibilities was seen as risky. The district referral hospitals, in collaboration with the community health associations (ASACOs), had previously been responsible for fundraising at the community level, and they regarded the transfer of resources to local governments as a challenge to their power. They also had little confidence in the communes' ability to manage the health centres, or to recruit and evaluate the performance of health professionals.

For these reasons, ministry staff were not inclined to cooperate with local governments. They felt that few mayors understood health policy, and ignored their increasingly frequent requests for advice. Nevertheless, the communes started engaging in healthcare management, such as by investing in new community health centres in response to local demand. But some of these new buildings did not meet technical requirements, or investments in personnel and equipment did not comply with health centre plans. Parallel planning and the lack of coordination resulted in the inefficient use of the meagre resources available, and even in duplication. Lack of information, negative perceptions and distrust blocked communication at all levels.

Although the communes were formally mandated to invite other parties to cooperate, they lacked confidence and authority to initiate dialogue on public health issues. Many councillors failed to understand their new responsibilities, or the importance of delegating certain tasks to experts and specialised organisations.

Action research
To address the lack of coordination, SNV and the Royal Tropical Institute (KIT) launched an action research programme in the Koulikoro region of southern Mali. The programme is facilitating the emergence of partnerships around primary healthcare at the commune level, and is coordinated by regional and district health service staff, with advisory support from SNV and KIT.

Action research is a useful approach in situations where the aim is to encourage learning, change and innovation, and where successful approaches and tools can be developed and applied on a larger scale. To ensure that the action research would be embedded in the process of national policy development, and that the results would feed into debates, the idea was first discussed with the ministry and the Directorate of Decentralisation. As a result, a national steering committee was created, composed of representatives of the ministry, the Federation of Community Health Associations, local government and development partners. As the growing frustration was beginning to give rise to open conflicts, the move was welcomed by health staff and councillors at the district and commune levels

The programme began by bringing together the three parties – communes, ASACOs and health centres – to exchange information, ideas and experiences, and to establish a basis for joint planning and monitoring. In this process, a division of responsibilities and tasks began to emerge. The research, including the development and testing of tools and approaches, was carried out in pilot communes in three districts. The partners established informal local platforms to implement the action research. These platforms are now being institutionalised around the tasks of joint planning, monitoring and evaluation of healthcare performance. The results were monitored through interviews and surveys, and the performance data presented to the steering committee and donors.

Partnership development
After two years of action research in Koulikoro, the partnerships created have been effective in improving healthcare service delivery and awareness of public health issues in general. In this process, several important factors can be identified.

All actors must have *access to information*. Although policies and implementation guidelines may exist, they may not be accessible or comprehensible to local actors working in other sectors. To overcome this problem, information packages were prepared for all those involved in service delivery. The packages included booklets explaining health policy and the healthcare system, the decentralisation policy and its implications, and planning and participatory monitoring guidelines. This knowledge, and greater awareness of each other's roles, helped to establish mutual trust among the partners, enabling them to develop a common vision.

Activities that will *catalyse or trigger collaboration* need to be identified. Building functional working relationships is a long-term process, so it is important to start with activities that are relevant to all actors and can be realised within a short time. These include vaccination campaigns, health education or emergency response

Decentralised healthcare is about sharing responsibilities, and being more responsive to local demand.

programmes. Only then should the partners move on to address more complex and sensitive issues, such as the implications of the transfer of responsibility for all aspects of managing the community health centres to the commune level.

Creating *platforms and spaces* where debates and negotiation can take place is essential. Workshops at district and commune levels are good starting points from which informal relations often develop. Institutionalisation is important, as after each election some councillors may change, ministry officials may be relocated, and ASACO members can change. The approach was not to create new platforms, but to broaden participation in existing processes. Commune councils now invite health centre staff and ASACO representatives to meetings dealing with health issues, and in return, local government representatives attend ASACO meetings, as well as review meetings organised by the district health team. The local government health committees play a coordinating role.

The *capacities of individual partners* need to be strengthened to enable them play their respective roles effectively. This involves helping local governments to look at public health within their commune from an inter-sectoral perspective. ASACO staff are now being trained in administrative and financial management and district health service staff in coaching skills and facilitating partnerships.

Joint performance tracking is important. To support participatory monitoring of health indicators, an Essential Information System for Communes (SIEC) has been developed, based on the information system used by the ministry. It is helping communes and ASACOs to understand relevant performance indicators, and how joint monitoring can enable them to act when needed.

The partnerships need to be formalised through *performance contracts or agreements* that define mutual expectations, roles and anticipated results. In this case, the contract is based on the joint preparation of health centre plans.

Strengthening *downward accountability* will enhance the voice and influence of the population, particularly the poor, by encouraging all actors to be more responsive to local demands. Local councillors are motivated to invest in public health because they see this as a demand of their electorates, but direct dialogue is still in its infancy.

Decision makers and high-level officials must be involved from the start, since the sustainability and institutionalisation of the partnerships depend on their support and leadership. The creation of a decentralisation unit within the ministry provided an important boost for the process.

From the outset, efforts should be made to build a support network of local capacity builders, including district health officers, local consultancy agencies and NGOs, with the competencies to advise the emerging partnerships.

Common ground

In Koulikoro the action research has helped actors to find common ground on which to build partnerships. Ministry officials have become increasingly supportive over time, as they accept the idea that managing decentralised healthcare is about sharing responsibilities, knowledge and resources, and not about ceding power. The programme has brought about significant changes in the perceptions and attitudes of all actors with regard to each other's roles and responsibilities for service delivery at both local and national levels.

• Improved access to information means that even non-experts can now participate in discussions on health management in a meaningful way.
• The communes are better able to identify priorities and, in collaboration with ASACOs, take action when needed.
• At the commune level, health indicators have already begun to improve. In one commune, after the mayor decided to take the lead in a campaign to eliminate tetanus, the vaccination coverage has reached 100%.
• The communes are more responsive to the demands of users. A group of nine communes, for example, shared the costs of operating a local ambulance service, but were in arrears. When the women of the area learned about this, they pressed their communes to pay, and succeeded in saving the service.
• Communes, ASACOs and health centres are now focusing on other public health issues that had not been addressed before. The communes are more aware of the link between health and clean water and sanitation, for which they are now also responsible, and are increasingly integrating these sectors into local development plans.
• While the health centres rely on the ministry for regular funding, the communes are increasingly willing to cover unforeseen expenditures required to respond to emergencies.

In 2006 the decentralisation unit within the Ministry of Health took over the role of coordinating the work of the national steering committee of the action research programme. In recognition of the success of the programme, the unit is facilitating its roll-out in other regions and plans to introduce a training programme on healthcare management for communes. Meanwhile, the research will continue, in order to develop further the methodology and tools to improve the delivery of basic healthcare throughout the country. <

Primary healthcare in Mali

Most Malians depend on primary healthcare centres, each of which serves a catchment area with over 15,000 people spread out over several villages. The centres offer basic healthcare, vaccinations and health education, but most are understaffed and poorly equipped. A referral system to district and regional hospitals exists, but for many users access is difficult, and the quality of care varies. In the cities private healthcare is available, but expensive. Many rely on traditional healers, or treat themselves using medicines bought from local markets.

The sector reforms in the 1990s led to the deconcentration of the Ministry of Health with the creation of:
• regional health departments (*directions régionales de la santé*), responsible for implementing national health policies;
• district health services (*équipes socio-sanitaires and centres de santé de référence*), responsible for planning and supervising community health centres and providing referral services; and
• community health centres (*centres de santé communautaires*), responsible for health service delivery in their catchment areas.

Community health associations (*associations de santé communautaires, ASACOs*) are responsible for managing the health centres, including staff recruitment, resource mobilisation, supplying drugs, planning and monitoring. Following local elections in 1999 three tiers of local government were established – 703 communes, 49 districts and 8 regions – to be administered through elected councils.

Links
• Royal Tropical Institute (KIT), Decentralisation and local governance: www.kit.nl
• SNV Mali: www.snvmali.org

Further reading
• T. Hilhorst et al. (2005) *Building Effective Local Partnerships for Improved Basic Social Services Delivery in Mali*. KIT/SNV Mali.
• A. Jeppsson (2004) *Decentralization and National Health Policy Implementation in Uganda: A Problematic Process*. Lund University.
• M. Robinson (Ed) (2007) *Decentralising Service Delivery?* IDS Bulletin 38(1). Institute of Development Studies.
• J. Toonen et al. (2006) *Développement d'un système d'information essentielle sur le secteur de la santé pour les acteurs communaux au Mali*. SNV/KIT.
• World Bank (2003) *World Development Report 2004: Making Services Work for Poor People*. World Bank/Oxford University Press.

Partnerships for girls' education

Providing education for all

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There is now global consensus on the need to enhance education for girls, particularly through well coordinated partnerships. Nitya Rao and Ines Smyth assess the experiences of a number of partnerships in promoting girls' education.

During the 1990s the numbers of girls enrolled in primary school improved in most of the developing world. Yet in many countries there are still strong disparities in favour of boys, especially in terms of dropout, repetition and completion rates, and levels of achievement. These disparities explain the global consensus on the need to enhance girls' education, particularly through improved coordination and partnerships.

A recent book, Partnerships for Girls' Education, examines partnerships in a range of contexts, including Bangladesh, Egypt, Peru and the Philippines. Although the partnerships are diverse in terms of ideology, scale, intentions and achievements, their experiences provide useful lessons regarding the factors that hinder effective partnerships, and those that make them successful.

Power relations

Understanding partnerships – and developing effective ones – requires taking into account the power relations between different groups and institutions in society. In Bangladesh, for

There is now global consensus on the need to enhance girls' education.

example, the government's desire to control civil society organisations often hinders the functioning of education institutions run by NGOs.

In any partnership involving organisations with large power differences, there is a risk that the largest partner may co-opt the smaller, less powerful ones. But such collaborations also have considerable potential. Small organisations are often better at implementing innovative education programmes, for example, while the larger, more powerful partners can offer economies of scale and resources to invest in them. Northern-based coalitions must develop ways of working that reflect the priorities of Southern members, and be willing to put their human and financial resources at their disposal.

Success also depends on the nature of such partnerships. Loose alliances tend to work better than tight, bureaucratic arrangements. One example is the Global Campaign for Education (GCE), which brings together NGOs and teachers' unions in over 150 countries. The GCE has been effective in promoting policies for girls' education, although its work has not always been easy. Within the GCE, tensions developed about how to prioritise multiple interests, such as those of teachers and the needs of poor communities. In this case, flexibility proved to be important, requiring that partners give up their individual identities, if only temporarily, in the process of working towards a mutually negotiated plan.

The closer the members of an alliance are in terms of the values they hold, the smoother their functioning promises to be. Common values can also provide the impetus for innovative interventions. In Peru, for example, indigenous peoples formed a federation to assert their right to be consulted about their children's education. The process has led to new alliances to promote intercultural education.

Leadership and resources

Several cases highlight the importance of strong leadership and mediation in partnerships. In Egypt, UNICEF played this role in a partnership involving local communities, NGOs and the government, working together for girls' education.

Another lesson, perhaps the most obvious, is the necessity for all partners, especially the

best endowed, to be willing to invest time, funds and people. They must also nurture partnerships by supporting innovation, and replicating best practices. This message emerged clearly from the experiences of the community alliances for girls' education supported by the Campaign for Female Education (CAMFED). Operating in Ghana, Zambia and Zimbabwe since 1993, CAMFED enables girls to complete their schooling and encourages them to move on to become leaders of change in their communities. By 2003, CAMFED had helped 56,208 girls to remain in school.

Finally, it is important that partners for education work not towards the 'lowest common denominator', but to the highest standards and with a clear vision. Even the Millennium Development Goals, according to the Women's Environment and Development Organization, are only a 'set of minimal goals that are necessary, but not sufficient, for human development'. Although the deadline for the first target of Goal 3 – the elimination of gender disparities in primary and secondary education by 2005, and at all levels by 2015 – has been missed, this is not a reason for abandoning partnerships for girls' education. Rather, it should be an impetus for revitalising them to ensure that the 2015 target is met. <

Links

- Campaign for Female Education (CAMFED): www.camfed.org
- Global Campaign for Education (GCE): www.campaignforeducation.org
- Oxfam Education: www.oxfam.org.uk
- UN Girls' Education Initiative (GIE): www.ungei.org
- UNICEF Basic education and gender equality: www.unicef.org/girlseducation
- Women's Environment and Development Organization (WEDO): www.wedo.org

Further reading

- N. Rao and I. Smyth (Eds) (2005) *Partnerships for Girls' Education*. Oxfam. http://publications.oxfam.org.uk
- K. Tomasevski (2003) *Education Denied: Costs and Remedies*. Zed Books.
- UN Millennium Project (2005) *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality. Earthscan/UNDP.
- WEDO (1998) *Mapping Progress: Assessing Implementation of the Beijing Platform of Action*. Women's Environment and Development Organization.
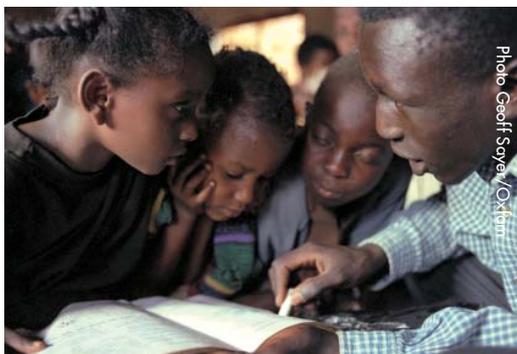
Improving maternal healthcare services in Puntland, Somalia

Puntland Health Partnership Programme

Somalia's maternal and infant mortality rates are among the highest in the world. Working with local NGOs and health centres, the Puntland Health Partnership programme is succeeding in improving access to quality services for thousands of women.

Somalia continues to suffer from a chronic humanitarian crisis resulting from persistent conflicts and natural disasters. Almost half of Somalia's population of 6.8 million live in poverty. Maternal and infant mortality rates – estimated at 1600 per 100,000 and 132 per 1000, respectively – are among the highest in the world.

The Puntland state of Somalia, in the northeast of the country, declared its

Women and children face a multitude of health risks, reflecting their inferior social position.

Dieter Telemans/HH

autonomy in 1998. Puntland does not seek independence from Somalia, but has established its own government. According to the Ministry of Health, 25% of women die within 33 months of their first pregnancy. Most women do not have access to medical facilities, and are assisted in childbirth by traditional birth attendants. The quality of health services is poor, healthcare providers lack basic skills, and progress is undermined by the lack of a coherent management system. Women, adolescents and children face a multitude of health risks, reflecting their inferior social position. Some harmful practices, including female genital mutilation, are deeply embedded in the local culture.

Maternal healthcare
In 1992, with funding from the Netherlands government, CARE launched the Puntland Health Partnership Programme in order to improve access to quality maternal healthcare for 22,000 women in two regions, Nugal and Mudug. CARE is working in partnership with four women's NGOs, two hospitals, four health posts and three mother/child health centres.

Because of its weak resource base, the ministry has been unable to provide basic healthcare to its population. Local NGOs and community organisations have therefore emerged to fill the gap, and are now playing a more prominent role in developing basic health services. The ministry and CARE are supporting these organisations, especially women's NGOs, using a partnership approach to encourage their self-reliance and their ability to help themselves.

In order to reduce maternal and infant mortality rates in Nugal and Mudug – the partners first organised training for traditional birth attendants and community health workers, and management courses for community development committees to improve the running of the health posts. The partners are also involved in constructing, rehabilitating and equipping the health posts, and are supporting urban hospitals by improving buildings, equipment and management systems, and training in obstetrics and gynaecology for doctors and nurses. Other activities include raising awareness through radio broadcasts, discussion meetings, mobilisation campaigns, and even poetry.

Positive changes
Many positive changes are already apparent. Even people in remote rural areas now have access to community health posts, and the quality of care they provide has improved, now that health workers and birth assistants have the skills they need to help pregnant women. Villagers are increasingly involved in the management of community-based healthcare, and are more aware of critical aspects of maternal and child health, including the risks posed by HIV/Aids. Urban hospitals are better equipped, and one has introduced new services, including caesarean

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sections, vacuum extraction and ultrasound scans.

These results could not have been achieved without the partnership. Since local organisations are part of rural communities, the programme has focused on building their self-esteem and capacities. In the process, many lessons about partnerships have been learned.
• Shared values are a prerequisite for building positive working relationships and for resolving the differences that inevitably arise.
• Continuous efforts have to be made to include marginalised groups such as women and youth in decision making about project activities.
• Within any organisation, internal good governance will create an enabling environment for participatory decision making with communities. A functional board of directors is crucial for ensuring accountability, both externally and internally.
• Funding organisations should remain conscious of their power and influence on the partners, and what this means for any partnership.
• The distribution of roles and responsibilities should be based on an assessment of the strengths and weaknesses of each of the partners.
• Adequate time should be allowed for relationships to develop. Consensus building should be at the heart of any partnership approach, however time consuming it may be. <

Links
• CARE Nederland: www.carenederland.org
• Puntland State of Somalia: www.puntlandgovt.com/indexeng.php
• Puntland Health Partnership Program: www.care.org/careswork/projects/SOM060.asp
• UNICEF Statistics: estimates of maternal and infant mortality: http://childinfo.org/eddb/index.htm

A public–private partnership in Tanzania

Coordinating support for refugees

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The refugee camps near Kasulu, Tanzania, offer sanctuary for many thousands of people fleeing conflicts in neighbouring countries. For the relief agencies and NGOs that provide shelter and basic services, good communications are essential.

The residents of the Kigoma region, in northwestern Tanzania, face many challenges. Transportation and service infrastructures are weak, there are few economic opportunities, and more than half of the population live in poverty. The region has also been the destination of refugees fleeing conflicts in neighbouring Rwanda, Burundi and the Democratic Republic of Congo. Three refugee camps around Kasulu, established by the UN Refugee Agency (UNHCR), now provide sanctuary for more than 350,000 refugees, who belong to many religious and ethnic groups, and speak a variety of languages. The international relief agencies are supported by numerous NGOs that provide shelter, food, and basic services such as healthcare and education.

Until recently, in this fragmented environment, coordination of the relief efforts was a real challenge, especially in view of the absence of a good communication infrastructure. Few NGO workers had access to radios or mobile phones to help them improve the effectiveness of their assistance.

In 1999 the International Federation of Red Cross and Red Crescent Societies (IFRC) approached Ericsson, a Swedish telecommunications company, to provide a mobile network infrastructure in the Kasulu refugee camps. Within the framework of its corporate social responsibility programme, Ericsson Response, the company has provided communications support to the IFRC in emergency situations around the world.

Contracting partners

Ericsson agreed to manage the project, and in 2001 drew up a set of contracts to formalise the partnership. One contract, with UNHCR, allowed Ericsson access to electricity within the camps. Ericsson also contracted Mobitel, a local mobile operator, to supply wireless mobile telephony and internet services to the NGOs working in the Kasulu camps using Ericsson's infrastructure.

The idea was that Ericsson would set up the infrastructure, while Mobitel would provide satellite connections and base stations, and operate the network. Mobitel also agreed to offer these services at subsidised rates to the NGOs, and at commercial rates to the rest of the region. The UNHCR and the IFRC, their local representative, the Tanzania Red Crescent Society (TRCS), and the NGOs would have access to inexpensive voice and data communications. Once installed, it was also expected that the network would stimulate demand elsewhere in the region.

Since the launch of the network in 2002, all the partners involved in this public–private partnership have benefited. Ericsson was able to broaden its corporate social responsibility programme, and to strengthen its business partnership with Mobitel in Tanzania. Mobitel gained a captive market, since the UNHCR-TRCS and other NGOs provided guaranteed revenue. The company was also able expand its mobile phone business among Kigoma's other residents – entrepreneurs, farmers and fishermen – at relatively little risk, and to increase its presence in Tanzania as a whole.

Most important, for the UNHCR and the NGOs, communications among the staff and refugee representatives, and with the outside world, were faster, simpler and cheaper, requiring minimal technical skills and resources. Thus the partnership served to improve the capacities of each organisation, while minimising the risks and the resources required.

Alignment of incentives

The alignment of incentives bodes well for the continued success of this public–private partnership. The partnership is also supported by formal contracts establishing a clear governance structure where responsibility for the different elements of the network can be easily tracked, and the leadership of Ericsson, as the awarder of all contracts, is clear.

Good communication is a prerequisite for effective coordination. The relief agencies and NGOs expect to be able to respond more quickly and effectively, and to provide more efficient services for the most vulnerable people in the region – the refugees within the camps.

At this stage the impacts of the partnership on the residents of the Kigoma region are difficult to assess. The better-off will certainly gain, as they will be able to pay for access to the network. Although the purpose of the partnership is not direct outreach to the poor, it is possible that the network will stimulate the economic development of the region, from which they too will benefit.

This article is based on a study by the Commonwealth Policy Studies Unit (CPSU) for the UK Department for International Development (DFID). The research was conducted in collaboration with the Bangladesh Enterprise Institute in Dhaka, and the University of Dar es Salaam, Tanzania. <

Links

- Commonwealth Policy Studies Unit (CPSU): www.cpsu.org.uk
- Ericsson Response programme: www.ericsson.com/ericssonresponse
- International Federation of Red Cross and Red Crescent Societies (IFRC): www.ifrc.org
- UN Refugee Agency (UNHCR): www.unhcr.org

Further reading

- A. Murray et al. (2002) *Factors Shaping Successful Pro-poor ICT Public–Private Partnerships.* CPSU. www.cpsu.org.uk/projects/it.htm

Coordination of the relief efforts was a challenge for the many NGOs working in the camps.

Delivering education and health services in Afar, Ethiopia

A partnership for pastoralists

Formed in May 2004, the Strategic Alliance Partnership has united local and external agencies working in the Afar region. The coalition has achieved notable successes in improving health and education service delivery for pastoralist communities.

Delivering education for all children in Ethiopia.

The Afar region of northern Ethiopia is a vast, dry area across which pastoralist communities migrate in search of water and pasture for their livestock. The government provides some basic education and health services, but their outreach is limited, and they are often not geared to the needs of pastoralist communities and their itinerant way of life.

The Afar Pastoralist Development Association (APDA) was set up in 1993, initially to provide emergency relief for pastoralist communities affected by drought and local conflicts. Gradually, APDA's priorities have changed, and it now focuses on improving the delivery of basic services. APDA has based its approach on the pastoralist way of life, including traditional decision-making processes and clan-based structures in which all community members participate in discussions on important issues. In 1996, with the support of Oxfam GB, APDA began working in Eli Da'ar district to test alternative ways to deliver primary healthcare, particularly for women, and basic education for children in remote areas where the average literacy rate was just 2%.

Mobile schools

As part of its education programme, APDA introduced mobile schools for pastoralist communities. Each group selects potential teachers from among the community, and APDA trains them. These teachers then live and move with the community, and give lessons to the children whenever possible. Most important, they teach in the Afar language, so that the children learn to read and write in their mother tongue. The mobile schools provide employment, they are affordable for parents, and more children now receive an education that is rooted in the local context.

Today, APDA is involved in a variety of basic education, health and rural water supply programmes. Following an assessment of APDA's activities in 2003, the association recognised that in order to scale up its mobile services approach throughout the region, it would have to work in partnership with other actors, as well as improve its documentation to allow the dissemination of good practices. Efforts to improve the capacities of partners at all levels, and effective networking, were essential.

At that time, some 23 local, international and multilateral agencies were working in the region, yet there was little consultation, coordination or collaboration with regard to the implementation and coverage of projects. Thus, in May 2004, APDA, SNV, Oxfam GB and the UK Department for International Development (DFID) formed a Strategic Alliance Partnership (SAP). The partners agreed to coordinate their efforts to address the capacity needs of local actors through organisational development, as well as to promote learning from the ongoing efforts to improve service delivery at the community level.

Scaling up the approach

The partnership has achieved a number of notable successes. Following a campaign in 2004, the regional bureau of education adopted APDA's mobile schools as an effective strategy for delivering basic education. The bureau is now supporting 110 mobile primary schools for pastoralists in Afar.

The collaboration between partners, and with other actors in the region, has enabled APDA to scale up its mobile services approach. It soon became apparent that a broader platform was needed, and in April 2006 the Afar Pastoralist Development Forum (APDF) was launched. The forum, representing 14 local NGOs and the regional government, is now developing a common strategy for assisting pastoralist communities throughout the Afar region. <

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Links
- FARM-Africa, Afar Pastoralist Development and Rehabilitation Project: www.farmafrica.org.uk/subject.cfm?SubjectID=2
- Human Development and Capability Association (HDCA): www.capabilityapproach.com
- Oxfam GB Pastoralism programme: www.oxfam.org.uk/what_we_do/issues/pastoralism
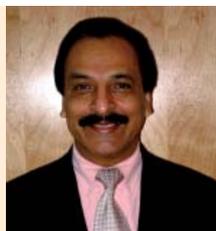- SNV Ethiopia: www.snvworld.org/ethiopia

Further reading
- T. Haile and J. Roy (2006) *Strategic Alliance towards Building Community Capability and Freedom for development in the pastoralist Afar region.* Paper presented to the Human Development and Capability Association.
- Oxfam (2006) *DFID–Oxfam GB Partnership Programme: Final Report.*
- S. Soal (ed.) (2003) *Holding Infinity, Guiding Social Process: A Workbook for Development Practitioners.* Community Development Resource Association (CDRA).

'Since APDA started mobile schools in my community, I have enrolled my children, and so have other parents. In our village, the school is run by one teacher and has a total of 45 students, including 10 girls. Three of my children are attending and they can now read and write in the Afar alphabet. Also, they are learning about new ways of doing things that can save lives and keep people healthy. If our children are educated they are less likely to take up bad habits like chewing khat. The APDA way is a good way to bring education to our children.'

– Mahmud, village elder, Hakkara, Afar

Responding to the tsunami

The Asian tsunami of December 2004 provided an opportunity to explore innovative approaches to improve service delivery. Arun Kashyap describes how a public–private partnership has assisted communities across the region to build better water and sanitation systems.

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Even if the Millennium Development Goals (MDGs) for water and sanitation are achieved by 2015, there will still be more than 800 million people without access to clean water, and a further 1.8 billion people without adequate sanitation services. It is estimated that up to US$25 billion in additional funding will be required each year to meet the enormous demand for basic services – including water and sanitation, healthcare, education and energy.

While the demand clearly exists, it is often not communicated through conventional market mechanisms. For the poorest communities that fall outside the core markets, public–private partnerships – between government, civil society organisations and the private sector – offer a promising means of providing better services, and could improve the chances of achieving the MDGs.

Innovative approaches

The Asian tsunami of 26 December 2004 prompted an unprecedented outpouring of assistance from across the world, and provided an opportunity to explore innovative approaches to service delivery. Building on the mandate provided by the governments of the tsunami-affected countries to assist them in the recovery process, UNDP teamed up with the United Nations Foundation (UNF) and the Coca Cola Company. This public–private partnership set out to rehabilitate water and sanitation infrastructures, and in the process to provide better, more widely accessible services for communities in Indonesia, the Maldives, Sri Lanka and Thailand.

Following initial needs assessments, conducted in collaboration with UN agencies, the national UNDP offices brought together local stakeholders to develop demand-driven projects in the affected areas. This process resulted in proposals for a wide range of projects, including the rehabilitation of wastewater treatment plants, extending water distribution networks, constructing gravity-fed water supply systems, artesian wells and farm irrigation systems. Other projects involved building check dams to capture excess runoff during storms, soakage pits and biocells for waste treatment, and watertight septic tanks connected to local sewage networks.

The collaboration between the partners during the planning stage has continued throughout the implementation of the projects. At UNDP's request, Coca Cola seconded a staff member to work for one year at the UNDP Regional Centre in Bangkok to support the recovery efforts, and to assist in identifying and managing new partnership activities. National bottling companies, for example, have been encouraged to become actively engaged in implementing projects.

Transparency and accountability

Projects are designed and implemented in partnership with local authorities and community leaders to ensure local relevance, ownership and sustainability. Project staff are working with communities to develop their capabilities in many fields, through courses in basic accounting and project monitoring, practical training in rainwater harvesting, and raising awareness of the need for hygienic practices in all water and sanitation projects.

In Sri Lanka, for example, the partnership is applying UNDP's 'AidWatch' strategy to ensure that monitoring and evaluation mechanisms are built into projects from the start. Monitoring the implementation of planned activities and regular reviews of progress and results can promote transparency and accountability. The AidWatch initiative aims to empower all members of the affected communities, as well as advocacy groups and civil society networks, to enable them to engage effectively in the recovery process.

In a community-based water resources management project in Thailand, the emphasis has been on ensuring dialogue. The project has set up local water user groups, as well as a multi-stakeholder steering committee that includes community leaders and government representatives. In Indonesia, Coca Cola's technical specialists have worked with an international team of hydrogeology experts to conduct a survey to assess freshwater resources in Aceh province.

Building effective multi-stakeholder partnerships takes time. At the outset, besides establishing a shared commitment, it is crucial to define clearly what each partner is to bring to the table. Successful mobilisation of communities will ensure that activities are demand driven and firmly anchored in the local context. Such inclusive partnerships, in which all the partners work towards a shared agenda, are most likely to be able to unlock the potential of new opportunities for local delivery of basic services. <

Links
- Coca Cola Company, Disaster Relief programme: www.thecoca-colacompany.com/citizenship
- UNDP Capacity Development Group: www.capacity.undp.org
- UNDP Regional Centre in Bangkok, Tsunami Regional Programme for Capacity Building: http://regionalcentrebangkok.undp.or.th
- United Nations Foundation (UNF), Partnership Development: www.unfoundation.org/partnership

Further reading
- UNDP Sri Lanka, Private Sector Partners for Development in Sri Lanka. www.undp.lk
- UNDP Thailand, Building Back Better in Koh Lanta. www.undp.or.th

Constructing a check dam to collect rainwater in Koh Lanta, Thailand.

PUBLICATIONS

This section offers a selection of publications related to capacity development. A more extensive list can be found at www.capacity.org.

The Partnering Toolbook

R. Tennyson, The Partnering Initiative, 2003
Partnering is easy to talk about but invariably harder to undertake. It requires courage, patience and determination. It is rarely a 'quick fix' and can be a frustrating and disappointing experience. This toolbook builds on the experiences of those who have been at the forefront of innovative partnerships and offers an overview of the essential elements that make for effective partnering.
ISBN 1899159 08 8
http://thepartneringinitiative.org

Citizens, Politicians and Providers: The Latin American Experience with Service Delivery Reform

A. Fiszbein (ed), World Bank, 2005
Why, despite two decades of social and infrastructure improvements, do many Latin Americans have to make do with low-quality services? Improving service delivery is both a political demand and central to achieving the MDGs. This book examines some successes and failures, and offers guidance to policy makers and practitioners on how to shape public action to provide better services for all.
ISBN 0-8213-6089-2
www.worldbank.org/lac

Partnerships in Development Practice: Evidence from Multi-stakeholder ICT4D Partnership Practice in Africa

T. Unwin, UNESCO, 2006
Published for the World Summit on the Information Society, this paper discusses the notion of partnerships in development practice, with an emphasis on partnerships in the field of ICTs for development
http://unesdoc.unesco.org/images/0014/001429/142982E.pdf

Putting Partnerships to Work: Strategic Alliances for Development between Government, the Private Sector and Civil Society

M. Warner and R. Sullivan (eds), Greenleaf, 2004
This book is about partnerships between the private sector, government and civil society. The authors describe practical experiences in establishing and implementing such partnerships and show how they work. The focus is on the oil, gas and mining sectors, which have tended to be the primary drivers of foreign investment in developing countries.
ISBN 978-1-874719-72-4
www.greenleaf-publishing.com

Institutions and Service Delivery in Asia

A. Joshi, paper presented at the Asia 2015 Conference, 2006
This paper examines the key challenges in the delivery of health and education services to poor populations and in achieving the MDGs. It highlights the institutional problems involved, and the global trends towards decentralisation and participation within which they are located. The paper reviews some innovative attempts to improve access, quality and financing, focusing on primary healthcare and education services in Asia.
www.asia2015conference.org

Partnering for Success: Business Perspectives on Multistakeholder Partnerships

Global Corporate Citizenship Initiative, World Economic Forum, 2005
In 2002, a taskforce of WEF members in 16 countries and representing 18 industry sectors signed a joint statement on global corporate citizenship. They endorsed a framework for action that offers practical steps that CEOs, board directors, and executive teams can refer to in directing their company's impact on society and its relationships with stakeholders.
www.weforum.org/pdf/ppp.pdf

Partnerships in Development: Progress in the Fight against Poverty

World Bank, 2004
This report provides a snapshot of the World Bank's efforts to work with governments, civil society, other aid agencies and communities worldwide to help developing countries get better results and achieve the MDGs.
www.worldbank.org/progress

World Development Report 2004: Making Services Work for Poor People

World Bank/ Oxford University Press, 2003
Too often, services fail poor people – in terms of access, quality and affordability. But the fact that there are striking examples where basic services do work means that governments and citizens can do a better job of providing them. The report argues that services can be improved by putting poor people at the centre of service provision.
ISBN 0-8213-5468-X
http://econ.worldbank.org/wdr

Partnerships for Poverty Reduction: Rethinking Conditionality

DFID, 2005
The understanding of what makes aid effective is changing. Evidence and experience have challenged traditional approaches to 'conditionality' (where donors make their aid conditional on the pursuit of particular policies in the partner country). This paper sets out a new approach to building successful partnerships for poverty reduction, focusing on poverty outcomes rather than specific policy conditions.
www.dfid.gov.uk/pubs/files/conditionality.pdf

Child Labour and Access to Basic Services: Evidence from Five Countries

L. Guarcello et al., Understanding Children's Work project, ILO-UNICEF-World Bank, 2004
Analyses of the determinants of child labour have largely neglected the role of access to basic services. The availability of these services can affect the value of children's time and, concomitantly, household decisions concerning how this time is allocated between school and work. This paper investigates the link between child labour and water and electricity access in El Salvador, Ghana, Guatemala, Morocco and Yemen.
www.ucw-project.org/pdf/publications/infrastructure.pdf

Overview of the Partnership Literature

E. van Herel, University of Tilburg and Research Institute Globus 2005
This report presents the results of a review of the literature on intersectoral partnerships for sustainable development. The author has tried to identify the qualities of partnerships that influence their success as a tool for sustainable development.
www.partnerships.nl/article-1026.3622.html

Are You Being Served? Popular Satisfaction with Health and Education Services in Africa

M. Bratton, Working Paper 65, AfroBarometer, 2007
This paper explores the determinants of public satisfaction (or dissatisfaction) with health and education services in Africa. These include factors such as the users' poverty, perceptions of accessibility, and experiences with service providers. Substandard teaching and high fees tend to depress public approval, not only of services, but also of democracy. Corruption has unexpectedly mixed effects: the perception that officials are corrupt decreases satisfaction; but the act of paying a bribe increases it.
www.afrobarometer.org

Reaching Unserved Communities in Africa with Basic Services

M. Kariuki et al., GridLines, PPIAF, 2005
Can small-scale private service providers save the day? The Public-Private Infrastructure Advisory Facility (PPIAF) is a multi-donor initiative to provide technical assistance to support the efforts of policy makers, NGOs, research institutions, and others in designing and implementing strategies to tap the potential of private involvement in infrastructure development.
www.ppiaf.org

The neglected role of facilitation

Getting to partnership

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Whether or not the label 'partnership' is appropriate, the message in this issue of Capacity.Org is clear: in service delivery relationships matter. But less plain are processes that create successful interactions between diverse organisations – communities, ministries, local governments, aid agencies, NGOs, private sector contractors, etc. We therefore need to look at the neglected use of skilled, professional support to help organisations learn to work well together.

Be it through service delivery or other means, no one actor can redress poverty, inequality, injustice and poor governance. In today's jargon, effective development calls for multi-sector partnerships. Typically, this means creating combinations of the roles, technical capabilities and motivations to be found in the public and private spheres and within civil society.

Practical experience testifies to the difficulties of linking the efforts of actors that live with different cultures, power structures, time frames, incentives, resources, mandates, owners, internal processes, external connections and performance measures. Institutional studies and programme evaluations often show that waste, delays, under-disbursement, conflict and frustration result when more and more actors collaborate in aid initiatives without adequate investment in getting the processes of engagement right.

So, how does combining or partnering typically happen? Who can or should legitimately take the lead? Who has the skills? What skills are needed anyway? How can they be developed or improved? Who pays? Often the answers lie buried in the ways that funders and governments plan and negotiate aid projects, and then invite bids for contracts. By implication, leadership in partnering 'naturally' belongs to donors and/or governments that typically adopt regulatory approaches where they are 'in charge'. Partnering principles – equality and negotiation on the rules and terms of engagement, with risks and rewards fairly distributed – seldom feature in the way relations arise. Consequently, trust is lacking. The parties involved hide behind contracts, blame and defensiveness when things go wrong, and self-promotion when things go well.

These unwelcome results are frequent enough that remedies are being actively sought. Recognising that prevention is better than cure, one focus is on the value of facilitation and brokering of relationships at the very beginning. Professional specialisation and competence in partnership development are now being recognised and formalised. Examples are the Partnership Brokers Accreditation Scheme and organisations like Inter-Mediation.

Facilitating relationships

Facilitation can be applied in two ways. Most straightforward is to have an external person who assists in convening and mediating between organisations as they establish working relationships, and who can also monitor and report on the partnership over time. When selection, commissioning and financing are well conceived, this professional resource acts from a position of independence and neutrality. But an external party is often only selected when relationships are sufficiently advanced to make this type of collective decision possible. As yet, this option is underappreciated and too seldom used.

More complicated is a process where one of the parties evolves into a 'member' or internal facilitator. That is, other players recognise the value of one of their number taking on preparation, convening and mediating tasks. A difficulty is acceptance of the person's independence and impartiality. Less problematic is the financing arrangement. Interestingly, the task of facilitation in partnerships often befalls organisational development advisers or capacity builders. In one sense these actors are 'outsiders'. But the task of improving a client's capabilities brings a unique position of 'engaged semi-detachment' from which they can be also be trusted to work with the wider relational system. While ambiguities might remain, the value of this innovative contribution to effective partnerships is increasingly being proven in practice.

Whatever the nature of the facilitator, the challenge is to raise awareness that introducing this skill after conflicts or problems have arisen is inefficient. Employing facilitation and brokering to get relationships right from the start brings benefits for all concerned. Given the calls for results-driven aid, for how long can multi-actor service delivery neglect relational facilitation in any of its forms? <