



DIIS REPORT

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Local Actors and Service Delivery
in Fragile Situations

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Abstract

This report explores how to engage local actors in international development programming that aims to strengthen service delivery in fragile situations. Apart from a discussion of how policy-makers and practitioners should approach local actors and centrally governed institutions systemically, three case studies are presented. They explore different types of external support, and the effect it has had, exploring community policing in Sierra Leone, primary healthcare by village doctors in Bangladesh, and primary education provided by non-governmental organizations (NGOs), traditional voluntary organizations and madrasas – religious seminaries – in Pakistan.

The report puts forward two interrelated arguments. First, the quantity and quality of service provision in fragile situations cannot simply be equated with a set of centrally governed institutions. Service delivery in fragile situations is performed by a broad range of actors, including, but not limited to, NGOs, grass-roots organizations and community-based organizations, faith-based organizations, traditional voluntary organizations, customary organizations (chiefs and tribal leaders), and religious leaders.

Second, no local service provider acts independent of the broader system of governance in which it operates. As a rule, local service providers are part of an extensive system of governance that incorporates a variety of centrally and locally embedded organizations and institutions. The systemic nature of how public services are delivered must be central to any development design and programming endeavor that seeks to enhance service delivery, including the varied nature of the actors that constitutes this system.

It is entirely feasible that local actors determine (or co-determine) how a particular service is provided, while some specific and indirect coordination and oversight functions are organized and/or developed by centrally governed institutions in the long-term. At the same time, the three cases show that the direct and indirect functions they should take on depend on the willingness, capacity and legitimacy to do so, which can only develop incrementally. In the long-term, this leads to a governance system that strengthens locally and centrally governed institutions simultaneously.

List of Abbreviations

<i>ASJP</i>	Access to Security and Justice Programme
<i>CBO</i>	Community-Based Organization
<i>CCSSP</i>	Commonwealth Community Safety and Security Project
<i>CDF</i>	Civil Defence Force
<i>CO</i>	Customary Organization
<i>DFID</i>	Department for International Development
<i>FBO</i>	Faith-Based Organization
<i>GRO</i>	Grassroots Organization
<i>IGP</i>	Inspector-General of Police
<i>ITA</i>	Idara-Taleem-o-Aagahi
<i>JSDP</i>	Justice Sector Development Programme
<i>LPPB</i>	Local Policing Partnership Board
<i>NGO</i>	Non-Governmental Organization
<i>OECD</i>	Organization for Economic Co-operation and Development
<i>RUF</i>	Revolutionary United Front
<i>SLP</i>	Sierra Leone Police
<i>TVO</i>	Traditional Voluntary Organization
<i>WHO</i>	World Health Organization
<i>UNICEF</i>	United Nations Children's Fund
<i>USAID</i>	United States Agency for International Development

Executive Summary¹

Current development programs that are designed to enhance service delivery have tended to follow two strategies in fragile situations. On the one hand, they have channeled resources through actors such as community-based organizations, because centrally governed institutions have been deemed too weak to serve this function. On the other hand, they have pursued traditional state-building in the belief that work on centrally governed institutions will eventually trickle down to the local level as the delivery of better public services. However, if the impact of programming is to be enhanced, policy-makers and practitioners must expand their understanding of who and what constitutes *the state*. And they must drop the notion of a “non-state”, which as a concept is empirically inaccurate, has little explanatory value, and is defined by negation.

This report demonstrates conceptually and empirically why a broad definition of the state is necessary as programs that aim to strengthen service delivery in fragile situations are being designed. Three case studies are presented that explore varying levels of external support to: 1. Community policing in Sierra Leone; 2. Primary healthcare provided by village doctors in Bangladesh; and 3. Primary education provided by non-governmental organizations (NGOs), traditional voluntary organizations and *madrasas* – religious seminaries – in Pakistan.

On the basis of these three case studies, two interrelated arguments are made. First, the quantity and quality of service provision cannot simply be equated with a set of centrally governed institutions. Service delivery in fragile situations is performed by a broad range of actors, including but not limited to NGOs, grass-roots organizations and community-based organizations, faith-based organizations, traditional voluntary organizations, customary organizations (chiefs and tribal leaders), and religious leaders (see also Batley and McLoughlin 2010:134).

Second, no local service provider acts independent of the broader system of governance in which it operates. As a rule, local service providers are part of an extensive system of governance that incorporates a variety of centrally and locally embedded organizations

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and institutions. The systemic nature of how public services are delivered must be central to any development design and programming endeavor that seeks to enhance service delivery, including the varied nature of the actors that constitute this system.

While this report is primarily focused on local service providers in fragile situations, the three cases suggest that good development practice requires that centrally governed institutions and local service providers be engaged in programming simultaneously. Service provision has a networked quality to it; local actors cannot be considered in isolation from centrally governed institutions, no matter the degree of fragility of the situation in question. Moreover, centrally governed institutions in fragile situations rarely have the legitimacy or the capacity to provide public services such as basic education, healthcare and security. Therefore, the actors who do exist at the local level and who do provide services must be engaged in the process of social transformation that is inherent in international development.

Based upon the analysis provided by this report, the following are suggestions for how to engage local actors in the design and implementation of development programming:

1. *Local actors involved in service delivery must build relationships with centrally governed institutions, because such relationships are the foundation of long-term sustainability and accountability.* The provision of certain types of primary education in Pakistan has been tied to NGO programming and has at times suffered from being implemented in isolation from the centrally governed education system. While NGOs are often engaged in service delivery in fragile situations because donors are frustrated with the pace and nature of change in centrally governed institutions, the establishment of such links must be made an explicit part of programming (and is by extension part and parcel of state-building). Lack of support for establishing such links between NGOs and centrally governed institutions may create a parallel system of service delivery that is wholly dependent on external donors and likely to collapse when funding runs dry (which, eventually, it will).
2. *Allowing linkages to develop organically between centrally governed institutions, NGOs, and other local actors is desirable, takes time and is unpredictable.* Such relationships cannot be forced from the outside. They must be nurtured through building informal relationships and they often emerge outside written contracts, because above all, they are driven by the personalities involved and on their initiative. These processes are characterized by a large degree of unpredictability because they are ultimately built around trust. If these links are allowed the time

to develop organically, they will, first, give both sides of the relationship some flexibility to develop in a way that is suitable to context and capacity, and, second, potentially nurture a relationship of accountability between local actors and centrally governed institutions.

3. *Support must be technically motivated, even though it has the aim – and long-term effect – of social transformation.* Development is *always* politically motivated and education is one of the ways in which social transformation is nurtured and the goals of development are pursued. However, a balance needs to be struck between the political reality in which programs are implemented and the desire to engender social transformation – without losing sight of the overall goal of enhanced service delivery. For example, attempts to reform Pakistan’s *madrasas*, initiated in the early 2000s, failed because they were considered to be politically motivated by the *ulemas* (Islamic theologians and leaders). Both the Government of Pakistan and the United States Government, which by the time of this reform initiative had initiated its “War on Terror”, supported programming which isolated the *ulemas* as a component of the program. This attempt by both governments to separate out and provide support to secular learning alone – within *madrasas* as religious institutions – led to failure of the reform initiative.
4. *The relative success of externally supported local consensus building initiatives in service delivery is dependent on their organization around already existing local structures of authority.* Support to Local Policing Partnership Boards (LPPBs) that form part of community policing in Sierra Leone did not engender abrupt social transformation, and thus resistance, at the local level. However, it did open up to the possibility of social transformation in the breadth of actors who define local security threats and how they are addressed. Previously, identification of and response to security threats on the local level was the sole prerogative of local chiefs (*not* the community as a whole). However, LPPBs now involve women’s representatives, bike riders (one of the most important means of transport in Sierra Leone), teachers, farmers, and other community-based groups. As such, LPPBs support the democratization of how local security is provided, and by extension constitute the potential for a positive reconfiguration of local power structures that can lead to more equitable service provision.
5. *Private interests should be accepted as part and parcel of what engaging and supporting the establishment of local institutions entails.* Indeed, it could be argued that it is *because* of the private interests of individual citizens and their communities that Sierra Leone’s LPPBs have proven to be a relative success in the first place. As with any functioning governance institution, they were not established in isolation from the political, social and historical context in which they operate. They

were and continue to be shaped by it. They are part and parcel of it. Outside the main towns of the country's twelve districts, LPPB members pay their allegiance to traditional leaders rather than the police. In addition, in both urban and rural settings, personal incentives such as accessing political power, generating an income and securing a business are often primary motivational factors of becoming involved in community policing. In environments that are resource scarce, which is a defining feature of fragile situations, such private interests are to be expected and worked with rather than against.

6. *Development programs should not only include efforts to link all centrally governed and locally embedded service providers, but also the development of simultaneous top-down and bottom-up accountability.* Sierra Leone's LPPBs were established in a post-conflict situation in which the Sierra Leone Police and other state institutions had all but collapsed. As such, community policing was first introduced as an instrument of state-building to reestablish and reconfigure links between centrally governed institutions and local communities (and initially, including representatives of the warring factions). The LPPBs are not independent security providers; they are set up under the aegis of the Sierra Leone Police. At the same time, however, they have encouraged a degree of transparency, openness and not least accountability within the police. In this respect, LPPBs do not pay strict allegiance to the police, and therefore are to some extent able to hold them to account for their actions.
7. *Establishing "social franchises" is an innovative way to establish an accountability mechanism in cases where central government cannot deliver services or ensure oversight.* The principles of social franchising are derived from franchising methods associated with financial gain, the latter of which is motivated by a desire to expand commercial retail stores quickly and with limited capital risk. In the case of village doctors in Bangladesh, establishing a social franchise ran into complications because their financial incentives to sell harmful drugs were insufficiently addressed. The case of village doctors in Bangladesh nevertheless provides insights into how social franchising can establish local checks and balances where centrally governed institutions are not able to. Through a process of community engagement, training, branding and networking overseen and supported by a Bangladeshi NGO, an organization took shape that taught village doctors about the health implications of prescribing drugs.
8. *Keeping it simple and building on already established structures enhance the potential for sustainability.* An oversight mechanism was established for the village doctors in Bangladesh through engagement of a cross-section of actors in the communities where they operated. While it was not fully effective, the oversight mechanism's

strength lay in its building on local structures of authority. Due to lack of technical expertise, the oversight committee was unable to properly oversee and keep a check on drugs dispensed by the village doctors. However, committee members nevertheless came to play a productive role with respect to awareness-raising about harmful drugs and in dealing with complaints regarding the attitude and services provided by the village doctors.

The cases of Pakistan, Sierra Leone and Bangladesh presented in this report demonstrate that service provision cannot simply be equated with a set of centrally governed institutions. They also suggest that no local service provider acts independent of the broader system of governance within which it is situated. These broader systemic characteristics of how public services are delivered must be central to any development-related work at the local level.

I. Introduction

One billion people, including some 340 million of the world's poorest, are estimated to live in "fragile states", most of which are located in Africa (Collier 2007). They live in situations that Engberg-Pedersen *et al* (2008:6) describe as "institutional instability undermining the predictability, transparency and accountability of public decision processes and the provision of security and social services to the population".

This is standard knowledge to donors, but as this report illustrates, it is important to more fully understand how public services are delivered in unstable and fragile contexts, by whom they are delivered, and how international actors might best support improvement of service provision at the local level. There has been a tendency to discuss the central government and local actors in isolation from one another as if they constitute distinct spheres, and yet assume that focusing on and working with the former will automatically engender change in the latter and *vice versa*. This report argues for a systemic approach that focuses on centrally governed and local actors simultaneously.

This report also presents examples of internationally funded program support to three sectors in three countries that rank on fragile/failed state listings, including of the Organization for Economic Co-operation and Development (OECD) (2012). These cases explore programs that have addressed basic security in Sierra Leone, primary healthcare in Bangladesh and education in Pakistan.

International support in fragile situations is generally articulated as support to state-building. The issue is whether this support is shaped around institutions that already exist in these contexts or whether it is narrowly directed towards centrally governed institutions that are familiar to donor agencies. This report discusses why a wider definition of the state in fragile situations that is not confined solely to centrally governed institutions is necessary, how such an expanded definition should be applied and in turn, why there is no such thing as a non-state *per se*.

Up through the 2000s, the figure of the non-state has emerged in international policy language to label the diverse set of actors that exist in contexts defined by fragile, weak and failing government. "The reality in fragile states", one 2007 OECD report noted, "is that justice and security [as examples of public services] are delivered by a large number of actors, some of whom are state agencies and services, but the vast

majority are likely to be *non-state* organisations and systems” (OECD 2007:6, emphasis added). Three years later, the OECD noted in a report on the legitimacy of states in fragile situations that “the majority of states in the Global South are “hybrid” political orders” (OECD 2010:8). This means that these states “coexist with other, competing forms of socio-political order that have their roots in *non-state*, indigenous social structures” (OECD 2010:8, emphasis added).

In the Global South, non-state actors such as traditional leaders and vigilante groups are considered the primary providers of justice and security in most fragile environments, and deal with an estimated 80 to 90 per cent of disputes (e.g., OECD 2007; UNDP 2009; Chirayath *et al* 2005; USAID 2005). Specifically, in Africa, 52 per cent of the poorest 20 per cent of the people receive healthcare from non-state actors, including NGOs, a pattern that holds true for urban and rural populations alike. In rural areas of Guinea Bissau, for instance, most health and education services are delivered by NGOs and religious missions and maintained by community-based organizations (World Bank 2005:10).

The question is what these numbers and observations tell us about delivery of public services, relations of power and collaboration between governments and local actors of authority, and the role that donor agencies can play in supporting enhanced service provision in fragile situations. As a point of departure, there is no doubt that many international programs acknowledge the importance of local service providers. This is reflected in several programs in which donors provide support to actors other than a central government to provide a variety of services.

In practical terms, the problem with using the non-state label is that it encompasses a broad range of often incompatible actors, including private entrepreneurs and companies, households, traditional and religious leaders as well as community and non-governmental organizations, militias and vigilante groups. Essentially, this means that as a category, the non-state does not have a descriptive value in itself since it is defined by negation (it is *not* a state).

More importantly, no service provider – be it a NGO or a traditional leader – acts independent of institutions that are considered part of a broader system of governance. This is an important point to keep in mind. It emphasizes the systemic nature of how public services are provided in what we refer to as fragile situations and the varied nature of the actors that constitute this system. From this viewpoint, service provision does not depend on the capacity of a set of centrally governed institutions

per se, but rather on how different actors within a system of governance interact and relate to one another and to the population that they serve (Andersen 2013:7; see also Albrecht and Kyed 2011:9).

This report serves three interrelated purposes and is organized accordingly. First, it discusses why the non-state has been and remains an uneasy figure in international policy-making and development programming. Following from this, it presents a typology of local service providers, and identifies a number of the organizations and institutions commonly considered to be non-state. Second, the report provides insight into how actors referred to as non-state have been engaged in reform efforts concerning primary healthcare in Bangladesh, education in Pakistan and basic security in Sierra Leone. All three of these sectors are considered basic services, which centrally governed institutions in fragile situations are often unable or unwilling to provide (Batley and Mcloughlin 2009:9). Finally, the report draws on the “good enough governance” debate to suggest that focusing on and working with local service providers is one pragmatic way to translate the concept of good enough governance into practice.

2. The Uneasy Figure of the Non-State as Service Provider

The figure of the non-state is uneasy for several reasons and not only because it is a poor attempt to coin an all-encompassing concept for a rather diverse set of actors. Individually and as a system, donors are themselves constituted by and co-constitutive of the state system, which in simplistic terms comprise sovereign political entities possessing the monopoly of force within their mutually recognized territories. In turn, the concept of a non-state is defined as operating free of any systematic government intervention (Batley and Mcloughlin 2009:4). In fact, NGO representatives as well as traditional leaders frequently operate freely in both spheres (Mills *et al* 2001; Balabanova *et al* 2008).²

At its very foundation, development programming reflects the domestic political agendas and context-specific bureaucratic practices of donor countries themselves. From this point of departure, the aim of donor agencies often becomes to build political entities in fragile situations along lines similar to their own systems (Albrecht and Kyed 2010:4). The default position of donors, who generally operate from stable centrally governed systems, is to locate and work with and through what they define as state institutions, however weak (or collapsed) they might appear, as a bureaucratically and centrally governed system of institutions.

This is not only a matter of imposing standards of government from the “top”, as donors are often – and at times quite rightly – criticized for doing (Albrecht and Kyed 2011; Harper 2011; Kyed 2011). It is also a matter of critics of state-building accepting the limitations of what any one donor agency representing a state has the knowledge and expertise to achieve. From this perspective, identifying and working with centrally governed institutions as the coordinating and primary center of service provision is in fact a perfectly reasonable approach.

Modesty about what can be achieved through state-building is reflected in current policy discussions about how to establish or support the consolidation of inclusive and responsive forms of governance. The donor community concedes, and has done

² In addition, Chirayath *et al* (2005:2) observe that the vast majority of human behavior, generally speaking, is “shaped and influenced by informal and customary normative frameworks. Even in societies with the most developed legal systems, only about 5% of legal disputes (that is, 5% of situations that have been understood as ‘legal’) end up in court”. While Chirayath *et al*'s discussion is about legal disputes, the observation does indicate why we must be cautious when applying the labels of customary, informal – and non-state.

so for a while, that the support of state-building in fragile situations is deeply political and inherently endogenous (Andersen 2013:9). As a consequence, the community of primarily West European and North American donors acknowledge that there are “limits as to what the international community can and should do” in fragile situations (OECD 2011:11). However, the point of departure for most interventions is that it is states “that are the principal institutional and organizational units that exercise political and public authority in modern times” (OECD 2011:20).

Therefore, while it is accepted that “the role of international actors is necessarily limited” (OECD 2011:20) in state-building, it is the establishment of a centrally governed set of institutions and the political process around them that are to be supported and facilitated (Albrecht and Kyed 2011:12). At the same time, the more modest approach to state-building that has emerged in the past decade characterizes recent debates on how best to support the “informal governance system” (Andersen 2013:11). However, that the involvement of “informal governance systems” or “non-state actors” is required in fragile situations, and that this involvement should occur within or in connection with a set of centrally governed institutions, are not new concepts.

In 2006, the OECD published a report that called for what was referred to as a “multi-layered” approach to reforming institutions that provide security and justice (Scheye and McLean 2006). It concludes that statutory as well as non-statutory providers of security and justice should be encompassed by reform efforts. This approach, OECD states, “targets the multiple points where service occurs and strengthens the linkages between state institutions and local justice and non-state providers” (GFN-SSR 2007). The OECD also incorporated the issue in its 2007 Security System Reform Handbook: A multi-layered approach “helps respond to the short-term needs of enhanced security and justice, while also building the medium-term needs of state capacity and critical governance structures” (OECD DAC 2007). The problem with this approach is that while it acknowledges that public services are provided by a multitude of institutions, it still sets up an artificial distinction between the state and “the rest”.

Even if traditional leaders or private security companies are the direct providers of what are considered basic public services, there are a number of specific services and some indirect coordination, oversight and purchasing functions that an NGO or a private company are not geared to organize or provide. In addition, accountability through checks and balances requires a reciprocal relationship between institutions that have local interests at stake and others that are centrally governed and have an extra-local outlook. Autocratic leaders are characterized by being held in check only

Box 1. Challenges of Indirect Coordination – Systemic Discrepancies³

It comes as no surprise that many of the systems and working processes equated with well-functioning, accountable centrally governed institutions are considered challenged and unworkable in fragile situations. This would be a banal – indeed, irrelevant – point to make, if these very systems and related bureaucratic practices were not those that donor agencies seek to export to the Global South, packaged as development programs. Even when this attempt to transfer systems and bureaucratic practices is done in a context-sensitive manner, considerable challenges to which there are no straight-forward answers exist with respect to:

Regulation. Weak centrally governed institutions are not necessarily able or willing to enforce legislation, assuming that the capacity to legislate exists in the first place. Moreover, regulation may not be focused on the providers that are most important to the poor. In fragile situations, regulation should therefore, by necessity, require consensus building program components based upon negotiation and/or a considerable degree of self-accreditation, franchising and community oversight mechanisms (Batley and McLoughlin 2009:23).

Policy. A functioning policy environment is characterized by stability and predictability. In short, policy sets the parameters of how and to whom services are to be provided. However, since fragile and conflict-affected settings are defined by policy discontinuity, formal policy dialogue and more importantly, the formulation, implementation and evaluation of policies are considerable challenges (Batley and McLoughlin 2009:18). Informal policy dialogue and processes of ad hoc formal inclusion in these processes can and should be expected, because they require relatively little financial input and expertise to organize (and a lot of political will). How the information is processed, however, is another matter. The capacity to do so may be built over a longer period of time, but the process of collecting the information, including who is involved, is important.

Contracting. Contracting out public services has been considered the most viable option in fragile situations where centrally governed ministries, departments and agencies are unable to provide those services (see Teamey 2010:7). But contracting requires a particular set of technical skills, including design, management and monitoring (Scheye 2009). Even where contract experience exists, contracts are often designed and managed poorly due to basic administrative failures and unclear roles and responsibilities (Batley and McLoughlin 2009:23).

In the empirical cases of this report (education in Pakistan, security in Sierra Leone and healthcare in Bangladesh), relations between local providers and central institutions are above all built on dialogue, trust (and financial incentives). Therefore, from the outset, successful programming in fragile situations should not be preconditioned on effective contracting arrangements, particularly as the legal instruments to enforce contracts are either weak or non-existent.

³ This text box is inspired by/based on the work of Batley and McLoughlin (2009).

to a limited degree, a situation which describes both the national and local level in fragile situations.

Developing policy frameworks or ensuring service provision by setting standards, coordinating, regulating, and financing the provision of public services requires an extra-local outlook and reach across a pre-defined territorial jurisdiction. Inasmuch as it is possible to build indirect functions, centrally governed institutions may assume responsibility for the provision and the quality of services without necessarily being involved directly in how they are delivered. NGOs may provide education in individual communities, but a broader understanding and strategy for how such initiatives fit within and support higher education schemes, for instance, must necessarily be developed by a set of centrally governed institutions that is not tied to a specific locality.

Where centrally governed institutions have been weak or absent and services are predominantly delivered through small-scale “for profit providers”, households, community organizations, relief or humanitarian NGOs, the potential for fragmentation presents a major coordination challenge (Batley and Mcloughlin 2009:9+11). These challenges can only be addressed in the long-term; precisely how they are going to be addressed will depend on how relations between local actors and centrally governed institutions evolve. It is this relationship that must be the focus of any development activity. However, while development planners can never fully predict how such a relationship will evolve, it is good development practice to make space for and allow that unpredictability to be part of shaping the process.

2.1 The Empirical Inaccuracy of the Non-State

As a set of identifiable actors, ministries and agencies of a central government are often minority providers of services in fragile situations. This is the case even if they are the actors to whom donors instinctively turn when development programming is negotiated, agreed upon and implemented. And indeed, through their indirect functions, centrally governed institutions play a more or less strong role in *de facto* or *de jure* authorization of a broad range of actors as local service providers.

As a rule, Chieftain administrations across Sub-Saharan Africa are integral to long-term processes of state formation, while NGOs often originate and receive funding from outside the territory in which they operate. Both, however, are in different ways integral to a state space/jurisdiction, give shape to and are shaped by a set of centrally

governed institutions that as a minimum has the *responsibility* or are *expected* to play an indirect role in service provision.

Two points are worth emphasizing in this regard. First, the non-state as the state's antithesis does not exist empirically, or at least does not add any descriptive value to local level service provision in fragile situations. As Rose (2011:294) notes, "it is often assumed that non-governmental education providers prefer to operate without 'interference' from government", but "in practice, they inevitably need to form relationships". Indeed, local service providers do not merely "need to" form relationships with government. More often than not, they are deeply integral to central government institutions. They have developed in relation to one another, and therefore cannot be considered in isolation from one another.

Following from this, the second point is that we are dealing with an integral system of mutually reinforcing, beneficial and sometimes antagonistic relationships, partnerships and associations that are enacted and play a central role in constituting public service delivery. Specifically, centrally governed state institutions do not give shape to locally embedded service providers any more than local actors shape and condition centralized ministries, departments and agencies. In brief, they are mutually constituted.

What is materializing empirically is one interconnected *state system*, not the simple co-existence of distinct institutions and actors that can be categorized neatly as either "state" or "non-state". And yet a hierarchy *should* exist. The centralized set of institutions commonly equated with the state has, as mentioned above, specific indirect functions that reach beyond any one concrete locality within and across a territorially defined jurisdiction. Since it is the function of state-building to identify precisely how this relationship may be realized, state-building as such cannot be taken forward on the assumption that if centrally governed institutions are strong enough, better service delivery will automatically follow.

2.2 Local Providers or Actors Rather than Non-States

In the box at the end of this section, the report outlines a number of actors commonly referred to as non-states in international development programming (and by extension programming that relates to security, healthcare and education). Based on the above discussions, however, these actors are more accurately described simply as local actors, the practical expression of a complex, and more or less cohesive system of institutions that governs and sets rules for service provision within a

Box 2. Types of Local Service Providers

This box presents some of the characteristics of the institutions and organizations that are commonly referred to as non-state actors. It shows their historical, cultural and social diversity and demonstrates why lumping them into one category of the non-state is empirically inaccurate and unhelpful as programming around enhanced service delivery at the local level is developed.

Non-Governmental Organizations (NGOs). NGOs often provide services in fragile situations where state institutions are considered incapable of doing so (Harvey 1997:10). In particular, NGOs appear as direct providers in health and education (Batley and McLoughlin 2009:16). Like the notion of state-building, NGOs as part of civil society are rooted in Western philosophy and have been imported into development discourse (Kabeer et al 2010:8-9) and program designs.

Grass-Roots Organizations and Community-Based Organizations (GROs and CBOs). As sub-categories of NGOs, GROs and CBOs are primarily membership-based and dependent on donor funding channeled through international and national NGOs. Because of their localized focus, these types of organizations are also considered to have better access to geographically and socially marginalized groups in development contexts than national or international NGOs. This localized focus makes them important partners of NGOs.

Faith-Based Organizations (FBOs). An unknown proportion of NGOs combine aid with a religious agenda, thereby seeking the conversion of an individual or a group to a particular faith (Jayasinghe 2007:623). As such, they are generally characterized by affiliation with a religious body and by making explicit reference to religious values in their mission statements (Ferris 2005:312). Apart from relief and health services, education is a central activity of FBOs, as it provides a critical opportunity for long-term ideological diffusion (unlike health services or handouts that normally involve only brief encounters) (Tadros 2010:20).

Traditional Voluntary Organizations (TVOs). TVOs are family-based trusts or voluntary organizations that rely on donations from the general public in their locale and often run community schools (Bano 2008a:474). Unlike NGOs, TVOs do not rely on aid from international donors, and therefore do not operate with the concepts of running a project or of their work coming to an end.

Customary Organizations (Chiefs and Tribal Leaders) (COs). COs are often the main service providers in fragile situations. The chiefs' position as leaders is sometimes embedded in legislation, and always found in customs ("inherited culture and ways of life", "people's history", "moral and social rules", etc.). As such, they derive their authority from family relations and geography and are part of long-term processes of state formation (rather than state-building as the result of external intervention and support). They control many forms of administration at the local level, including allocation of land, natural resources, communal labor and in some instances law and order.

Religious Leaders. Religious leaders are connected, but not identical to FBOs and COs. They draw authority from schools of religion that translates into authority over people (at times of a political nature). Religious leaders are a primary source of guidance to local populations, and are therefore important development partners, notably in education and public health (Ter Haar and Ellis 2007:356). Making religious leaders champions of reproductive health and family planning may help to foster social change and development (Freij 2010).

given territory (see Scheye 2009, 2011a, 2011b for related discussions). The “local”, Andersen (2013:7) notes, “is everywhere and questions of local governance extend way beyond different ways of regulating or controlling the hinterland.... This perspective reminds us that the local is not just found ‘out there’ in remote rural areas.” It also reminds us that there is a concrete physical point where a service is being delivered by an authority that is more or less strongly linked to a centrally governed set of institutions.

In sum, the notion of non-state does not accurately reflect the quality and authority of the actor being described and the interlinked system of political relationships and service providers that the local actor is part of. Overall, support in fragile and weak situations is always framed – and envisioned – as state-building. However, the salient point is whether the efforts to build a state take place on the basis of institutions and organizations that already exist or on the basis of ideals of what a state *should* look like. While using the concept of local as point of departure fosters associations of where delivery of a given service takes place, the nature of the actor providing the service must be scrutinized precisely to determine where its authority to do so emanates from historically, socially and politically. This is part of what being context-specific means. Below is an overview of different types of local service providers, their origin and approach.

3. Security, Healthcare and Education in Fragile Situations

Having discussed what characterizes the debate on local actors, this section presents three case studies on how local actors have been engaged in development programming. It explores education, security and healthcare in Pakistan, Sierra Leone and Bangladesh, and provides empirical evidence of how public services are provided in fragile situations and the breadth of actors that constitute systems of governance in these contexts. Furthermore, the cases show why and how development agencies can – and should – build programs around already existing local actors in support of enhanced service provision in fragile situations. Engaging local actors in programming does not guarantee a successful outcome, but ignoring them will almost certainly lead to program failure.

The three cases illustrate the need to approach service delivery as encompassing a *system* of mutually constitutive and interdependent actors. Some locally anchored service delivery actors emerged in the recent past (e.g., NGOs and as the Bangladeshi case shows, village doctors); others are considered part of long-term state formation processes (e.g., *madrasas* and traditional leaders). They illustrate the importance of acknowledging the breadth and variety of organizations involved in service delivery and the linkages, commonalities and differences that exist among them. This report argues that a systemic approach is a defining feature of how support to enhanced service delivery in fragile situations is provided. By drawing on examples from education, security and healthcare in three different countries, it also argues that the systemic approach is not limited to any one sector in particular, but a general characteristic of what delivering services in fragile situations entails.

The first case focuses on the establishment of Local Policing Partnership Boards (LPPBs), a type of community policing forum, and their role in strengthening local security in Sierra Leone. The second case analyses how Bangladesh's village doctors, who are important providers of primary healthcare in rural parts of the country, may be held to account through social franchising when centrally governed institutions are not in a position to do so. The final case explores the role of NGOs and *madrasas* in Pakistan's education system and the importance of tying them into a broader system of governance.

These cases were identified on the basis of review of several evaluations of development-supported activities in fragile situations, policy-related and academic literature

as well as data collection in my work as a researcher in Sierra Leone in general and as a program consultant in Sierra Leone's Access to Security and Justice Programme (ASJP) specifically. The case studies are thus predominantly based on evaluations of specific programs, and explore how the inclusion of local actors in programming may lead to positive outcomes in fragile situations. Rather than focusing on how and why development programming fails, the study analyses what constitutes positive results, and how these results are realized. Following from this, the cases have been selected on the basis of the following criteria:

1. The program countries are commonly referred to as fragile.
2. Results of donor-supported activities in these countries are presented as (partially) positive in the reviewed documentation.
3. Program activities are explicitly discussed in relation to results.
4. Activities in the programs have taken place in different sectors.
5. Quantity and quality of relevant resource material are available.

As Engberg-Pedersen (2013) notes, evaluations normally describe various positive aspects of a specific program or activity, followed by its shortcomings (unfulfilled objectives, waste, lack of coordination, etc.). By extension, identifying unqualified success in development is not only difficult to do, but also unrealistic to expect, because any process of change, not least in fragile situations, is challenged and unpredictable. In addition, positive results are – as the cases in this study show – never the outcome of one program or project, but emanate from the ability to build on and support processes that are already in place. This does not mean that it is impossible to identify significant successes in terms of establishing, re-establishing or re-shaping systems of education, security provision and healthcare at the local level. It means that when positive results are identified, we must realize that they have not been achieved in isolation from broader societal changes and processes of transformation that are often unrelated to the development program that is being analyzed.

3.1 Security Provision in Sierra Leone – Local Policing Partnership Boards

The following section explores how external support to the security apparatus in Sierra Leone has been provided for the past decade with a specific emphasis on local level engagement and attempts to establish an interconnected system of security governance. It identifies how community policing forums were established to connect local communities and the Sierra Leone Police (SLP), thereby supporting the emergence

of an interlinked security governance system of traditional leaders, teachers, women, youth leaders and police officers and other community actors that in the past were not consulted when local security was discussed.

In the decade that has passed since Sierra Leone's civil war ended and peace was officially declared in 2002, Sierra Leone has improved its position considerably on the Fund for Peace Failed State Index, jumping from 6th to 31st place between 2005 and 2012. The indicator for public service delivery, for instance, has improved from 9.1 to 8.7 (Fund for Peace 2012). Nevertheless, according to the OECD, Sierra Leone remains a fragile state that is also defined as a least developed country. Together with Afghanistan and Timor-Leste, it is deemed to be one of the ten most aid-dependent countries in the world (OECD 2012:17+47). However, what stands out as a positive in the country is a consistently low indicator for what the Failed State Index refers to as the security apparatus (6.3 in 2005 and 5.7 in 2012) (Fund for Peace 2012).

After a decade of conflict in Sierra Leone (1991-2002), centrally governed institutions had fallen apart. Restoration of the country's security apparatus was considered a precondition for long-term development to take place, not least by the United Kingdom (UK), Sierra Leone's primary external partner since the late 1990s (Albrecht and Jackson 2009). An important component of this effort was the reestablishment and reform of the SLP (Albrecht 2010). This report emphasizes a key element of this process, namely the support given to community policing, specifically the establishment of Local Policing Partnership Boards (LPPBs) (Albrecht *et al* 2013). As community policing forums, LPPBs have been established across Sierra Leone's 33 Local Command Units, and engage a wide cross-section of society. Their role is to:

1. Enable local communities to have a say and be involved in finding solutions to local safety and security problems.
2. Function as a *de facto* interface between the SLP and the local community, enabling the resolution of minor offenses.
3. Facilitate and ensure that criminal offenses such as murder and cases of rape are reported to the police.
4. Provide information to the police on safety and security "hotspots" to influence where local police patrols are deployed.

The LPPBs, the first of which were established in 2002-2003, provide insight into a process of change that, in short, has been endogenous, context-specific and locally embedded, while also engaging with and incorporating internationally defined best

practices of community policing (Broghden and Nijhar 2005). As such, LPPBs were not so much externally imposed as nationally assumed. They were shaped around and by already existing institutions of authority and constellations of actors.

3.1.1 Local Policing Partnership Boards – Policing by Consensus (by Necessity)

LPPBs were established in the capital of Freetown in 2002 as part of a fundamental administrative and logistical overhaul of the SLP. During Sierra Leone's transition from open conflict to stability, the Commonwealth Community Safety and Security Project (CCSSP) supported the SLP with funding from UK's Department for International Development (DFID) (1999-2005). The CCSSP was followed by two other cycles of DFID-funded programming, including the Justice Sector Development Programme (JSDP) (2005-2011) and the Access to Security and Justice Programme (ASJP) (2012-2016). All three program cycles included elements of community policing.

Rather than outline the approach of each program (see Albrecht 2010), this report focuses on how support for Sierra Leone's community policing programming has been given in a way that is not only sensitive to context, but also seeks to change how a particular public service (security) is provided and administered at the local level. This focus does not discuss the number or variety of activities undertaken in support of the police since the late 1990s or the many complications that are inherent to police reforms in a resource scarce and therefore fragile environment such as Sierra Leone. However, it shows one dimension of the transformation process – the increase of local actors involved in defining and responding to security and safety matters – which appears to have been successful.

Brima Acha Kamara, Sierra Leone's first post-war Inspector-General of Police (IGP), has described the scope of the police to enforce order in the late 1990s: "There were other forces, warring factions, RUF [Revolutionary United Front] combatants, CDF [Civil Defense Forces], competition about who should really be in charge of internal security. We were not able to flex our muscle, and were ultimately doing *policing by consensus*" (Acha Kamara, quoted in Albrecht *et al* 2013:15, emphasis added). Obviously, Acha Kamara was describing policing in the immediate aftermath of a war. But his statement came to define the rationale of Sierra Leone's policing in the years to come and foreshadowed the role that the LPPBs would play as a peacetime expression of policing by consensus.

Acha Kamara was supported by technical experts, but he was also – together with other police officers in leadership positions – given the chance to study abroad

through CCSSP where he found inspiration to set up community policing structures: “I went to Northern Ireland twice when I did my MSc at Exeter University. When I went there, they were also going through the same change process [as Sierra Leone]. I picked up the idea of policing boards there, as a form of accountability to the public. The LPPBs were set up as a way of ensuring stakeholder participation in the process, that the needs and expectations of normal people are heard. We were going to change the way we did criminal investigations” (Acha Kamara quoted in Albrecht and Jackson 2009:96).

The line of the new IGP fit well with the new doctrine of the SLP as a whole – Local Needs Policing – that was developed and implemented as part of CCSSP in the late 1990s. Related to notions of community policing, it was defined as: “Policing that meets the expectations and needs of the local community and reflects national standards and objectives” (Adrian Horn quoted in Albrecht and Jackson 2009:32). What “community” meant was not specified in the conceptual discussion of Local Needs Policing, but it nevertheless came to play a crucial role in the development of the LPPBs.

3.1.2 *Communities, Local Authorities and Social Transformation*⁴

The LPPBs are a component of and have the potential to consolidate social transformation in a way that includes the participation of local beneficiaries in defining and responding to their own security needs. This helps to create a more inclusive and ultimately more accountable security apparatus. Generally speaking, changing structures of authority and by extension how the provision of services is organized is a long-term process that reaches far beyond – but nevertheless should be supported by – externally funded security and justice-related programs. This is state-building, because social transformation is a central component of that process, and should lead to more inclusive – and legitimate – social services.

The concept of community is central to social transformation. The contribution of LPPBs to the improvement of safety and security service delivery in Sierra Leone becomes apparent by comparing how the concept of community is defined in rural and urban areas, respectively. A general rule is that in rural areas – outside headquarter towns of police divisions and districts – community is equated with local authorities such as headmen, section and paramount chiefs. In urban or densely populated are-

⁴ Many of the observations in this section are based on a survey on LPPBs that the author of this report carried out in 17 of Sierra Leone’s 33 Local Command Units (police divisions) between September 2012 and January 2013. The survey cuts across regional differences, tribal identities, political affiliation and the rural/urban divide and is available upon request (Albrecht *et al* 2013).

as, however, the establishment of LPPBs has expanded the range of actors involved in defining and responding to local security. Thus, the notion of community has come to encompass a broader range of actors than paramount and lesser chiefs, and includes teachers, youth and women's leaders, among others. As such, Sierra Leone's LPPBs have supported the "democratization of security" in Sierra Leone. They have expanded the number of people that are consulted on communal security and have established links between the police and community in the broad sense of the term that previously did not exist.

3.1.2.1 Rural Sierra Leone → Communities = Local Authorities

When involvement of the community is discussed by police officers in Sierra Leone, community, particularly in areas outside district headquarter towns and police divisional headquarter towns, has tended to mean local authorities (chiefs and elders specifically). In other words, when involvement of the community has been mentioned in connection to LPPBs, this has not meant involvement of the general population.

The equation community = local authorities has been compounded by the fact that LPPBs are not necessarily tribally or socially representative of the localities in which they operate, because local authorities commonly are considered "sons of the soil", i.e., natives to the locality in which they operate. Traditionally, close working relations between the police and local authorities in rural areas have also compounded the equation. Indeed, it is commonly accepted that the police will be hampered in operating in areas where they do not entertain close ties with traditional leaders.

A common scenario at town/village level is that the LPPB representative if he (or she) exists is one of the authorities of the town (or represents a town authority) and at the same time acts as a police proxy. When someone is suspected of committing a crime, the LPPB member will be supported by the young men of the village/town to make an arrest; the police will be summoned if their presence is deemed necessary, which is commonly related to the crime's severity (e.g., in cases involving rape and other violence). The youth groups are the physical force of security at the local level. In sum, LPPB members act as police proxies, but they can only operate if paramount and lesser chiefs – traditional leaders – accept their role in organizing local security. Setting up LPPBs across Sierra Leone has required negotiations with traditional leaders, but it is also evident that in areas that are isolated and difficult to access, LPPBs are often either aligned with the chiefly hierarchy, but more commonly, not set up at all. In other words, they have functioned most efficiently in densely populated areas where members have reliable means of communication (mobile phone coverage) and

can meet at short notice. There are notable exceptions to this rule, but many areas of rural Sierra Leone are logistically, and for reasons of existing infrastructure, difficult for the SLP to access and for LPPB members to move around in.

3.1.2.2 *Urban Sierra Leone à Communities ≠ Local Authorities*

In the main district headquarter towns and many of the towns in which the headquarters of police divisions are located, the establishment of LPPBs has supported a shift in thinking about what the concept of community entails. This is an important point to explore in greater detail, because LPPBs have demonstrated the potential to provide checks and balances on traditional leaders and the police alike. Neither the police nor the traditional leaders can be fully differentiated from the LPPBs, because they are part of its membership base and a basis of their legitimacy. However, the potential for LPPBs to strengthen the link between the central government's security institutions and community-based service providers emphasizes the main point of this report.

State-building is a matter of establishing an interlinked system of service providers that allows local actors to play a role in providing a particular service, in this case security, and allows centrally governed institutions to take on various indirect functions. In this capacity, the SLP – *not* the Ministry of Internal Affairs – has developed an LPPB Constitution that was approved by the SLP leadership and issued in 2011. Furthermore, training has been provided to LPPB members with support from international partners, and a community relations directorate was re-established at SLP headquarters in Freetown in 2009 (after having been devolved to divisional level five years earlier).

As is the case in most rural areas of the country, community members continue to equate communities with local authorities. The chiefs are still considered important stakeholders. As noted by one LPPB member in Bo West (in the southern part of Sierra Leone): “All Paramount Chiefs are members [of the LPPB serving] as advisers. They are major stakeholders, because they have control over their people. However, they are not members of the executive” (LPPB member quoted in Albrecht *et al* 2013:21).⁵ The LPPB member also noted that “some people may listen to them [the

⁵ Formally, an LPPB covers one Local Command Unit of the SLP and is constituted by an executive body which meets on a monthly basis. Each Local Command Unit is divided into Areas and/or Chiefdoms in which Area Policing Partnership Committees (APPCs) and Chiefdom Policing Partnership Committees (CPPCs) are formed. APPC/CPPCs are sub-committees of LPPBs and the point of contact for the APPC/CPPC Chairman, who is the LPPB Chairman and also the main point of contact for the SLP. At the same time, APPC/CPPC Chairmen are members of the LPPB executive so that the LPPB is representative of the communities within the Local Command Unit (police division) as a whole and not just one area of the police division.

chiefs]more. Even this election [in November 2012], when the parties are campaigning, they [the political candidates] need to inform the Paramount Chief, because he or she is in charge of the Chiefdom, directly representing the head of state here” (LPPB member quoted in Albrecht *et al* 2013:21).

At the same time, LPPBs have engendered important changes to how security provision is perceived. It has expanded the number of people who can legitimately engage in identifying security and safety concerns and how to resolve them. As noted by one teacher in Tankoro Division (Kono District in north-eastern Sierra Leone) during a group discussion among LPPB members about local security: “Before, the police would work with the chiefs *and not work with the communities*” (LPPB member quoted in Albrecht *et al* 2013:21, emphasis added). In short, today, community is no longer equated solely with chiefs, but with a broader range of actors when it comes to liaising with the police on how to define and act on security concerns. LPPBs have contributed to this change in how security is provided and by whom.

While Paramount Chiefs are involved in the operation of LPPBs, the LPPBs constitute a general shift on two fronts. The first shift is reflected in the aforementioned broad range of actors that constitutes the LPPB, including teachers, petty traders, business people, youth leaders, women’s leaders and others. The second shift has to do with the general change in perception of the police, and, as one LPPB member noted, “an understanding of how the police work. Before, people would run away and hide when the police showed up, but with the sensitization that LPPBs have undertaken, this has changed” (LPPB member quoted in Albrecht *et al* 2013:21).

LPPBs alone will not lead to a more inclusive concept of community that in turn leads to the democratization of how security is provided in Sierra Leone. However, their establishment supports both that process and the emergence of an integrated system of service provision that engages centrally governed as well as locally embedded institutions and actors.

3.1.3 *The Sierra Leone Case: Conclusions, Lessons and Recommendations*

In Sierra Leone, the establishment of LPPBs has been beneficial because they have supported the emergence of an interlinked system of security governance at the local level, comprising a wide variety of community actors and the police. As such, they have not only expanded the breadth and types of actors that are given a voice in defining security concerns, they have also nurtured the emergence of a two-way accountability mechanism whereby the LPPBs hold the SLP to account for their

actions and *vice versa*. Moreover, the case shows that the LPPBs are durable and have a transformative potential because they were built around already existing local structures of governance, including local chiefs.

The relative success of externally supported local consensus building initiatives in service delivery is dependent on their organization around already existing local structures of authority. Support to LPPBs that form part of community policing in Sierra Leone did not engender abrupt social transformation, and thus resistance, at the local level. However, it did open up the possibility of social transformation in the variety of actors who now define local security threats and how they are addressed. Previously, identification of and response to security threats on the local level were the sole prerogative of local chiefs (*not* the community as a whole). However, the fact that LPPBs include a number of community representatives contributes directly to the democratization of how local security is provided, and by extension constitute the potential for a positive reconfiguration of local power structures that can lead to more equitable service provision.

Private interests should be accepted as part and parcel of what engaging and supporting the establishment of local institutions entails. Indeed, it could be argued that it is *because* of the private interests of individual citizens and their communities that LPPBs in Sierra Leone have proven to be a relative success in the first place. As with any functioning governance institution, LPPBs were not established in isolation from the political, social and historical context in which they operate. They were and continue to be shaped by it. They are part and parcel of it. Outside the main towns of the country's districts, of which there are twelve in Sierra Leone, board members pay their allegiance to traditional leaders rather than the police. In addition, in both urban and rural settings, personal incentives such as accessing political power, generating an income and securing a business are often primary motivational factors of becoming involved in community policing. In resource-scarce environments, a defining feature of fragile situations, such private interests are to be expected and worked with rather than against.

Development programs should not only include efforts to link all centrally governed and locally embedded service providers, but also the development of simultaneous top-down and bottom-up accountability. The LPPBs were established in a post-conflict situation in which the Sierra Leone Police and other state institutions had all but collapsed. As such, community policing was first introduced as an instrument of state-building to reestablish and reconfigure links between centrally governed institutions and local

communities (in fact, LPPBs in the immediate aftermath of the civil war included representatives of the warring factions). These boards are not independent security providers, as they are set up in coordination with the Sierra Leone Police. At the same time, however, they have encouraged a degree of transparency, openness and not least accountability within the police. In this respect, LPPBs do not pay strict allegiance to the police, and therefore are to some extent able to hold them to account for their actions.

3.2 Healthcare in Bangladesh – Social Franchising of Village Doctors

Village doctors in Bangladesh are the main focus of this section, which looks at their enrolment in externally supported social franchising programming (Bhuiya *et al* 2012:3). Village doctors are an example of how actors emerge and are strengthened through transformations in the market, and in the process assume a role as service providers without appropriate oversight or checks and balances by extra-local, centrally governed institutions. This section elaborates on the opportunities and limitations of what is referred to as social franchising in establishing such mechanisms in their absence through training and community engagement.

As a low-income/least developed fragile state (OECD 2012:17), Bangladesh is located in the bottom quarter of the 2013 Human Development Index (146 out of 186) (UNDP 2013:15), and is ranked 29 on the Fund for Peace's Failed State Index (Fund for Peace 2012). For the purposes of this report, primary healthcare generally means the delivery of basic services at primary level facilities or mobile clinics, including basic diagnostic procedures and prescribing services.

As a basic public service, primary healthcare has been a key priority for the Bangladeshi government during in the 2000s. This has been reflected in significant infrastructural investment in hundreds of *upazila* (sub-district) Health Complexes, Union of Health and Family Welfare Centers and Rural Dispensaries. However, healthcare services directed from the central government in Dhaka suffer from a shortage of personnel, including an estimated 60,000 physicians, chronic absenteeism, a dearth of medicine and equipment, and maltreatment of poor patients (Bhuiya *et al* 2012:1-2; Mahmood *et al* 2010:1).

This, and the historically limited role of Dhaka in coordinating and managing rural healthcare institutions, means that the provision of these services in Bangladesh is

highly pluralistic (Bloom *et al* 2011:i46). Among the different providers is a large number of poorly qualified and unqualified non-physician practitioners such as village doctors, a major group of local healthcare providers who practice and dispense modern medicines. A 2007 scoping study and subsequent survey⁶ were conducted in Chakaria,⁷ a predominantly rural area of Bangladesh with a population of 400,000 people. Results indicate that 65 per cent of healthcare services are provided outside centrally governed institutions, irrespective of the disease in question (Dimovska *et al* 2009:12). As Hanifi *et al* (2012:20) notes, as is common in many fragile situations, centrally governed “public sector facilities constitute an insignificant share of the healthcare market”.

3.2.1 Village Doctors and the Market

Unregulated village doctors in rural Bangladesh deal with a variety of diseases such as the common cold, skin diseases, newborn pneumonia, typhoid, diabetes, leucorrhoea, gonorrhoea, sinusitis, dysentery, *inter alia* (Iqbal *et al* 2009). The number of village doctors has increased considerably in the last decade. According to Mahmood *et al* (2010:1), this reflects an increasing market demand the nature of the drug market in Bangladesh, the fact that only 5 per cent of the total healthcare work force is conducted by trained professionals. In short, providers with limited or no formal training constitute the dominant group of healthcare providers in rural Bangladesh (Hanifi *et al* 2012:20).

Unlike LPPBs in Sierra Leone, the prevalence of village doctors in Bangladesh is linked to the formal economic market and how it operates. The pharmaceutical sector in Bangladesh is one of the most advanced for a low-income/least developed fragile country. Technologically, it is the most developed manufacturing industry in the country, and the second-largest contributor to the public purse (UK Trade and Investment 2013). However, the market for medicine has spread much faster than the speed with which central or locally embedded regulatory arrangements have been created (Bloom *et al* 2011:i46).

⁶ Initial research was carried out in 2007 by the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B). It confirmed the central role of village doctors and other actors with little or no training in providing primary healthcare at the local level. To capture a more holistic picture of the role and importance of village doctors, which diseases they treat, and how they treat them, a survey collected information from a random sample of 1,000 households (6,162 individuals) in Chakaria. It was revealed that 43.5 per cent were suffering from an illness, and that 47.1 per cent of this group had sought treatment, while the rest had not. Two thirds of those who sought treatment, irrespective of the disease, had consulted village doctors as the first contact. Only 14 per cent had sought care from a qualified doctor (Bhuiya 2012:4).

⁷ Chakaria is an *upazila* (sub-district) in Cox's Bazaar district near the southeast coast of the Bay of Bengal.

Village doctors are – especially among the rural poor – not only integral to the rural health system, but are often the only alternative available. They are therefore indispensable to a sustainable healthcare system in Bangladesh (Bhuiya *et al* 2012:3-4; Dimovska *et al* 2009:12; Iqbal *et al* 2009:50). Even when alternatives to village doctors are available, there are a number of reasons why the village doctor is the preferred option. According to Iqbal *et al* (2012:37) they:

- Are available throughout the day;
- Are willing to visit the patient at home or are locally available, which saves time and travel costs;
- Refer patients to an appropriate facility in emergencies;
- Charge low or no consultancy fees;
- Provide medicine and treatment from the same place; and
- Adjust prescriptions according to the money available to the patient

In sum, village doctors have emerged in part as a response to local demands and have therefore had to shape the service they deliver to those demands. This in itself constitutes a check and balance on the village doctors, but does not regulate the quality of care they provide or the type and quality of the drugs they prescribe.

3.2.2 *Inappropriate or Harmful Drug Prescription*

The study in Chakaria referenced above indicates that one of the main problems of the village doctors relates to how they prescribe drugs. An estimated 41 per cent of the drugs prescribed for pneumonia and 14 per cent of drugs recommended for fever and diarrhea were considered appropriate. The rest of the prescribed drugs were either inappropriate or considered outright harmful (5-15%) (Iqbal *et al* 2009:51; Hanifi *et al* 2012:23). The survey also found that none of the treatment by village doctors was in compliance with the standard guidelines of the World Health Organization (WHO), United Nations Children’s Fund (UNICEF) or the Government of Bangladesh (Iqbal *et al* 2012:37).

However, seeking to reform the institution of the village doctor is sensitive because of the doctors’ central position in the rural healthcare system and because of the limited capacity by the central government to do so. This has been compounded by the fact that the consultancy fees of village doctors are either low or non-existent. In general, consumers in low-resource countries spend a substantial amount of personal resources on obtaining services in the private health sector. Bangladesh, a country that is particularly exposed to natural disasters, has one of the highest rates

of catastrophic illnesses in the world; out-of-pocket payments at the point of service account for almost 60 per cent in the healthcare sector (Bangladesh Health Watch 2012:1; see Bloom *et al* 2011:i45).

In turn, because village doctors charge little or no fee for consultations, their income depends almost solely on selling drugs. Indeed, many village doctors have become healthcare providers after being trainees in local drugstores (21.6%); a majority not only sells medicine (81.5 per cent), but also owns one or more drug stores (81.1 per cent) (Bhuiya 2009:45). Thus, village doctors have a financial incentive in dispensing medicine, which is certainly one reason why they tend to over-prescribe (Iqbal *et al* 2012:30).

This was the context, and village doctors the target, of the *Shasthya Sena* (which, loosely translated, means “health soldier”) initiative, shaped around a model of social franchising aimed to improve the knowledge of the village doctors and influence the quality of care they provide (Iqbal *et al* 2012:30).

3.2.3 Social Franchising and the Case of *Shasthya Sena*

The principles of social franchising are derived from franchising methods in the private sector that are associated with financial gain motivated by a desire to expand commercial retail stores quickly with limited capital risk (Montagu 2002:121; Koehlmoos *et al* 2009:2). A commercial franchise constitutes a “system whereby a company (franchisor) grants to others (franchisees) the right and license to sell a product or a service within a specified area and to use the business system developed by the company” (WHO and USAID 2007:5).

First generation social franchising was introduced by United States Agency for International Development (USAID) funded programs in Mexico and the Philippines in the 1990s as “family planning social franchise networks” of “private medical practitioners offering a standard set of services under a shared brand” (Montagu 2002:121). WHO, together with USAID in their further development of the concept, thus define the social franchise as:

“an adaptation of a commercial franchise in which the developer of a successfully tested social concept (franchiser) enables others (franchisees) to replicate the model using the tested system and brand name to achieve a social benefit. The franchisee in return is obligated to comply with quality standards, report sales and service statistics, and in some cases, pay franchise fees. All service

delivery points are typically identified by a recognizable brand name or logo” (WHO and USAID 2007:5).

Just as with commercial franchises, the idea behind the social franchise is that benefits accrued to franchisees will assure standardization of services, brand positioning in the market, and maintenance of quality (Montagu 2002:128). With respect to village doctors in Chakaria, the *Shasthya Sena* initiative was set up in response to research findings on how medicine is prescribed, which resulted in the implementation of a social franchising model.

The *Shasthya Sena* initiative took place between 2008 and 2010 with the establishment of a network of trained village doctors in which members had to adhere to guidelines that promote appropriate prescription of drugs and referrals and prevent harmful practices. The network’s franchisor was the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), which controlled and managed certain aspects of the *Shasthya Sena* network, including the training of members, an emergency referral system, branding as *Shasthya Senas*, and monitoring and supervision of activities (Iqbal *et al* 2012:39).

When the *Shasthya Sena* initiative began, it consisted of three elements. The first involved the training of an initial 125 partially qualified or unqualified village doctors in providing appropriate treatment and prescribing the appropriate type and amount of drugs (85 of these doctors qualified and signed a memorandum of understanding and were awarded a crest and other benefits as a member of the network) (Iqbal *et al* 2012:40)).⁸ This training, intended in part to mainstream village doctors into the formal health care program through a tuberculosis program in Bangladesh, supported a 90 per cent improvement in the successful treatment rate (Iqbal *et al* 2012:31; see also Salim *et al* 2006).

Following from this, *Shasthya Sena* aimed to set up a network of village doctors to ensure “standards of treatment and [to] reduce inappropriate and potentially dangerous use of drugs” (Iqbal *et al* 2012:39). Institutional arrangements were established to create a formalized cadre of knowledgeable healthcare service providers through the organization of existing village doctors into a distinct and recognizable entity (Iqbal *et al* 2012:39). Herein lies one of the key characteristics of the franchising

⁸ A small booklet with information on what to do and what not to do for eleven common illnesses was distributed as a source of future reference (Iqbal *et al* 2013:29).

model, namely to brand village doctors according to set standards that would be recognizable by the public.

Finally, to increase communal accountability of the village doctors, local leaders and government officials were engaged in monitoring and overseeing healthcare-related activities of the providers. This governing committee consisted of 33 members of some authority at the local level, including local government, religious leaders, health care beneficiaries, civil society organizations, school teachers, health experts and ICDDR,B representatives (Iqbal *et al* 2012:39). In principle, the committee was established to oversee village doctor activities, which in reality did not take place (committee members found that remembering the numerous trade names for each generic drug was considered too complicated).

Instead, the members of the governing committee became involved in raising awareness of harmful drugs, and dealt with issues relating to complaints about the attitude and service provision of village doctors. While this was not the role envisioned for the governing committee, it was nonetheless a relevant role, and more realistic, given its members' lack of medical expertise. However, this alteration of the committee's role meant that *Shasthya Sena* members were not put under the social pressure that was originally intended in order to make them accountable to their communities (Bhuiya *et al* 2012:72).

Based on a survey carried ICDDR,B incorporating both qualitative and quantitative data, it is probable that *Shasthya Sena* led to a rise in the prescription of appropriate drugs between 2008 and 2010 when the program was implemented (Hanifi *et al* 2012:48). The survey also found that the program was able to engage the village doctors in the network (Bhuiya *et al* 2012:71), indicating the possibility of follow-up, and – perhaps – longer-term interventions. Furthermore, research findings in support of *Shasthya Sena* indicated that drug wholesalers were important in shaping the opinion and practices of village doctors (Bhuiya *et al* 2012:72). This would be important information to incorporate into the design of a follow-on intervention to *Shasthya Sena* (and emphasizes the necessarily reiterative nature of development programming).

The *Shasthya Sena* program was not able to counter the fact that the livelihood of village doctors depends on the profit from medicine they are able to sell (in fact, it was not designed to do so). Indeed, exit interviews with village doctor users revealed that the use of harmful drugs increased from 13.4 per cent in 2008 to 16.0 per cent in 2010. By contrast, in the non-*Shasthya Sena* comparison group of village doctors, prescription

of harmful drugs increased from 13.8 to 24.5 per cent (Hanifi *et al* 2012:49).⁹ In sum, therefore, while it appears that the program had a significant impact on the prescription of harmful drugs, it could merely slow down, not actually reduce it. This also indicates that in order to reduce harmful practices of the village doctors, the context in which they earn a living must be addressed and financial incentives must be a component of the intervention (Hanifi *et al* 2012:45). This confirms one of the main arguments of this report, namely that a successful development intervention is never achieved in isolation from broader societal changes and processes of transformation.

3.2.4 *The Bangladesh Case: Conclusions, Lessons and Recommendations*

The shortage of trained health workers in Bangladesh is unlikely to be met in the foreseeable future, and is felt the most acutely in rural areas of the country. Because of limited and sometimes inaccessible healthcare by trained staff, the village doctors are a key factor in providing services to the general population. If properly trained and managed, they can play a significant role in ensuring primary healthcare in Bangladesh. The case also underscores how this group of primary healthcare providers often prescribes harmful drugs. Through social franchising activities, however, there is a possibility of keeping a check on village doctors in the communities where they operate. In the context of strong market demands for drugs, combined with the absence of centrally governed institutions, locally embedded accountability mechanisms may be the best option available to regulate village-level healthcare, even if they are not a substitute for an interlinked system of governance that includes centrally governed institutions.

Establishing social franchises is an innovative way to establish an accountability mechanism in cases where central government cannot deliver services or ensure oversight. The principles of social franchising are derived from franchising methods associated with financial gain, the latter of which is motivated by a desire to expand commercial retail stores quickly and with limited capital risk. In the case of village doctors in Bangladesh, establishing a social franchising ran into complications because their financial incentives to sell harmful drugs were insufficiently addressed. Nevertheless, this case provides insights into how social franchising can establish local checks and balances where centrally governed institutions are not able to. Through a process of community engagement, training, branding and networking that was overseen and supported by a Bangladeshi NGO, an organization took shape that taught village doctors about the health implications of prescribing drugs.

⁹ As part of the *Shasthya Sena* initiative, data was collected from exit interviews in two periods. A baseline survey was carried out by ICDDR,B at the start of the programme in 2008 and towards its end in 2010 (236 respondents). This data was used to evaluate whether changes had occurred in the village doctor practices.

Keeping it simple and building on already established structures enhance the potential for sustainability. An oversight mechanism was established for the village doctors in Bangladesh through engagement of a cross-section of actors in the communities where they operated. While it was not fully effective, the oversight mechanism's strength lay in its building on local structures of authority. Due to lack of technical expertise, the oversight committee was unable to properly oversee and keep a check on drugs dispensed by the village doctors due to lack of technical expertise. However, committee members nevertheless came to play a productive role with respect to awareness-raising about harmful drugs and in dealing with complaints regarding the attitude and services provided by the village doctors.

3.3 Education in Pakistan – NGOs and Madrasas

The final case study discusses how NGOs and *madrasas* are involved in furthering education in Pakistan. It argues that successful international support establishes links that do not already exist between local actors and centrally governed institutions. Only when such a system of links and connections is established can mutual support and accountability between local actors and central government be nurtured and consolidated (the cases of LPPBs in Sierra Leone and village doctors in Bangladesh make the same point).

Pakistan has been ranked among the 15 worst performers in responding to popular grievances (Fund for Peace 2012; Sheikh 2013:46-47). This assessment is based on the high number of internal conflicts that challenge the legitimacy and ability of the central government in Islamabad to provide security and deliver public services across Pakistan. Pakistan's literacy rates are generally very low, but vary regionally, particularly when gender is taken into account. In tribal areas, for instance, female literacy is around 7.5 per cent (Sheikh 2013:58). Adult literacy rates for the country as a whole are 54.9 per cent (UNDP 2013:172); it is estimated that by 2015 Pakistan together with Nigeria will account for one-third of the global total of children who do not attend school (DFID 2010).

3.3.1 NGOs and Primary Non-Formal Education

Islamabad's legitimacy as the primary coordinator and provider of public services is limited, if legitimacy is understood as "the ability of the government to work in the interest of the public and demonstrate fairness to all groups in providing security and services" (Rose 2007:2). As a general observation, this is the reason why Pakistani NGOs have been and continue to be involved in direct provision of *primary non-formal*

education to marginalized children in both urban slums and isolated rural communities (Bano 2008b:17). Bano (2008a) argues that NGOs are encouraged to play this role by donor agencies because on the one hand they are considered more efficient than the Government of Pakistan in doing so, and on the other hand, they are thought of as more equitable than the private sector. General impatience and frustration with the pace of change in the country’s centrally governed institutions is the main reason why the international community has encouraged this approach.

Involvement of NGOs in primary non-formal education delivery began in the early 1980s in Pakistan as separate from formal education which is planned and coordinated by centrally governed institutions (Bano 2008a:474; Bano 2008b:17; Rose 2007:6). Non-formal education is defined as the provision of selected types of learning to particular sub-groups of the population. Formal education, in turn, is a highly institutionalized, chronologically graded and hierarchically structured system of learning (Coombs and Ahmed 1974:8). Characteristics commonly attached by donor agencies to formal and non-formal education are listed below in Table 1, and indicate a bias towards the latter (this Table has been copied from Rose 2009:222).

Table 1. General characteristics of formal and non-formal education

<i>Formal</i>	<i>Non-formal</i>
State provided	NGO provided
Conventional	Alternative/complementary
Mainstream	Compensatory/supplementary
Accountable to Ministry of Education	Accountable to civil society/community
Teacher-centered	Child-centered
Homogenous	Heterogeneous
Rigid	Flexible/participatory
Top-down	Bottom-up
Over-crowded curriculum	Accelerated learning
Curriculum associated with modernization	Locally relevant curriculum
Hidden curriculum promotes silent exclusion	Girl-friendly
Exam-driven	On-going, formative assessment
Large class sizes	Small class sizes
Centrally recruited teachers	Locally recruited teachers
Inefficient	Cost-effective

NGOs that deliver services in fragile situations rely on aid from international development agencies. As a consequence, they have been criticized for being accountable to donors and following their priorities rather than the beneficiaries of their activities. Indeed, concerns have been raised that NGOs exercise too much power to the extent that they are disinclined to engage government agencies in their activities (Bano 2008b:19). The heavy reliance on external aid has also often meant that the schools established through NGO activities will not endure when funding subsides (Bano 2008b:478).

In line with donor thinking, however, general concerns over literacy rates in Pakistan has for the past 20 years led to government priorities in favor of primary non-formal education. To this end, the 1995 Literacy Commission of the Prime Minister formulated the Establishment of 10,000 Non-Formal Basic Education Schools project. This government-led program, while not successful, was based on the idea of running home schools through NGOs and community-based organizations over a five-year period. The National Education Policy (1998-2010) recommended expanding the program to a larger scale. Following Bano (2008b:18), there is no doubt that creating a central role for NGOs and community-based organizations has constituted one way of accommodating donor agencies that have “long been arguing for giving more space to NSPs [non-state providers] in implementing state projects.”

Non-formal education has thus been promoted by donor agencies and the Pakistani government alike. The main problem has therefore not been that there is an unambiguous split between NGO and government *priorities*, at least not officially, but rather that a split exists between the *activities* of NGO and government-driven education providers. This split is partly a question of sequencing and process rather than NGOs deliberately seeking to bypass centrally governed providers of education. NGOs may initially develop and implement projects that focus narrowly on education in one community, and then progressively build up links and relations with the system of schools that comprise the government-led formal education system.

A close look at NGO involvement in non-formal primary education in Pakistan suggests that links between formal and non-formal education providers must be established for several reasons. Without them, there is the obvious danger alluded to above that when external donors terminate funding, non-formal education activities decrease. Furthermore, establishing these links is necessary to ensure that centrally governed institutions can establish themselves in the indirect coordination and oversight role that as a minimum is expected of them (and that NGOs and community-based organizations are neither mandated nor able to perform on a national scale or in the long-term).

Donors therefore have an important role to play in conditioning funding to the major education NGOs on the latter's ability and willingness to engage directly and reciprocally with government institutions (but also to support government institutions in working with and through NGOs). Finally, and most importantly, non-formal education does not take place in isolation, but is meant to prepare children for further education that which NGOs will not be in a position to provide. This again requires that the appropriate links between NGOs and other providers are nurtured. Yet, while the establishment of these links is critical, and should be encouraged, they cannot be enforced by external actors, but must be given the time to develop in their own time.

3.3.1.1 Idara-Taleem-o-Aagahi

The NGO Idara-Taleem-o-Aagahi (ITA) has, according to Bano (2008b:3), had some success in forming relationships with the Pakistani government to provide education across a variety of programs. While the organization was only established in 1998, its success in cultivating links with government agencies is evident in the access it received to government facilities in the Azad Kashmir area after it was hit by a devastating earthquake in October 2005 (Bano 2008b:5).

ITA has sought to bring domestic child labor under control, combined with providing non-formal educational facilities to the children they assist. At the same time, it supports the improvement of the quality of primary education through school adoption or school improvement programs (Rose 2009). ITA's priority in this regard is to revitalize under-performing schools through what they refer to as public-private partnerships that encourage "specific linkages between the public and private sectors, enabling transformation of dysfunctional government schools into viable, self-sustained and quality drive education sites".¹⁰ ITA has worked in over 400 government schools as part of its school improvement program, and run 350 non-formal schools under different donor funded projects (non-formal schools have often been housed with government school buildings). Critically, ITA has increasingly sought additional resources by becoming a service provider to the Ministry of Education (Bano 2008b:3).¹¹

¹⁰ See ITA's website: <http://www.itacec.org/wsip.htm> (accessed 21 September 2013).

¹¹ ITA operates in six districts in Pakistan, including Kasur, Sheikupura, Muzafarabad, Bagh, Chinnoit and Lahore (and also has fund-raising offices in the UK and USA). ITA's main focus is on the Whole School Improvement Programme, where it involves itself with government schools for two to three years to improve physical infrastructure within the schools and improve the teaching through arranging teacher training modules. The program also focuses on training school managers. (Bano 2008b:4).

The relationship between ITA and the government has not been problem-free. For instance, there is little evidence of government officials identifying needs and requesting ITA to respond to them. On the contrary, extensive fieldwork by Bano (2008b:25-26) reveals that ITA “controls the relationship because it engages the government officials only at points where it needs help to implement the project.” Developments such as these are a cause for concern, because they expose an imbalance in how local actors such as NGOs are held to account and how they fit within the broader system of governance. At the same time, they merely confirm the need to support the building of an interlinked state system – and the role that donors can (and do) play in building capacity on both sides of the relationship to work together towards this end.

Following from this, the case of ITA (and many other NGOs) also shows a need for long-term thinking. Mutual agreements and formal contractual relationships between NGOs and governments have tended to grow out of a history of informal relationship-building and outside written contracts (Bano 2008a:480). Providing space for links to develop organically allows some flexibility to maneuver on both sides of the relationship and to accommodate the criticism that NGOs often fail to go beyond the non-formal school cycle in any systematic way.

3.3.2 *Traditional Voluntary Organizations and Madrasas*

One of the primary challenges for NGOs in fragile situations is to make their activities relevant beyond the locality in which they operate (provided, of course, that, like ITA, they have a long-term aim to do so). This takes place through other NGOs or in direct collaboration or coordination with centrally governed institutions. As a rule, due to the extra-local outlook that defines them, centrally governed institutions are always in a better position to play a role in the process of developing policy standards, establishing a legislative framework, providing oversight, and, in the longer-term, resources. This does not mean that local actors should not be engaged, of course, but for coordination purposes, financial reasons and in terms of carrying out activities across large territories, centrally governed institutions are better positioned to take on these functions.

Following from this, the importance of embedding NGO-supported programs in pre-existing networks of education providers in Pakistan is put into perspective by exploring the role of traditional voluntary organizations and *madrasas*.

45,000 non-profit organizations are registered in Pakistan, half of which are estimated to provide education. *Madrasas* – religious seminaries and the traditional

seat, along with the mosque, of Islamic authority – constitute 30 per cent of the total number of non-profit organizations. 9 per cent of the registered non-profit organizations focus on secular primary education provision. A number of the organizations that focus on secular primary education have been family-based trusts or voluntary organizations relying on public donations rather than international funding (Bano 2008a:474).

According to Bano's (2008a) survey, traditional voluntary organizations such as community schools differ from NGO-driven education programs because they are initiated as integral to Pakistani society. While they emerge from and rely on community engagement and financing, they are integral to, supportive of and linked to government institutions. Unlike NGOs, traditional voluntary organizations are not dependent on donor-funding and tend to run schools with an emphasis on formal certification and higher education. As such, they aim for the matriculation and attainment of officially recognized certification. Rather than reaching for and into the most geographically marginal areas of Pakistan *per se*, as is often the stated aim of NGOs, traditional voluntary organizations seek to lift their students out of poverty by linking their schooling to higher levels of education.

In turn, *madrasas* constitute one of the oldest institutions of religious learning in the Islamic world; in Pakistan their share in education provision is considerably larger than that of NGOs (Bano 2007:8, Bano 2011a; Singer 2001). There are an estimated 16,000 *madrasas*, which operate independent of government support, but are registering with *wafaqs* (umbrella organizations of *madrasas*) instead. By providing free education and boarding, *madrasas* increase education, including that of a secular nature, for children from low-income families. Following from this, while the *madrasas* have been regarded as partners in development, they have also been considered a breeding ground for radicalization, particularly after the terrorist attacks on 11 September 2001 on the US (Bano 2007:17; 2011a).

Talks of *madrasa* reform began in the 1960s, but the Pakistani government remained reluctant to engage fully to this end until 2001, when a modernization program was introduced with official support from the US (Bano 2007; Bano 2011a). The central involvement of the US meant that the program suffered from considerable distrust on the part of Pakistan's religious community. While the program fell under a project director within the Ministry of Education, it was considered by religious leaders themselves to be part of a US-led war on terror and thus an attempt to control rather than support the *madrasas* (the notion of reform was equated with control by the

ulemas (Bano 2011b)).¹² In turn, this meant that no active religious body championed the modernization program; engaging with the *madrasas* requires significant respect for the institution's religious foundation (Bano 2007:7-8).

The program was actively resisted by senior *ulemas* from when it was commenced in 2001 and up until 2010 when an agreement was signed between the national union of madrasas and Pakistan's government.¹³ By 2007, out of 16,000 registered *madrasas* and an additional estimated 30,000 unregistered *madrasas*, only 150 had entered the Madrasa Reform Programme (Bano 2007:13+31).

There are a number of reasons for this reluctance to engage apart from the obvious political motivation of the program. First, there was conflict between the Government of Pakistan and *ulemas* over the very nature of what knowledge is.¹⁴ Government control over curricula was resisted because most *madrasa* leaders insisted that the curricula be decided by religious experts (as such, religious matters – not least in education – are considered outside the legitimate domain of the central government (Borchgrevink and Harpviken 2011:7)). For the same reason, the *madrasas* also resisted financial dependence on the government, which was considered an attempt to potentially enhance the latter's control over them.

Second, the *ulemas* were weary of the relatively isolated focus – also in financial terms – on introducing secular subjects into the *madrasa* syllabus beyond what was already the case (Bano 2007:19). The fact that the program did not support salaries of religious-subject teachers meant that there were few incentives in place to accept the initiative. Apart from these shortfalls, inadequate staff appointments and lack of required facilities were mentioned by officials in the

¹² With respect to the Madrasa Reform Programme, an estimated 225 million USD in US financial support for education projects in 2003 contributed to the reform processes being seen as having a foreign-driven agenda.¹⁸

¹³ On 7 October 2010, Pakistan's Minister of Interior and the national union of *madrasas*, the *Ittehad e Tanzeemat Madaris e Deeniya* (ITMD) (also referred to as the Federation of Madrasa Boards that was established in 2001) signed a reform agreement. The agreement included measures to introduce uniform curricula standards with contemporary subjects, compulsory registration with the *madrasa* boards and minimum standards for awarding certificates. This agreement was considered to signify a commitment by the government and the *madrasas* to collaborate. Though not "a full legal enactment of a comprehensive *madrasa* reform, it is a promising step forward in madrasa-government relations" (Borchgrevink and Harpviken 2011:4).

¹⁴ For senior *ulemas*, knowledge demands the pursuit of truth for its own sake with little consideration of the future employment of students, while the central government is concerned with education to produce a productive workforce (Bano 2011). Or, as argued by Bano (2007:19) after visiting Pakistan's *madrasas*: "Many have written on their walls or in their brochures that the difference between their knowledge and that imparted in secular schools is that the latter is learnt for employment, while the former is meant for the sake of knowledge and personal growth".

Ministry of Education as the most important hindrances to implementation of the program (Bano 2011b).

Madrasas hold a significant potential for enhancing the provision of basic education. They are integral to Pakistan society, and therefore do not constitute a parallel system of education that only subsequently to its establishment must be integrated into the broader education system of Pakistan. Moreover, rather than being an alternative to religious learning, *madrasas* reflect the context in which they operate by combining religious and secular subjects. As such, traditional voluntary organizations and *madrasas* provide, each in their own way, points of departure for building activities on and around locally anchored institutions that are oriented towards an already existing system of governance (and not necessarily a donor-driven agenda).

3.3.3 *The Pakistan Case: Conclusions, Lessons and Recommendations*

In Pakistan, the long-term sustainability of NGO-led education projects is directly linked to how relations between local providers and centrally governed institutions are established and consolidated. This is not only a question of the unpredictability about what might happen to many NGOs if and when donor-funding runs dry. It is also because education provided by NGOs never takes place in isolation from the broader – and formal – education system that is commonly centrally governed. In turn, as traditional voluntary organizations and *madrasas*, unlike NGOs, are integral to state formation processes in Pakistan, they are crucial development partners for donors because they constitute an already existing interlinked governance system. With this in mind, the following observations should be considered in the conceptual design of international service delivery programs:

Local actors involved in service delivery must build relationships with centrally governed institutions, because such relationships are the foundation of long-term sustainability and accountability. The provision of certain types of primary education in Pakistan has been tied to NGO programming and has at times suffered from being implemented in isolation from the centrally governed education system. While NGOs are often engaged in service delivery in fragile situations, because donors are frustrated with the pace and nature of change in centrally governed institutions, the establishment of such links must be made an explicit part of programming (and is by extension part and parcel of state-building). Lack of support for establishing such links between NGOs and centrally governed institutions may create a parallel system of service delivery that is wholly dependent on external donors and likely to collapse when funding runs dry.

Allowing linkages to develop organically between centrally governed institutions, NGOs, and other local actors is desirable, takes time and is unpredictable. Such relationships cannot be forced from the outside. They must be nurtured through building informal relationships and often emerge outside written contracts, because above all they are driven by the personalities involved and on their initiative. These processes are characterized by a large degree of unpredictability, because they are ultimately built around trust. If these links are allowed the time to develop organically, they will, first, give both sides of the relationship some flexibility to develop in a way that is suitable to context and capacity, and, second, potentially nurture a relationship of accountability between local actors and centrally governed institutions.

Support must be technically motivated, even though it has the aim – and long-term effect – of social transformation. Development is *always* politically motivated and education is one of the ways in which social transformation is nurtured and the goals of development are pursued. However, a balance needs to be struck between the political reality in which programs are implemented and the desire to engender social transformation – without losing sight of the overall goal of enhanced service delivery. For example, attempts to reform Pakistan's *madrasas* initiated in the early 2000s failed because they were considered to be politically motivated by the *ulemas* (Islamic theologians and leaders). Both the Government of Pakistan and the US Government supported programming which isolated the *ulemas* as a program component. This was an attempt by both governments to separate out and provide support to secular learning alone – within *madrasas* as religious institutions – and led to the failure of the reform initiative.

4. How to Work with Local Service Providers

4.1 Focus on What Works Rather than What Ought to Be

The general thrust of this report's analysis is that international development programming should focus on "what works" and what are considered legitimate, endogenous and relevant providers of services in a given locality, rather than on "what ought to be" (Albrecht and Kyed 2010). To do so, a number of cases on local service providers has been presented here, including NGOs and *madrasas* in Pakistan, Local Policing Partnership Boards (LPPBs) in Sierra Leone, and village doctors in Bangladesh.

Focusing on what works and incremental change is important because wholesale transformation in the short-term is not feasible. Indeed, even if this were possible, abrupt change would not be sensitive to the potential for conflict in fragile situations. The development programs and activities discussed in this report provide insight into reform efforts at the local level that work with and build on already existing institutions. With this approach, the incremental nature of change is taken seriously, as is the way in which power and authority are distributed at the local level. Hence, the focus is changed from a set of assumptions about the conditioning role of the national political and institutional environment to the micro politics of incentives and relationships between actors at the point of delivery. Local actors become the point of departure, and it is assumed that these local actors are linked to a set of centrally governed institutions. However, precisely what it might look like cannot be pre-determined, but takes shape during the course of implementation.

Two basic rules emerge from this report that should guide any attempt to work with local service providers. The first rule is that development agencies must engage with the variety of local providers that exist and are used by citizens, rather than aim to create new and/or centrally governed institutions that may be alien to the context in which they are implemented, always take considerable time to consolidate – and often fail to do so. Second, programming that centers on local actors as service providers accepts in theory *as well as* practice that while wholesale transformation is not possible, gradual changes and improvements of the scope and quality of service provision are. Often unrealistic theoretical – i.e., policy – expectations of what is achievable are formulated and agreed upon far away from implementation and from a macro-level perspective. This leads to frustrations with what are considered limited results on the ground, when in fact limited and context-specific change is all that can be hoped for in the short to medium-term.

4.2 Change is Conflict and Political

Because interests are always at stake when changes are being pursued, conflict and politics are key elements of that process. It has been well-documented that peacebuilding-as-liberalization is everything but a technical process, because it exposes the inherently conflictual character of democracy and capitalism as catalysts of societal competition (Paris 1997, 2002). This circumstance is reinforced because fragile situations often are characterized by a lack institutional structures to peacefully resolve internal disputes over access to what are often scarce and always unevenly distributed resources. Therefore, efforts to transform fragile situations through liberalizing politics and economic activities may exacerbate rather than moderate societal conflict. These are commonly acknowledged observations in the peacebuilding debate, but the key message that change entails the displacement of positions of power and authority is crucial to keep in mind, because it prevails both at the national and the local levels (Albrecht and Kyed 2010, 2011; Kyed 2011).

Emphasizing the need to focus on what works rather than on what ought to be is not an argument for liberalization (nor is it the opposite). Indeed, local actors and institutions such as *madrasas*, paramount chiefs and village doctors are not *necessarily* the result of (global) processes of liberalization. However, the argument that conflict and competition are inherent to change processes in peacebuilding efforts is closely aligned with the argument for focusing on and working with local actors in fragile situations. A trickle-down effect from working with centrally governed institutions is often assumed in state-building, but even if reforms are accepted and implemented centrally, and this is by no means a given, it is highly likely that local actors will resist if they stand to lose resources or political power as a result of the proposed changes. *Madrasas* in Pakistan and village doctors in Bangladesh are good examples of this.

Vested interests of individuals and groups may and often do come under threat in the event that reforms are pursued. Development concepts such as “political will” and “national ownership” revolve around whether these interests may be deflected so that the reform process is accepted rather than resisted by the political elite. However, individuals or groups generally push back against reforms in an attempt to retain control over part or all of the institutions that deliver a particular service. Such resistance occurs in service provision because reformed (and potentially independent) service providers could threaten to expose a group or individual’s activities and/or threaten to identify the shortcomings of another organization or individual. Reform processes include a reshuffle of how resources are distributed, which institutions or individuals will lose out from.

In sum, there are good reasons why reforms might be openly challenged, contested, ignored or rejected, and why the starting point for change is necessarily that which works. In turn, programming that works (or ends up working) engages local institutions, actors and structures of authority that are integral to a functioning order. This is not a matter of “[b]enign neglect or toleration (by the state and donors) of non-state systems until the state can take over service provision”, as has been argued by the OECD (Scheye and McLean 2006:47). As this report suggests, service providers never exist as states and non-states, but as an interlinked system of locally embedded and nationally defined centrally governed institutions. These links are often weak in fragile situations, and it is therefore the role of donor agencies to support their strengthening.

4.3 What Works = Good Enough

This report concludes by reflecting briefly on the “good enough governance” debate that emerged in the early 2000s. It was a response to the good governance debate, which, as Grindle (2004:525) argues, “calls for improvements that touch virtually all aspects of the public sector – from institutions that set the rules of the game for economic and political interaction... to the interface of officials and citizens in political and bureaucratic arenas...” Despite some important weaknesses in the good enough governance debate that will be identified below, the concept is worth revisiting in the context of exploring the role of local actors in service provision. The thrust of the original concept is that development programming must be sequenced and prioritized because not all that is referred to as governance deficits in fragile situations should or can be tackled simultaneously. As a consequence, Grindle (2002) argues, “advocating good governance raises a host of questions about what needs to be done, when it needs to be done, and how it needs to be done”.

The debate on good enough governance strongly emphasizes a need for developing activities that are context-specific and sensitive as well as a need to sequence activities. Even so, the underlying rationale remains that governance deficits should be tackled, but also that “a deficit” can in fact be detected, isolated and worked upon through external technical support. By doing so, programming will identify “the *minimal* conditions of governance necessary to allow political and economic development to occur” (Grindle 2005:1; Grindle 2007:554). As such, it is suggested that the good enough governance debate provides a platform from which to question the wide variety of institutional changes and public capacity-building initiatives that are deemed important (or essential) for developing stable state institutions. Most donor

agencies would agree with this assessment and are realistic enough not to expect flawless results from the support they provide.

Bottom line is that all programs from the design stage through to implementation will have to – and do – think about how program activities may be sequenced to reach a degree of sustainability in the long-term. Working with the concept of what is good enough to reach that stage facilitates a more flexible context-sensitive understanding of what successful programming might look like. However, it does not provide much guidance about how to reach this stage.

More problematically – and it is in this regard that appropriate guidance is lacking – the debate seems to suggest that what is being considered is a “good enough” version of the “ideal state”. This means that rather than taking the actors, connections and distribution of power that characterize the system at hand as a point of departure, the transformation process envisioned is still one of narrow state-building (focused on centrally governed institutions). Good enough governance thus implies that external actors have sought to establish well-functioning centrally governed state institutions through development programming, and have failed to do so.

Therefore, the donor community, and governments receiving funding will have to expect less in the short to medium-term, i.e., that which is good enough. Apart from having a slightly derogatory ring to it, because it places all states on a spectrum between good and bad governance with the Euro-American model closest to the ideal, more importantly, it has never been entirely clear what a level of good enough is, or when and how it is reached. It falls short of being a tool to explore what specifically needs to be done in any real world context, and therefore holds limited potential to guide practitioners and policy-makers in their attempt to develop sustainable programming.

The concept of what works both substantiates what good enough governance involves in practice, and dismantles the derogatory tone of the concept. By juxtaposing good enough and what works, it is possible to maintain the qualification and gradation of good governance as well as a more realistic view on what we might expect from development programming in fragile situations (and beyond). It provides an approach to seeing the system not as broken or fragile *per se*, but as a system that inevitably has strengths which may be built upon. I argue that any initiative that seeks to strengthen service delivery in fragile situations will have a better chance of becoming sustainable if this strategy is pursued.

The underlying rationale of what works is not that local service providers should only be engaged in reform efforts until the capacity of centrally governed institutions has been built to the extent that they might take over service provision. For instance, it has been commonly assumed that civil society organizations provide services when the state is “weak” or “failing”, but that public institutions will gradually resume responsibilities in basic service delivery.

First of all, this would imply that the state is fundamentally separate from service providers at the local level, which this report argues is a faulty way of looking at how the state is constituted in many fragile situations. Second, it is based on a quite narrow, almost evolutionary theory of how change is engendered, and that the state as a centrally governed set of institutions constitutes a higher order of administration and organization, which all political entities will eventually develop into.

These considerations do not imply bypassing or ignoring centrally governed institutions. They imply the need to work with centrally governed institutions and locally embedded service providers simultaneously. Such an approach does not assume a trickle-down effect of programming or that working at the local level in and of itself will lead to better services. It acknowledges the crucial indirect role of centrally governed institutions, and that in order for any service provider to be accountable, extra-local mechanisms to ensure that this happens are necessary. This is the case at the local as well as the national level; as such, accountability is a reciprocal process. As the cases discussed in this report suggest, it is entirely feasible that local actors determine (or co-determine) how a particular service is provided, while some specific and indirect coordination and oversight functions – by way of example – may be organized and/or developed by centrally governed institutions in the long-term. At the same time, the three cases show that the direct and indirect functions they should take on depend on the willingness, capacity and legitimacy to do so, which can only develop incrementally. In the long-term, this leads to a governance system that strengthens locally and centrally governed institutions simultaneously.

5. Summary and Recommendations

This report indicates why a wider definition of the state is necessary as a guide to programs that are being designed to strengthen service provision in fragile situations. Concepts and the way they are applied have direct implications for the process of implementation and longer-term sustainability.

Had the issue merely been one of how local actors are classified, the empirical and legal error of that exercise would for the most part have been irrelevant in the context of this report. Nomenclature is important to academics and scholars, but if it does not negatively affect development practices in fragile situations, the error would be largely irrelevant to policy-makers and development practitioners. However, misunderstanding the nature, structure and legal profile of a governance system that includes local actors and centrally governed institutions has the potential to skew programmatic and operational activities and render them less effective (Scheye 2009, 2010).

The cases of Pakistan, Sierra Leone and Bangladesh presented in this report demonstrate that service provision cannot simply be equated with a set of centrally governed institutions. They also suggest that no local actor acts independent of the broader system of governance within which it is situated. These broader systemic characteristics of how public services are delivered must necessarily be central to any work at the local level, including the varied nature of the actors that constitute this system.

The three case studies also suggest that good development practice requires that centrally governed institutions and local actors be engaged in programming simultaneously. Service provision has a networked quality to it, and local actors cannot be considered in isolation from centrally governed institutions, no matter their level of fragility. Similarly, centrally governed institutions rarely have the legitimacy or the capacity to provide public services. The actors that do exist at the local level and that do provide services must necessarily be engaged in the process of social transformation that is an inherent part of international development.

It is a historical fact that in many fragile situations centrally governed institutions have never exercised full sovereignty over the territory over which they have jurisdiction. Indeed, it may never have been the intention of the leadership of some of these countries to do so. There is not necessarily a conscious intent behind state actions or that “it”, the state, regardless of how disunified and contradictory it might be, *a priori*

seeks domination over all other organizations within the national territory (Albrecht and Buur 2009:397). This is, however, often the concept that policy-thinking and program implementation around service delivery is centered on.

On the basis of these considerations, a number of recommendations have been made throughout this report relating specifically to the program initiatives that have been discussed. At a general level, these recommendations revolve around how to engage and support local actors in development programming in fragile situations, and may be summarized as follows:

1. Local actors must be supported to build relationships with centrally governed institutions, because such relationships are the foundation of long-term sustainability and accountability.
2. Local actors should be supported while aiming to build one interlinked state system that allows both top-down and bottom-up accountability.
3. In designing programs, donors must accept that it takes time to build linkages between centrally governed institutions and local actors.
4. Support must be technically motivated, even if it intends to cause social transformation, which as a rule has political implications.
5. Program success is based on building up activities around already existing local structures of authority.
6. Private interests should be accepted as part and parcel of what engaging and supporting the establishment of local institutions entails.

6. References

- Albrecht, P. (2010), Transforming Internal Security in Sierra Leone. Sierra Leone Police Reform and Broader Justice Sector Reform, *DIIS Report 2010:07*, Copenhagen: Danish Institute for International Studies.
- Albrecht, P. and L. Buur (2009), An Uneasy Marriage: Non-state Actors and Police Reform, in *Policing and Society*, vol. 19, no. 4, 390-405.
- Albrecht, P., O. Garber and A. Garber (2013), *Democratizing Security – Local Policing Partnership Boards in Sierra Leone*, Freetown: Access to Security and Justice Programme (available upon request from authors).
- Albrecht, P. and P. Jackson (2009), *Security System Transformation in Sierra Leone, 1997-2007, Global Facilitation Network for Security Sector Reform*, Birmingham: University of Birmingham.
- Albrecht, P. And H. M. Kyed (2010), Justice and Security. When the State isn't the main Provider, *DIIS Policy Brief*, December 2010, Copenhagen: Danish Institute for International Studies.
- Albrecht, P. and H. M. Kyed (2011), Introduction – Non-state and Customary Actors in Development Programs, in P. Albrecht, H. M. Kyed, D. Isser and E. Harper (eds.), *Perspectives on Involving Non-State and Customary Actors in Justice and Security Reform*, Rome: International Development Law Organization.
- Andersen, L. R. (2013), Promoting Democratic Governance from Below, in L. R. Andersen (ed.), *How the Local Matters. Democratization in Libya, Pakistan, Yemen and Palestine*, *DIIS Report 2013:01*, Copenhagen: DIIS.
- Balabanova, D., V. Oliveira-Cruz and K. Hanson (2008), Health Sector Governance and Implications for the Private Sector, Discussion paper prepared for the Rockefeller Foundation, *Technical Partner Paper 9*, Washington DC: Results for Development Institute.
- Bangladesh Health Watch (2012), Moving Towards Universal Health Coverage, *Bangladesh Health Watch Report 2011*, Dhaka: Bangladesh Health Watch.
- Bano, M. (2007), Contesting Ideologies and Struggle for Authority: State-Madrasa Engagement in Pakistan, *Religions and Development Research Programme Working Paper 14*, Birmingham: University of Birmingham.
- Bano, M. (2008a), Non-profit Education Providers vis-à-vis the Private Sector: Comparative Analysis of Non-governmental Organizations and Traditional Voluntary Organizations in Pakistan, in *Compare*, vol. 38, no. 4, 471-482.

- Bano, M. (2008b), *Pakistan's Education Case Study – Idara-Taleem-o-Aagabi's Partnerships with the Ministry of Education*, Non-Governmental Public Action programme, University of Birmingham: International Development Department.
- Bano, M. (2011a), Co-producing with FBOs: Lessons from State-Madrasa Engagement in the Middle East and South Asia, in *Third World Quarterly*, vol. 32, no. 7, 1273-1289.
- Bano, M. (2011b), *Engaging Madrasas to meet the EFA Targets: Evidence from South Asia*, paper presented at the 8th International Conference on Islamic Economics and Finance, Doha, Qatar, 19-21 December.
- Batley, R. and C. McLoughlin (2009), State Capacity and Non-state Service Provision in Fragile and Conflict-affected States, *GSDRC Issues Paper*, Birmingham: Governance and Social Development Resource Centre.
- Batley, R. and C. McLoughlin (2010), Engagement with Non-State Service providers in Fragile States: Reconciling State-Building and Service Delivery, in *Development Policy Review*, vol. 28, no. 2, 131-154.
- Bhuiya, A. (2009), Introduction, in A. Bhuiya (ed.), *Health for the Rural Masses. Insights from Chakaria*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Bhuiya, A., Z. Rahman, S. Rasheed and T. Wahed (2012), Introduction, in T. Wahed, S. Rasheed and A. Bhuiya (eds.), *Doctoring the Village Doctors. Giving Attention Where it is Due*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Bhuiya, A., S. Rasheed and T. Wahed (2012), Conclusions, in T. Wahed, S. Rasheed and A. Bhuiya (eds.), *Doctoring the Village Doctors. Giving Attention Where it is Due*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Bloom, G., H. Standing, H. Lucas, A. Bhuiya, O. Oladepo and D. H. Peters (2011), Making Health Markets Work Better for Poor People: The Case of Informal Providers, in *Health Policy and Planning*, vol. 26, i45-i52.
- Borchgrevink, K. and K. B. Harpviken (2011), Taking Stock: Madrasa Reform in Pakistan, *NOREF Policy Brief* no. 4, Oslo: Norwegian Peacebuilding Resource Centre.
- Brogden, M. and P. Nijhar (2005), *Community Policing: National and International Models and Approaches*, Willan Publisher.
- Chirayath, L., C. Sage and M. Woolcock, *Customary Law and Policy Reform: Engaging with the Plurality of Justice Systems* (July 2005), 2. Available from: http://siteresources.worldbank.org/INTWDR2006/Resources/477383-1118673432908/Customary_Law_and_Policy_Reform.pdf (accessed 22 September 2013).

- Collier, P. (2007), *The Bottom Billion. Why the Poorest Countries are Failing and What Can be Done About It*, Oxford: Oxford University Press.
- Coombs, P. H. and M. Ahmed (1974), *Attacking Rural Poverty: How Non-formal Education Can Help*, Baltimore: Johns Hopkins University Press.
- Dimovska, D., S. Sealy, S. Bergkvist and H. Pernefeldt (2009), *Innovative Pro-poor Health Care Financing and Delivery Models*, Washington DC: Results for Development Institute.
- DFID (2010), *DFID Education Strategy*, Consultation Paper, London: Department for International Development.
- Ellis, S. And G. Haar (2007), Religion and Politics: Taking African Epistemologies Seriously, in *Journal of Modern African Studies*, vol. 45, no. 3, 385-401.
- Engberg-Pedersen, L., L. Andersen and F. Stepputat (2008), Fragile Situations: Current Debates and Dilemmas, *DIIS Report 2008:9*, Copenhagen: Danish Institute for International Studies.
- Engberg-Pedersen, L. (forthcoming), Pragmatic aid management, *DIIS Report*, Copenhagen: Danish Institute for International Studies.
- Ferris, E. (2005), Faith-based and Secular Humanitarian Organizations, in *International Review of the Red Cross*, vol. 87, no. 858.
- Freij, L. S. (2010), "Safe Age of Marriage" in Yemen: Fostering Change in Social Norms – A Case Study, USAID, Extending Service Delivery (ESD). Available from: http://www.pathfind.org/site/DocServer/ESD_Legacy_Child_Marriage.pdf?docID=18744 (accessed 22 September 2013).
- Fund for Peace (2012), *Failed State Index*. Available from: <http://ffp.statesindex.org/> (accessed 22 September 2013).
- GFN-SSR (2007), *Supporting State and Non-state Provision of Security and Justice*. Available from: http://www.ssrnetwork.net/documents/Events/security_justice_141207/Supporting%20state%20and%20non-state%20security%20and%20justice.pdf (accessed 22 September 2013).
- Grindle, M. S. (2002), *Good Enough Governance: Poverty Reduction and Reform in Developing Countries*, Edward S. Mason Professor of International Development, Kennedy School of Government, Harvard University (prepared for the Poverty Reduction Group of the World Bank).
- Grindle, Merilee (2004), Good Enough Governance: Poverty Reduction and Reform in Developing Countries, in *Governance: An International Journal of Policy, Administration and Institutions*, vol. 17, 525-548.
- Grindle, M. S. (2005), *Good Enough Governance Revisited. A Report for DFID With Reference to the Governance Target Strategy Paper, 2001*, Harvard University.

- Grindle, M. S. (2007), Good Enough Governance Revisited, in *Development Policy Review*, vol. 25, no. 5, 533-574.
- Hanifi, S. M. A., F. Urni and A. A. Mamun (2012), Characteristics of Study Area and Population, in A. Bhuiya (ed.), *Health for the Rural Masses. Insights from Chakaria*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Hanifi, S. M. A., F. Urni, A. A. Mamun and M. Iqbal (2012), Impact of Shasthya Sena Intervention, in T. Wahed, S. Rasheed and A. Bhuiya (eds.), *Doctoring the Village Doctors. Giving Attention Where it is Due*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Harper, E. (2011), *Customary Justice: From program Design to Impact Evaluation*, Rome: International Development Law Organization.
- Harvey, P. (1997), Rehabilitation in Complex Political Emergencies: Is Rebuilding Civil Society the Answer?, *IDS Working Paper 60*, Brighton: Institute for Development Studies.
- Iqbal, M., S. M. A. Hanifi, T. Wahed (2009), Characteristics of Village Doctors, in A. Bhuiya (ed.), *Health for the Rural Masses. Insights from Chakaria*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Iqbal, M., S. Hoque, A. Moula, M. Rahman, S. Choudhury and A. Bhuiya (2012), The ShasthyaSena intervention: an experiment in social franchising, in T. Wahed, S. Rasheed and A. Bhuiya (eds.), *Doctoring the Village Doctors. Giving Attention Where it is Due*, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Jayasinghe, S. (2007), Faith-based NGOs and Healthcare in Poor Countries: A Preliminary Exploration of Ethical Issues, in *Journal of Medical Ethics*, vol. 33, 623-626.
- Kabeer, N., S. Mahmud and J. G. I. Castro (2010), NGO's Strategies and the Challenge of Development and Democracy in Bangladesh, *IDS Working Papers*, No. 343, Brighton: Institute for Development Studies.
- Koehlmoos, T. P., R. Gazi, S. S. Hossain and K. Zaman (2009), *The Effect of Social Franchising on Access to and Quality of Health Services in Low- and Middle-Income Countries (Review)*, The Cochrane Library.
- Kyed, H. M. (2011), Introduction to Special Issue: Legal Pluralism and International Development Interventions, in *Journal of Legal Pluralism and Unofficial Law*, no. 63, 1-21.
- Mills, A., S. Bennett and S. Russell (2001), Health Sector Reform and the Role of Government, in A. Mills, S. Bennett and S. Russell (eds.), *The Challenge of Health Sector Reform: What Must Governments Do?*, Basingstoke: Palgrave.

- Mahmood, S. S., M. Iqbal, S. M. A. Hanifi, T. Wahed and A. Bhuiya (2010), Are 'Village Doctors' in Bangladesh a Curse or a Blessing?, in *BMC International Health and Human Rights*, vol. 10, no. 18.
- Montagu, D. (2002), Franchising of Health Services in Developing Countries, in *Health Policy and Planning*, vol. 17, no. 2, 121-130.
- OECD (2005), *Guidelines on Security System Reform and Governance*, Paris: Organization for Economic Co-operation and Development. Available from:
- OECD (2007), *Handbook on Security System Reform. Supporting Security and Justice*, Paris: Organization for Economic Co-operation and Development.
- OECD (2010), *The State's Legitimacy in Fragile Situations – Unpacking Complexity*, Paris: Organization for Economic Co-operation and Development.
- OECD (2011), *Supporting Statebuilding in Situation of Conflict and Fragility*, Paris: Organization for Economic Co-operation and Development. Available from: <http://browse.oecdbookshop.org/oecd/pdfs/free/4311031e.pdf> (accessed 22 September 2013).
- OECD (2012), *Fragile States 2013: Resource Flows and Trends in a Shifting World*, Paris: Organization for Economic Co-operation and Development.
- Paris, Roland (1997), Peacebuilding and the Limits of Liberal Internationalism, in *International Security*, vol. 22, no. 2, 54-89.
- Paris, Roland (2002), Peacebuilding in Central America: Reproducing the Sources of Conflict, in *International Peacekeeping*, vol. 9, no. 4, 39-68.
- Rahman, M. H. and S. Agarwal (2013), Drug Detailers and the Pharmaceutical Market in Bangladesh, in G. Bloom, B. Lucas and D. H. Peters (eds.), *Making Health Markets Work Better for the Poor in Asia and Africa: A Global Challenge*, United Kingdom: Earthscan.
- Rose, P. (2007), NGO Provision of Basic Education: Alternative or Complementary Service Delivery to Support Access to the Excluded?, *Research Monograph No. 3*, Sussex: University of Sussex, Center of International Education.
- Rose, P. (2009), NGO Provision of Basic Education: Alternative or Complementary Service Delivery to Support Access to the Excluded?, in *Compare*, vol. 39, no. 2, 219-233.
- Rose, P. (2011), Strategies for Engagement: Government and National Non-Government Education Providers in South Asia, in *Public Administration and Development*, vol. 31, no. 4, 294-305.
- Scheye, E. (2009), *State-provided Service, Contracting Out, and Non-state Networks. Justice and Security as Public and Private Goods*, Paris: Organization for Economic Co-operation and Development.
- Scheye, E. (2010), *It Ain't the Non-state: Legal Pluralism and Multiplicity in Practice in Sierra Leone and Colombia*, paper presented at Access to Justice and Security.

- Non-State Actors and the Local Dynamics of Ordering, 1-2 November 2010, Copenhagen.
- Scheye, E. (2011a), *Local Justice and Security Development in Burundi: Workplace Associations as a Pathway Ahead*, The Hague: Netherlands Institute for International Relations 'Clingendael'.
- Scheye, E. (2011b), *Local Justice and Security Providers in South Kivu: Going Local to Support Youth-Neighborhood Watch-Community Development Groups*, The Hague: Netherlands Institute for International Relations 'Clingendael'.
- Scheye, E. and A. McLean (2006), *Enhancing the Delivery of Justice and Security in Fragile States*, Submitted to the OECD DAC Fragile States Working Group, Paris: OECD. Available from: <http://siteresources.worldbank.org/INTLAWJUSTINST/Resources/OECDReport.21.doc> (accessed 22 September 2013).
- Sheikh, M. (2013), Bottom-up Pakistan: Bringing Context and Local Culture into Aid Thinking, in L. R. Andersen (ed.), *How the Local Matters. Democratization in Libya, Pakistan, Yemen and Palestine*, DIIS Report 2013:01, Copenhagen: Danish Institute for International Studies.
- Singer, P. W. (2001), Pakistan's Madrassahs: Ensuring a System of Education Not Jihad, *Analysis Paper #14*, Washington DC: Brookings Institution.
- Tadros, M. (2010), Faith-Based Organizations and Service Delivery. Some Gender Conundrums, *Gender and Development Programme Paper Number 11*, September 2010, United Nations research Institute for Development.
- Teamey, K. (2010), *Research on Relationships Between Government Agencies and Non-state Providers of Basic Services: A Discussion on the Methods, Theories and Typologies Used and Ways Forward*, Non-Governmental Public Action programme, University of Birmingham: International Development Department.
- UK Trade and Investment (2013), <http://www.uktradeinvestcanada.org/ukti-home/item/439300.html> (accessed 22 September 2013).
- UNDP (2009), *Community Security and Social Cohesion. Towards a UNDP Approach*, New York: United Nations Development Programme.
- UNDP (2013), *Human Development Report 2013. The Rise of the South: Human Progress in a Diverse World*, New York: United Nations Development Programme.
- USAID (2005), *Field Study of Informal and Customary Justice in Afghanistan and Recommendations on Improving Access to Justice and Relations between Formal Courts and Informal Bodies* (2005), Washington DC: United States Agency for International Development.

World Bank (2005), *Guinea-Bissau Interim Strategic Note (ISN)*, Washington DC: World Bank.

WHO and USAID (2007), *Public Policy and Franchising Reproductive Health: Current Evidence and Future Directions Guidance for a Technical Consultation Meeting*, Geneva: World Health Organization.