

Understanding The Process Of Decision Making And Planning In Balochistan: A Case Study Of Health Department Balochistan

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Abstract

The partners in Balochistan are not able to tap in the benefits of partnerships. One of the principal reasons for this inefficiency is mistrust and disjoint decision making and planning in partnerships. This research explores the process of decision making and planning in Balochistan with a focus on health department of Balochistan. This study has two main research objectives (RO) to achieve: to explore the nature of decision-making and planning in Balochistan and to assess the access of community while planning. This research uses a social constructivist framework to interpret the lived experiences. The knowledge about such experiences exists with the culture and context of Balochistan. This research uses a case study method for which clear chain of evidence is established through triangulation of data with help of interviews and observation. This paper discusses that involvement of people or community is central for the development of trust. Indicating that they have to be equal partners and there should be symmetry of power during decision making and planning. As their marginalisation from the process of partnership tends to create mistrust in the community, and inefficiency for campaigns. This study concludes that sharing and learning, and involving the people and local partners in planning and decision-making would increase trust.

Keywords: Decision-making, Planning, Trust, Community, Power, Partnership

Introduction

Balochistan accounts for nearly half of Pakistan's land and is massively rich in natural resources including gas, oil, copper, coal, and gold (Bukhari, Roofi, & Bukhari, 2015). Despite this vast mineral abundance, Balochistan continues to be one of the poorest regions of Pakistan (Bukhari, Roofi, & Bukhari, 2015). The people of Balochistan have suffered more at the hands of the mullahs and militants than any other community in Pakistan (Fatah, 2008).

Baloch is one of the major ethnic groups of Pakistan. The Baloch population extends to three regions: Afghanistan, Iran and Pakistan, with the majority living in Balochistan (Pakistan)

(Hughes, 1977). They migrated from Aleppo, Syria, before the Christian era (Hughes, 1977) and settled in the present day Balochistan between 14th and 16th centuries. Under the command of Mir Jalal Khan, they migrated to Balochistan, and then Mir Chakar, Chieftain of the Rind tribe, briefly seized parts of the Punjab and Sindh, setting the beginning of a large-scale Baloch movement in those lands (Hughes, 1977).

'Tribe' can mean several different things in different parts of Pakistan (Lieven, 2011). 'Among the Baloch tribes, a tribe means something like the old clans of Scotland, a tightly knit group under an autocratic chieftain' (Lieven, 2011). Family and kin are also important to the

Baloch but their perception is distinct from that of other people in Pakistan. The Baloch like other Pakistanis consider ancestry patrilineally. However, ancestries play a minor role in the lives of most Baloch (Blood, 1996). They are very adaptable in arrangements with both friends and family.

The difference between population and territory shapes the actual situation in Balochistan (Bukhari, Roofi, & Bukhari, 2015). Area-wise it is the largest province but has the lowest population. The province is host to huge natural resources such as energy and mineral resources, but it has a little role or worth in national policy-making and limited control over its massive resources (Bukhari, Roofi, & Bukhari, 2015).

Radical Baloch nationalists, based on these assumptions, have fought against the government many times but never succeeded in their cause. Almost 1,000 people died in the recent fighting in Balochistan including militants, local Punjabis, soldiers and the police. 'Between 600 and 2,500 suspected militants were arrested and held without any charge by the Pakistani intelligence services (the figures differ widely depending on whom you are listening to), and while most were eventually released again, some have disappeared for good' (Lieven, 2011).

Apart from the Baloch militancy, the province also confronts extremism from the radical Pathans who sympathise with the Taliban.

Balochistan health department is a multi-level and diverse system that has developed remarkably in last thirty years (WHO, 2022). It has witnessed an upsurge in interventions and facilities with a number of projects and programmes many of which are disjointed and time-bound (WHO, 2022). Different development partners and the government support these projects with overlapping thematic and geographical areas, leading to wastage and

duplication of resources (WHO, 2022). This implies that the partners are not able to tap in the benefits of partnerships. One of the principal reasons for this inefficiency is mistrust and disjoint decision making and planning in partnerships. This research explores the process of decision making and planning in Balochistan with a focus on Nutrition Cell Balochistan (NCB) at Health Department. This study has two main research objectives (RO) to achieve:

RO1: To explore the nature of decision-making and planning in Balochistan

RO2: To assess the access of community while planning.

The implication of trust in partnerships

Jones and Barry (2011) argue that, in theory, partnerships should achieve more than partners working individually but, in practice, they have a high rate of failure. This implies that in practice there is a lack of cooperation among partners. Huslage, Rai, and Held (2022) assert that synergy can be achieved in partnership with the help of power, organisational culture, trust and boundary spanning.

This means the aspects of power and trust are vital for the synergy that leads to successful partnerships (Huslage, Rai, & Held 2022). Synergy in healthcare and social partnership with relation to power and trust is still under-researched (Marques et al., 2022). Trustworthiness, which implies acceptance and support, and trusting, that implies sharing and openness are the two discrete magnitudes of trust (Panteli & Tucker, 2009). Trust usually develops if the parties have a prior investment in repute or previous indication of trustworthiness (Perks & Halliday, 2003) which can only be build through an active relationship. In other occasions a substitute to trust can be however, unlike trust where involvement of both parties is required, for

confidence one party is enough (Huslage, Rai, & Held 2022).

In context of this paper involvement of people or community is central for the development of trust, and it is defined as communities working in equal partnership with professionals to identify and solve their health problems (Lasker & Weiss, 2003). Indicating that they have to be equal partners and there should be symmetry of power, there have been some studies on community involvement that found limited evidence of communities' participation in partnerships (Jones & Barry, 2011). This marginalisation from the process of partnership tends to create mistrust in the community, and they do not trust the intentions of those involved (Manfredi & Capik, 2022).

So far effective decision making and planning is envisaged as a process where people or community must be part of decision-making and planning founded on shared trust and uniform power relations.

The classic concept of power holds that it may direct, repress or even coerce those subjected to it, where disciplinary power creates the subjectivity necessary to perform it (Kapilashrami, 2010). The disciplinary model is the modern configuration of power, where technological power and political rationalities are devised in such a fashion that it makes the necessary action desirable (Kapilashrami, 2010). In order to create discipline within an organisation, it is fundamental to create normalisation with the help of defined roles and responsibility. Roles and responsibilities can be defined through effective planning and decision-making. On the other hand, there are situations where 'non-decision-making' occurs that can hinder effective decision making and planning. This implies investigation of decision-making and planning in Balochistan.

Mobilisation of bias and domination and non-decision-making

The situation of 'non-decision-making' states that an open conflict is not necessary for the emergence of power, as it can be exercised through the mobilisation of bias (Quintslr, Peregrina & Octavianti, 2021 and Bachrach & Baratz, 1963). Mobilisation of bias here refers to those situations where a dominant group controls the system in such a manner that the values, beliefs and opinions of less powerful groups can hardly enter the minds of the people (Hindess, 1996).

They limit public concern to issues that are favourable and only those political and social values will be shaped or promoted that harness their interests (Bachrach & Baratz, 1962). This will lead to situations when there is no need to voice a decision about an issue (Quintslr, Peregrina & Octavianti, 2021).

Clegg (1989) claims that there is little or no behaviourally admissible evidence of such situations, but ubiquitously it is present. In such circumstances, there is no resistance as the influential group may have created domination (Quintslr, Peregrina & Octavianti (2021). Domination here denotes to circumstances under which the subordinated have comparatively little room for manoeuvre (Hardy, 1994). In such situations, the energy is focused on reinforcing such norms and values that will obstruct any thoughts against favoured values.

The first debate on political power understands it as a source that enables groups or individuals to make their interests prevail when a conflict arises. They focus on dependency of resources and procedures to harness the power and domination (Hardy, 1994). This mobilisation of bias and domination is operational in Balochistan and influence the process of decision making. This calls for understanding the rationale behind decision making.

Rationale behind decision-making

The issue of legitimate and illegitimate power comes into play during the process of decision-making when parties are trying to exercise power to achieve their goals and objectives (Evans & Prokopenko, 2021 and Pfeffer, 1981). The party that has the legal sanction to use power has authority, and it is considered normal and inevitable for it to practise it (Evans & Prokopenko, 2021). Authority has been taken as apolitical, for granted, and assumed to be functional (Hardy, 1994). Any action taken under it will always be considered impartial and rational. Authority and illegitimacy of power will enable a group to take most of the decisions in a community and that elite will rule the community through legal power (Clegg, 1989). This elitist model suggests that some rules and procedures have to be followed before any decision is taken (Hindess, 1996).

There is a hierarchy in the exercise of power and the authority holders will consistently make the best decisions in the interests of people (Bachrach & Baratz, 1970). This interpretation on the part of rulers does not represent the ground realities of society, rather it represents the interest of the state (Scott, 1999). The ruling elite model suggests that there is an oligarchy of selected figures that take the decisions for communities and society in Balochistan (Hindess, 1996).

METHODOLOGY

Drawing from the thinking of recent scholars, the concepts of decision making and planning have distinctive meaning to individuals in Balochistan. They may conceptualise those meaning based on their practices and interactions. As, compared to the West, democracy and corruption have different meaning for the people of Pakistan (Lieven, 2011). The knowledge related to partnership, and planning and decision making could be grounded in the context of Balochistan. These meanings are co-constructed between the

researcher and the participants of the research by developing a rapport.

The behaviour of people working in the context is a result of structural or systemic inequalities that exclude people from policies, power and resources (Holloway and Wheeler, 2013). However, the researchers do not reproduce reality; their accounts represent it (Halliday, 1999). This means that reality about a social phenomenon is formed and influenced by the experiences and social conditions of individuals. When we try to reproduce that reality, we only present what we experience, not how it exists out there.

This research explores the concept of decision-making and planning in Balochistan. These ideas can be shaped through the experiences and social conditions of participants involved in the campaign. Their meaning can be represented by the researcher through developing a rapport with the members of the campaign. This thinking leads to the question that what is the role of theory in this investigation?

The role of theory

Theory in social science is defined as an ordering framework that allows data to be used for explaining and predicting observed events (Sayer, 1992, Burrell and Morgan, 1979). Conventionally, marketers also share the same view about theory (Halliday, 1999). The issue with this definition is that it has often failed to generate theory in qualitative marketing research (Halliday, 1999). Sayer (1992) presents another definition of theory as "conceptualisation in which to theorise means to prescribe a particular way of conceptualising something." This study uses the definition of theory, as it provides a better fit with the subtle notions of partnership and planning and uncertainties in the context than the ordering framework could do. The study moves away from theory as an ordering framework: "Because the qualitative nature of

social phenomena varies according to the context, they cannot be treated as parametric and as possible objects of instrumental laws" (Sayer, 1992). Both quantitative and qualitative methodologies are imperative. However, based on the skills of the researcher and the objectives of the research, qualitative methodology is more fitting for this study. Selecting qualitative methods do increase concern about the validity and reliability of the study.

Validity and Reliability

Case studies are perceived to be more subjective compared to other qualitative research methodologies (Riege, 2003). Usually, researchers can have direct and close contact with the people and organisation under investigation (Riege, 2003). For this reason, the case study method has been criticised for validity and reliability concerns (Ruigrok et al., 2008). Rigour in case studies can be fundamental for two reasons: First, they are considered most relevant tools during the critical and the early stages of a theory (Ruigrok et al., 2008), mainly when key variables and their relationships are being examined. In the initial stages of theory building, a rigour could have a ripple effect throughout later stages (Ruigrok et al., 2008). Secondly, it is a methodology right for testing or creating managerial relevant knowledge, claiming relevance in management research without rigour is unreasonable (Ruigrok et al., 2008)

The reliability and validity of case study research are also a fundamental issue for marketing research (Riege, 2003). The tests of construct validity; internal validity, external validity and reliability can be used for case study research. Apart from these four "traditional" design tests, four "corresponding" tests of credibility, trustworthiness, conformability and dependability can also be used (Riege, 2003).

Validity

The parameters considered for creating validity are; reality cannot reproduce the accounts but represent a depiction of it (Hammersley, 2013); the claims by the researcher about reality are anticipated to be independent of it (Hammersley, 2013); confidence in knowledge leads to validity, not certainty (Halliday, 1999).

- **Construct validity**

To develop construct validity, the researcher needs to refrain from subjective judgement during the phase of research design and data collection (Riege, 2003). The study will use multiple sources of evidence during data collection. The researcher will try to establish a clear chain of evidence (Ruigrok et al., 2008). Triangulation is often suggested to enhance validity, and this research will use multiple sources of data collection such as interviewing and participant observation (Woodside, 2010). Data triangulation of this study will include person triangulation, as the respondents will be asked separately about their perspectives on issues, and time triangulation, as questions will be repeated over time and practice will be observed over time (Halliday, 1999). This practice should increase the validity of the data set, if treated with care, and will increase the understanding and the richness of the phenomenon (Silverman, 2013).

- **Internal validity**

In order to generate internal validity, the researcher needs to establish the facts in a credible way (Riege, 2003). Apart from highlighting the major patterns of difference and similarities between respondents' beliefs and experiences, the researcher should also try to highlight what components are significant for these patterns (Riege, 2003). Using cross

case or within the case, the analysis may as well increase internal validity. A researcher can verify findings with theory triangulation by discussing multiple perspectives (Ruigrok et al., 2008).

- **External validity**
External validity of case studies depends on the analytical generalisation (Riege, 2003). "Analytical generalisation is a process separate from statistical generalisation in that it refers to the generalisation from empirical observation to theory rather than a population" (Ruigrok et al., 2008). Linking the findings with the broader theory of social marketing, partnership and power can establish that. The results of this study are not directly generalizable as they are grounded in the context (Halliday, 1999). Determining validity is not enough to produce rigour in case study research, reliability also needs to be confirmed.

Reliability

Reliability for this case study can be a bit challenging because people are not static (Riege, 2003). Even if the researchers precisely follow each step the results can be different (Riege, 2003). As discussed in epistemological assumption reality can be affected by time and space. Secondly, reality is a representation of investigators' experiences and preferences. However, the researcher can still ensure reliability.

This investigator aims for two kinds of reliability as acknowledged by Miller and Kirk (1986), firstly, the consistency of observation through time will be applied to this study while dealing with participants. Secondly, triangulation of observation with interviews which " forces the

ethnographer to imagine how multiple but somehow different, the qualitative measure might simultaneously be true (Miller and Kirk, 1986)." The researcher will record observations and actions as concrete as possible to ensure constancy of observation (Riege, 2003). Recording data routinely with the help of voice or video recording will generate further reliability. Documenting and organising the mass data collected and use of semi-structured case study protocol will also be helpful in ensuring reliability (Ruigrok et al., 2008; Riege, 2003). This research uses a social constructivist framework to interpret the lived experiences of the participants. The knowledge about such experiences exists with the culture and context of the research participants that needs to be co-constructed. As mentioned in the section of validity and reliability, the design of this investigation will be case study research.

Data Findings and Analysis

The following two objectives (RO1 & RO2) deal with the conditions of decision making and planning in Balochistan. RO1 will highlight the findings related to how partners practice planning and decision-making. RO2 highlights the access of people during the planning process.

RO1: To explore the nature of decision-making and planning in Balochistan

The Health Department of Balochistan has a delegated cell for planning. All the projects of the health department should be planned with that cell. The planning office at the cell shared his experience about planning with international organisations:

H5: International organisations don't involve us in their planning process; they only send us a report. Then we make a plan based on it and send it to the Secretary for approval. When they visit the planning cell for meetings, they mostly come

for their report submission, or they would discuss issues related to their partnerships. The whole planning is dependent on the report they submit to us.

Before going to NCB, the researcher spent one week in the Planning Cell. At the Planning Cell, it was learnt that the international agencies do the entire planning and make a report. Then they meet the Chief Planning Officer (CPO) over a cup of tea and get the document signed. It is a ritual at offices in Pakistan to offer tea to the visitors but not to all of them. Offering tea to a visitor signifies the importance and respect the host holds for them. Black tea is available to acquaintances; milk tea is offered to friends, and milk tea with snacks is provided to important people. The employees of International Partners were served milk tea with snacks. During the

meeting, they mostly would complain about the problems related to the campaign. Complaining about the performance of the Health Department employees can be a trick to divert the attention from the issues related to the plan. They would hardly discuss the plan; they would just give an oral summary. After drinking tea, they would present the report to the CPO for approval. Based on that report, the Planning Cell would make a planning document and send it to the Secretary for his approval.

The key importance throughout the procedure of planning is on making a document. The researcher joined a planning consultation as an observer. The meeting was headed by the country head of WHO and attended by UNICEF, WFP, NCB and members of different NGOs as primary stakeholders.

Observation Exhibit

During the planning meeting, stakeholders were requested to stay in the meeting for three days and give their input. They were ensured that their ideas would be incorporated in the five-year plan with the consensus of all stakeholders. Participants were requested to provide their input, but it was mostly the people from Islamabad who were taking the lead. The delegates from Balochistan showed lack of interest and confidence during the meeting. Comprehensive Multi-Year Plan (CMYP) development was taking place for the first time at the provincial level; this could be one of the reasons that provincial level members were unable to give much input. A draft was produced during the three-day meeting with a few components still unaddressed. The participants were informed that the plan would be finalised in Islamabad. Then the final draft of the plan will be presented at a meeting in the following month. During the meeting, group activities and discussion were used to generate ideas for the CMYP. However, during group presentations, the chair of the meeting with the support of other members from Islamabad changed their ideas.

This meeting maybe labelled as orotundity; ultimate file was not formed, and ideas from relevant stakeholders were not included in the document. The key matter was that significant stakeholders were not invited. The Secretary

Health also indicated that during the inaugural meeting.

He offered his thoughts in a very professional and composed manner and before leaving the meeting; he shook hand with the country head of

WHO with a smiling face. His comments stated that his department was displeased with the planning process. May be the agencies develop the plan keeping in mind their aims and objectives. Then the department finds it hard to implement such plans. This indicates the planning is disjointed and unshared.

When the researcher shared his experience with the senior manager of NCB:

N2: You are trying to say that the government has no role in planning [...] they give us guidelines then we give them suggestions [...] they tell us this is the plan, we have money for it and you can do it in five districts and then we make the proposal and send it to them.

He clarified that they are not isolated from the process, but certain limits are set for them. As mentioned previously, their whole planning is dependent on the document provided by the International Partners. This signifies that the dominant partner can limit the discourse of planning. In this discourse, the dominant partner is one with the money. The findings indicate that planning is not mutual. Employees of Health Department are major stakeholder, but they are not part of the process.

During the data collection, an earthquake occurred in Balochistan. Nutrition emergency was declared in the affected district of Awaraan. The researcher was told that according to the agreement of partnership, it was NCB's responsibility to provide nutrition in the area. However, the task was assigned to an NGO without the consent of NCB. It took more than 90 days to start emergency nutrition. The head of WFP claimed that this decision was mutual. Though, from her response it can be inferred that she already made a decision when she reached out to NCB.

The head of NCB is an influential person and would take charge of most decision-making. His absence may have caused a change in the original decision. However, the original decision was not disclosed to the researcher. He was told that the main factor for not giving the task to NCB was the performance of Lady Health Workers (LHWs); WFP was not happy with their performance.

Most of LHWs were appointed on the recommendations of local politicians. They were either their political workers or relatives. If they don't perform their duties, the politicians protect them. In some extreme cases, they only exist on paper, and their salaries go in the pockets of an influential person in the area.

The coordinator of NCB monitors the implementation of the campaign at the district level. He claimed decisions at the district level are taken by the EDOHs; When an EDOH was asked to share his experience:

H2: My experience is that they [NCB] don't ask us; they just bring a piece of paper to sign. Signing the piece of paper is the only feedback, what more feedback we can give.

He showed his anger and helplessness. He responded in a way if he was being accused of something that he had never done. Through his expression, he wanted to convey that he is forced to sign the piece of paper, and he is not happy about it. The Information Officer of NCB captures the decision-making process as:

N4: When it comes to big decisions, they [International Partners] don't involve the [health] department; they take the decisions and inform us. They are providing us money, so we have to be submissive and congenial.

Before this partnership with UNICEF and WFP, a single person (the present head of NCB)

operated NCB from a small room. After 2010, when the cell started getting funds from International Partners, they hired more employees. They are the employees of NCB, but the International Partners are paying them. Due to these power relations, all the employees of NCB have to agree to any decision taken by the International Partners. For this campaign, the power relations are determined by the factor that who holds the money.

Drawing from the data it can be inferred that the process of decision-making is not mutual. The procedure decision-making and planning is disjointed and unshared. The international partners don't consider the input of their local partners. For example, despite the appeal of the Secretary Health, employees of his department were not invited to the planning meeting. He is the head of the department and ignoring his request may indicate the power of International Partners.

RO2: To assess the access of community while planning.

In this study involvement of community is vital for two reasons. Primarily, their contribution is critical for trust formation. Secondly, non-involvement of people may not reproduce realities. A senior doctor who was part of the team that initially planned the nutrition campaign thinks:

H3: The real issue is that the individuals who plan have never been in the field, and those who experience the reality on the ground are not involved in planning [...] you know they are sitting on the top [Islamabad], and they will not let others infiltrate their circle of power.

As per a doctor who worked on different nutrition campaigns across Pakistan during the past 18 years and who was present during the planning of

this campaign, if beneficiary were given access to the process of planning, they would have owned the campaign. However, he thinks that the planners ignored them and planned on their behalf. Another fieldwork shared his thoughts:

N7: The chief cause for ineptness of such campaigns is that people in Islamabad who has not visited Balochistan, will plan for us. The ground reality is 100% reverse from their perception. They are not aware of our culture; we live in a tribal-cum-religious society they don't understand that Quetta [capital of Balochistan] is different from Lahore [capital of Punjab].

Islamabad is the federal capital of Pakistan. The name of the city is religious, but people living there are not religious to the standards of individuals residing in Balochistan. During the group interview of the EDOHs, almost all of them stated that persons living there cannot comprehend their cultural and religious.

From RO1 and RO2, it can be inferred that the process of decision-making and planning in Balochistan is disjointed and access to people is absent.

Conclusion

In Balochistan, planning primarily aims to produce a document to be used for execution later. Incidentally, the investigator joined a three-day planning meeting as an observer. The schedule of the consultation was to develop a plan for immunisation drive. During the meeting, group activities and discussions were used to trigger ideas for the plan. However, during the presentations of the groups, the chair of the meeting with the support of other members from Islamabad changed their considerations. During the meeting, the Secretary of Health appealed that his department was not satisfied with the planning process as agencies develop plans keeping in mind their aims and objectives but the department finds it difficult to implement such

plans. Meanwhile, an incomplete draft of the plan was produced during the three-day meeting. This indicates the planning is fragmented and unshared. The International Partners did not consider the appeals of their partners seriously during the planning.

It is further concluded that in Balochistan, the decision-making partners are those who own resources and they can set limits to the process.

Access to financial resources enables the International Partners to make most of the decisions in this partnership. In this partnership, authority (money) has been taken for granted, as apolitical, and assumed to be functional. . Any action taken under this authority is considered impartial and rational. The International Partners assume that it is their money that is at stake so they must make decisions according to their rules. They think that their decision is in the best interest of all the partners because they have authority. The authority holders claim that they would consistently take the best decisions for the benefit of all parties.

However, the findings indicate that the interpretation of decision-makers fails to represent ground realities; rather it signifies the interest of organisational partners first and then the people. This disjointed planning and decision-making have consequences for the partnership.

One of the primary reasons for failure of interventions is associated with the fact of unmatched ground realities. The implementers such as the EDOHs and the fieldworkers claim that such partnerships are planned without considering the ground reality. Trust is essential for the effectiveness of planning and decision-making. This implies sharing and learning, and involving the people and local partners in planning and decision-making would increase trust.

References

1. Bachrach, P. & Baratz, M. S. (1962). Two faces of power. *American political science review*, 56, 947-952.
2. Bachrach, P. & Baratz, M. S. (1963). Decisions and nondecisions: An analytical framework. *The American Political Science Review*, 57, 632-642.
3. Bachrach, P. & Baratz, M. S. (1970). *Power and poverty: Theory and practice*, Oxford University Press.
4. Blood, P. R. (1996). *Pakistan: a country study*, DIANE Publishing.
5. Bukhari, S.S.H., Roofi, Y. and Bukhari, S.A., (2015). Resolving Balochistan Conflict: A Human Needs Approach. *Pakistan Journal of Social Sciences (PJSS)*, 35(1).
6. Burrell, G. & Morgan, G. (1979). *Sociological paradigms and organisational analysis*, London: Heinemann.
7. Clegg, S. R. (1989). *Frameworks of power*, Sage Publications Limited.
8. Evans, B. P., & Prokopenko, M. (2021). A maximum entropy model of bounded rational decision-making with prior beliefs and market feedback. *Entropy*, 23(6), 669.
9. Fatah, T. (2008). *Chasing a mirage: The tragic illusion of an Islamic state*, J. Wiley & Sons Canada.
10. Halliday, S. (1999). *Perceptions of Service Quality: A Dyadic Study of Women And Midwives*. PhD, University of Bardford.
11. Hammersley, M. (2013). *What's wrong with ethnography?*, Routledge.
12. Hindess, B. (1996). *Discourses of power: from Hobbes to Foucault*, Blackwell Oxford.

13. Holloway, I. & Wheeler, S. (2013). *Qualitative research in nursing and healthcare*, John Wiley & Sons.
14. Hughes, A.W., (1977). *The country of Baluchistan: its geography, topography, ethnology, and history*. Gosha-e-Adab.
15. Huslage, M., Rai, A., & Held, M. L. (2022). Building partnerships and trust: Research with vulnerable immigrant communities. *Families in Society*, 103(2), 235-246.
16. Jones, J. & Barry, M. M. (2011). Exploring the relationship between synergy and partnership functioning factors in health promotion partnerships. *Health Promot Int*, 26, 408-20.
17. Kapilashrami, A. (2010). *Understanding public private partnerships: the discourse, the practice, and the system wide effects of the global fund to fight AIDS, tuberculosis, and malaria*. Queen Margaret University.
18. Lasker, R. D. & Weiss, E. S. (2003). Creating partnership synergy: the critical role of community stakeholders. *Journal of health and human services administration*, 119-139.
19. Lieven, A. (2011). *Pakistan: a hard country*, PublicAffairs.
20. Manfredi, E., & Capik, P. (2022). A case of trust-building in the supply chain: Emerging economies perspective. *Strategic Change*, 31(1), 147-160.
21. Marques, S. H., Bilro, R. G., Gonçalves, M., & Rather, R. A. (2022). Partners we can trust: the role of employee engagement influencing partnerships' relationship quality in the voluntary sector. *Management Research: Journal of the Iberoamerican Academy of Management*, (ahead-of-print).
22. Miller, M. L. & Kirk, J. (1986). *Reliability and validity in qualitative research*, Sage.
23. Panteli, N. & Tucker, R. (2009). Power and trust in global virtual teams. *Communications of the ACM*, 52, 113-115.
24. Perks, H. & Halliday, S. V. (2003). Sources, signs and signalling for fast trust creation in organisational relationships. *European Management Journal*, 21, 338-350.
25. Pfeffer, J. (1981). *Power in organizations*, Pitman Marshfield, MA.
26. Quintslr, S., Peregrina Puga, B., & Octavianti, T. (2021). Mobilization of bias: learning from drought and flood crises in São Paulo, Rio de Janeiro and Jakarta. *Water International*, 46(6), 861-882.
27. Riege, A. M. (2003). Validity and reliability tests in case study research: a literature review with "hands-on" applications for each research phase. *Qualitative market research: An international journal*, 6, 75-86.
28. Ruigrok, W., Wicki, B. & Gibbert, M. (2008). What passes as a rigorous case study?
29. Sayer, R. A. (1992). *Method in social science: A realist approach*, Psychology Press.
30. Scott, J. C. (1999). *Seeing like a state: How certain schemes to improve the human condition have failed*, Yale University Press.
31. Silverman, D. (2013). *Doing qualitative research: A practical handbook*, SAGE Publications Limited.
32. WHO (2022). *World Health Organisation 2022 Country Profile Pakistan*. Geneva: WHO.
33. Woodside, A. G. (2010). *Case Study Research: Theory, Methods and Practice*:

Theory, Methods, Practice, Emerald
Group Publishing.